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### **Testimony to Joint Judiciary Committee in support of SB 459**

To Senator Winfield, Representative Stafstrom, and the members of the Joint Judiciary Committee:

My name is Dr. Benjamin Howell. I am a resident of New Haven and live in Senator Winfield's district. I am a primary care physician at Cornell-Scott Hill Health Center, a researcher in the Yale School of Medicine, and a faculty member of the SEICHE Center for Health and Justice. My research is on the long-term health impacts of mass incarceration. This testimony represents my views and not those of my employers.

#### **I am testifying in support of Senate Bill 459.**

The use of extreme isolation causes irreparable physical and psychological harm on incarcerated individuals. This is true whether it is called solitary confinement, segregation, restrictive housing, or any other name, or whether used for disciplinary or administrative reasons. Connecticut should abolish this practice across all its correctional facilities. I was heartened by the passage of SB1059 last legislative session and disappointed by Gov. Lamont's veto of that bill. I am glad the Judiciary Committee has taken up this important issue again this year.

In testimony you have heard the stories and experiences of individuals who have been harmed by extreme isolation in Connecticut's prisons and jails. Their stories are consistent with what we know about the effect of extreme isolation in the medical and public health research.

**Exposure to extreme isolation is physically unhealthy and psychologically traumatizing.**<sup>i,ii,iii</sup> It can cause severe psychological distress and psychosis, as well as increased hostility, increased self-harm and suicidal behaviors while incarcerated.<sup>iv</sup> These effects can occur even after only a short amount of time in solitary. Suicidal behavior, self-harm, and violence in correctional settings is a dangerous occurrence in correctional settings. The use of extreme isolation, instead of remediating these problems, enhances them and makes them worse.

**The harms of extreme isolation persist after release.** After exposure to solitary there is an increased risk of death in the time after release, especially due to non-natural causes. There is twice the risk of dying by suicide in the year after release and increased risk of dying by homicide and drug overdose.<sup>v,vi</sup> People who are exposed to solitary confinement are more likely to experience post-traumatic stress disorder.<sup>vii</sup> Exposure to solitary confinement has also been associated with worse cardiovascular disease, with likely increase in heart attacks and strokes.<sup>viii</sup>

The harms of extreme isolation in correctional settings compound the structural racial violence of mass incarceration on Black and Brown individuals, who are more likely to be incarcerated but also more likely to be placed in extreme isolation. They also compound the harms of incarceration for people with serious mental illness, who are also more likely to be incarcerated,

more likely to be placed in extreme isolation, and more likely to suffer the harms of extreme isolation.

Connecticut has an opportunity to continue its place as a leading state on issues of criminal justice reform. SB 459 gets us closer to a more just and equitable society. This bill includes the oversight and transparency we need to ensure that our state and the Department of Corrections is following through on these efforts. Our state also needs provide our correctional officers training in the skills and the facilities to have humane alternatives to extreme isolation with input of medical professionals.

These steps will continue to move Connecticut past the era of mass incarceration which harmed and dehumanized too many Connecticut residents.

Thank you for your time and attention.

Sincerely,



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<sup>i</sup> Strong JD, Reiter K, Gonzalez G, Tublitz R, Augustine D, Barragan M, Chesnut K, Dashtgard P, Pifer N, Blair TR. The body in isolation: The physical health impacts of incarceration in solitary confinement. *PloS one*. 2020 Oct 9;15(10):e0238510.

<sup>ii</sup> Luigi M, Dellazizzo L, Giguère CÉ, Goulet MH, Dumais A. Shedding light on “the Hole”: A systematic review and meta-analysis on adverse psychological effects and mortality following solitary Confinement in correctional settings. *Frontiers in psychiatry*. 2020 Aug 19;11:840.

<sup>iii</sup> Cloud DH, Drucker E, Browne A, Parsons J. Public health and solitary confinement in the United States. *American journal of public health*. 2015 Jan;105(1):18-26.

<sup>iv</sup> Kaba F, Lewis A, Glowa-Kollisch S, Hadler J, Lee D, Alper H, Selling D, MacDonald R, Solimo A, Parsons A, Venters H. Solitary confinement and risk of self-harm among jail inmates. *American journal of public health*. 2014 Mar;104(3):442-7.

<sup>v</sup> Brinkley-Rubinstein L, Sivaraman J, Rosen DL, Cloud DH, Junker G, Proescholdbell S, Shanahan ME, Ranapurwala SI. Association of restrictive housing during incarceration with mortality after release. *JAMA network open*. 2019 Oct 2;2(10):e1912516-.

<sup>vi</sup> Wildeman C, Andersen LH. Solitary confinement placement and post-release mortality risk among formerly incarcerated individuals: a population-based study. *The Lancet Public Health*. 2020 Feb 1;5(2):e107-13.

<sup>vii</sup> Hagan BO, Wang EA, Aminawung JA, Albizu-Garcia CE, Zaller N, Nyamu S, Shavit S, Deluca J, Fox AD. History of solitary confinement is associated with post-traumatic stress disorder symptoms among individuals recently released from prison. *Journal of Urban Health*. 2018 Apr;95(2):141-8.

<sup>viii</sup> Williams BA, Li A, Ahalt C, Coxson P, Kahn JG, Bibbins-Domingo K. The cardiovascular health burdens of solitary confinement. *Journal of general internal medicine*. 2019 Oct;34(10):1977-80.