

I support the implementation of 'A Blueprint for Ending Solitary Confinement in NYC Jails' published by The NYC Jails Action Coalition & the #HALTsolitary Campaign in October 2019.

We must reduce the harms of incarceration in New York City until we get to a future in which we eliminate incarceration entirely. I would like to present my views as a health care provider in NYC jails on the harms caused by solitary confinement. There are several hundred of us working in the seven New York City jails on Rikers Island and in the Bronx, Brooklyn, and Manhattan. We are mental health care providers, nurses, physician assistants, case managers, and doctors. When we provide health care to detainees we hear the voices of the thousands of people and bear daily witness to the harms caused by solitary confinement.

Short periods alone in a cell do not cause a person harm. Longer periods do. The Nelson Mandela Rules, global gold standards, were promulgated almost five years ago and need to be implemented as soon as possible.

<https://bit.ly/2s9go94>

Most detainees, health care workers, and correction officers in New York City call all forms of solitary confinement by a single word: bing. It is always called bing in the two main jails where solitary confinement is practiced on Rikers Island: OBCC and GRVC. And it is usually called bing in the two jails where there are smaller populations MDC and NIC. Medical isolation is not called bing.

I am not a legal professional and find the one hundred and twenty-eight page document 'Notice of Rulemaking Concerning Restrictive Housing in Correctional Facilities' difficult to understand. There are a plethora of types of restrictive housing in it. Breaking down of a simple intervention into many different types is confusing and makes citizen analysis and criticism difficult. So that community members do not need to play a game of whack-a-mole with new names, I am going to call all forms of solitary confinement what it is commonly called: bing. I would like to paraphrase the recommendations made in the Blueprint using this name so that they are clear.

- 1) Ensure that the Board of Correction minimum standards for out-of-cell time apply to all people in city jails by removing exceptions to those standards for bing;
2. Create minimum standards for emergency individual lock-ins and emergency lockdowns;
3. End punitive bing and make bing actually about safety, rehabilitation, and prevention of violence;
4. Adopt specific mechanisms and time limits for getting out of bing; and
5. Dramatically limit use of restraints with a strong presumption against their use.

All health care workers are concerned about the safety of detainees, of their fellow health care workers, and of correction officers. We understand the need for the Department of Correction to balance security and access to health care for detainees. Bing should interfere with access to health care as little as possible so that we can provide the same quality of health care inside the jails that is available outside them.

The recommendations in the Blueprint go a long way in making incarceration both safer and healthier. I hope they are adopted as soon as possible.