

Testimony of Dr. Frances Geteles, Clinical Psychologist  
Board of Corrections Hearing on Proposed Rule Revisions Amending the  
Minimum Standards for New York City Jails

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My name is Frances Geteles and I am a Clinical Psychologist, licensed in New York State. Since 1993, I have been a member of the Asylum Network of Physicians for Human Rights (PHR) providing psychological assessments for survivors of persecution and torture. That work led me to also become a member of the Campaign for Alternatives to Isolated Confinement (CAIC). As a member of CAIC, I have been working with colleagues to reform the way solitary confinement is used throughout New York State.

Although it has been known since at least the 1890s, that solitary confinement is extremely damaging to the mental and physical health of the people subjected to it, the practice has been re-instated throughout the country, including New York State prisons and the New York City jails.

In recent years there has been an increasing reawakening to the dangers of solitary confinement with resulting demands to eliminate its use, except for very brief periods of emergency. You have been faced with such demands, but until now, have not taken action. Now you are considering a proposal that conflates the need to limit the use of solitary confinement with a plan to reduce violence in the jails by instituting a new program of isolation. I am here to argue that, as a psychologist, I believe this plan to be deeply flawed.

Your plan speaks of eliminating the use of solitary confinement for 16 and 17-year-olds, reducing the maximum sentence to punitive segregation to 30 days with a minimum period out of punitive segregation of 7 days before someone can be resentenced there. These are worthwhile steps, but they are only a miniscule part of

what is truly needed. Extended solitary confinement – beyond 15 days -- has been declared torture by the United Nations Rapporteur on Torture because of the severe damage it inflicts on people, resulting in psychological problems and alterations in the brain.

The list of reported and observed emotional and cognitive symptoms is long. It includes, among others: heightened anger, aggression and rage; increased anxiety; panic attacks; appetite and sleep disturbances; loss of behavioral impulse control; inability to think clearly; concentration and memory problems; bouts of amnesia; severe depression, despair and hopelessness; fear of human contact, extreme paranoia; hallucinations; disorientation; feelings of “unreality”; loss of sense of self; feelings of powerlessness; acts of self-harm; and, suicidal ideation and behavior.

Furthermore research on the effects of isolation on the brain have found altered size and/or shape in the hippocampus, the amygdala and the cerebral cortex, sections of the brain that deal with memory, spatial orientation, cognition, learning ability, decision-making, stress, mood, behavior and aggressive impulses.

In addition to these clinical findings, some recent research and/or news reports highlight the terrible effects that can result from solitary confinement. They make it clear that action to end it now is urgently needed. Statistics have shown a clear relationship between placement in solitary confinement and successful suicides in prison – i.e. the majority of those suicides are among individuals who are in solitary or who have been in solitary. And, just as disturbing, there have been several news reports in recent years about individuals who experienced long term isolation who, when released, went out and murdered several people.

The symptoms of damage described above can occur in anyone subjected to the cruelty of solitary confinement, even people who did not have psychological problems prior to that time. But it must be noted that people who have a prior history of psychological problems are the most vulnerable. These individuals are often isolated because of difficult behaviors which are a function of their mental illness. But, when

isolated their problems and their difficulty coping are worsened. They tend to deteriorate or decompensate, often developing full blown psychoses. The result is even more difficult behaviors with which staff is unable to cope. Clearly this is not a useful approach. It solves nothing. And your latest proposal does nothing to improve the situation.

Your newly proposed standards are supposed to provide a way of reducing the violence at Rikers Island and the other city jails. And yet you intend to continue the practice of solitary confinement, subjecting people to periods of isolation marked by lack of human contact and enforced idleness. As is evident from the above list of symptoms that result from isolated confinement, that isolation, by increasing anger, rage, aggression and loss of impulse control can itself be a major contributor to such violence. Thus, from a psychological point of view, if you are truly interested in reducing the violence, then you must eliminate the use of solitary confinement.

With that, you must also eliminate the culture of punishment which is a determining factor in the excessive use of solitary confinement. Instead of guards constantly reacting in negative ways – with punishment, opposition, force and repression – different modes of interaction must be developed and taught. We know for example that behavioral change can more readily be accomplished by recognizing and rewarding positive behaviors. Instead of an atmosphere that increases stress, tension and hostility, a more peaceful environment must be fostered. It should be a supportive environment in which the inherent dignity of each human being is respected, even when measures must be taken to quell disruptive behaviors. Providing therapy or counseling in that context could be productive and valuable because it could be based on the development of trust.

Unfortunately, your new proposal to establish a new form of isolation which you call “enhanced supervision housing” (ESH), does little to address the environment of punishment and hostility at Rikers. The recent study by the US Department of Justice made it very clear that the violence at Rikers is not only perpetrated by the people incarcerated there, but that much of the time it is the staff that is violent and brutal. Yet

you do not address that at all. Your only focus is on a new way to punish the people who are being held as prisoners. What kind of message do you think that sends? How do you think it will affect the mind and the behavior of the people whom you are trying to control? It is very likely that they will see you as saying that you do not care if they are beaten or brutalized, but if they dare to talk back or even fight back they will suffer severe consequences. You are creating a great injustice where only those with power are protected and given immunity from punishment. This again would be a cause of increased anger and possibly increased aggression.

And, there are other injustices built into your plan. One of these can be seen in the definition of who will be subjected to the ESHUs. In addition to people who have actually engaged in violent, harmful acts, there are very broad and overly general statements about “inmates identified as leaders of, organizers of, or participants in gangs or substantially similar groups” and “inmates who otherwise presents a significant threat to the safety and security of the facility if housed in general population housing.” Who will identify someone as a gang member? What is a substantially similar group? How is someone to be identified as presenting a threat to the safety and security of a facility if no threatening or destructive behavior has occurred? These statements lead to a clear possibility of arbitrary and possibly discriminatory enforcement.

And the remedy you offer of allowing someone to request a hearing, when that hearing will be conducted by members of the same staff that imposed the punishment in the first place and does not provide for the presence of an advocate or counsel, will likely be an empty meaningless gesture. The person thus sentenced to the ESHU is likely to feel trapped. Psychologically, this too could lead to increased feelings of rage, anger, helplessness, hopelessness and despair. And, although the people held in the ESHUs are promised more time out of cell than is given to people held in solitary confinement provided the staff can work out schedules to assure they do not get together with their friends in common areas, there is a strong likelihood that we will again see some of the debilitating psychological effects among the people in ESHU that we now see among the people held in long term solitary confinement. An additional critical factor making this outcome likely is that, while you say you want to limit the length of time an individual is

sentenced to solitary confinement to 30 days with period of at least 7 days between sentences, there is no such stipulation regarding the time someone can be sent to the ESHU. You seem to intend that to be an indefinite sentence.

In addition to these clear injustices which you have built into your new plans, some of the conditions and restrictions that will accompany time in the ESHU are also psychologically damaging. I specifically want to address the restrictions on who may visit, the restrictions on contact visits, the interference with their mail and the restrictions on religious practice. In my work with survivors of persecution and torture, I will often ask people what helped them to survive. The most frequent answers involve their families, communities, and their religions. People need human contact, intimacy, friendship, caring and support. These things make a person feel safe. They provide hope. And they can have a calming and a healing effect. Psychologically, it makes no sense to take them away.