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Testimony before NYC Board of Correction December 16, 2019

Good evening. My name is Zachary Katznelson. I am the Policy Director of the Independent Commission on New York City Criminal Justice and Incarceration Reform, commonly known as the Lippman Commission.

As we continue down the path to shut down the Rikers Island jails and move towards a much smaller jail system in our city, something our Commission has espoused and fought for over the past three years, alongside so many people in this room, we must immediately begin to implement a new vision for how that system will operate. Restrictions on solitary are one place to start.

I speak today based on my decade and a half working in jails and prisons around the world, either representing people directly or investigating conditions in the facilities. I have toured numerous solitary confinement units and sat down with easily over a thousand people held in solitary, from death row, to Guantanamo Bay, to Rikers.

Unquestionably we need accountability within jails. Acts of violence must have consequences.

But solitary confinement breaks people.

After just a couple days in solitary, people start to suffer from headaches, vertigo, heart palpitations, insomnia. Memory loss, an inability to maintain a coherent flow of thoughts, and disorientation in time and space follow. Anxiety, paranoia, and even hallucinations and psychosis develop. In the end, many of the people I met with were no longer able to properly assist me with their defense, even if they had been fully capable of doing so before being subjected to solitary.

It does not take long for the harms to begin. A study out of Norway found that almost half of people start to suffer from the harms of solitary after fewer than 40 hours. A review of 200 people in solitary by Dr. Stuart Grassian, a psychiatrist at Harvard Medical School, found after just a few days in solitary, EEGs demonstrated brain patterns consistent with stupor and delirium.

For so many people, the pain and trauma of solitary is too much. A study at Rikers from 2010-2013 by doctors Homer Venters, Ross McDonald, Danny Selling, and others found that people who spent time in solitary were more than 6 times as likely to hurt themselves.

Solitary also puts correction officers at increased risk. Dr. Grassian found almost half the people who spent time in solitary had uncontrollable thoughts of revenge, torture, and even mutilation of correction officers, and the same proportion had loss of impulse control resulting in random violence.

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And solitary has serious ramifications after people are released. A Florida study of recidivism found people who had been in solitary were 20% more likely to commit *violent* crimes, even after controlling for criminal history – and regardless of how long the people spent in solitary or how long ago it had been. Researchers in North Carolina tracked over 200,000 people after their release from prison. They found that people who had been in held in solitary had a 78 percent higher chance of suicide, and a 127 percent higher chance of death by opioid overdose.

These proposed rules are certainly an improvement on the current system. I am glad to see New York City catching up with places like North Dakota and Colorado, which have decreased the use of solitary and seen major drops in violence and infractions.

But we need to do more. We should envision a day when solitary will no longer be used in our jails, and do everything we can to achieve it.

The Cook County jail in Chicago, where 5,500 people are incarcerated, eliminated solitary in 2016. Assaults there, including on staff, have declined significantly.

At minimum, the proposed rules must be improved. For instance, DOC should be required to develop behavior and programming plans for people in punitive segregation also, and provide programming during the four hours people there get out of cell. When steady staff who are trained to work in disciplinary units are unavailable, replacement staff must also have such training.

And there is no legitimate reason to provide two years for DOC to eliminate the blanket chaining of people to desks in ESH Level 1.

The proposed rules are a positive start. We can do even better. Please take the lead. Thank you.