

Testimony by Jessica Casanova

Family member and member of the Campaign for Alternatives to Isolated Confinement
Board of Correction Hearing
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Hello and thank you for allowing me to submit testimony today. My name is Jessica Casanova. I am a member of the Campaign for Alternatives to Isolated Confinement (CAIC)¹ and a family member of a person who is and has been in an Isolated Confinement Unit for very long periods of time; in total 10 years.

I learned that the Department of Correction here in NYC is planning to implement ESH unit at Rikers Island and is not planning to make substantial restrictions on the use of solitary confinement. This is very disturbing and devastating news. These ESH units will be very restrictive, counterproductive and harmful to a person's mental and physical health. And the continued practice of solitary confinement is devastating. There are many studies that show that isolating a person from meaningful social interactions with other human beings is harmful and amounts to torture. In fact, the UN Special Rapporteur on torture has concluded that holding a person in isolation beyond 15 days amounts to cruel, inhumane or degrading treatment, It greatly affects family members, prison staff and our communities.

While the ESH units are not solitary confinement, they are very similar. These ESH units are not equipped to help or rehabilitate a person. There is no therapy, counseling or programs available to address the underlying causes of problematic behavior or as some call the "worst of the worst." In addition these units will limit incarcerated people's access to the law library services, and limit access to books and periodicals. People will be searched and restrained when leaving the unit. There will be no due process for entry or exit to the unit. It also limits store purchases and finally there would be no congregate religious or cultural services available to the people housed in ESH units.

I know first-hand the devastating impacts that isolation can have on a person and his/her family because of the experiences of my nephew. Juan was only 19 years old when he entered the NYS penal system in 2001. Shortly after being held at Rikers Island, he got sent to solitary confinement for allegedly smoking a joint of marijuana, He has never been the same.

After being held in solitary, he set his cell on fire, overdosed on pills, and cut his wrist. All in an attempt to end his life. You'd think his mental health needs would have been addressed. No, they gave him solitary confinement time. After he was in the upstate prisons, he has spent long stints in the SHU: 3 years, then 2 years, again 3 years, and now he is serving five years of SHU time. In 2013, in yet another attempt to end his life, he attacked an officer. This action was clearly a cry out for help! He didn't get treated. What he got was more SHU time and an additional 50 years to his prison sentence. Now, they label him one of the "worst of the worst." If

¹ Founded in 2013, the Campaign for Alternatives to Isolated Confinement (CAIC) consists of organizations and individuals who are working for sweeping reform of isolated confinement policies and practices in New York State. The leadership of the campaign includes individuals who have been directly affected by solitary confinement – people who themselves experienced solitary, and people who have family members or loved ones who are currently in solitary. It also includes concerned community members, lawyers, and individuals in the human rights, health, and faith communities throughout New York State.

only someone would've taken their time to look at his file, they would've seen that he needed help from the start. His psychological report says that he suffers from: borderline personality disorder, anti-social personality disorder, chemical dependency needs and severe depression. In his 13 years of incarceration in the city jails and the state prisons, he still has not received treatment for his diagnoses.

Each time he spends time in the box, I see him die more and more. I don't even recognize the person sitting in front of me sometimes. If he was out in the free world I could've taken him to get help but, I can't! The only thing that I could do is visit him to check up on him and assure him that he is alive and his family loves him. In one of the letters I received from him, he told me that "I'm here in a steel coffin. I'm breathing, but I'm dead."

One of the things that jail and prison officials could do differently is to please make sure to read the file and treat people immediately for any mental health conditions, create plans for the person, which should include family members. The outcome could be so different for so many and for our communities and staff at the prisons and jails. Let's not keep sending them to the box. It is torture and makes a person even more mentally ill.

My heart aches not only for Juan but, for so many others who may be untreated for any mental health needs while in the care of our prisons and jails and who are sent to solitary confinement! The conditions of solitary confinement are inhumane and counterproductive. The use of isolation is an extension and perpetuator of mass incarceration and a paradigm focused on punishment and dehumanization rather than rehabilitation, treatment, and support. In New York City jails, as people are confined in a cell the size of an elevator for 22 to 24 hours a day, without any meaningful human contact, programs, or therapy. The one or two hours out of cell, if provided and utilized, take place alone in a recreation cage. Such isolation has been proven to often cause deep and permanent psychological, physical, and social harm, and in turn exacerbate rather than effectively address the underlying causes of difficult behavior. A recent study published in the American Journal of Public Health found that people in solitary confinement in New York City jails were nearly seven times more likely to commit self-harm than people in the general jail population. People suffer not only in solitary but when they reenter a community setting, including those who spent long periods in isolation and those released directly from solitary to the community.

Moreover, many people, like my nephew, are held in solitary confinement for far too long. The United Nations Special Rapporteur on Torture has concluded that holding any person in solitary beyond 15 days amounts to cruel, inhuman, or degrading treatment, or torture. Yet, in New York prisons and jails it is regular practice to hold people in isolation for months and years. Many people receive additional solitary confinement time while in solitary, again leading to regularly holding people in solitary for months and years.

Worse still, the processes resulting in solitary confinement are arbitrary and unfair, involve under-equipped staff, and take place with little transparency or accountability. The hearings or administrative procedures that result in placement in solitary confinement are not conducted by judges or other supposedly non-biased neutral decision-makers, but rather by corrections staff. In New York, around 95% of the people who are charged with rule violations are found guilty. In addition, security staff often do not have sufficient training to work with

people with the most serious needs or the most problematic behaviors, nor do they have or utilize sufficient tools other than punishment and isolation to work with incarcerated people more generally.

I am submitting this testimony today to urge you to please not create the ESH units. Let's work together to create better humane alternatives to isolation units. Our communities and our quality of life deserve a safe and better place to live! Meaningful reform of solitary must include five key components: 1) fundamentally transforming how our institutions respond to people's needs and behaviors; 2) drastically restricting the criteria that can result in separation from the general prison population; 3) ending long term isolation beyond 15 days; 4) banning the placement of certain vulnerable people in solitary; and 5) better equipping staff and making the processes resulting in solitary fairer, more transparent, and with more accountability. The Humane Alternatives to Long Term (HALT) Solitary Confinement Act – newly proposed legislation in New York State, A. 8588A / S.6466A – provides an example of comprehensive reform that incorporates these key components and the Board should look to HALT as a model for reforming solitary confinement in the city jails.

First, there needs to be a fundamental transformation in the response to people's needs and behaviors, from one that is focused on punishment, isolation, and deprivation, to one focused on accountability, rehabilitation, and treatment. The HALT Solitary Confinement Act would move towards that transformation by creating alternative rehabilitative and therapeutic units, called Residential Rehabilitation Units (RRUs), where people are guaranteed six hours of out-of-cell time for programs and therapy, plus an additional hour for recreation.

Second, there needs to be a drastic restriction in the criteria that can result in someone being separated from the general prison population. The HALT Solitary Confinement Act relies on and modifies the criteria developed by James Austin, an expert in the litigation about solitary in Mississippi. Specifically, people are only allowed to be placed in long term isolation up to 15 days or in RRUs if they engage in more serious acts of physical injury, forced sexual acts, extortion, coercion, inciting serious disturbance, procuring deadly weapons or dangerous contraband, or escape.

Third, there must be an end to long term solitary confinement. Given that the UN Special Rapporteur on Torture has concluded that solitary confinement for all people should be banned after 15 days because the devastating psychological effects of solitary can become permanent after that period of time, city officials should never place someone in solitary for more than 15 days. The HALT Solitary Confinement Act would mandate that no person be held in isolation for more than 15 consecutive days, in line with the Special Rapporteur's recommendations.

Fourth, people from certain vulnerable groups should never be placed in solitary confinement for any length of time either because isolation itself can have more devastating effects on them or because they are more vulnerable to abuse while in isolation. The HALT Solitary Confinement Act bans the placement, for even one day, in solitary confinement of young people, elderly people, people with disabilities, people with mental health or addiction needs, pregnant women, and members of the LGBTI community.

Fifth, staff must be better equipped to work with people who are incarcerated, including those with the most serious needs or who engage in the most difficult behaviors, and the

processes that result in solitary confinement must be fairer, more transparent, and conducted with more accountability. The HALT Solitary Confinement Act would require training of people working in the RRUs or isolation units as well as for hearing officers who make decisions that result in solitary confinement. It would also require additional procedural protections for people facing the possibility of solitary confinement, as well as mandatory public reporting of the use of isolation and separation and outside oversight of the implementation of the law by independent state entities. Also of note, the HALT Solitary Confinement Act would apply to all types and locations of solitary confinement, including punitive segregation and administrative segregation, and would cover both state prisons and local city and county jails in New York State.

The use and abuse of solitary confinement is in need of dramatic reform and a fundamental transformation. The city jails can no longer use the inhumane and counterproductive practice of solitary confinement, and must create alternatives that are humane and effective. The HALT Solitary Confinement Act provides one example of a comprehensive approach toward ending the torture of solitary confinement in a humane and effective manner, and the growing movement of the Campaign for Alternatives to Isolated Confinement indicates that the time is ripe for fundamental change.

Thank you