My name is Bandy Lee, and I am a forensic psychiatrist, prison psychiatrist, and was assistant clinical professor of psychiatry at Yale School of Medicine for seventeen years. I would like to express my strong support for Senate Bill 1059, or the PROTECT Act. Since 1997, I have researched prison programs that are viable alternatives to solitary confinement for managing and preventing violent behavior, and since 2011, I have testified or served as expert consultant for several states, including New York, Connecticut, Massachusetts, Alabama, and California, on prison programming and on the harmfulness of solitary confinement for both individual mental health and societal safety. I consulted with governments in Ireland, France, and Israel on prison reform and violence prevention programs. In 2013, I co-drafted the Report to the New York City Board of Corrections on solitary confinement, which led to several reforms at Rikers Island. I have also consulted with the World Health Organization (WHO) Violence and Injury Prevention Department since 2002 and published the textbook, *Violence* (Wiley-Blackwell, 2019).

Individuals suffering from mental illness are disproportionately more likely to be subject to solitary confinement, which increases the probability of self-mutilation and suicide. Those without prior history of mental illness are also more likely to develop symptoms, including self-harm. Finally, violent behavior generally worsens rather than improves as a result of solitary confinement, thus being counterproductive for the community. With 5 to 15 percent of the United States’ 1.6 million incarcerated people held in solitary confinement for at least part of their incarceration, and virtually all of them being released into the community (Association of State Correctional Administrators & Yale Law School Arthur Liman Public Interest Program, 2016), all members of society have a vested interest in reducing the adverse effects of isolation.

I would like to emphasize that solitary confinement is probably one of the worst forms of torture. Everything about the human makeup, including the overblown frontal brain, which is the social center, the formation of the brain itself through social interaction, and the shaping of brain structure well into a person’s twenties and thirties, not to mention continually changing connections after that, make social input critical to neurological and mental health (Wexler, 2006). Furthermore, psychology shows us the central importance of meaning and identity construction, which is a process that occurs through social interaction and happens with exceptional intensity during the young adult years (Côté, 2002). Just as oxygen is critical to survival but often overlooked until it is taken away; the critical need for social input to survival is often overlooked (Blakemore, 2008). The effects of prolonged isolation are profoundly damaging on a person, and like the deprivation of oxygen, the damage can be permanent, even if the individual survives (Carlson & Earls, 1997). One study showed that loneliness and social isolation heightened mortality by 29 percent (Holt-Lunstad, Smith, Baker, et al., 2015).

The problem of solitary confinement was already evident in the 1830’s, causing the first experimental prisons to close down or to change approaches altogether on the basis that the prisoners, rather than becoming reflective and “penitent”, only became more unruly and insane.
Visitors from outside the U.S., among them Charles Dickens and Alexis de Tocqueville, arrived as avid advocates of prison reform but then left denouncing the method of isolation. More recently, such confinement has been observed to increase anxiety, depression, and psychotic symptoms (Hafemeister & George, 2012) or to induce a “psychiatric syndrome” in previously healthy individuals, consisting of hypersensitivity to external stimuli, hallucinations, panic attacks, cognitive deficits, obsessive thinking, paranoia, and numerous other physical and psychological problems (Grassian, 2006). According to the Bureau of Justice, 25 to 35 percent of people who spent 30 days or longer in solitary confinement during the previous year showed serious psychological distress (Department of Justice, 2015). These circumstances can even be a predictor of self-harm: at Rikers Island, individuals with experience in solitary confinement were almost 8 times as likely as those in the general population to engage in self-harm (Kaba, Lewis, Glowa-Kollisch, et al., 2014). In California’s prisons, an individual held in isolation was up to 33 times more likely to commit suicide than someone in the prison system’s general population (Rodriguez, 2015). Prolonged solitary confinement can also cause identity loss and an inability to live around other people (Reiter, Ventura, Lovell, et al., 2020). While the United Nations Committee against Torture declares that more than fifteen days in solitary confinement is torture (Cloud, Drucker, Browne, & Parsons, 2015), most American citizens in isolation spend more than five years under these conditions, and many even decades (Sullivan, 2006).

Solitary confinement, apart from being expensive, is an ineffective, self-defeating method of behavioral control. Rather than reducing recidivism, it causes individuals to become more dangerous because of mental health consequences, obsessions, rage, or disorientation and erratic behavior (Gordon, 2013). At the same time, we know of innovative and highly effective rehabilitation programs that have developed at the same time as the proliferation of solitary confinement. One such program is the Resolve to Stop the Violence Project of San Francisco (Schwartz, 2009). Very briefly, it placed violent offenders not in isolation but in an open dormitory with highly interactive, 12-hours-a-day, 6-days-a-week intensive social involvement through comprehensive programming. Instead of the concentration of violent offenders causing riots and mayhem, it became the safest dormitory of the entire county jail system, with violent incidents all but ceasing after the first month (Lee and Gilligan, 2005) and producing an up to 83% reduction in violent recidivism in the community (Gilligan and Lee, 2005). Similarly, multiple cities and states have since reduced the use of solitary confinement without rises in violent incidents but rather better outcomes with programming. It has now become urgent and important to recognize that the opposite of solitary confinement—that is social engagement, inclusion, and training—is what will bring about the result we as a society desire.

Senate Bill 1059 will help make this happen, as well as address inhumane prison conditions more broadly, and I strongly and urge you to vote for the Judiciary Committee Bill.

