

CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON IMMIGRATION

----- X

October 24, 2013
Start: 1:07 p.m.
Recess: 3:12 p.m.

HELD AT: 250 Broadway Committee Room
 14th Floor

B E F O R E: Daniel Dromm
 Chairperson

COUNCIL MEMBERS:
 Charles Barron
 Mathieu Eugene
 Ydanis A. Rodriguez
 Jumaane D. Williams

A P P E A R A N C E S (CONTINUED)

Jacqueline Esposito
New York Immigration Coalition

Zoe Levine
Bronx Defenders

Randi Sinnreich
Bronx Defenders

Emily Tucker
Center for Popular Democracy in Brooklyn

Michelle Gonzalez
Immigration Equality

Annie Wang
American Immigration Lawyers Association New York
Chapter

Allan Feinblum
New York City Jails Action Coalition

Hadley Fitzgerald
New York City Jails Action Coalition

Ravi Ragbir
New Sanctuary Coalition

1
2 CHAIRPERSON DROMM: Okay, good
3 afternoon. My name is Daniel Dromm, and I'm
4 Chair of New York City Council's Committee on
5 Immigration. Before going any further I'd like
6 to introduce other members of the Committee
7 here with me, and that is Council Member
8 Charles Barron from Brooklyn. Thank you for
9 joining us. Today's hearing will focus on the
10 use of segregation and solitary confinement in
11 immigration detention and its effect on our
12 City's immigrants. Additionally, we will hear a
13 pre-considered resolution of which I am the
14 prime sponsor. Immigration and customs
15 enforcement, commonly referred to ICE houses
16 approximately 34,000 immigrant detainees daily,
17 and on average places 300 of these immigrant
18 detainees in solitary confinement daily.
19 Detainees placed in solitary confinement are
20 separated from the general inmate population in
21 near total isolation for 23 hours a day,
22 usually in small cells and in some cases
23 without windows. Solitary confinement is
24 considered to be an inhumane form of punishment
25 with negative mental and physical health

1
2 consequences for those placed into solitary
3 confinement, especially for long periods of
4 time. Immigrants are often placed in solitary
5 confinement for minor infractions and could be
6 subjected to various psychological issues
7 including severe paranoia, hallucinations, and
8 obsessive thoughts and self-harm. Immigrants
9 are also placed in solitary confinement because
10 of the sexual orientation or gender identity,
11 because they have special needs or because they
12 are victims of abuse. It has been reported that
13 immigrants in solitary confinement are often
14 denied recreation, legal counsel, and adequate
15 medical care in segregation. The denial of
16 access especially to medical care, can be
17 detrimental to ones well-being, and is a
18 serious issue which must be addressed. It has
19 also been reported that solitary confinement is
20 used inconsistently and sometimes over used in
21 detention centers. The pre-considered
22 resolution which we are hearing today was
23 drafted in order to address the inhumane
24 practice of solitary confinement in the
25 immigration detention facilities. This pre-

1
2 considered resolution urges the United States
3 Department of Homeland Security to end the
4 practice of placing immigrant detainees in
5 solitary confinement except in the most extreme
6 emergency situations. In September 2013, ICE
7 issued policy reforms regarding the use of
8 segregation of ICE detainees. I applaud the
9 efforts of ICE to address the concerns that
10 advocates have made pertaining to the use of
11 segregation and solitary confinement. That
12 being said, however, I am still concerned with
13 these practices and the overuse of these
14 practices and the oversight of these practices.
15 I look forward to hearing from the advocates
16 today regarding these new policies, finding out
17 if these policies have been implemented and
18 whether or not they are effective. Lastly, I
19 look forward to hearing what if any other
20 issues still need to be addressed by ICE. If
21 meaningful oversight is implemented, it would
22 provide for a more humane detention system and
23 hold the Department of Homeland Security to a
24 higher standard. Today we look forward to
25 hearing from immigration and civil liberties

1
2 advocates as well as legal service providers
3 about this important issue and the potential
4 impact that the passage of the pre-considered
5 resolution would have on New York City's
6 immigrants. This time I'd like to thank
7 everybody for attending today's hearing and I'd
8 like to call our first panel. Before I forget,
9 I'd like to also thank my counsel, Joleen
10 Bedford [phonetic] and Jennifer Montalvo
11 [phonetic] for the work that they've done on
12 this, Sebastian McGuire, Josie Bartlett and
13 Duane who are here with me, one of my interns
14 in the office today, 'cause I always forget to
15 do that in the end of the hearing. I'd like to
16 call up now Jacqueline Esposito from New York
17 Immigration Coalition, Zoe Levine from The
18 Bronx Defenders and Randi Sinnreich from the
19 The Bronx Defenders as well. So, some people
20 may be aware, but a new practice I instituted
21 last month is the swearing in of my witnesses,
22 so I'm going to be swearing in my witnesses.
23 Even if the administration doesn't like it. So
24 please be seated and raise your right hand.
25 And we have Council Member Robert Jackson who

1
2 has also been swearing in his witnesses. Thank
3 you Council Member Robert Jackson. Now please
4 raise your right hand and follow after me. I
5 solemnly swear to tell the truth, the whole
6 truth, and nothing but the truth so help me
7 God.

8 [repeating oath off mic]

9 CHAIRPERSON DROMM: Thank you very
10 much. And I guess we'll begin over here.

11 JACQUELINE ESPOSITO: Thank you. I
12 just want to thank the Committee for having us
13 [off mic] Thank you.

14 CHAIRPERSON DROMM: I don't think
15 you're on. The red light should be on. Just
16 speak into it.

17 JACQUELINE ESPOSITO: I don't--yep,
18 there we go.

19 CHAIRPERSON DROMM: Yeah, okay. Go
20 ahead.

21 JACQUELINE ESPOSITO: Thanks. Just
22 want to thank the Committee for having this
23 important hearing today and to Council Member
24 Dromm for moving forward on the resolution. My
25 name is Jacqueline Esposito and I'm the

1
2 Director of Immigration Advocacy at the New
3 York Immigration Coalition. The NYIC is an
4 umbrella policy and advocacy organization for
5 nearly 200 groups in New York State who work
6 with immigrants and refugees. The NYIC aims to
7 achieve a more fair and just society that
8 values the contributions of immigrants and
9 extends opportunity to all. I appreciate the
10 opportunity to testify before the Committee on
11 the use of solitary confinement today and I
12 hope to explore ways to end the practice.
13 Immigration detention is the fastest growing
14 incarceration system in the United States.
15 ICE, the Interior Immigration Enforcement
16 Bureaus of DHS now detains approximately 34,000
17 individuals each day. While the immigration
18 detention system is intended to be civil in
19 nature, most of the facilities that hold these
20 immigrants are jails or in jail-like
21 conditions. This means that people are held
22 behind high walls with barbed wire. They have
23 limited freedom of movement, limited time
24 outside, and limited contact with their loved
25 ones, even when they are not in solitary

1
2 confinement. Approximately 34,000 people are
3 held in detention every day. Of those, there's
4 an estimated 300 that are held in solitary
5 confinement on any given day, and that's a low
6 number, because it's hard to get data on some
7 of this information. So we expect that
8 number's actually higher, and this is based on
9 Federal data that the New York Times actually
10 retrieved. Of the 300 that are held in solitary
11 confinement each day, and estimated half of
12 which are isolated for 15 days or more, and not
13 that's the point at which medical experts say
14 they are at risk for severe mental harm. And
15 about 35 detainees, and again, this is probably
16 low, about 35 detainees on any given day can be
17 held in--have been held in isolation for more
18 than 75 days. Solitary confinement of
19 immigrants in detention is often arbitrarily
20 applied, significantly over used and
21 inadequately monitored. Historically, ICE has
22 failed to hold detention centers and jails
23 accountable for their use of solitary
24 confinement and have not enforced consistent
25 segregation standards in its own detention

1 facilities. This has resulted in guards
2 applying local jail policies to both immigrant
3 and non-immigrant detainees. Research has also
4 shown that guards often use solitary
5 confinement as a mode of control. It can be
6 used as retribution. There have been examples
7 that show that if inmates or detainees file
8 complaints against guards or against conditions
9 that they are held in solitary confinement. If
10 they help other detainees file these claims,
11 sometimes they are held in confinement, in
12 solitary confinement. There have been numerous
13 cases that show that immigrants suffering from
14 mental health issues are placed in solitary
15 confinement as opposed to treating them, as
16 well as individuals who identify as LGBT. A
17 lot of time they're placed in solitary
18 confinement because ICE, the guards in the
19 detention centers don't know how to deal with
20 the population or chose not to deal with the
21 population, and so their answer is to put
22 people in solitary confinement against their
23 wishes. Also, people who have been victims of
24 assault inside the detention center, there have
25

1
2 been cases showing that they have been placed
3 in solitary confinement as a protective
4 measure, even though it's been against their
5 wishes. So I think what we've seen is there's
6 a hybrid. There's sometimes solitary
7 confinement is used as a punishment, and
8 sometimes it is wrongly used as a protective
9 measure because other alternatives are not
10 being utilized. The use of solitary
11 confinement has placed enormous pressure on
12 immigrants who wish to stay in the United
13 States, to abandon their claims for relief.
14 Some have stopped fighting their immigration
15 cases, because they don't want to spend another
16 day in isolation. These individuals are then
17 deported to countries that may not remember--
18 they may not remember or they know no one, and
19 to countries where they might have even been
20 persecuted or tortured. And I think it's worth
21 noting that as the Council Member mentioned
22 earlier, ICE has taken initial steps to address
23 these problems. They've for example, they've
24 strived to improve medical care for segregated
25 detainees. They've also implemented special

1 reporting requirements when segregation is
2 used, but it's our position that much more is
3 needed to end the abuse of practice of solitary
4 confinement and in fact, the New York
5 Immigration Coalition calls for end to the use
6 of solitary confinement in its entirety. We do
7 have a number of measures that we recommend.
8 First, we believe the detention should be used
9 only as a last resort in all cases. Detention
10 should only be used upon a showing by the
11 government that it is necessary either to
12 maintain people's appearance in immigration
13 court, or to protect public safety. Where the
14 government does make a showing that detention
15 is necessary, and again, it should be limited
16 circumstances. It should not be 34,000 people
17 each day. Where that determination is made,
18 people should be held in the least restrictive
19 setting possible. People should be placed in
20 alternatives to detention which can provide
21 some level of custody in the form of perhaps an
22 ankle bracelet, even a bond is considered an
23 alternative to detention, or they should be
24 outright released. With respect to vulnerable
25

1
2 population such a people with mental health
3 issues, LGBT community, they should not be
4 placed in solitary confinement. They should be
5 released if they cannot be safely detained. The
6 answer can never be that they should be placed
7 in solitary confinement for protective
8 measures. We also recommend that the
9 government implement or I should say develop
10 legally enforceable standards. Right now what
11 we have is policy. We have ICE policy on what
12 the conditions of confinement should be. This
13 is largely what leads to an abuse of solitary
14 confinement. We want congress to pass laws that
15 would require detention centers to maintain
16 certain levels of standards in the confinement
17 of detainees, and we think these standards
18 should be based on human rights principles, not
19 the current standards which are based on penal
20 model. So they're based on a correctional
21 model. And then finally, as we know, many if
22 not most of the detention centers are run by
23 private corporations. Those contracts with the
24 government should be terminated when detention
25 standards are violated. Fines should be

1
2 imposed, and renewals should not be put in
3 place where corporations have shown that they
4 have engaged in egregious violations. So thank
5 you for having us here today. I look forward to
6 hearing from the other witnesses, and further
7 exploring how we can put an end to this
8 practice.

9 CHAIRPERSON DROMM: Thank you. Next
10 please?

11 RANDY SINNREICH: Hi, my name is
12 Randi Sinnreich, and I'm a licensed social
13 worker at the Bronx Defenders. I am here with
14 my colleague, Zoe Levine, an immigration
15 attorney at the Bronx Defenders, and together
16 we submit these comments on behalf of the Bronx
17 defenders, and we thank this committee for the
18 opportunity to testify. We are here today to
19 describe the ways in which the use, overuse,
20 and misuse of solitary confinement has caused
21 irrevocable, psychological and physical damage
22 to the clients we serve and to urge an end to
23 this inhumane torturous practice. While
24 solitary confinement constitutes torture for
25 all populations, it is most traumatic and

1 perhaps most frequently abused for individuals
2 diagnosed with a mental illness. Research has
3 shown that prolonged solitary confinement can
4 precipitate and/or exacerbate the symptoms of
5 mental illness. Despite this deleterious
6 effect, many detainees are placed in solitary
7 confinement because they have a mental or
8 psychiatric disability. The sole consequence of
9 placing an individual in this form of
10 seclusion devoid of human contact and with
11 severely limited resources and privileges is
12 plain punishment. A common misconception is
13 that punitive segregation prevents or deters
14 violence. However, any form of punishment,
15 specifically an isolated form of punishment has
16 the potential to encourage more violence.
17 Immigration detention is intended to be a
18 civil, non-punitive measure. The use of
19 solitary confinement in this atmosphere creates
20 a punitive environment, which makes detention
21 centers less safe for staff and detainees.
22 Furthermore, the harmful effects of solitary
23 confinement don't end once an individual is
24 released from detention. The psychological
25

1
2 trauma impairs and individual's ability to
3 interact socially and to successfully re-
4 integrate into society.

5 ZOE LEVINE: As an immigration
6 attorney at the Bronx Defenders, I have
7 witnessed first hand the devastating effects of
8 segregation on mentally ill people, and I'd
9 just like to share one of my experiences with
10 you today. For many months I represented a
11 woman that I'll call Anna. Anna was an older woman
12 from the Dominican Republic and she had lived
13 in the United States as a lawful permanent
14 resident for over 40 years. She had struggled
15 with mental illness her whole life, namely
16 bipolar disorder and depression as well as drug
17 addiction for most of her adult life. Her
18 addiction eventually led to arrests and
19 criminal cases and eventually to removal
20 proceedings with Immigration Court. Anna was
21 detained during her case, and she was quickly
22 placed into segregation because of her mental
23 illness. In segregation her mental health
24 quickly deteriorated and she was soon in great
25 pain and great distress. The ICE agents did

1
2 arrange for her to be medicated, but she did
3 not receive the comprehensive mental health
4 services that she really required. We implored
5 ICE to release her altogether from custody for
6 humanitarian reasons. That request was denied,
7 and sadly she remained in segregation for many
8 more months. The psychological impact on her as
9 well as her family has been profound. Anna's
10 segregated confinement also affected my ability
11 to represent her effectively in Immigration
12 Court. For example, as her mental condition
13 got worse, so did her ability to remember
14 important facts about her case and to testify
15 coherently in front of a judge. Immigration
16 detention is civil in nature and it's not
17 supposed to be punitive. Its only stated
18 purpose is to ensure that non-citizens appear
19 in court, and because removal proceedings can
20 last anywhere from a few weeks up to a few
21 years, our friends and family are suffering in
22 immigration detention without knowing when
23 their ordeal will end. For those in solitary
24 confinement, it can be a psychologically and
25 emotionally unbearable. We ask that you keep

1
2 our client Anna and the hundreds of the
3 immigrant New Yorkers like her in your thoughts
4 as you consider this resolution to pressure ICE
5 to put an end to this inhumane practice of
6 solitary confinement. We thank this committee
7 for your time, and for your courageous efforts
8 on behalf of non-citizen New Yorkers.

9 CHAIRPERSON DROMM: Well, thank you
10 very much for all of your testimony, and I have
11 to tell you this has been a topic of concern
12 for me not only in immigration detention
13 centers, but even in our Riker's Island prison
14 system and even beyond, and I have had personal
15 contact with the situation with a friend who
16 was placed into solitary confinement, and who's
17 basically, I would say, destroyed
18 psychologically because of that experience; did
19 over 150 days in solitary on Rikers, was
20 released, went up State, did two years. Upon
21 his return--he was a drug addict. Picked up
22 again, and then when he returned had to box
23 time again, because of time owed. Did another
24 30 days, 180 days in solitary. I hear stories
25 about people in our prison systems who have

1
2 done years upon years in solitary confinement,
3 and the effect of not having contact with other
4 human beings on the lives of people is just so
5 unbelievable. You know, I can't be in my own
6 apartment for a few hours before I have to get
7 out and seek other human contact, you know?
8 And my apartment is much bigger than many of
9 these cells that people are held in. But Ms.
10 Levine, you had mentioned also, and I think
11 it's very very important for us to stress that
12 immigration detention is civil in nature and is
13 not supposed to be punitive. I would imagine
14 that most of those people who were held in--and
15 maybe you have figures, I don't know--in
16 solitary, were there for civil reasons. To take
17 somebody who's in a detention center for a
18 civil reason and placed them into solitary is
19 torturous to me. And I don't know how we can
20 describe it as any other way, you know? And
21 then it's a disgrace to me for our nation to
22 participate in that practice, if you ask me,
23 and I really wanted to kind of stress that
24 today in terms of the resolution that we're
25 considering. So, just go back, do you have any

1
2 figures on the 300 immigrants a day that are
3 being held? Are there cases civil in nature or
4 criminal in nature?

5 JACQUELINE ESPOSITO: So, everyone
6 in immigration detention is there on a civil
7 violation. No one held in immigration
8 detention is there because they're being
9 charged with a crime. I think that's a--it's a
10 really important point to highlight that it--
11 that's not to say that if they were there for
12 criminal reasons, solitary would be acceptable,
13 because it would not, but it's particularly
14 egregious because immigrants are being treated
15 as though they're serving time, when in reality
16 and in law, they're simply being held in jail-
17 like conditions without a government appointed
18 lawyer, and in many time without a lawyer at
19 all because they're awaiting their immigration
20 cases. This is the way that our system of
21 "justice" operates when it comes to immigrants.
22 So none of the people who are being held in
23 solitary confinement are there because they're
24 being charged with a crime or serving a
25 criminal sentence. And also it's worth nothing

1 that, you know, some of the reasons that people
2 are being held in solitary are, you know, we
3 know from the recent Dream--the Dreamers who in
4 protest came back into the United States, some
5 of them were put into solitary confinement
6 because they started a hunger fast in protest.
7 So it's really overused and inappropriately
8 used in a very inhumane way.

10 CHAIRPERSON DROMM: Have you ever
11 had the opportunity to go in to see the
12 conditions of these solitary confinement cells
13 or areas? Are they actually cells? How is--
14 How are they segregated?

15 JACQUELINE ESPOSITO: You know, I've
16 actually seen one facility that was not yet in
17 use. It was a new facility, one of the
18 facility that ICE intended to use as one of its
19 model "civil detention centers" and I couldn't
20 tell you the--I don't remember now the actual
21 dimensions, but they're very small rooms, and I
22 think what's really important to know is
23 sometimes when people are there, they're there
24 for 23 hours a day. So there's very little
25 contact with the outside world, and it's

1
2 interesting to hear this real life example of
3 limited access to counsel, because that is one
4 of the reports that we hear, is that people
5 don't get the access to counsel when they're in
6 solitary that they would if they were in the
7 general population.

8 CHAIRPERSON DROMM: So how does
9 someone get into solitary initially? Does a
10 guard refer them? Does--how does that happen,
11 and do people know their right to appeal?

12 JACQUELINE ESPOSITO: There isn't
13 really much meaningful avenue of appeal. A
14 guard makes that decision, and--

15 CHAIRPERSON DROMM: [interposing]
16 So it could be just one guard that says this
17 person is a danger to themselves or to somebody
18 else and decides--

19 JACQUELINE ESPOSITO: [interposing]
20 Or has violated some rule.

21 CHAIRPERSON DROMM: Right.

22 JACQUELINE ESPOSITO: Now, it is
23 worth pointing out, I don't--I definitely want
24 to stress this, ICE is taking steps to try to
25 address some of our concerns. They, as I

1
2 mentioned, they have these reporting
3 requirements that are intended to monitor the
4 situation, but again, the reporting
5 requirements are kicking in for people who
6 after they've been held in solitary confinement
7 for 14 or 15 days. So even that is inadequate.

8 CHAIRPERSON DROMM: So but it still
9 can be just one guard who can put them in. If
10 they have health concerns, are their health
11 concerns addressed while they're in there?

12 ZOE LEVINE: I can just speak to the
13 example that I referred to earlier. My client
14 Anna, she was assessed when she was first
15 brought into custody and her mental health
16 history was identified. She had a substantial
17 mental health history, and she was very quickly
18 put into a segregated situation after that
19 supposedly for her own protection, the
20 protection of others. She would, you know,
21 check in with a mental health professional, I
22 believe it was a psychiatrist on every couple
23 of weeks, and my understanding is that those
24 visits were primarily intended to ensure that
25 she was properly medicated and she wasn't

1
2 receiving the kind of treatment that she
3 needed, and she was not or wasn't--they were
4 not moving towards re-integrating her into the
5 general population. Their approach was keep
6 her away, keep her medicated, and that did
7 nothing but worsen her situation and her
8 progress in her case.

9 CHAIRPERSON DROMM: Who has
10 oversight over this? Who checks up on ICE to
11 make sure that these people's health concerns
12 are being met?

13 JACQUELINE ESPOSITO: ICE.

14 CHAIRPERSON DROMM: Just ICE? So we
15 have to believe what ICE tells us, and there's
16 no other way to check on that? And then my
17 concern is that 50 percent of immigration
18 detention centers are privately run, and from
19 some of the stories and other hearings that
20 I've had, they pretty much do what they want to
21 do in those private detention centers anyway,
22 and I have a deep concern about how people are
23 being placed into solitary, especially in the
24 private detention centers, even maybe more so
25 than the other centers where there may be some

1
2 accountability. Can you address that a little
3 bit?

4 ZOE LEVINE: The only thing that I
5 can comment on is that I know, you know, here
6 in New York City the facilities are primarily
7 county jails in New Jersey. We do have one
8 facility in Elizabeth that is run by the
9 Department of Homeland Security. The other
10 facilities are county jails, and I know that
11 I've heard just anecdotally from my clients
12 that there are periodic check-ins by federal
13 ICE personnel who come to the jail to, you
14 know, do a check, and he says, you know--I've
15 had clients tell me that they have to clean
16 everything. They have to move things around.
17 There's a lot of preparation that happens
18 before ICE arrives. So to the extent that
19 there is some monitoring going on of the county
20 jail contract system, it may not be as
21 effective as thorough as it needs to be.

22 CHAIRPERSON DROMM: So somebody
23 who's LBGT, transgender, who may have problems
24 or concerns with other detainees because of
25 their appearance or their gender identification

1
2 could simply be placed into solitary supposedly
3 because they don't get along with other people
4 or because other people don't get along with
5 them just by virtue of their gender identity?

6 JACQUELINE ESPOSITO: Yes,
7 absolutely. That is what's happening. Again,
8 the new ICE directive on solitary confinement
9 seeks to limit that practice. You know, i--the
10 idea is according to the directive that
11 vulnerable populations, which would include
12 LBGT folks, would include people with mental
13 illness, that solitary should not be the first
14 way to address that problem. The other thing
15 I'll point out is in addition to solitary
16 confinement there's also the use of
17 segregation, which is not the same level of
18 isolation. Groups of people may be segregated
19 or individuals but it's not the--you know, it's
20 slightly better I suppose than solitary
21 confinement. And so segregation is also used in
22 instances with LBGT detainees. But again, I am
23 not confident that the ICE directive will do
24 enough to curb the practice, and in fairness, I
25 do think that guards, you know, certainly some

1
2 guards are doing it because, you know, have
3 used solitary confinement in ways that are
4 abusive, but I also think that guards don't
5 know who to keep certain populations safe, and
6 that's why we recommend that those populations
7 should be released. They should not be put in
8 a sit--ICE should not be detaining them if ICE
9 doesn't know how to keep them safe, while at
10 the same time protecting their civil liberties
11 and human rights.

12 CHAIRPERSON DROMM: At the beginning
13 of your testimony you mentioned the use of a
14 ankle bracelet or something like that as well,
15 which would be just as effective in terms of
16 tracking the people if that's their major
17 concerns, where they could go outside and be in
18 a supportive environment whether it's for
19 mental health reasons or for gender identity or
20 whatever. I know that Council Member Charles
21 Barron has some questions. So, I want to give
22 him the opportunity to ask some ask questions,
23 and then I have a whole bunch of more questions
24 to ask of this panel. Council Member Barron?

25

1
2 COUNCIL MEMBER BARRON: Thank you
3 very much. I first I want to say this practice
4 is despicable, disgusting and dehumanizing and
5 a real violation of the very fundamental human
6 rights of the human being to be treated with
7 respect. I've been a champion, a fighter for
8 freeing of political prisoners in New York
9 State over the years, and to know that what
10 could happen in 15 days and 30 days and some of
11 these incarcerated people have been in solitary
12 confinement for like 20 and 30 years and 15
13 years of confinement. What I wanted to ask you
14 or if you could because I don't know sometimes
15 if the public really gets a sense of what
16 solitary confinement is, and when I've spoken
17 to inmates and they describe it, and in some
18 instances it's even sensory deprivation that
19 they have then in cells sometime. I don't know
20 that they do it in this case where, you know,
21 the whole cell is white. They don't have no
22 colors and the size of the cell and they have
23 to stay in there for 23 hours and come out for
24 an hour and do exercise and go back in. Can
25 you give more of a description of solitary, if

1
2 those have you worked with described it to you?
3 Give us some of the descriptions of solitary
4 confinement, what would a day look like? What
5 would a cell look like?

6 RANDI SINNREICH: I can speak. I do
7 a lot more work in solitary confinement in the
8 jail systems, so I can speak to what it looks
9 like and there are a lot of clients who are
10 solitary confinement in the jail systems. The
11 cell is, I forget the dimensions of the cell,
12 but it's significantly small. They're given a
13 very thin mattress if a mattress at all.
14 Sometimes they're given a pillow. Sometimes
15 they're not. When you talked about recreation,
16 their recreation is literally they go from that
17 indoor cell to an outdoor cell. So they're
18 still in solitary confinement just outside.
19 They are given their meals, but if they're
20 ever--if they use their voice, if they say
21 something that a guard doesn't like they
22 probably won't be fed that day. If they're
23 mentally ill and they're receiving medication,
24 they might not get their medication. They
25 might. A lot of times it depends on the guard

1 that's coming by. If someone's in school,
2 right? So we have adolescents that are
3 solitary confinement, they're usually not given
4 their books for school. So majority of those
5 23 hours if not 24, 'cause a lot of time
6 they're not let out for that hour, is spent in
7 that cell laying down on the bed, sitting on
8 the bed, laying on the floor, sitting on the
9 floor. I had a client recently tell me that he
10 was laying down and he heard his name being
11 called, and he was like, "I'm just, I'm
12 freaking out. No one's calling my name." And
13 so he got quiet again. And then he kept hearing
14 it again, "Michael, Michael." So he started
15 yelling around because you can talk to other
16 inmates in other solitary cells, 'cause they're
17 sort of close by, and so that's the
18 communication that people in solitary have.
19 And he said, "Is anybody calling my name?" And
20 they said, "No, Michael, you're going a little
21 crazy. Nobody's calling your name." And that
22 started, I mean he got--he was concerned
23 because he's not the type of guy that starts
24 hearing things, and that's, I mean, that's
25

1
2 basically what the conditions are like. So he
3 is sitting there with himself with his thoughts
4 for 23 if not 24 hours of every day.

5 COUNCIL MEMBER BARRON: And no
6 reading material or anything like that?

7 RANDI SINNREICH: No, I mean, I've
8 sent books, sometimes they give them, sometimes
9 they don't. I had a client recently that was
10 able to get the books that I sent him, but
11 sometimes--and sometimes it takes a long time
12 for them to actually get them if they do get
13 them.

14 COUNCIL MEMBER BARRON: That's been
15 my experience. Many instance if we sent
16 something, they didn't receive it and it would
17 be just with themselves. Can you imagine that?
18 I mean, I don't--sometimes, you know, we say
19 solitary confinement, but if we can just
20 imagine that. My other question is ICE, you
21 know. ICE never comes here to be a part of
22 these hearings, and I even think even though
23 the Mayor's Office on immigration, this is a
24 resolution and they usually don't come for
25 that, I understand that, but on this one, I

1
2 think everybody should be on board. You said
3 ICE is working on some things. Could you
4 elaborate further on that? What are they
5 actually doing and then was it ever approached
6 to them that this practice should end? What
7 was their response?

8 JACQUELINE ESPOSITO: Yeah, so
9 they've issued a directive. It's an internal
10 policy that's intended to govern the use of
11 solitary confinement, but again, it doesn't
12 have teeth. It's an internal policy, and it
13 does a number of things. I think that some of
14 the, you know, notable things is it's, as I
15 mentioned, it seeks to encourage or I should
16 say discourage the use of solitary confinement
17 from more vulnerable populations. And
18 vulnerable populations and immigration contacts
19 have sort have become a term of art. So people
20 who are maybe elderly, pregnant women, people
21 who suffer from mental health issues; LGBT
22 detainees are considered among others are
23 considered vulnerable populations. So the
24 idea, in an effort to address the concerns that
25 have been raised with ICE, they issue this

1
2 directive, and there has been a ground swell of
3 support for improving these practices. And so
4 the idea is they want to discourage the use of
5 solitary confinement as a protective measure.
6 I think they'll be precise languages to use it
7 only as a last resort or if other, you know,
8 other measures are not available and as I said,
9 reporting requirements, so this is an effort to
10 create some more oversight of the practice.
11 They've also attempted to improve medical care
12 for people who are in segregation. I think
13 there's a question about how effective that has
14 been, and you know, it's a long directive. So
15 there's a number of different measures up there
16 they're trying to put forth, but I think
17 certainly, you know, more needs to be--it's
18 step in the right direction, but more needs to
19 be done to really address what's happening
20 particularly given that there's so many
21 detention centers, and it's very difficult. ICE
22 has admitted it's very difficult to ensure
23 adequate oversight and accountability because
24 some detention centers are run by localities,
25 local governments. Others are run by

1
2 corporations. So it's a difficult labyrinth
3 for them to get a hold of. In terms of whether
4 people have called for an end to the practice,
5 certainly some have, but I think that you know,
6 there's sort of a continuum. Some are calling
7 for an end to solitary confinement and some are
8 calling for an end to the practice only, you
9 know, that it can be used in emergency
10 situations. I think, you know. So I don't
11 think that ICE in a position right now that
12 it's planning to end the practice anytime soon.

13 COUNCIL MEMBER BARRON: Well, thank
14 you very much, and I want to commend all of you
15 for your work. You know, I think in this
16 capitalist society that we live in, profit is
17 the motive, and when corporations can benefit
18 money-wise, profit-wise for running detention
19 centers, and then allow this kind of inhumane
20 practice to happen is disgusting and
21 despicable. Keep up the good work.

22 CHAIRPERSON DROMM: Thank you. I
23 want to say that we've also been joined by
24 Council Member Mathieu Eugene from Brooklyn.
25 Thank you for being here. And, you know,

1 Council Member Barron, I visited Riker's within
2 the last year or so and I specifically went to
3 the mental health units where they were holding
4 people in solitary confinement, and the
5 conditions under which they had to survive were
6 atrocious, absolutely horrible, and I agree
7 with what your observations were in terms of
8 that as well, and they were the--the mattresses
9 were this thin, rusted. The walls were
10 graffitied and written on, hadn't been painted
11 in years. The window was maybe a foot big by
12 six inches wide, and just absolutely horrible,
13 and I actually also witnessed a counseling
14 session where three offenders were in a small
15 area with a fence around it actually, a chain-
16 link fence, and they were chained to the pipe
17 in front of them, and this is how they were
18 receiving counseling services, and that's why I
19 kind of wanted to get to the heart, if anybody
20 had been, and I'm going to ask other people who
21 come up to testify to see the type of
22 conditions that may be present in these
23 detention centers, in particularly in the
24 corporate run detention centers, because it was
25

1
2 absolutely inhumane and horrible to see these
3 types of conditions in our New York City
4 prisons right here on Riker's Island.

5 COUNCIL MEMBER BARRON: You know,
6 I'm going to step out here and share an
7 experience with you. Me and Reverend Al
8 Sharpton got arrested for the Day of Outrage.
9 We stood on the subway tracks and were charged
10 with disorderly conduct, obstructing
11 governmental processes. They actually gave us
12 45 days. Could you believe they put us in the
13 house of detention, and I was in a cell that I
14 could stretch my arms and touch the walls, and
15 there was a rubber mattress and a toilet that
16 was so foul that I said I'm going to eat
17 cheese and stay constipated, 'cause I ain't
18 using that. It was a toilet, and we stayed in
19 there for 20 some odd days. We can only come
20 out as you said, we can come out the shower and
21 then go right in front our cells, like three
22 feet in front of the cell. So we can only go
23 out there and had to go right back in, 'cause
24 we were in protective custody. They wanted to
25 protect us from the other inmates who were

1
2 dying to see us and have us talk to them, but
3 so I experi--I don't know if it's the--
4 certainly not as horrible as others, and every
5 time someone had to go to the infirmary for
6 whatever reason, we couldn't go to recreation
7 'cause if we went there they would clear out
8 the gym; nobody could go in the gym but me and
9 Reverend Sharpton, and then all the inmates
10 would have angry at us for taking away their
11 recreation time, and that was for 20 some odd
12 days and that was rough. So I can only imagine,
13 and you know, but I was, you know, we had
14 visitors. Do they have visitors?

15 RANDI SINNREICH: Very infrequently.
16 They're--they have a right to counsel visits,
17 except in circumstances where guards feel that
18 they shouldn't have on that day, and they are
19 entitled to family visits, but the--their
20 behind a bullet proof glass as opposed to when
21 you're not in solitary. And then just, you
22 know, side bars that a lot of my clients report
23 that they're actually--they've been in that
24 solitary cell with a rat. There's no way for
25 that rat to get out. I mean, it's that person--

1
2 you know, cockroaches, just those other types
3 of horrific conditions.

4 COUNCIL MEMBER BARRON: And what
5 they did with us, they put us on a tier where
6 11 cells where. They emptied the tier out so
7 all of the other inmates had to go in another
8 part of the prison. They put him in one cell,
9 skipped two, three cells and put me in the next
10 one, and we had to stay there for 20 some odd
11 days. So I can only imagine, you know what
12 they're going through. We were known, popular;
13 it was all in the news, so they was making sure
14 nothing happened to us and all of that. Can
15 you imagine someone that nobody knows and they
16 got to go through these experiences by
17 themselves? Thank you.

18 CHAIRPERSON DROMM: Thank you,
19 Council Member. Mathieu Eugene?

20 COUNCIL MEMBER EUGENE: Thank you,
21 Mr. Chair, and thank you to each one and all of
22 you for what you are doing. And could you--I
23 don't know if you mentioned that before I came,
24 could you tell us something about the medical
25 condition of those detainees? Do they separate

1
2 them based on their medical condition, or they
3 put everybody together? And also, what can you
4 tell us if you can about, you know, the medical
5 treatment system that are available in case
6 they need some medical treatment or assistance?
7 Anyone can talk about that?

8 JACQUELINE ESPOSITO: So one of the
9 problems with solitary confinement is those who
10 are often placed in solitary confinement are
11 people who do suffer from mental health issues,
12 and they're placed in solitary confinement
13 according to ICE for protective measures. So
14 certainly people are treated differently within
15 a detention center based on medial needs. I can
16 speak more generally to medical care and
17 detention centers and immigration detention
18 centers, that is. Historically, the medical
19 care in detention centers has been absolutely
20 deplorable, and in the past few years, ICE has
21 taken measures in response to wide-spread
22 criticism from, you know, media and advocates,
23 human rights experts, human rights bodies has
24 taken efforts to try to improve their medical
25 care. I think it's fair to say that it's still

1
2 lacking. One of the big problems is that there
3 are so few medical professionals. There are
4 not enough medical professionals to care for
5 the detainee population in a particular
6 facility. So you might have maybe one or four
7 hundred of detainees. They always say that
8 they have a doctor that's available 24 hours a
9 day, but that doctor is rarely actually at the
10 facility. There are issues getting medical
11 treatment. There are issues getting medicine,
12 so the medical care is certainly not adequate.
13 Again, ICE has taken steps to improve it, but
14 they have a long way to go. I'd also like to
15 point out that there have been in years past,
16 there have been a number of reported deaths
17 that have--the allegations have been that those
18 deaths could have been prevented had ICE taken
19 immediate steps to get medical care. Again,
20 these are older reports, and since that time
21 ICE has taken some steps to improve its medical
22 care in its facilities, but I'm sure you'll
23 hear from other advocates today, the general
24 consensus I believe it that they have a long
25 way to go.

1
2 COUNCIL MEMBER EUGENE: Is there
3 anything you can tell us about the step that
4 has been taken to improve the medical
5 condition, and also what would you just suggest
6 us from the City Council, you know, people who
7 are interested, who are concerned about the
8 medical condition of those people, what can be
9 done? What, you know, what should we do to
10 make sure that the condition, the medical
11 condition or the system, the medical system
12 that they have over there is adequate, because
13 we do believe that regardless of the reason why
14 the people are detained they still get the
15 right to the, you know, the right medical
16 treatment.

17 JACQUELINE ESPOSITO: Yeah, so a lot
18 of the medical steps that have been taken
19 involve oversight. So ICE has put into place
20 systems so that they can receive complaints
21 about inadequate medical care. You know, they,
22 the ICE headquarters has created a sort of a
23 mechanism for advocates to lawyers to report
24 concerns about detainees medical care. So the
25 idea is they're basically trying to set up a

1 process so that they can triage those cases if
2 they want to hear about the fact that a
3 facility is not responding to somebody's
4 medical treatment so that ICE can immediately
5 take steps to address that. But again, that
6 requires that the person have an advocate, and
7 with more than 80 percent of the immigrant
8 detainee population unrepresented by counsel,
9 many people are going through the system
10 without any voice. So the system is sort of
11 set up to fail, right? We need processes in
12 place at the front end to make sure that we
13 don't have these, have inadequate medical
14 attention in the first place. So a lot of it's
15 around oversight, increased, you know, an
16 increase in medical professionals available,
17 but again, certainly not enough. I think when
18 you asked about what can be done, there need to
19 be more doctors and nurses in facilities
20 without a doubt. You can't one person on staff
21 or even two people on staff to take care of
22 hundreds of detainees. That's a given. I
23 think there also needs to be congressional
24 oversight. I think that ICE should not be
25

1
2 policing itself. We need--or DHS should not be
3 policing itself. We need to have real
4 meaningful oversight from a congressional body
5 to make sure that the detention standards are--
6 that the conditions of confinement are
7 suitable. Also, I think that for private
8 corporations, their contracts, you know, they
9 should--there should be an issue for them that
10 it's like their bottom line, right? So their
11 contracts should not be renewed. They should--
12 they should face stiff financial penalties if
13 they don't meet ICE's standards for medical
14 care. And I think that historically that's not
15 happened. So I think that there just needs to
16 be more accountability in place, more staffing
17 is necessary and more oversight.

18 COUNCIL MEMBER EUGENE: As I said
19 previously, I believe that those detainees they
20 have right to proper medical care, and
21 especially not because they are immigrant they
22 should be treated like that. Immigrant or not,
23 everyone should get access to the proper
24 medical care regardless of the reason why
25 they're detainees, immigrant or non-immigrant.

1
2 I believe this is worse when separately of the
3 government of this nation to provide to
4 everyone the proper medical care, because they
5 are human being. They have the same rights,
6 access. They have the right to get access to
7 proper medical care. Another thing that I
8 would like to mention is I know that when they
9 send those detainees, they send them out of
10 state, New Jersey, Texas, and this is a big
11 issue for the family members to go visit them.
12 I, usually the people come to my office and
13 they say their son, daughters, wife or husband,
14 you know, was sent out of this state to Texas,
15 and this is a big trouble for them to go to
16 visit them. Any thought on this area, anything
17 has been done to facilitate, you know, to help
18 their family members to go to visit their loved
19 one?

20 ZOE LEVINE: I--perhaps Ms. Esposito
21 can help us with some of the mostly failed
22 efforts to ensure that ICE keep individuals as
23 close as possible to where their families are.
24 We've seen time and again that that does not
25 happen, that wherever there's a bed available--

1 thank you--is where that person will be sent.
2
3 And I can also speak to having interacted with
4 dozens of family members that desperately would
5 like to see and have contact with their
6 detained love ones and are not able to. It's a
7 serious problem in New York City given the
8 location of the detention centers, even
9 locally. People here, I'd have clients that
10 were sent to York, Pennsylvania that were sent
11 to Texas, to Alabama, to Georgia for their, the
12 period of their detention. But even here in
13 New York, there are individuals who are
14 detained in Orange County with is an hour and
15 some away from the Bronx where we work, and
16 most people that is completely out of reach for
17 them to be able to visit their loved ones
18 there. It has a tremendous impact on those
19 people who are detained from their ability to
20 continue fighting their case to feel that it's
21 worth persevering through their detention, and
22 it is also a tremendous burden on advocates who
23 are trying to represent these individuals
24 effectively in their cases to have regular
25 contact with people who are detained and to

1
2 represent them well in immigration court, but
3 maybe Ms. Esposito has more.

4 JACQUELINE ESPOSITO: I can tell you
5 a little bit about the policy measures that ICE
6 has taken to address the transfer policy.

7 There's been a tremendous amount of advocacy
8 for a number of years to correct this problem
9 that you rightly mention, Councilman, and that
10 is people are sent away, transferred to
11 detention centers miles and hundreds of miles
12 from home. There's a pipeline that you can be
13 picked up in New York City and end up in
14 Louisiana in a matter of days, or Texas. And it
15 is largely based on bed space. A few years ago
16 ICE issued a directive, another directive,
17 their transfer policy which was intended to
18 minimize the use of transfers. The idea was
19 that they were to take into account whether or
20 not a person is represented by counsel, because
21 this is a very big problem. Someone is
22 represented by non-profit agency in New York
23 City or even a for profit immigration attorney
24 in New York City, but if they get transferred
25 to Louisiana, that attorney/client relationship

1
2 is essentially ended. And often times they're
3 transferred to places where there is not--if
4 you can imagine, where you know, New York City
5 actually has an abundance of non-profit legal
6 service providers as over stretched as they all
7 are as compared to other parts of the country.
8 So it's having a very chilling effect on the
9 attorney/client relationship, and of course on
10 a family members and love one's ability to see
11 them. So that was one area where they were--
12 ICE was required to take into account whether
13 or not there was an attorney/client
14 relationship in place before they would
15 transfer a person and unfortunately like all
16 directives, there are exceptions to the rule.
17 They are sort of--ICE aspires to--or at least
18 on paper it aspires to correct the problem.
19 But again, they also are--they are sending
20 people based on where there's bed space. So
21 the policy has not, I don't think has done
22 enough to address this issue of people being
23 transferred. I know that I've--we have been
24 contacted by families who live in Queens, and
25 their loved one has been at six detention

1
2 centers over the course of a year all around
3 the country. So more certainly needs to be
4 done, and I think for all of these issues we're
5 talking about, what needs--the answer to every
6 single one of these problems is to have a
7 smaller detention population, a more manageable
8 detention population and taking into account
9 these serious concerns in a meaningful way so
10 that the problems actually end as opposed to
11 just getting band aids placed on them.

12 COUNCIL MEMBER EUGENE: Thank you
13 very much and thank you for the wonderful job
14 that you are doing. Mr. Chair? Thank you very
15 much.

16 CHAIRPERSON DROMM: Thank you. We've
17 been joined by Council Member Ydanis Rodriguez.
18 Thank you for being here. Just a couple of more
19 follow up questions. I don't know exactly--I
20 read through the directive and it seems
21 somewhat vague to me, some of the regulations
22 about how people can get placed into
23 segregation or solitary, but according to the
24 directive, disciplinary segregation must be
25

1
2 authorized by a disciplinary panel after a
3 hearing. Does that actually occur?

4 JACQUELINE ESPOSITO: Not that I'm
5 aware of.

6 CHAIRPERSON DROMM: So my follow up
7 question would have been, this is not
8 happening, I guess there's no attorneys there
9 either to ever represent people who have to go
10 before one of those hearing panels.

11 JACQUELINE ESPOSITO: I'm not sure
12 if there is a right to counsel at one of those
13 hearings, but given that there's not a
14 government appointed right to counsel in
15 immigration proceedings, generally for the very
16 small amount of the population that has
17 counsel, you know, it would be very difficult
18 to counsel for many of those people, because
19 we're at over 80 percent without population
20 without counsel.

21 CHAIRPERSON DROMM: And I would
22 assume, like as you said in your testimony
23 also, that if they're far away from New York
24 City, resources may not be as available as they
25 are here as well. And I know it's very hard to

1
2 win an immigration case at any point without an
3 attorney. So, you know, it's probably true in
4 these disciplinary hearing panels as well. Do
5 you know of, if there are any unaccompanied
6 children who ever been subject to segregation?

7 JACQUELINE ESPOSITO: So the idea
8 with unaccompanied children is they're not
9 supposed to be held in prison-like conditions.
10 They're supposed to be held more in foster
11 homes or placed in other residential settings.
12 So, we work less with an unaccompanied
13 children, so I can't say with any certainty
14 whether or not there is some form of
15 segregation, but the general policy is that
16 they're not supposed to be held in detention-
17 like conditions.

18 ZOE LEVINE: I'll just say that's
19 been my experience as well.

20 CHAIRPERSON DROMM: Could you just
21 speak into the mic a little more?

22 ZOE LEVINE: I've not--I have worked
23 with a number of young people who have been in
24 custody in basically modified jail conditions.
25 These are primarily detention centers near the

1
2 border, and I meet them later on, but I have
3 not heard of solitary conditions at those
4 facilities, although there are a range of other
5 issues at those places.

6 CHAIRPERSON DROMM: And finally,
7 before I let you go, what are--are there any
8 consequences for most importantly these
9 corporate run--all of them, all the detention
10 centers, are there any consequences if they
11 don't follow the directive? Or does that go
12 back to the question about who has oversight?

13 JACQUELINE ESPOSITO: Yeah, I mean,
14 ICE ultimately can decide what it wants to do
15 with those contracts. I mean, our, you know
16 there's not congressional oversight of the
17 contracts and so ICE decides what they want to
18 do with the contracts, and I do believe--you
19 know, I believe that they have, well I know
20 they have the authority to terminate contracts,
21 but it's very rarely done, and I think that's
22 one of the things that we'd like to see happen
23 is to see more teeth put into some of these
24 directives and into the existing performance
25 based standards so that corporate entities that

1
2 are running these facilities have an incentive
3 to make sure that the conditions are at least
4 up to ICE's standards.

5 CHAIRPERSON DROMM: So from my
6 looking at the directive, it didn't really seem
7 to be any real consequence that, you know, if
8 they violate these rules once, twice, ten
9 times, 100 times, whatever, that there would be
10 certain consequences to it, and that is of
11 major concern to me also that there's really no
12 consequences at all. So it seemed to me almost
13 like it's just a piece of paper. Alright. I
14 want to thank you for coming in, and we're
15 going to call our second panel. Thank you very
16 very much.

17 JACQUELINE ESPOSITO: Thank you.

18 ZOE LEVINE: Thank you.

19 RANDI SINNREICH: Thank you.

20 COUNCIL MEMBER RODRIGUEZ: Alright,
21 I just want to, first of all, express my
22 support to the Chairman and the importance of
23 this resolution. You know, like after we've
24 been in places especially where anyone is kept
25 in solitary, and solitary is like, you know,

1
2 really hard, and especially like no violence
3 immigrant people like so I am so happy and
4 proud and hoping that we can pass on this
5 resolution. I will not be able to stay long
6 because there's a situation going on at our
7 city college, where a student there holding a
8 protest fighting for a classroom that has been
9 used a student and community center since 1989
10 to keep us today, so I have to excuse myself to
11 go back there, so as a chairman of the higher
12 education committee, I want to be sure that the
13 protest is peacefully and we can work with CUNY
14 to restore that classroom as a student
15 community center. Thank you.

16 CHAIRPERSON DROMM: Thank you,
17 Council Member. Alright, I'd like to now called
18 Emily Tucker from the Center for Popular
19 Democracy, Michelle Gonzalez from Immigration
20 Equality, and Annie Wang from American
21 Immigration Lawyers Association. And I'd like
22 to ask you to raise your right hand please. Do
23 you solemnly swear to tell the truth, the whole
24 truth, and nothing but the truth?

25 EMILY TUCKER: Yes.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MICHELLE GONZALEZ: Yes.

ANNIE WANG: Yes.

CHAIRPERSON DROMM: Thank you, and
let's begin over here.

EMILY TUCKER: Good afternoon and
thanks to Councilman Dromm and the Immigration
Committee for convening today's hearing and for
inviting me to testify on this important issue.
My name's Emily Tucker. I'm currently a Staff
Attorney at the Center for Popular Democracy in
Brooklyn where I work on state and local policy
initiatives to protect immigrant rights and
promote racial justice. I'm also an active
member of the Detention Watch Network, where I
was policy director prior to joining my current
organization. Detention Watch Network is a
national coalition fighting to end immigration
detention. Other speakers have already given
you an overview of the practice of solitary
confinement in immigration detention
facilities, the system-wide problems with abuse
and the failure of ICE's minimal oversight and
accountability mechanisms. Rather than
duplicate their testimony, I will use my time

1
2 to share some stories with you of the real
3 suffering experienced by actual people
4 subjected to solitary confinement by ICE. In
5 April of this year I was part of the Detention
6 Watch Network delegation that visited the
7 Etowah Detention Center in Alabama. We
8 interviewed approximately 35 people that day,
9 several whom were New Yorkers. I would actually
10 say about a third of them were New Yorkers.
11 Etowah is a facility that ICE uses to hold
12 individuals subjected to prolonged or
13 indefinite detention, and a large number of New
14 York City residents with complicated
15 immigration cases end up there often for
16 several months or even years. Almost every
17 person we spoke to that day had spent time in
18 solitary. One man from Bedford Stuyvesant,
19 Brooklyn told me how he had spent more than 20
20 days in segregation, a structure of time that
21 the UN special repertoire has said constitutes
22 torture, for yelling at a guard who refused to
23 allow him to see his wife after she spent
24 hundreds of dollars and 15 hours traveling all
25 the way from New York City for a visit with

1
2 him. Another man who had been previously
3 diagnosed as schizophrenic reported being kept
4 in solitary confinement for multiple three day
5 stents as an attempt to contain the "disruptive
6 outbursts" that resulted from his being denied
7 his medication. A father of three who broke
8 down into tears at the mention of his youngest
9 daughter told us how ICE put him in solitary
10 after he went on hunger strike to protest the
11 injustice of his incarceration. After he
12 developed gastrointestinal bleeding, the jail
13 staff told him he would not be released from
14 solitary and that he would be denied medical
15 care unless he agreed to end his hunger strike.
16 You asked earlier about the sort of physical
17 structure of the cells, and I can tell you a
18 little bit about what they're like at Etowah.
19 They're about six to eight feet wide. I would
20 say they're all contained in a room that's
21 maybe, the dimensions are maybe three times the
22 size of this. It has the feel of a warehouse.
23 Etowah is a jail and there's a section of it
24 that's reserved for immigration detention. So
25 all of the folks who are in solitary, whether

1
2 in a jail or in immigration detention are kept
3 in the same physical cells. There's two levels
4 of cells in the solitary unit. It's extremely
5 dark in there. They have like one, you know,
6 very low grade light bulb dangling from the
7 ceiling. There's a bench/bed. The moment that
8 we walked in, that the delegation walked into
9 the solitary, people started yelling at us. One
10 man just started screaming, "Help, help, help,"
11 over and over. Another man said, "Can I get a
12 pillow? Can I get a pillow? Can I get a
13 pillow?" They are allowed one hour of
14 recreation, but at Etowah the recreation cell,
15 it's basically a cell, it's like 10 by 12 feet,
16 is still in the warehouse. It has windows that
17 look out into the outside, but they are maybe
18 about this big. So it's really--it's not--
19 doesn't even constitute outdoor recreation and
20 wouldn't meet the prison standards. There's a
21 shower that's also part of the warehouse. So
22 basically their entire lives are in this
23 enclosed area, this warehouse, very dark
24 warehouse type of area, and they are in there
25 24 hours a day. And at the time we went every

1 single one of those cells was filled. These
2 kinds of stories are unfortunately quite common
3 among those who have spent any length of time
4 in ICE custody, not only at Etowah, but at any
5 of the 250 detention facilities across the
6 country. In November of 2012, Detention Watch
7 Network released a series of 10 reports as part
8 of the Expose and Close campaign. The reports
9 catalogued the poor conditions and regular
10 mistreatment at 10 of the worst detention
11 centers in the United States, of which Etowah
12 was one. The misuse and overuse of solitary
13 confinement was one of the most prevalent
14 problems across the board. Individuals
15 reported spending weeks in segregation,
16 sometimes for "disciplinary reasons", sometimes
17 as retaliation for complaints they had filed
18 about detention center conditions. One of the
19 most disturbing pretext for solitary
20 confinement as my colleagues have already
21 spoken about is the "protection" of certain
22 especially vulnerable people such as gay or
23 transgendered individuals or the mentally ill,
24 none of whom should ever be in detention to
25

1
2 begin with. While there's nothing that this
3 body can do to curb the federal government's
4 use of solitary confinement, the City does have
5 some control over who ends up in ICE's custody
6 to begin with. The Council took an important
7 step in this direction last spring by passing
8 two bills that limit collaboration between
9 local law enforcement and ICE. Those measures,
10 however, only protect about a quarter to a
11 third of New Yorkers who are targeted by ICE
12 from ending up in detention. We encourage the
13 Council to expand the protections of that
14 detainer compliance policy to all New Yorkers
15 and to deny ICE access to Riker's Island Jail
16 so that the New Yorkers whom, remember, the
17 criminal justice system has determined should
18 be released, can rejoin their families and
19 carry on with their lives. The best way to
20 limit the negative impact on New York families
21 of solitary confinement and of the suffering
22 inherent in immigration detention is to stop
23 handing people over to ICE in the first place.
24 Thank you.

1
2 CHAIRPERSON DROMM: Thank you. Next
3 please?

4 MICHELLE GONZALEZ: Good afternoon.
5 My name is Michelle Gonzalez. I am a Cardozo
6 Immigration Justice Fellow at Immigration
7 Equality. Immigration Equality is a national
8 organization that advocates for the rights of
9 lesbian, gay, bisexual, transgender, and HIV
10 positive immigrants. I would like to start by
11 thanking the committee for inviting me to
12 present testimony on the proposed resolution
13 urging the US Department of Homeland Security
14 to end the practice of placing detained non-
15 citizens in solitary confinement. LGBT asylum
16 seekers flee violence, trauma, and persecution
17 in their home countries due to their sexual
18 orientation or gender identity, and yet once
19 they come to the US and are placed in the
20 Federal Immigration Detention System, LBGT
21 asylees [phonetic] are effectively punished
22 again because of their sexual orientation or
23 gender identity. This is because immigration
24 and customs enforcement or ICE detention
25 facilities have adopted a practice of placing

1
2 LGBT individuals in solitary confinement on the
3 basis that it will protect from attack by the
4 general detained population. While there may be
5 real safety concerns in many instances, there
6 is usually no attempt by the detention facility
7 to assess the actual safety risk in each
8 individual case, nor is there any attempt to
9 ascertain the detained persons own view about
10 his or her safety. Inappropriate solitary
11 confinement is particularly disconcerting for
12 transgendered detainees as they are nearly
13 always housed in sex segregated facilities that
14 conflict with their self identified gender, and
15 detention facilities will routinely place them
16 in solitary confinement on the pretext of
17 safety concerns. Although ICE detention is not
18 designed to punitive, this so called
19 administrative segregation is generally, as
20 others have pointed out, indistinguishable from
21 punitive segregation. Individuals are placed
22 in a small cell for 23 hours per day for days,
23 weeks, or even months at a time. Some that we
24 have spoken to Immigration Equality report as
25 having as little as five to 10 minutes outside

1 of their cell each day. They have no access to
2 services and programs, external support
3 systems, or any human interaction while they
4 are held there. They often have no ability to
5 access counsel. As others have pointed out,
6 accessing counsel is difficult enough while
7 you're in detention, it's practically
8 impossible when you're being held in solitary
9 confinement, which means that they're deprived
10 of representation that could help them put an
11 end to this solitary confinement given that
12 solitary confinement is a form of punishment
13 normally reserved for those who are considered
14 a threat to others, this practice effectively
15 punished LGBT people in detention for being
16 LGBT. It is psychologically damaging and it
17 exacerbates the fear and anxiety felt by an
18 already vulnerable group. Immigration Equality
19 has represented many clients who have been
20 traumatized by the use of solitary confinement
21 in detention, so we thought it would be useful
22 for the committee to hear their stories.
23 Although their names have been changed to
24 maintain client confidentiality. One example
25

1 is Maria, a transgender woman escaping
2 persecution in Mexico who was detained at York
3 Detention Center in Pennsylvania. Prior to
4 being detained, Maria had access to hormone
5 therapy treatment and lived her life as a
6 woman. Among other medical procedures, Maria
7 had surgeries to feminize her face and to
8 augment her breasts. She had changed her name
9 legally from Eric to Maria and wore women's
10 clothing, and yet upon arrival at York Maria
11 was processed through the center's intake
12 procedures, placed in a male facility and
13 immediately asked whether she wanted to be
14 placed in solitary confinement. Maria answered
15 no. Despite this, and without any
16 individualized risk assessment, the detention
17 officer at York placed Maria in solitary
18 confinement where she was subject to 23 hour
19 lock down. Maria stayed in solitary
20 confinement for a total of three months, the
21 entirety of her stay at York. During this time
22 she had no social interaction with the other
23 people in the detention facility. She was
24 denied both her HIV treatment and her gender
25

1 hormone therapy. Due to the involuntary
2 isolation and deprivation of her therapy that
3 Maria experienced while in 23 hour lock down
4 and her inability to participate in meaningful
5 recreation, Maria started having violent
6 nightmares. She shared her depression and
7 nightmares with a detention officer, and but
8 made sure to assure the officer that she did
9 not want to kill herself. At one point Maria
10 expressed her frustration at being in this 23
11 hour lock down by banging her head against a
12 wall and screaming. Because of this, and again,
13 without an individualized psychiatric
14 evaluation of her mental state, detention
15 officers placed Maria in an even smaller
16 solitary confinement cell. The suicide watch
17 cell that she was placed in was about 10 feet
18 by 10 feet in size. Additionally, Maria was
19 stripped of her clothing and subject to checks
20 by officers every 15 minutes. Maria was not
21 given clothing for a day, and she remained in
22 suicide watch, solitary confinement for a total
23 of 15 days. Finally after obtaining legal
24 counsel Maria was released from detention and
25

1 placed on an electronic monitoring unit. Had it
2 not been for our intervention at Immigration
3 Equality, she would have remained in solitary
4 confinement. Maria's descent into depression
5 due to being placed in solitary is an all too
6 common occurrence. Another one of our clients
7 at Immigration Equality, we'll call her Ava, is
8 a transgender woman from Mexico and she was
9 detained in an all male prison in Georgia. She
10 was attacked by another detainee and this
11 attack was what led to her placement in
12 solitary confinement. So rather than her
13 attacker being placed in disciplinary
14 detention, she was placed in isolation which
15 caused her to become depressed. Because of her
16 depression, again, she was put on suicide watch
17 and forced to wear an anti-suicide smock. All
18 of this only made Ava feel understandably more
19 degraded. It magnified her depression, and
20 again, this damaging cycle only ended when we
21 were able to have her released from detention.
22 The mental and emotional damage caused by
23 solitary confinement has been well documented.
24 Other advocates, they have already spoken about
25

1
2 the effects that they can have on people being
3 held such as the fact that they develop psycho
4 pathologies at almost twice the rate of those
5 in a general prison population that they also
6 may engage in self-mutilation at higher rates.
7 Solitary confinement is a major factor in
8 suicidal ideation and suicide attempts.
9 Studies have shown the effects to be high
10 anxiety, nervousness, violent nightmares, heart
11 palpitations, and we at Immigration Equality
12 have seen these effects first hand. One of our
13 other clients, Carmen, was placed in detention
14 at Essex County in New Jersey for two weeks
15 after being constantly harassed because she was
16 again placed in a male facility. When she came
17 out of detention to meet with us, she was
18 shaking all over and she found it difficult to
19 form words. The damage done to Carmen's mental
20 health was evident. The involuntary placement
21 of transgender women like Maria, Ava, and
22 Carmen in conditions of extreme isolation
23 without individualized assessment is in
24 violation of existing standards and should not
25 have occurred. Given that they are women, it

1 was inappropriate for them to have been housed
2 in male facilities in the first place. This
3 practices subjects transgender women to high
4 risks of sexual assault, and at its core,
5 violates a woman's dignity and her rights to be
6 placed with other women. So called protective
7 placement in solitary confinement would not be
8 necessary if transgender women are
9 appropriately placed in female detention
10 facilities or better yet, given regular access
11 to alternative to detention program. While
12 there are regulations as others have discussed
13 and non-binding standards that report to the
14 deal with the issue of LBGT people in
15 detention, being improperly placed in solitary
16 confinement, they are only loosely implemented
17 and do not go far enough to ensure that LBGT
18 people are not routinely housed in solitary
19 confinement. Any legislative reform must
20 include protections to ensure that immigration
21 detention centers do not systematically place
22 LBGT individuals in solitary confinement simply
23 on the basis of their sexual orientation or
24 gender identity. They must also provide for
25

1
2 clear enforcement procedures in the event that
3 those protections are breeched as Councilman
4 Dromm has pointed out as well. DHS must
5 address the issue of LBGT individual's safety
6 in detention centers rather than using the
7 quick fix of solitary confinement. Being LBGT
8 is not a crime, and LBGT people should not have
9 to choose between assault and punitive
10 isolation while being held in detention. A
11 resolution by the New York City Council urging
12 DHS to end the practice of routinely placing
13 such vulnerable populations in solitary
14 confinement would send a clear message that New
15 York City does not support this grossly
16 inhumane practice and Immigration Equality
17 would strongly support such a resolution.
18 Thank you.

19 CHAIRPERSON DROMM: Next please.
20 Thank you.

21 ANNIE WANG: Good afternoon. My
22 name is Annie Wang, and I am a member of the
23 New York Chapter of the American Immigration
24 Lawyers Association, the nation's largest
25 professional organization of immigration

1
2 lawyers. We thank you for holding this hearing
3 and for the opportunity to contribute to this
4 forum. The New York Chapter of AILA commends
5 the New York City Council for this resolution
6 urging the Department of Homeland Security to
7 end the practice of placing immigrant detainees
8 in solitary confinement except in emergency
9 situations. Our immigration policies should
10 reflect this country's values of due process,
11 fairness, and respect for human dignity. In
12 2012, the US Government detained approximately
13 400,000 individuals in immigration custody in a
14 network of about 250 facilities, including
15 those that hold both immigrants and criminally
16 sentenced individuals. ICE contracted
17 detention centers, for example, facilities that
18 are contracted out to for-profit companies and
19 county jails hold a broad range of individuals.
20 These include asylum seekers, US permanent
21 residents, people with mental health
22 conditions, LGBT individuals, elderly
23 immigrants, and survivors of human trafficking.
24 As the New York Times recently reported and as
25 the resolution noted more than 300 immigrants

1
2 are held in solitary on any given day in the 50
3 largest immigration detention facilities, with
4 nearly half isolated for 15 days or more, and
5 as Emily pointed out earlier, according to the
6 UN Special repertoire on torture, solitary
7 confinement of 15 days or more constitutes
8 torture due to the risk of permanent
9 psychological damage from such extended
10 isolation. Over the past several years,
11 Congress has significantly increased funding
12 for ICE detention beds, from 20,800 beds per
13 day in fiscal year 2006 to 34,000 beds per day
14 in fiscal year 2012 at an annual cost of about
15 two billion dollars. ICE has interpreted
16 appropriations language to mandate the
17 detention of an average daily population of
18 approximately 34,000 individuals. Immigration
19 detention costs US tax payers an average of 122
20 dollars to 164 dollars per person per day.
21 Alternatives to detention which some of the
22 other witnesses have pointed out have proved to
23 be extremely effective, demonstrating a higher
24 than 90 appearance rate before the immigration
25 courts and are significantly less expensive

1
2 than detention, costing between 30 cents and 22
3 dollars per day, depending on the nature of the
4 program. As a result of our nations' detention
5 and deportation policies, immigrants are living
6 in inhumane and abusive conditions in detention
7 centers around the country. I wanted to note
8 that a September 24, 2013 article in Bloomberg
9 Business Week reports on the costs of this "bed
10 mandate" to US tax payers and detained
11 immigrants and their families while private
12 prison operators which detained almost two
13 thirds of all immigrants held in federally
14 funded prisons continued to make huge profits.
15 Most detainees lack immigration status and
16 legal representation and many do not speak
17 English. The use of solitary confinement
18 further isolates these individuals and
19 encourages them to give up on pursuing their
20 cases, accepting deportation to countries that
21 are often dangerous, provide few opportunities,
22 and to which they might have little or no
23 connection other than by birth. Compounding
24 this isolation is the lack of accountability in
25 the prison system. A May 1, 2013 report issued

1
2 by the Government Accountability Office called
3 Improvements Needed in Bureau of Prisons
4 Monitoring and Evaluation of Impact of
5 Segregated Housing found serious deficiencies
6 in the oversight of solitary confinement
7 policies in federal prisons. We therefore
8 welcome the ICE policy directive of September
9 4th of this year, regulating the use of
10 solitary confinement for immigrant detainees.
11 The directive calls for such improvements as a
12 system for centralized review and oversight,
13 the consideration and use of alternatives to
14 detention, heighten justifications for solitary
15 and requirements for release and other helpful
16 measures such as attorney notification in
17 certain instances. As other speakers have
18 pointed out, only time will tell how effective
19 this directive will be in terms of actual
20 practice. However, these guidelines fall short
21 in several ways. The directive does not
22 establish specific limits on the duration of
23 solitary confinement. It is not legally
24 enforceable as pointed out by another witness,
25 and it does not provide for effective remedial

1
2 action against facilities that violate the
3 guidelines. So as a first step, we would
4 encourage DHS to look to the proposed amendment
5 number two that was offered by Senator
6 Blumenthal of Connecticut and adopted by voice
7 vote in the Senate Judiciary Committee hearings
8 to S744, the Senate bill also known as the
9 Border Security Economic Opportunity and
10 Immigration Modernization Act. S744 sets fixed
11 terms for the length--I'm sorry. The amendment
12 sets fixed terms for the length of allowable
13 detention, the number of weekly visits by
14 doctors and mental health professionals,
15 conditions triggering release and other
16 measures to reduce the amount of time and
17 mitigate the damage of solitary confinement.
18 The City Council should be highly commended for
19 taking significant steps toward protecting this
20 City's residents from unnecessarily or
21 inappropriately being transferred into
22 immigration detention. Through the passage of
23 local laws 2013, 021 and 022 regarding when the
24 New York Police Department and the Department
25 of Corrections will and will not honor ICE

1
2 detainers. However, we feel that these
3 policies do not go far enough. ICE's practices
4 and policies regarding detainer issuance are
5 much too broad. Many New York City residents
6 who are non-citizens and who come into contact
7 with local law enforcement often for offenses
8 as minor as traffic violations remain
9 vulnerable to being swept into DHS custody and
10 the types of confinement that we've just
11 described. More needs to be done by ICE to
12 ensure that detainers protect the due process
13 and constitutional rights of citizens and non-
14 citizens and focus on the agencies stated
15 highest priorities. We therefore, recommend
16 that the City Council consider expanding New
17 York City's detainer policy to encompass more
18 New York City residents who would be exempt
19 from ICE detainers. Accordingly, we call on
20 Congress to end the practice of placing an
21 immigration detention individuals who do not
22 pose an immediate risk to the community. We
23 further encourage Congress to reduce funding
24 for immigration detention and to increase
25 funding for ADT or alternatives to detention

1
2 programs and to enact binding civil detention
3 standards, holding facilities legally
4 accountable for the improper use of solitary
5 confinement. Finally, we urge DHS to withhold
6 funding or impose financial penalties on
7 detention facilities that violate these
8 segregation policies or to terminate contracts
9 with such facilities. We join immigrants and
10 their families and communities, the City
11 Council, and the other groups testifying today
12 to urge that DHS end the inhumane and harmful
13 practice of solitary confinement except in
14 emergency situations that are subject to
15 continuing oversight. Thank you.

16 CHAIRPERSON DROMM: Thank you all.
17 You know, I'm working very closely with the
18 Jails Action Coalition on eliminating solitary
19 confinement in Riker's and in City jails, and
20 I'm always learning new things. I did not know
21 there was a Board of Correction, for example,
22 in New York City in addition to the department
23 of correction, and it was to the Board of
24 Correction that we had to appeal for a rules
25 changes committee to be established to begin to

1
2 look at those procedures. I'm assuming that
3 that does not exist on the federal level.
4 Would you know if there's such a thing at all?

5 ANNIE WANG: What kind of--I'm
6 sorry, it was a--

7 CHAIRPERSON DROMM: [interposing]
8 like an oversight--

9 ANNIE WANG: [interposing]
10 oversight?

11 CHAIRPERSON DROMM: [interposing]
12 committee or a board that would have oversight
13 over use of these tactics, the segregation,
14 solitary placement etcetera, people, conditions
15 within the detention centers. There's no
16 committee on the federal level that oversees
17 this at all?

18 ANNIE WANG: Well, and I'll defer to
19 my other panelists. I do understand that
20 under the September 4th ICE directive that
21 there will be or is a detention monitoring
22 counsel. I don't know exactly how that, you
23 know, will be actually carried out because this
24 is such a recent directive.

1
2 CHAIRPERSON DROMM: So that, it does
3 not exist now?

4 ANNIE WANG: I'm not aware of there
5 being within ICE.

6 EMILY TUCKER: Yeah, there's
7 absolutely nothing at the federal level when it
8 comes to immigration custody. There may be
9 some mechanisms in place when it comes to the
10 federal prison population, but I can't speak to
11 those.

12 CHAIRPERSON DROMM: So when these
13 directives, when this directive was put out,
14 was community or advocate input sought for the
15 directives, or did they just do this based off
16 of the New York Times article, etcetera and
17 negative publicity?

18 [laughter]

19 ANNIE WANG: Go ahead.

20 EMILY TUCKER: So ICE does work
21 with--it has what it called an advisory group
22 of NGO's and human rights organizations and
23 community stakeholders that it consults about
24 some of the reforms that it intends to
25 implement in immigration detention and there

1
2 were several conversations with those advocates
3 in Washington D.C. about the problems with
4 solitary, but there wasn't--I mean, most of
5 those organizations are national organizations.
6 Most of them don't have bases. Most of them
7 don't have bases. Most of them aren't actually
8 visiting the jails where this is happening. So
9 in terms of like consultation with the
10 communities that are really impacted by this,
11 there was almost none of that, and I would say
12 that most of the organizations that were
13 consulted at the national level about this
14 policy are not pleased with what ultimately
15 came out.

16 CHAIRPERSON DROMM: And so the
17 question of how that counsel is formed is
18 something that we need to watch carefully for
19 the future. And the law by Senator Blumenthal,
20 or the amendment number two--

21 EMILY TUCKER: [interposing] Yes.

22 CHAIRPERSON DROMM: not law yet,
23 right, because we have a Republican Congress
24 that will not--

25 EMILY TUCKER: [interposing] No.

1
2 CHAIRPERSON DROMM: that will not
3 even look at this issue, probably. Am I right
4 about that?

5 ANNIE WANG: They won't even look at
6 the Senate bill at this point.

7 CHAIRPERSON DROMM: And I do want to
8 say I guess we have a lot of work to do in
9 terms of the ICE on Riker's bill as well. We
10 were very pleased to be able to pass at least
11 the laws that we were able to get moved forward
12 on that, but I hear what you are saying in
13 terms of needing to improve that, and even
14 possibly looking at a no detention honoring
15 system at all. I don't even know why we're in
16 that business, really, you know, to begin with.
17 And so I hear that very very loud and clearly,
18 and I think that's all that I had.

19 ANNIE WANG: Council Member Dromm?

20 CHAIRPERSON DROMM: Yes?

21 ANNIE WANG: I just wanted to
22 mention that GAO report that I mentioned--

23 CHAIRPERSON DROMM: [interposing]
24 Yes.

1
2 ANNIE WANG: in my testimony, among
3 several recommendations, the GAO pointed out
4 that the Bureau of Prisons, which has oversight
5 over federal prisons, needs to assess the
6 impact of long term segregation, because
7 apparently that isn't being done or hasn't
8 been.

9 CHAIRPERSON DROMM: So part of your
10 testimony, I believe, also Emily Tucker's
11 testimony was the UN resolution or UN statement
12 on the 15 days or more being considered
13 torture. Now, you know, I know personally a
14 friend, as I said in the beginning of the
15 hearing, who spent 180 days on Riker's in
16 solitary confinement. You know, this is
17 absolutely incredible. I'm sure that there must
18 also be immigrants that are in solitary on
19 Riker's itself, but it--for the UN to issue an
20 opinion 15 days or more, it's just absolutely
21 unbelievable that these conditions still
22 continue to exist, so. I want to thank you all
23 for coming in and for giving your testimony,
24 and I really deeply appreciate it. Thank you
25 very, very much.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

ANNIE WANG: Thank you.

CHAIRPERSON DROMM: Okay. Our next, and I think last panel, yep, but definitely not last. Next, but not last, Allan Feinblum, Ravi Ragbir and Hadley Fitzgerald. Hadley's from the Jail's Action Coalition. Ravi is from New Sanctuary, and Allan is also from New York City Jails Action Coalition. And while I am at it, I want to mention that we have received testimony for the record from Amy Gottlieb, the Director of the American Friends Service Committee Immigration Rights Project and of course that will be included in the official record of this committee. Okay, so do we want start with Allan?

ALLAN FEINBLUM: Yeah, I'm a member of New York City Jails Action Coalition and we've been around for about a year. It's composed of people that are mentally ill, people that work at Riker's Island, lawyers, and just the average person, family members of people that are incarcerated at Riker's Island, and some of the members have actually been in Riker's Island or they have children that's

1
2 been in Riker's Island, and so far for about
3 the past year we've been able to make a lot of
4 progress with the Board of Corrections. They
5 finally agreed with a vote of seven to zero to
6 have rule making where they're going to have
7 minimum standards for solitary confinement. In
8 other words, they're tried to--at least we are
9 trying to eliminate people that are mentally
10 ill from being placed in solitary confinement,
11 also people, young people from 16 to 21, they
12 shouldn't be in solitary confinement because
13 their brains are first developing now. And
14 also the third thing that we're trying to
15 accomplish is people that are physically
16 disabled. For example, they may have an
17 artificial leg. They're being placed in
18 solitary confinement. So those three things
19 that we're trying to change and the only thing
20 is the process, this rule making process takes
21 somewhere between a year and a half and maybe
22 two years, but we're hoping with maybe a new
23 administration and changes on the Board and
24 also new commissioner, maybe we'll be able to
25 make a little bit more progress. I've also met

1 with the President of Cobra [phonetic] the
2 Union for Correction Officers, and even though
3 we have a lot of wide differences, he also
4 agreed that people are mentally ill shouldn't
5 be on Riker's Island, because they're not
6 properly trained to deal with people that are
7 mentally ill. And I also write people that are
8 in prison. I've accumulated about 27 different
9 people that are in prison all through the
10 United States, especially people that are in
11 Pelican Bay where they recently had a hunger
12 strike, and I just want to read one letter from
13 the letters I've accumulated. This was dated
14 June 14th, 2012. "Dear Mr. Feinblum, how are
15 you doing? Thank you for writing. I received
16 your letter today. The best I can describe
17 solitary confinement for mentally ill person is
18 pure hell. It simply breaks down your trust in
19 people, society. It makes people hate
20 themselves and others. It makes people violent
21 and suicidal. It drives a lot of people out of
22 their mind completely. It makes people lose
23 hope and faith in themselves and in God. It's a
24 suffering that's hard to explain in words to
25

1
2 others whom have not experienced it first hand.
3 It also pushes more prisoners to seek
4 medication, and most often leads to the
5 mentally ill prisoner getting worse because
6 they are being overly medicated and they're not
7 given the right medication. The prisoners are
8 rarely monitored while on medication. Prison
9 doctors often experiment on prisoners with
10 different medications. A lot of prisoners are
11 dying due to the experimentation with these
12 medications. A prisoner died today and he was
13 on a lot of medications for mental illness. He
14 died in his sleep. A lot of guards take
15 advantage of these mentally ill prisoners
16 sexually and physically abusing by beating them
17 up, gassing their cells using electronic stun
18 guns on them, and even worse. And also
19 stealing their money. Good luck with your
20 organization. Peace and love, your friend
21 Nate." And one last thing I just want to say,
22 they have a program NY1, where you can call in
23 the show and last--like they had on Mr. Lhota,
24 the candidates for Mayor, and I asked--I was
25 able to ask the question; I asked him if he is

1
2 elected Mayor, would he change the commission
3 of corrections, and he says definitely yes.
4 And I also told him about people that are
5 mentally ill on Riker's Island, and I says,
6 "Why can't they be placed in mental
7 institution, psychiatric wards?" He says he
8 himself doesn't know why. It's been maybe 12
9 years since he was with Giuliani. So he has to
10 learn more about the situation. It's kind of
11 pathetic that someone that's running for mayor
12 doesn't even have an idea about people,
13 mentally ill people that are suffering. And
14 the description said here about what solitary
15 confinement is, it was pretty full, but one of
16 the things is that people that are in solitary
17 confinement, they're in there for 23 hours, 24
18 hours a day, and the exercise is not lifting
19 weights or running around. You're in another
20 little cage. The prisoners that I write to
21 describe it as a cage. There's nothing in
22 there. You just walk back and forth like--so
23 one former guy had a ball and he was hitting it
24 against the wall back and forth, back and
25 forth, and these things deteriorate people's

1
2 mind. And I respect the people from Pelican
3 Bay, because they're actually trying to do
4 something and they haven't given up even though
5 they--this is the third time they've been on a
6 hunger strike, but they don't give up, and now
7 due to their strike, there's legislation in
8 California. They've been having hearings
9 similar to this where all this is going to come
10 out. Now the public has to be alerted. Most
11 people have been brainwashed into thinking that
12 people that are criminals deserve to--you throw
13 the key away, forget about them. Whatever
14 happens to them, that's their tough luck. Who
15 asked them to be criminals? But anybody could
16 get into a situation, especially people that
17 are mentally ill. I suffer from bipolar since
18 1980, within that time I also married--my wife
19 is over here. I'm married 51 years, away from
20 herolyn (sp?) for 30 years. I started my own
21 little league baseball team, a non-profit
22 organization, and I, but in the last year when
23 I found out that people are mentally ill are in
24 prison, that got me so disturbed that id
25 dedicated myself every day to learn more about

1
2 it. That's why I write the prisoners and they
3 comfort me knowing that even a person that's in
4 jail similar to a person that's mentally ill,
5 there's something that you can do to help
6 yourself. It's not just medication and seeing
7 a psychiatrist or stuff like that. There's
8 things that you can actually do to change
9 things like being more positive and actually
10 these type of things being an advocate.
11 Instead of thinking about yourself and your
12 past or your future, just think about the
13 present, and you can help other people. That's
14 going to help you. It's not like I'm selfish
15 and selfless or I'm a martyr or a saint. These
16 things actually keep me well. It's five years
17 almost since I've had--I was sick, and I was
18 sick, severely depressed where I needed shock
19 treatments. It's not like I got depressed
20 because the Mets lost the World Series. So,
21 and this last thing I wanted to say is about
22 the LGBT. I'm married 51 years, but I wanted
23 to testify at the hearing here also. It was a
24 resolution about Thelma [phonetic]. I said that
25 if a person loves another person, it doesn't

1 matter--the main thing is that they're
2 committed to them. It doesn't matter what
3 their sexual preference is or anything else.
4 That's nobody else's business, and if the law
5 was passed, which it was in New York State,
6 that's not going to affect my marriage or my
7 wife's marriage. So that's something I wanted
8 to add, and I want to learn more about the--I'm
9 trying to find out what is it that--and I
10 learned that today from you, what is it that
11 they could advocate for people that are gay,
12 lesbians and transgender, what is that they
13 actually want? And I think just speaking to
14 one or two, they said that want to be in the
15 general population. According to what you were
16 saying, they have no choice. They're just put
17 there. So this has a--this is--there's a lot of
18 work to be done and this is just the beginning.
19 This is just the first step in--in my case, I
20 had to keep in mind not to get frustrated or
21 discouraged, because I don't want to ever get
22 sick again, because I've been sick seven
23 different times in 30 years. So I realize that
24 things aren't going to be done right away, but
25

1
2 it is helping me being part of the advocacy
3 movement, and I thank you very much.

4 CHAIRPERSON DROMM: Thank you Allan,
5 and Ms. Fitzgerald?

6 HADLEY FITZGERALD: My name is
7 Hadley Fitzgerald, and I'm a social work intern
8 at the Urban Justice Center Mental Health
9 Project. I'm here today as a member of the
10 Jails Action Coalition along with Allan. So
11 Chairperson Dromm, the New York City's Jail
12 Action Coalition, JAC is a grassroots
13 collection of activists including formerly
14 incarcerated, currently incarcerated, their
15 family members, and other community activists
16 working together to promote human rights,
17 dignity, and safety for people in New York City
18 jails. Its member united in part to give New
19 York City a local voice in the growing
20 international consensus opposing solitary
21 confinement in jails and prisons. JAC opposes
22 the practice of solitary confinement under all
23 circumstances. Some of our members have
24 tragically experienced solitary confinement in
25 their own lives. Their acute understanding of

1 the constant psychological suffering that
2 occurs both for the incarcerated individual and
3 their loved ones on the outside informs our
4 advocacy efforts. Our most recent work has
5 resulted as Allan spoke to in the New York City
6 Board of Correction beginning a rule-making
7 process that promises to meaningfully reform
8 and restrict the practice of solitary
9 confinement in our City jails. JAC has a
10 profound concern for the treatment and
11 confinement of immigrants detained in
12 facilities overseen by the United States
13 Immigration and Customs, ICE, agency. More
14 than one third of us New Yorkers are
15 immigrants, that New York is one of the most
16 diverse cities in the world makes us proud, yet
17 our JAC members see that the same in human
18 practice of solitary confinement that is
19 occurring in our own backyards in city jails is
20 also occurring for our immigrants neighbors in
21 ICE detention. Like our incarcerated members
22 at Riker's most immigrants held in detention
23 centers are criminalized before they've even
24 stood trial. This is especially shocking
25

1
2 because immigrant detainees are simply awaiting
3 their administrative hearings for their civil
4 trials. Their detention is not meant to be
5 punitive, but as the New York Times reported
6 last March, hundreds of people in ICE
7 facilities are placed in solitary confinement.
8 Many are placed there due to minor rule
9 infractions. This excessive punitive practice
10 more often than not lasts longer than 15 days
11 which is the duration at which many experts in
12 the psychiatric field consider to be the
13 threshold for risk of severe mental harm.
14 Immigrants detainees are at a particular
15 disadvantage to appeal their often undefined
16 sentences to solitary confinement. As many of
17 our JAC family members have experienced, it
18 takes courage to advocate within a custody
19 system for your loved one in solitary
20 confinement. Family members of immigrant
21 detainees are uniquely vulnerable in this
22 regard because they may fear government
23 repercussions to their own immigration statuses
24 or they may struggle with language barriers and
25 with access to counsel. There should not be

1
2 any immigrants jailed in punitive detention
3 settings. Placing them in solitary confinement
4 is simply a form of torture that can
5 permanently damage their mental health and
6 negatively impact their ultimate integration
7 into communities, whether inside or outside the
8 United States. We know that trauma looms in the
9 backgrounds of many incarcerated individuals in
10 city jails, and trauma may also play an immense
11 role in the lives of people in immigration
12 detention. Many detainees are attempting to
13 flee home countries where they have been abused
14 or persecuted. Many have been raised in
15 poverty and without access to mental health
16 services when needed. Solitary confinement
17 often acts--exacerbates the systems of mental
18 illness for those with pre-existing conditions
19 resulting in acute anxiety, depression,
20 psychotic symptoms and even suicidality
21 [phonetic] Solitary confinement also can lead
22 to the deterioration of the mental health of
23 individuals without pre-existing conditions.
24 JAC stands by the conclusions drawn in the
25 September 5th, 2013 report to the New York City

1
2 Board of Correction by Doctors James, Gilligan,
3 and Bandi Lee [phonetic] that states, "From a
4 medical, psychiatric standpoint, no one should
5 be placed in prolonged solitary confinement as
6 it is inherently pathogenic. It is a form of
7 causing mental illness." Solitary confinement
8 is torture and it must end. Juan Mendez,
9 special repertoire of the human rights council
10 on torture and other cruel inhuman or degrading
11 treatment or punishment called for a complete
12 ban on the use of solitary confinement for
13 juveniles and persons with mental disabilities
14 finding that it constitutes cruel inhuman or
15 degrading treatment and violates the
16 international covenant on civil and political
17 rights and the convention against torture.
18 Furthermore, he concluded, and I quote,
19 "solitary confinement should be used only in
20 very exceptional circumstances as a last resort
21 for as short a time as possible." As a nation,
22 we routinely criticize human rights abuses we
23 observe in other nations, yet we continue to
24 let the inhuman practice of solitary
25 confinement to be used again our citizens and

1
2 our non-citizens. With this testimony, we ask
3 that the City Council pass the resolution
4 urging the US Department of Homeland Security
5 to end the practice of placing immigrants
6 detainees in solitary confinement except in
7 emergency situations.

8 CHAIRPERSON DROMM: Thank you.

9 Ravi?

10 RAVI RAGBIR: Thank you, Councilman
11 Dromm. The New Sanctuary Coalition would like
12 to thank the committee and yourself for holding
13 this hearing to look into the matter of
14 isolation and solitary confinement in
15 immigration detention centers. The New
16 Sanctuary Coalition is a network of interfaith
17 organizations including churches, mosques,
18 synagogues, and temples working to keep
19 families together when they or their loved ones
20 are facing deportation. We advocated for a
21 true and real immigration policy that would
22 allow everyone to live in dignity. We are, I
23 know we are speaking here about solitary
24 confinement, but a bigger problem and we have
25 mentioned it is the fact that we should not,

1
2 again, I repeat, I should not be holding any
3 immigrant in prison while they are in
4 proceedings. It's a civil proceeding and we
5 have to take that completely off the table. No
6 one should be held in detention. And is that
7 of--is that being radical? Prior to '96, we
8 only had 8,000 immigrant detainees in prison
9 like conditions and now we're up to 34,000 a
10 day. So we can go look to change that civil
11 system because you are still taking people's
12 freedom away from them. The reason that
13 solitary confinement is used for the protection
14 and welfare is facetious. It's a lie, right?
15 Because it is--in the criminal justice ways,
16 it's used to control behavior. When there is no
17 enforceable standards in the immigrant
18 detention centers, it is not only inhumane or
19 morally wrong, but it is torture. Everything
20 you have heard about solitary confinement is
21 true. I've--so I have spent two years in
22 immigration detention, some of which is in
23 solitary confinement. It is a form of torture.
24 It is terrible, and I'll get to that. I want
25 to also talk about why immigrants are placed in

1
2 detention. You know, prior witnesses spoke
3 about retribution. Well, the--when immigrants
4 are--want to complain or protest about the
5 conditions, for instance, terrible food. You
6 know, when I was in Alabama, I was moved from
7 Brooklyn County to Alabama, and we were
8 protesting the food. The cost of feeding an
9 inmate in Alabama all day, one inmate per day
10 was 75 cents. And how we knew that because
11 they were spending too much money. They wanted
12 to bring it down to 45 cents, and that's the
13 conditions we lived--we had to live under.
14 Lack of legal access, in Brooklyn County, we
15 were only allowed to go to the library, the law
16 library once every two weeks for an hour. For
17 those of us who did not have representation or
18 had to fight your case, can you imagine how
19 complicated the immigration law is, and we only
20 had one hour to do our research in the law
21 library in that prison. The lack of access to
22 friends, family, support, when you are--this is
23 a civil--again, we always use civil in
24 quotation marks because when your family comes
25 to visit you, they are in front of a glad

1
2 barricade, partition. You cannot hold your
3 loved one. You cannot touch the child. And
4 this--most of the people who are immigration
5 proceedings are deported. This would be your
6 last opportunity to hold your family and to hug
7 them, and you are--and you're doing this over
8 telephone through a plastic partition. It's--
9 and it's of wrong. The guards, the officers
10 who control the units, the immigration units,
11 they understand this, and they understand that
12 you are just fighting for your life and you
13 will do anything to be with your family, and
14 they use that against us. They will scream and
15 shout, demoralizing us, demeaning us,
16 dehumanizing us, demonizing us, right, because
17 they can do that. Most people, most immigrants
18 again are deported so we cannot take that
19 matter up later. And if you complain, this is
20 where the retribution comes in, we are
21 threatened with or taken into solitary
22 confinement. I, when I was at Brooklyn County,
23 I--we were the victims of officer's abuse, and
24 when I came out I was meet--we were meeting as
25 advocates with the director of the Brooklyn--of

1 the immigration, New York Immigration Field
2 Office. One of the things they said is that
3 the immigrants were always to blame. A lot of
4 that is not in my testimony because I--my
5 written testimony, because I was told I had to
6 keep it short, but I wanted to explain that
7 when were were in that meeting they kept
8 speaking about the--it's the immigrants fault.
9 They are violent. They don't know how to
10 speak. They don't know how to behave, and so
11 that is our fault that we were placed in
12 solitary confinement. Until I raised my hand
13 and I said, "Well I have lived it. I was
14 there, and this officer did this. This officer
15 took off the air condition." We were live--
16 they took the air condition off when it was 100
17 degrees outside. This cell, already enclosed
18 was made of metal. For two weeks we lived
19 without air condition, no ventilation, and then
20 they locked the cells. So it's a small room,
21 but then we were in individual cells with
22 locked. We had to sleep in that for two weeks
23 because the officers who had switched that air
24 condition off. It's only when we were able to-

1
2 -when I stood there and I said to the field
3 director that this is the problem, that he had
4 to retract his statements of blame that it was
5 our fault. When someone is in solitary
6 confinement, everything is taken away from you.
7 When you go into that space, you are bombarded
8 with the sense and the feeling of hopelessness
9 in that space. You are bombarded with the
10 screams and shouts of people who are just
11 trying to recapture the humanity, because if
12 you live in that condition for too long you
13 feel as if life is slipping past, slipping away
14 from you, and by screaming and shouting and
15 making mere contact with someone else across
16 cells is one way of bringing, holding yourself
17 together. It is so bad that even the officers
18 themselves are told do not spend too much time
19 in solitary confinement monitoring solitary
20 confinement because they will be traumatized.
21 And I know of one person, one officer who was
22 traumatized and they had to fire him. So they
23 leave every night, so can you imagine how when
24 we have to live in those conditions what it
25 means? I've seen solitary confinement used to

1 control inmate behavior as I said earlier.
2 I've also seen especially in Alabama where they
3 did not have medical--they had LPN's, which is
4 not like nurses aids. So they did not have a
5 doctor, did not have treatment. How did they
6 treat those who needed medical care in
7 solitary, especially those with mental
8 illnesses? Usually they would just give them
9 anti-depressant or we use to Benadryl, which
10 actually puts you to sleep so you can deal with
11 it. We slept a lot in solitary, even though the
12 lights were on 24 hours. It--you had to curl
13 up and just close your eyes. When you are
14 taken into solitary, you're shackled. When
15 you're taken out of solitary, you're shackled,
16 and they reason they would say is that it is
17 for--it is actually for the officer's
18 protection because most people would do--when
19 you're leaving solitary, you'll react. You
20 don't know how you're going to behave when you
21 leave. And when I left solitary, it was
22 traumatic, as traumatic. It was even more
23 traumatic to leave it as it is to get in there,
24 because I, my whole mental state had changed
25

1
2 and I didn't know how I could have--how to deal
3 with general population afterwards. So I know
4 you have--this is the second time I've spoken
5 about my time in solitary, and I'm sorry. It
6 just messes--I still experience it. I still
7 suffer from depression and PTSD. Sorry. You do
8 live with it, and how do I deal with it is--
9 I've actually locked it away, so when I speak
10 about it, it becomes very challenging. So in
11 solitary you become very suicidal as you've
12 heard, and you have to worry about your family
13 not knowing, having--your access to contact to
14 the outside world is even more restricted.
15 Sometimes you make--you're only allowed one
16 phone call every 30 days, so your family not
17 hearing from you for those length of time, they
18 worry very much because they don't know if
19 you're alive or not. We worry about them
20 worrying. It makes us even more depressed,
21 even more traumatic. I spent, it was one year
22 in, one year in County, one year in private
23 prison, and you asked about oversight. There
24 is no oversight. Actually, they will not have
25 oversight. We went to Washington when before

1
2 President Obama went into office to meet with
3 his committee on that to try to have them look
4 at enforceable standards, and this was back in
5 2008. They were interested in the idea, and
6 yet nothing has been done, because there's a
7 lot of money being spent not to have
8 enforceable standards in those areas because
9 what has happened right now in private prisons
10 in the immigration detention system is when I
11 complain to Brooklyn County or Alabama they
12 will say I'm in ICE custody. So I have to take
13 up my issue with ICE. But then I complain to
14 ICE about the condition; they will say I'm
15 physically in the jail's custody, so I have to
16 take my matter up with the jail. So I'm being
17 bounced around in limbo never having any
18 resolution to my issues because no one has
19 taken responsibility for the conditions, and
20 that is--is that deliberate? Well, it has been
21 going on for a long time so it has to be, and
22 we have been speaking to them about the fact--
23 and even when you have--you heard other
24 witnesses say that ICE goes into the center to
25 observe, that's mere talk. There are officers

1
2 when I was in Brooklyn County, the officer
3 would come, but he will only stay in one area.
4 So I am speaking about it from inside. I'm not
5 speaking from outside watching in. Sorry,
6 outside, yeah. I'm speaking from inside
7 watching out and seeing the ICE officers who
8 are supposed to monitor conditions just sit
9 with the jail officers and nothing happens. So
10 there is no oversight. There is no likely no
11 possibility that it will change in the near
12 future because of the lobbying that goes on. I
13 also wanted to address the alternatives to
14 detention. I have been released to
15 alternatives on detention with an ankle
16 monitor. It is GPS enabled, which means it has
17 to be powered every day. So I had to connect
18 my ankle to an electrical outlet for two hours
19 a day. How I dealt with that was I actually
20 slept with my leg off the bed connected to eh
21 electrical outlet because I could not sit with
22 that on my leg shackled every single day. One
23 of the conditions were as restrictive, even
24 more onerous on me when I was released because
25 we had to, I had to report three times a week.

1
2 They had to come to my home every other week
3 unannounced. They had me on a 12 hour curfew
4 and the ankle monitor. How am I going to live?
5 How am I going to survive? How am I going to
6 take care of myself and my family. We had a
7 report in New Jersey that they made a guy who
8 was homeless who came here asking for asylum
9 and made him report every single day, five days
10 a week to the officers. He was--he ended up--
11 he was staying in Penn Station until he ended
12 up in a shelter. He, obviously, he couldn't
13 afford to go to the office, which was like five
14 miles away. He walked every single day,
15 whether it was raining or not, and they kept
16 him there all day long under alternative to
17 detention. So it is not a solution. The
18 solution is a better immigration policy. The
19 solution is no detention for immigrants in
20 these proceedings. I am still in proceedings.
21 You will know when a individual--you--when we
22 are doing the Riker's campaign, one of our
23 witnesses, he is in removal proceedings right
24 now. He has a cold case and they refuse to
25 close the case even though he qualifies for

1
2 DOCA [phonetic] deferred action. They refuse
3 to close it because he has--well whatever
4 reason. And we talk about oversight or lack
5 thereof. You cannot make a difference in that
6 case, although you know the person will
7 testify. The Senator cannot make a difference
8 in that case. No one can make a difference in
9 that case unless you're the President or maybe
10 the Department of Homeland Security Secretary,
11 and even they refuse to do that. So the whole
12 system itself needs to be revamped, needs to be
13 changed so that we, individuals can live in
14 dignity. The policy should--we have to have a
15 fair humane immigration policy. Thank you.

16 CHAIRPERSON DROMM: Well, thank you,
17 Ravi, for your very moving and brave and
18 courageous testimony and I have heard parts of
19 your story before, and I'm always very
20 impressed with how you were able to get out of
21 that situation and become such a strong
22 advocate and remain so wonderful as you are.
23 So thank you for that testimony. It's very
24 very important and it's really the reason why
25 we're here today. Your story is the reason why

1
2 we're here today, so thank you very, very much
3 for that. And one question I did not get
4 around to asking the other panel, but it kind
5 of leads into what you were finishing with was,
6 is there any movement in terms of dealing with
7 the regulations around solitary and
8 comprehensive immigration reform? Have you
9 heard of anything on that? Has any of the
10 panelist heard anything about that?

11 RAVI RAGBIR: So we--actually, the
12 Blumenthal Amendment you heard about is the
13 policy that will address solitary confinement,
14 and it's not addressed fully because it is
15 normally if you're in solitary, you are
16 discarded. There is--no other movement is
17 building because of the traumatic and the
18 trauma people face and the fact that a lot of
19 mentally ill people are being placed in
20 solitary and cannot even attend court,
21 immigration court, because they are fully
22 traumatized and cannot defend themselves
23 properly, and more distraction to the court
24 itself. I wanted to also--I'm sorry, it
25 slipped my mind, but there is no building. We

1 will continue to press for that, but it has
2 taken a long time to address that. Oh, I'm--I
3 needed to also comment on what solitary
4 confinement has on an individual's case. I
5 went, when I was in Brooklyn County I met a guy
6 and he fought, and he fought for three years to
7 get his case reopened, and he won that, and in
8 front of the judge when he was in front of the
9 judge, and basically the judge has no reason to
10 not give him his green card back. He was a
11 green card holder, and the judge looked at his
12 records and he said, "I cannot do that, because
13 you were placed in solitary confinement.
14 You're a threat to society." He was refused.
15 He had to go back to the system. I have lost
16 touch with him, but we are even more victimized
17 because of being placed in solitary
18 confinement. And there's assumption that
19 immigrants are a threat to society when it is
20 only a political decision will they re-allow
21 someone in or not.

23 CHAIRPERSON DROMM: So this is a
24 little bit more of a detailed question. I
25 think we'll end with it, but in your testimony

1
2 also, Ravi, you mentioned that when someone's
3 placed in solitary confinement everything is
4 taken away from him or her, their legal papers,
5 their books, their bibles are removed and phone
6 access is restricted. What happens to their
7 belongings?

8 RAVI RAGBIR: Their belongings are
9 held in storage and it depends on a length of
10 time. They will end up with it back in the
11 cell, but that takes a long process. There's
12 an internal investigation in the jails as they
13 go through the process of being in solitary
14 confinement, and that review process, that
15 investigation may take days. It may take
16 weeks. It may takes months, and it ends--until
17 then, you are not given your paperwork,
18 anything without something to hold onto. When I
19 was in solitary confinement I read the Bible
20 three times, from cover to cover, 'cause that's
21 all I had to end up dealing with it. If you
22 don't have that you lose it. It's even worse--
23 it's even much worse, you heard about suicide
24 watch. You're literally given a paper gown and
25 that's all you--that's all you have in that

1
2 cell, and you're always watched. They sit in
3 your cell watching you, and they write down on
4 their clipboard, "breathing." Every 15 minutes
5 he's still breathing. He's still breathing.
6 He's still breathing. That's all they write,
7 but they watch you and they--you don't have
8 anything at all in that space. So it is--I'm
9 glad and I commend this committee that you are
10 looking to this matter and that you will set a
11 precedent solitary confinement should be
12 eliminated for all.

13 CHAIRPERSON DROMM: Thank you. And
14 Ms. Fitzgerald, what about Riker's, when their
15 belongings are taken from them, would you know?
16 I mean, from what I hear, they're never seen
17 again.

18 HADLEY FITZGERALD: Yeah, that's not
19 something I can speak to. But I think the
20 folks from the Bronx Defenders were speaking a
21 little bit to that at least during the duration
22 of their sentence in solitary, that there's no
23 guarantee of even book or their own mail.

24 CHAIRPERSON DROMM: I just find that
25 to be so further dehumanizing and devaluing.

1
2 Alright. And Allan, thank you again for your
3 honesty and for your help with this issue and
4 always being such a strong advocate and for
5 helping people with the letter writing that you
6 do. It's a very, very important thing that
7 you're doing and I thank you, and I thank the
8 whole panel for coming in today. And with
9 that, this meeting is--what do I got to do?
10 One last piece for the record, from the New
11 York Civil Liberties Union, for the record,
12 statement, and I guess just--Joanna Miller,
13 Advocacy Director, Rebecca Angle, Public Policy
14 Council, and Nate Vogle, Legislative Council
15 for the New York Civil Liberties Union, for the
16 record, testimony. Okay, and again, thank you
17 to my staff, and this meeting is adjourned.

18 [gavel]

19 CHAIRPERSON DROMM: Oh, forgot to
20 say, thank you Bill for coming. Appreciate it,
21 good to see you here. Thank you. Thank you.

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

COMMITTEE ON IMMIGRATION

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify there is no relation to any of the parties to this action by blood or marriage, and that there is no interest in the outcome of this matter.



Date 11/05/2013