TESTIMONY IN SUPPORT OF SB 1059

AN ACT CONCERNING THE CORRECTION ACCOUNTABILITY COMMISSION, THE OFFICE OF THE CORRECTION OMBUDS, THE USE OF ISOLATED CONFINEMENT, SECLUSION AND RESTRAINTS, SOCIAL CONTACTS FOR INCARCERATED PERSONS AND TRAINING AND WORKERS' COMPENSATION BENEFITS FOR CORRECTION OFFICERS.

March 18, 2021

Dear esteemed members of the Judiciary Committee:

My name is Lisa Puglisi, and I am writing today in support of SB1059.

I am an internist and Assistant Professor of Medicine at the Yale School of Medicine. I am also Director of the Transitions Clinic-New Haven. The Transitions Clinic is a multi-disciplinary clinic that provides care to individuals returning to the community from incarceration. I work closely with individuals who have been directly impacted by the conditions at Connecticut’s prisons and jails. Given my work, I am aware of and sensitive to the negative effects that prolonged isolation has upon individuals. Thus, I would like to bring some important findings from the scientific literature to the Committee’s attention.

Prolonged isolation is severely harmful to individual health. The psychological and physiological harm caused by prolonged isolation has been extensively documented in medical and social science literature. Individuals who are subjected to prolonged isolation are at significant risk of experiencing anxiety, declines in mental functioning, irritability, aggression, cognitive dysfunction, hallucinations, and self-harm. Furthermore, individuals who are placed in isolative settings are as much as seven times more likely to attempt suicide than incarcerated individuals in the general population, which shows how devastating prolonged isolation is to mental health in particular.

Even after leaving isolative settings, individuals who are subject to prolonged isolative conditions face the difficult—if not impossible—challenge of trying to re-socialize with other individuals. Experiencing extreme isolative settings can make individuals become deeply frightened by and distrustful of other human beings. The asocial effects of prolonged isolation

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2 ACLU Briefing Paper, supra note 1, at 7.
are injurious to attempts to rehabilitate individuals who have been incarcerated and wish to reintegrate into their communities.

In addition to the aforementioned harms caused by prolonged isolation, research also shows that individuals who are placed in isolation tend to be more vulnerable than other incarcerated individuals. In particular, individuals with mental illness are particularly likely to be held in isolative settings. While prolonged isolation is harmful for healthy individuals, it is particularly devastating for individuals living with mental illness, whose health can rapidly deteriorate in isolative settings.

The severe harm imposed by prolonged isolation is wholly unjustified. Research reveals that prolonged isolation does not make jails and prisons safer.\textsuperscript{4} Instead, prolonged isolation can be detrimental to public safety.\textsuperscript{5} Research shows us that instead of isolating individuals, purportedly in the name of safety, providing individuals with exposure to others and emphasizing prosocial skills are highly effective in reducing violence and managing disciplinary infractions.\textsuperscript{6}

For these reasons, I echo the calls from organizations such as the American Psychiatric Association, the American Public Health Association, and the National Alliance on Mental Illness to end the use of prolonged isolation. \textbf{SB1059} will bring Connecticut closer to respecting the dignity and valuing the health of individuals who are incarcerated by severely restricting the use of prolonged isolation in the state’s prisons and jails. In addition, this legislation will align Connecticut with other jurisdictions across the nation who have recognized the grave health risks posed by prolonged isolation and have taken steps to eliminate the practice.

In conclusion, I reiterate my strong support of \textbf{SB1059}. Thank you for your attention and consideration.

Sincerely,

Lisa Puglisi, MD

\textsuperscript{5} ACLU Briefing Paper, \textit{supra} note 1.