

July 8, 2019

Jacqueline Sherman, Chair Members of the Board NYC Board of Correction 1 Centre Street, Room 2213 New York, NY 10007

Dear Board of Correction,

We are writing as survivors of solitary confinement, family members of people incarcerated, mental health, legal, and human rights experts, and other #HALTsolitary campaign members to join the growing call urging the Board of Correction to fully and finally end solitary confinement in New York City jails. Particularly in the immediate wake of Layleen Polanco's devastating, tragic, and preventable death, and in recognition of the countless other people who have lost their lives or minds because of solitary confinement, we urge the Board to take immediate action to completely end this torture for all people now.

Solitary confinement is torture. It has long been demonstrated to cause devastating physical, psychological, and emotional harm.¹ As one of the purportedly most progressive cities in the

¹ See, e.g., https://www.timesunion.com/opinion/article/Stop-incarcerating-the-mentally-ill-in-solitary-13808108.php; http://www.newyorker.com/news/news-desk/kalief-browder-1993-2015; James Gilligan and Bandy Lee, Report to the New York City Board of Correction, p. 3, Sept. 5, 2013, available at: http://solitarywatch.com/wp-content/uploads/2013/11/Gilligan-Report.-Final.pdf; Stuart Grassian, Psychiatric Effects of Solitary Confinement, Journal of Law & Policy, Vol. 22:325 (2006), available at: https://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1362&context=law journal law policy ("Psychiatric Effects of Solitary"); Craig Haney, Mental Health Issues in Long-Term Solitary and 'Supermax' Confinement, 49 Crime & Deling. 124 (Jan. 2003), available at: http://www.supermaxed.com/NewSupermaxMaterials/Haney-MentalHealthIssues.pdf; Stuart Grassian and Terry Kupers, The Colorado Study vs. the Reality of Supermax Confinement, Correctional Mental Health Report, Vol. 13, No. 1 (May/June 2011); Sruthi Ravindran, Twilight in the Box: The suicide statistics, squalor & recidivism haven't ended solitary confinement. Maybe the brain studies will, Aeon Magazine, Feb. 27, 2014, available at: http://aeon.co/magazine/living-together/what-solitary-confinementdoes-to-the-brain/; Joseph Stromberg, The Science of Solitary Confinement, Smithsonian Magazine, Feb. 19, 2014, available at: http://www.smithsonianmag.com/science-nature/science-solitary-confinement-180949793/#.Uwoq5RsSWaQ.email; https://citylimits.org/2019/02/12/cityviews-crisis-at-federal-jail-highlightsongoing-crime-of-solitary-confinement/; https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/5c4f5c2970a6adb2776942ac/1548704820918/2

country, New York City should lead the way in ending this inhumane and counterproductive practice. More specifically, drawing from the key principles contained in the HALT Solitary Confinement Act² and applying those principles more progressively in the current context of both New York City's jails (where the vast majority of people are held pre-trial and presumed innocent, and others are there for low-level misdemeanor convictions), and existing Board of Correction minimum standards, the Board should at a minimum:

- 1) Completely end solitary confinement for all people;
- 2) Ensure that any alternatives to solitary are actually meaningful, humane, and effective alternatives and not isolation by another name
- 3) Create clear mechanisms of release from any alternatives to solitary
- 4) Further restrict who can be separated from the general jail population
- 5) Enhance procedural protections and reporting on the use of any forms of separation

1. Completely end solitary confinement for all people

New York City must stop placing anyone in solitary confinement for any length of time. The sensory deprivation, lack of normal human interaction, and extreme idleness of solitary confinement can lead to intense suffering and severe damage. A study conducted in New York City jails, written by authors affiliated with the New York City Department of Health and Mental Hygiene, and published in the American Journal of Public Health, found that people who were held in solitary confinement were nearly seven times more likely to harm themselves and more than six times more likely to commit potentially fatal self-harm than their counterparts in general confinement, after controlling for length of jail stay, serious mental illness status, age, and race/ethnicity. We know that some people spending even a short number of days in solitary can lead to tragic consequences and even death. As one of countless horrific examples, Bradley Ballard spent only six days in solitary confinement, endured horrific torture and neglect while there, and died as a result.

Solitary confinement also fails to address, and often exacerbates, underlying causes of difficult behavior as people deteriorate psychologically, physically, and socially. In turn, solitary confinement also decreases institutional and community safety. Jurisdictions that have reduced solitary have seen a positive impact on safety for both incarcerated people and correction officers

https://www.syracuse.com/crime/2016/07/spitballs and throwing items 50 days in solitary confinement for aub urn_teen.html; https://www.nydailynews.com/new-york/ny-solitary-confinement-injunction-20190619-wotutt2msvbsfegpbdyj232zsu-story.html.

² http://nycaic.org/legislation/. While the state legislature failed to enact HALT this year despite having enough votes to pass the bill, it continues to have majority support in both houses of the state legislature and the City Council overwhelmingly passed a resolution urging its passage at the state level.

³ https://solitarywatch.org/wp-content/uploads/2013/11/Gilligan-Report.-Final.pdf

⁴ https://medium.com/@djj2125/new-york-city-pays-record-5-75-million-to-family-of-rikers-inmate-bradley-ballard-d41b7a678a57; https://www.timesunion.com/opinion/article/Stop-incarcerating-the-mentally-ill-in-solitary-13808108.php

⁵ https://medium.com/@djj2125/new-york-city-pays-record-5-75-million-to-family-of-rikers-inmate-bradley-ballard-d41b7a678a57.

(see more below). Reductions in solitary also leads to greater safety in the outside community and decreases the likelihood people will return to jail or prison.⁶

Moreover, solitary causes great harm not only to the people subjected to it, but to their families and communities as well. While someone who has not been in solitary or had a loved one in solitary, can not fully grasp the harm caused by this torture, reading about <u>people's own</u> <u>experiences in solitary</u>, hearing <u>testimony</u>⁸ from people who survived solitary or had family members in solitary, or participating in a <u>virtual reality solitary experience</u>, and begin to give a glimpse into the horrors of this practice.

Despite the horrific harm and its counterproductive impact, New York City continues to hold people in solitary confinement – both in segregated confinement units and other units that are often in practice solitary by another name (Enhanced Supervision Housing (ESH), Restrictive Housing Units (RHU), and elsewhere).

It must be noted that while the Board's current rules exclude people with serious mental illness from solitary confinement, many other people with mental health needs but with less severe diagnoses are still in solitary confinement or purported alternative units (like the RHU) and that people who do not have mental health needs before they enter solitary often leave solitary units with mental health needs. It must also be noted that there reportedly are only a small number of women held in solitary in the RHU at the Rose M. Singer Center on Rikers (where Layleen Polanco was held) and the city jails were clearly able to operate when they temporarily removed all women from that unit.

New York City must stop subjecting any people in its jails to solitary confinement.

2. Ensure that any alternatives to solitary are actually meaningful, humane, and effective alternatives and not isolation by another name

Solitary confinement is not only inhumane but also counterproductive. If people have to be separated from the general prison or jail population because they pose a serious risk of harm to the safety of others, there is no logical reason that they should be subjected to the extreme isolation of solitary confinement that will not only cause intense suffering and damage but also likely exacerbate what led the person to being separated and possibly make jails and outside communities less safe. Instead, appropriate treatment and access to meaningful human engagement and congregate programs and recreation must be provided. Specifically, people must be given many hours of out-of-cell time per day (equivalent to full days out of cell, every day), as well as access to meaningful human engagement and congregate programs and services aimed at addressing their underlying needs and the causes of their behaviors. In addition, as in HALT,

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 $^{^6 \, \}underline{\text{https://www.prisonlegalnews.org/news/2018/jan/8/solitary-streets-studies-find-such-releases-result-higher-recidivism-rates-violent-behavior/}$

 $[\]frac{\eta_{https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/5c4f5bd8562fa7fb256b550d/1548704749745/2017+Solitary+at+Southport.pdf; https://static1.squarespace.com/static/5b2c07e2a9e02851fb387477/t/5c4f5c2970a6adb2776942ac/1548704820918/2018+Voicesof+Women+in+lsolated+Confinement.pdf.}$

⁸ https://www.facebook.com/NYCAIC/videos/425978351341182/?sfnsw=cl

https://www.theguardian.com/world/ng-interactive/2016/apr/27/6x9-a-virtual-experience-of-solitary-confinement

there should be a prohibition on the use of restraints in alternative units (at least unless some very narrowly tailored individualized determination is made because of a specific serious risk of harm). What is needed is a fundamental transformation from a focus on punishment, isolation, and deprivation, to a focus on accountability, rehabilitation, treatment, and empowerment. Any alternatives need to essentially be the opposite of solitary, not solitary by another name.

New York City and New York State themselves have had very positive examples – in both prisons and jails – of program-based units that actually address underlying causes of problematic behavior and lead to better outcomes for incarcerated people, staff, and for overall safety of institutions and the community. The Clinical Alternatives to Punitive Segregation (CAPS) unit on Rikers Island is a much more program-intensive, treatment supported, and empowermentbased alternative to solitary confinement that does not restrict the amount of out-of-cell time provided, utilizes de-escalation of difficult situations, and has greatly reduced the amount of violence and self-harm.¹⁰ The Merle Cooper program in New York State prisons – now closed purportedly due to resource constraints – also provided a successful program-intensive, empowerment-based unit that involved complete separation from the rest of the prison population but no isolation of individual people. For people deemed at high risk of recidivism, the Merle Cooper program provided group sessions, intensive programming, peer-led initiatives, increased autonomy and responsibility, most of the day out of cell, and the ability to earn unlocked cells. Even though Clinton Correctional Facility is considered one of the most violent prisons in NY, while it was open (1977 to 2013) Merle Cooper had high levels of reported safety, and near universal praise from correction officers, participants, and administrators.

Other states and countries have implemented program-based alternatives to solitary that have proven both more humane and more effective. For example, the Resolve to Stop the Violence Project (RSVP) in San Francisco jails immersed residents in an intensive program including most of the day out-of-cell, group discussions, classes, counseling, and meetings with victims of violence. RSVP resulted in a 25-fold reduction in violent incidents, five-fold reduction in rearrests for violent crimes, six-fold reduction in jail time, and cost savings. Many European countries rarely utilize solitary confinement, and if used only for very short periods, and instead have an intense focus on programming, connections to family and community, granting people autonomy and responsibility, creating conditions akin to life outside of incarceration, and preparation for returning home. 12

¹⁰ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772202/

¹¹ https://academic.oup.com/jpubhealth/article/27/2/149/1595844; https://www.ncbi.nlm.nih.gov/m/pubmed/15820997/

¹² See, e.g., Ram Subramanian and Alison Shames, Sentencing and Prison Practices in Germany and the Netherlands: Implications for the United States, Oct. 2013, available at: http://www.vera.org/sites/default/files/resources/downloads/european-american-prison-report-v3.pdf; Jessica Benko, The Radical Humaneness of Norway's Halden Prison, New York Times Magazine, March 26, 2015, available at: http://www.nytimes.com/2015/03/29/magazine/the-radical-humaneness-of-norways-haldenprison.html? r=0; 3 See Erwin James, The Norwegian prison where [incarcerated people] are treated like people, The Guardian, Feb. 25, 2013, available at: http://www.theguardian.com/society/2013/feb/25/norwegian-prison-inmates-treated-likepeople (documenting conditions at Bastoy prison); Maurice Chammah, Prison Without Punishment, The Marshall Project, Sept. 25, 2015, available at: https://www.themarshallproject.org/2015/09/25/prison-without-punishment.

On the other side, New York State and City also have plenty of examples of so-called alternative units that are in practice actually often solitary by another name.

Recently in New York City, as widely reported, Layleen Polanco's life was taken from her in solitary confinement. While Layleen was in what is a unit that was supposed to offer additional programming for people with mental health concerns sentenced to solitary confinement, she was spending at least 20 hours a day locked down in her cell. And even after her death, it was reported the city Department of Correction (DOC) continued to try to claim she was not in solitary and counted out-of-cell hours as including an hour each for a shower, for the possibility of a visit (even if she didn't have one), and the possibility of a medical appointment (even if she didn't have one). She was completely isolated, and tragically she died.¹³

Recently in New York State, a 17-year-old child with severe mental health needs - E.L.- spent seven months in solitary confinement. Children in New York State prisons are already supposed to not be in solitary because of settled lawsuits. So E.L. was in what is already supposed to be an alternative to solitary. But this is what an alternative looks like when it is actually solitary by another name: he generally had only four hours a day out of cell five days a week, and only two hours out of cell on the weekends, and for one ten day stretch he never left his cell - spending 24 hours a day in solitary. As reported: "His conditions in the Adolescent Offender Segregation Unit (AOSU) got so bad that he began to react with self-mutilating behavior, cutting himself on the arm in an apparent cry for help." A judge ruled that he had to be removed from these conditions because of the "irreparable harm" and devastating mental health impacts.¹⁴

Any alternatives to solitary must be real alternatives and not more isolation that causes death and destruction. As the RSVP program, Merle Cooper program, and others demonstrate, if the City is actually trying to create safety inside of its jails and in our communities, then the alternatives to solitary should in fact be close to the opposite of solitary – with full days out-of-cell and opportunities for meaningful, empowering, congregate programming.

3. Have clear mechanisms of release from any alternatives to solitary

Because of the longstanding history of the City DOC attempting to create solitary-like conditions in alternative units by another name, it is imperative that any form of housing that is more restrictive than the Board's minimum standards for people in the jails generally must have clear, attainable, and short mechanisms for release.

The Board's current minimum standards for the jails require that for all people – currently other than people in punitive segregation, enhanced supervision, or contagious disease units – involuntary lock-in times do not exceed eight hours a day for sleeping at night and an additional two hours during the day. If the Board is going to allow for people to be housed in more restrictive housing than these minimum standards require, then any such units must have clear mechanisms for release. Again drawing from HALT's provisions and applying them in the context of the Board's current minimum standards, at a minimum, people should be able to be

 $^{^{13}\ \}underline{https://thecity.nyc/2019/06/rikers-empties-womens-solitary-unit-after-polan co-death.html}$

¹⁴ https://www.nydailynews.com/new-york/ny-solitary-confinement-injunction-20190619-wotutt2msvbsfegpbdyj232zsu-story.html

discharged from any alternative units if they: a) complete the length of their disciplinary sanction; b) complete whatever program plan was set up with them at the time they enter an alternative unit; c) are deemed ready for discharge by clinical and program staff during a periodic review; or d) they reach a hard and fast maximum total time limit in the alternative unit.

Currently, in the City jails people are often held for many months in the very restrictive Enhanced Supervision Housing Units,¹⁵ and in the state prisons people with serious mental health needs are left to languish for many years in the very restrictive alternative residential mental health treatment units.¹⁶ The Board should ensure that people do not spend excessive amounts of time in alternative units and that any alternatives have clear ways for people to quickly return to the general jail population.

4. Further restrict who can be separated from the general prison population

While the Board has already placed some limitations on what kind of conduct can result in segregated confinement, the Board should make further restrictions and ensure that placement in any alternatives to solitary are also limited to the most serious and egregious conduct. People who engage in less serious rule violations do not require an alternative intensive rehabilitative and therapeutic intervention. Only those who truly pose a serious risk of harm to others should be separated so that resources can be focused on providing support to a small number of individuals who would actually benefit from the kind of intensive programmatic and therapeutic intervention that any alternative to solitary should entail.

In addition, restricting the criteria would help to limit the amount of discretion given to correction officers and other staff for imposing restrictive separation of any kind, and in turn would limit the amount of racial discrimination that infuses such processes. Black people represent about 18% of all people in New York State, but 50% of those incarcerated in the state, and nearly 60% of people held in long-term solitary confinement units in the state. The *New York Times* documented in 2016 what people who have been inside have long known, solitary confinement is fueled by racism and imposed disproportionately against Black and Latinx people.¹⁷ Similarly in the city jails, a New York City Department of Health and Mental Hygiene study found that Black and Latinx people in the city jails were less likely to receive appropriate mental health diagnoses and more likely to be subjected to solitary confinement.¹⁸

5. Enhance procedural protections and reporting on the use of solitary

The processes resulting in solitary confinement are often arbitrary and unfair, involve underequipped staff, and take place with little transparency or accountability. As noted above, correction officers or other staff can often write disciplinary tickets for the most minor of

¹⁵ https://bds.org/bds-testifies-before-nyc-council-oversight-hearing-on-progress-in-closing-rikers/

https://nyassembly.gov/write/upload/publichearing/000865/001525.pdf

¹⁷ Michael Schwirtz, Michael Winerip and Robert Gebeloff, *The Scourge of Racial Bias in New York State's Prisons*, The New York Times, Dec. 3, 2016, *available at*: https://www.nytimes.com/2016/12/03/nyregion/new-york-state-prisons-inmates-racial-bias.html?_r=0.

¹⁸ Fatos Kaba et al., Disparities in Mental Health Referral and Diagnosis in the New York City Jail Mental Health Service, 105 Am. J. Pub. Health 1911-1916 (2015), *available at:* http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302699.

reasons, for false reasons, or due to racial or other bias. The NYC jails are laden with staff brutality and other abuses.

At the next level, the hearings or administrative procedures that result in placement in solitary confinement are *not* conducted by judges or other supposedly non-biased neutral decision-makers, but rather by corrections staff. In New York State prisons, approximately 95% of the people who are charged with the most serious rule violations that can result in solitary confinement are found guilty, ¹⁹ and the processes are similar in the jails.

Further, what takes place to lead people to solitary confinement or what happens to people while in solitary confinement often takes place essentially secretly, cut off from the outside world. Such a situation further creates an environment in which there is little oversight and no accountability and more opportunity for abuse.

While the Board has added some additional protections in this regard, those protections need to be greatly expanded. At a minimum, as under HALT, people should have the opportunity to have legal representation – by lawyers, paralegals, other incarcerated people, or others – at any hearings or procedures that can result in placement in solitary (until it is ended) or any alternative units.

In addition, the Board should expand the data that is required for DOC to provide to include, as in HALT, a breakdown of everyone in any form of restricted housing by: (i) age; (ii) race; (iii) gender; (iv) mental health treatment level; (v) special health accommodations or needs; (vi) need for and participation in substance abuse programs; (vii) pregnancy status; (viii) continuous length of stay alternative units as well as length of stay in the past sixty days; (ix) number of days in segregated confinement (until it is ended); (x) a list of all incidents resulting in disciplinary sanctions by facility and date of occurrence; (xi) the number of incarcerated persons in segregated confinement by facility (until it is ended); and (xii) the number of incarcerated persons in alternative units by facility (until it is ended). The Board should also require that all data DOC is required to provide be made public, and not just reported to the Board.

Conclusion: The Need for Fundamental Change

Across New York State, nationwide, and internationally there have been innumerable statements denouncing solitary, including from the New York City Council itself,²⁰ President Obama,²¹ the Pope,²² Supreme Court Justice Kennedy (concurrence starts on p. 33),²³ the Texas prison

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²⁰ https://queenseagle.com/all/council-resolution-halt-solitary-act-dromm-aubry-johnson

 $^{^{21}}$ https://www.washingtonpost.com/opinions/barack-obama-why-we-must-rethink-solitary-confinement/2016/01/25/29a361f2-c384-11e5-8965-0607e0e265ce_story.html.

²² http://solitarywatch.com/2014/10/26/pope-francis-denounces-solitary-confinement-calls-for-prison-conditions-that-respect-human-dignity/.

²³ https://www.supremecourt.gov/opinions/14pdf/13-1428_1a7d.pdf.

guards union,²⁴ NJ Legislature,²⁵ the NY Catholic Conference,²⁶ NY Bishop Scharfenberger,²⁷ the UN Special Rapporteur on Torture,²⁸ the NY Association of Psychiatric Rehabilitation Services²⁹, the Mental Health Association of NYS and its individual chapters across the state, over 1,000 New York State mental health professionals,³⁰ over 100 leading faith leaders across the state,³¹ the Tompkins County Legislature, Vera Institute of Justice,³² Working Families, Citizen Action, the New York Civil Liberties Union, 33 Human Rights Watch, 34 Amnesty International, Indivisible, over 200 organizations across New York State, 35 and countless others in the press, public, and government. Over 130 New York State legislators also now specifically support the HALT solitary confinement Act, including 99 New York State Assembly Members who voted to pass HALT in 2018, 79 current Assembly cosponsors, 34 New York State Senate cosponsors, and additional Senators and Assemblymembers who committed to vote for HALT. From Colorado³⁶ to North Dakota³⁷ to Washington³⁸ to Connecticut to Maine to Mississippi to North Carolina, other states – while still having challenges and needing greater change – have dramatically reduced the use of solitary confinement and seen positive outcomes, while other countries rarely if ever use this inhumane and counter-productive practice and have much better outcomes for all³⁹.

New York State lacked the courage to act this legislative session and failed to do so; New York City can wait no longer. New York City should lead the way in ending solitary confinement and creating more humane and effective alternatives. The deaths of Layleen Polanco, Kalief Browder, Bradley Ballard, and countless others, and the destructive impact on thousands of

²⁴ https://www.texasobserver.org/texas-prison-guard-union-calls-curtailment-solitary-confinement-death-row/.

²⁵http://www.slate.com/blogs/xx_factor/2016/10/24/new_jersey_legislature_passes_bill_limiting_solitary_confinem ent.html.

 $^{^{26}\} http://www.nyscatholic.org/wp-content/uploads/2016/02/2016-LEGISLATIVE-AGENDA-HALT-Act-FINAL.pdf.$

²⁷ http://www.timesunion.com/tuplus-opinion/article/Albany-bishop-Solitary-confinement-needs-reform-7238837.php.

²⁸ http://nycaic.org/wp-content/uploads/2013/02/UN-Special-Rapporteur-on-Tortures-Statement-on-Solitary-in-NY-State.pdf.

²⁹ https://www.timesunion.com/opinion/article/Viewpoint-Let-s-lead-the-way-on-solitary-13969876.php; http://www.nyaprs.org/e-news-bulletins/2017/015454.cfm.

³⁰ https://www.syracuse.com/state/2019/06/new-york-mental-health-advocates-push-for-solitary-confinement-rules.html

³¹ https://www.nystateofpolitics.com/2019/05/faith-leaders-push-for-ending-solitary-confinement/

³² https://www.vera.org/newsroom/statement-from-vera-supporting-the-humane-alternatives-to-long-term-halt-solitary-confinement-act

³³ https://www.nyclu.org/en/legislation/humane-alternatives-long-term-halt-solitary-confinement-act

https://www.hrw.org/news/2019/04/30/human-rights-watch-memo-support-new-york-state-halt-solitary-confinement-act; https://www.hrw.org/news/2019/05/29/my-father-served-over-month-solitary-confinement http://nycaic.org/campaign-members/.

³⁶ Rick Raemisch, *Why We Ended Long-Term Solitary Confinement in Colorado*, Oct. 12, 2017, *available at*: https://www.nytimes.com/2017/10/12/opinion/solitary-confinement-colorado-prison.html.

³⁷ Dashka Slater, *North Dakota's Norway Experiment*, Mother Jones, July/Aug. 2017, *available at*: http://www.motherjones.com/crime-justice/2017/07/north-dakota-norway-prisons-experiment/.

³⁸ More Than Emptying Beds: A Systems Approach to Segregation Reform (Washington State) (2016), available at: https://www.bja.gov/publications/MorethanEmptyingBeds.pdf

³⁹ See, e.g., http://archive.vera.org/sites/default/files/resources/downloads/european-american-prison-report-v2.pdf; http://solitaryconfinement.org/uploads/DeepCustodyShalevAndEdgar.pdf.

people in the city jails over many years, demand that the City end this horrific and deadly practice once and for all. Ending solitary confinement would have tremendous benefits for people who are currently incarcerated and their families and communities, and for New York City as a whole. Ultimately, we urge the Board to end solitary and make the other interconnected necessary changes to ensure the health, safety, and well-being of all of our fellow New Yorkers.

Sincerely,

The NYCAIC #HALTsolitary Campaign

cc: Martha King, Executive Director