



## Legislative Testimony

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### **Written Testimony Supporting House Bill 7302, An Act Concerning Isolated Confinement and Correctional Staff Training and Wellness**

Senator Doyle, Senator Kissel, Representative Tong, and distinguished members of the Judiciary Committee:

My name is David McGuire, and I am the executive director of the American Civil Liberties Union of Connecticut (ACLU-CT). I am here to testify in support of House Bill 7302, which would codify existing administrative procedures for solitary confinement in Connecticut prisons, institute greater transparency regarding the use of solitary confinement in Connecticut, and provide additional training and wellness initiatives for correctional staff. Solitary confinement costs too much, jeopardizes public safety and prison safety, and can exacerbate or even cause mental illness. In recent years, Connecticut has laudably reduced its use of solitary confinement by instituting informal and administrative changes. In the interests of public and prison safety, government transparency, and equal justice, we strongly urge this committee to codify this progress into law by passing this bill.

U.S. Senator John McCain wrote of his time in isolation as a prisoner of war that solitary confinement "crushes your spirit and weakens your resistance more effectively than any other form of mistreatment." In 2014, after Rick Raemisch, Director of the Colorado Department of Corrections, described his experience of less than 24 hours in solitary confinement. As he wrote in the *New York Times*: "First thing you notice is that it's anything but quiet. You're immersed in a drone of garbled noise... I couldn't make sense of any of it, and was left feeling twitchy and paranoid... I began to count the small holes carved in the walls. Tiny grooves made by inmates who'd chipped away at the cell as the cell chipped away at them."

Many of the members of this committee and this legislature who visited the replica solitary confinement cell at our state's capitol building had similar reactions. One visitor wrote: "I felt overwhelmed. I felt alone. I felt a sense of anxiety like never before." Another wrote: "Palms were sweaty and my heart was racing after only five minutes. This is horrific." Yet another wrote: "After awhile I started to pick at the wall. I had to tell myself that I could leave whenever I wanted to, but realized that others don't have that option."

During my time with the ACLU of Connecticut, I have counseled clients who experienced solitary confinement, also known as "administrative segregation," in Connecticut prisons. I have sat with their family members, met with prisoners themselves, and listened as both described cruel and unusual conditions. At one point, Northern Correctional Institution's solitary confinement unit, like many throughout the country, was treated not as a last resort for prisoners who were dangerous to others, but as a dumping ground for people whom our prison system had failed: people with mental illness, or who had accumulated minor nuisance infractions but

never harmed or threatened someone else.

Make no mistake: under recent leadership at the Connecticut Department of Correction, this has improved. In 2003, 244 Connecticut prisoners were held in administrative segregation, out of a total prison population of 19,121 (1.2%). By October 2015, that number had decreased to 52. As of the beginning of 2017, according to the Department of Correction, 37 prisoners were being held in administrative segregation, out of a prisoner population of slightly fewer than 15,000 people.

With these reductions in the use of solitary confinement, conditions for corrections workers also improved. Reports of prisoner-on-staff assaults decreased as the use of solitary confinement decreased, making prisons safer for workers and prisoners alike. In fact, for those reasons, in 2014, the AFSCME Texas Correctional Employees, Local 3807 wrote a letter protesting the uniform use of solitary for death row inmates and urging the modification of its use. After all, the conditions prisoners live in are also the conditions the officers work in, and better prison conditions are indelibly tied to better, safer working conditions.

These improvements, however, have occurred through administrative changes. This leaves this progress, which has helped prisoners and staff, vulnerable, and could lead our state to backslide if the Connecticut General Assembly does not cement these sound policies in statute.

Even if a prisoner does not have mental health-related symptoms upon entering solitary, spending any time in solitary can trigger the onset of such symptoms. This bill includes critical provisions to prevent solitary confinement units in our state from once again becoming a repository for vulnerable people whom our prisons had failed. As Kalief Browder's story in nearby New York showed, children who are placed in solitary confinement are particularly susceptible to the long-lasting, harmful after-effects of isolation on their mental health. Appropriately, this bill would prohibit the use of solitary confinement for children, except under limited emergency circumstances, and only for no more than 8 consecutive hours or 24 hours in a seven-day period. In addition, this bill recognizes the devastating harm that solitary confinement can cause to people with mental illness and people with disabilities, as well as the historical inappropriate use of solitary confinement to house these populations, by prohibiting placing people with physical disabilities or serious mental illness in solitary confinement, except in certain emergency circumstances. Even then, this bill limits the duration of this confinement to no more than 8 consecutive hours or 24 hours in a seven-day period.

In addition, this bill codifies important restrictions into law, so that prisons in our state use solitary confinement as a last resort, for the least amount of time possible, and while still providing prisoners with necessities basic for preserving their human dignity. We support this bill's provisions that only allow the use of solitary confinement when a prisoner is in imminent danger of harming a corrections officer or another prisoner. In addition, we support its stipulations to place strict time limits on how long someone can be held in isolation without a hearing, the clear and convincing evidence standard that prison staff must meet to demonstrate that someone must remain in solitary, and the bill's requirement that longer durations in solitary confinement require regular review by corrections administrators and attempts to provide alternative placements. By guaranteeing that prisoners in solitary confinement will still have access to basic necessities, including but not limited to food, water, showers, bedding, sanitary conditions, medical care, and phone calls, visits, and mail, this bill will also prevent our state from going backward.

The human costs of solitary confinement are not just borne by prisoners; they are felt by corrections officers, prisoners' family members, and society as a whole. We therefore applaud this bill's provision to guarantee phone calls, visits, and mail for prisoners in solitary confinement, as preventing them from contacting family members harms both the families and prisoners. We also commend this bill's provisions to recognize the difficult job that corrections staff have, including its sections to provide corrections workers with training regarding working with prisoners with mental illness, wellness programs for stress management, peer support networks, and employee assistance programs.

More than 90 percent of people held in prisons in our state will return to society. Prisons should be rehabilitating and preparing people for reentry, not harming their abilities to do so. Several studies, however, have shown that the permanent damage caused by solitary confinement can jeopardize former prisoners' abilities to return to society. A 2015 study from the ACLU of Texas found that, of prisoners released from Texas prisons in 2006, 48.8 percent were rearrested within three years, whereas 60.84 percent of people released directly from solitary confinement were rearrested within the same time period. This data is consistent with similar studies from Florida, California, and Washington. This bill's provisions to codify strict limitations on the use of solitary confinement will help to prevent these statistics from replicating themselves in Connecticut. In addition, its provisions codifying existing administrative rules to prohibit releasing prisoners directly from solitary confinement into the community—unless mandated by court order, law, or extraordinary circumstances—will help prisoners to readjust from isolation, therefore better preparing them for success in society. Similarly, the bill's prohibition on immediately placing someone returning to prison in solitary confinement based on previous prison term could encourage rehabilitation.

In the interests of government transparency and ensuring that Connecticut continues its progress on the use of solitary confinement, we strongly support this bill's requirement for annual reporting about long-term isolation in our state's prisons. By requiring the DOC to annually report the number of people in solitary confinement, their demographics, and the duration of their time in solitary, the state will similarly be able to monitor whether its solitary confinement reforms are working.

Recently, Solitary Watch, a national think tank, estimated that housing a prisoner in solitary confinement in Connecticut costs twice as much as housing in general population. When Colorado closed its 316-bed administrative segregation facility, it saved the state estimated \$13.6 million in a single fiscal year. Not only would this bill keep costs down, it would prevent against a costly ballooning of the solitary population in the future.

The human costs of solitary confinement, however, are immeasurably high and well-documented. Long-term isolation is particularly harmful for people from vulnerable populations, such as children, and often inappropriately used to house prisoners with physical disabilities, people with mental illness, and people who are LGBT. In recent years, the national movement to reduce solitary confinement has gained momentum in states as diverse as Maine and Nevada.

Connecticut has been leading the nation in creating a twenty-first century prison system. Making our progress on solitary confinement permanent is a logical next step. I strongly urge you to pass House Bill 7302.