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Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2013/11/06/reports-condemn-abuse-solitary-confinement-new-york-citys-jails-officials-weigh-future/>

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by [Marlies Talay](#) | November 6, 2013



Two recent reports provide a scathing picture of how solitary confinement is employed as a routine disciplinary measure on Rikers Island and in other city jails. The reports are particularly critical of the use of extreme isolation and deprivation on individuals with psychological disabilities, including mentally ill teenagers.

The two reports were prepared for the Board of Correction (BOC), which functions as the oversight agency for the New York City jail system, ensuring that all city correctional facilities comply with minimum regulations of care. In recent months, under pressure from local activists, the BOC has been reconsidering the liberal use of solitary confinement in the citys jails, and conducting fact-finding on the subject.

The first of two reports commissioned by the BOC was released in September 2013. Dr. James Gilligan and Dr. Bandy Lee [authored the report](#), addressing the use of solitary confinement in the citys jails. This past June, Dr. Gilligan and Dr. Lee were asked to assess whether the citys jails were in compliance with the current [Mental Health Minimum Standards](#) set forth by the Board of Correction.

On Rikers Island, which houses more than 10,000 of the 13,000 women, men and children in the citys jails, 1 in every 10 people is in isolated confinement at any time. Many are placed there for nonviolent offenses at the discretion of corrections officers. This distinguishes New York as a city with one of the highest rates of prison isolation in the country about double the national average.

The reports findings are a resounding criticism of the current use of punitive segregation, and point both to violations of the Mental Health Minimum Standards as well as to practices within the jail system that are harmful to those who suffer from mental illness. The reports authors point to snapshot data in which the number of people with mental illness in solitary confinement is almost double the number of those with mental illness in the jail population generally. The authors conclude that mentally ill people in the jail system are being disproportionately placed in solitary confinement.

The report also claims that the nations prisons and jails have become de facto mental hospitals, pointing to the fact that roughly 95% of people with mental illness who are currently institutionalized are in correctional facilities, while only 5% are in mental hospitals.

The Mental Health Minimum Standards mandate that mental healthcare be provided in a setting that is conducive to care and treatment. The report contends that prolonged use of solitary confinement for mentally ill people violates these Standards, because it has been used punitively, to create a stressful environment and to remove social contact, rather than to provide therapeutic services.

Moreover, the report holds that the Standards should be amended to emphasize that those with mental illness should not be held in segregation. As the report states, The goal of mental health treatment (and also of correctional practice) should be to do everything possible to foster, enhance and encourage the inmates ability to behave in constructive and non-violent ways after they have returned to the community from jail.

The city responded to the report with a point-by-point rejection of its findings, claiming that the principal conclusions drawn by Drs. Gilligan and Lee were based on an erroneous legal interpretation of the Mental Health Minimum Standards and that the reports

conclusions and further recommendations were unsupported by sufficient evidence. This response was put forth by a multiple agencies, including the Office of the Mayor, the Department of Corrections and the Department of Health and Mental Hygiene.

Drs. Gilligan and Lee responded in turn, claiming that a strictly legal interpretation ignored the changing conditions of the current prison system as well as a misunderstanding of human psychology and behavior. In order to reach a true understanding of the harm caused by punitive segregation, the authors say, we need to take into account the psychological effects of isolation, as well as the recent influx of people with mental illness into our prisons and jails.

One week after Drs. Gilligan and Lee published their report, the BOC [voted unanimously](#) to begin rulemaking to limit the use of solitary confinement in New York City.

These events follow a meeting held in June, in which the Board of Correction voted against limiting solitary confinement in the city's jails, rejecting a petition put forth by the grassroots group known as the [Jails Action Committee](#) (JAC). The petition, if it had been accepted, would have limited solitary confinement as a last resort punishment for violent behavior only, and banned it entirely for children, young adults, and those with mental and physical disabilities.

BOC member Dr. Robert Cohen, a Manhattan physician and expert on prison health and mental health care, vocally supported JAC's petition. At this June meeting, he called the use of solitary dangerous, especially for people with mental illness and adolescents, who are confined in punitive segregation at particularly high rates. During the past three years, he pointed out, the percentage of prisoners languishing in solitary confinement has increased dramatically, without benefit in terms of decreased violence or increased safety on Rikers Island, either for corrections officers or the prisoners themselves.

Dr. Cohen's statement rings especially true after the release of the [most recent BOC report](#) in October, one month after the first report was published. Providing new information about the suffering of mentally ill youth placed in solitary confinement, the report describes the experiences of three adolescent boys at Rikers Island, each held in punitive segregation for more than 200 days, each suffering from mental illness. Youth and adolescents are among the most vulnerable populations in New York's jail system; the report makes clear, however, that segregating mentally ill youth as a form of punishment is both negligent and dangerous. The city has yet to respond to this latest criticism of solitary confinement.

The consequences of time spent in solitary confinement are lengthy and harmful, Cohen and other experts say; they include negative effects on mental health, including severe depression, anxiety, hallucinations, paranoia, insomnia, and panic attacks. Furthermore, studies have shown that common patterns of depression, anxiety, anger, and suicidal thoughts often leave individuals more prone to unstable and violent behavior, which can in turn lead to higher rates of recidivism.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by [Juan Moreno Haines](#)

October 25, 2022

by [Solitary Watch Guest Author](#)

October 13, 2022

by [Vaidya Gullapalli](#)

September 29, 2022

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This is how close we are to Steinbeck's vision. (see above)

A few of the headlines in the news sound similar.

Typhoon Haiyan: eight die in food stampede amid desperate wait for aid.

Thousands storm rice warehouse in the devastated central Philippines while Haiyan relief effort flounders.

Looting, gunfire break out in Leyte, Philippines

Since the storm, people have broken into homes, malls and garages, where they have stripped the shelves of food, water and other goods. Authorities have struggled to stop the looting. There have also been unconfirmed reports of armed gangs of robbers operating in a systematic manner.

MANILA, Philippines Alleged members of the New Peoples Army (NPA) attacked trucks carrying relief goods to victims of super typhoon Yolanda in a Leyte town.

My 87 year old father was living in Leyte. I have not heard from him since the storm.

Maybe we just need to provide meaningful work at a living wage.

The few middle class jobs left are in health care, teaching and prisons leaving the rest in low wage positions unable to make ends meet.

In addition to its effects on our physical health, financial stress threatens our mental well-being. A recent study found that unemployment, whether voluntary or involuntary, can significantly impact a person's mental health. It should come to no surprise then that, one out of every five American adults had mental illness in 2011, as reported by the Substance Abuse and Mental Health Services Administration. But only one of two Americans needing mental health care can afford treatment.

The general attitude of the unemployed is there is just no hope of ever finding a job with a livable wage. Thus drug use has followed the skyrocketing unemployment rate.

No wonder the drug of choice these days is heroin or so I'm told.

Heroin is no party drug; the users simply shoot up then nod in and out of consciousness.

The goal of the user is to escape their reality and into a state of euphoria.

So they end up overdosing, dying, or lost in the judicial system where the lucky few have found job security in misery of others. With the demise of the middle class and growth in inequality comes great risk as John Steinbeck warned:

And the great owners with access to history, with eyes to read history and to know the great fact: when property accumulates in too few hands it is taken away. And that companion fact: when majorities of the people are hungry and cold they will take by force what they need. And the little screaming fact that sounds through all history: repression works only to strengthen and knit the repressed. The great owners ignored the three cries of history. The land fell into fewer hands, the number of the dispossessed increased, and every effort of the great owners was directed at repression. The money was spent for arms, for gas to protect the great holdings, and spies were sent to catch the murmuring of revolt so that it might be stamped out. The changing economy was ignored, plans for the change ignored; and only means to destroy revolt were considered, while the causes of revolt went on and in the eyes of the people there is the failure; and in the eyes of the hungry there is a growing wrath. In the souls of the people the grapes of wrath are filling and growing heavy, growing heavy for the vintage.

Let's hope not.

[http://www.nytimes.com/2013/11/03/opinion/sunday/where-mental-asylums-live-on.html?
_r=0&adxnnl=1&src=rechp&adxnnlx=1383850843-DD8Pp7L5rB7DM/nA2IOAng&pagewanted=all](http://www.nytimes.com/2013/11/03/opinion/sunday/where-mental-asylums-live-on.html?_r=0&adxnnl=1&src=rechp&adxnnlx=1383850843-DD8Pp7L5rB7DM/nA2IOAng&pagewanted=all)

A NY Times article:

Where Mental Asylums Live On

Excerpts:

GUATEMALA CITY

Those who refuse their medication are beaten and put in the little room, a barren isolation cell. (Sounds familiar.)

The United States began emptying out its vast asylum system in the 1960s, spurred by scathing reports of abuse and neglect, like a 1946 Life magazine exposé that described many institutions as little more than concentration camps. The transition to community-based care cut the institutionalized population by more than 90 percent by 1994.

But community care resources failed to match demand in the United States, leading to widespread homelessness and an influx of the mentally ill into jails and prisons. Even so, deinstitutionalization is widely credited with ending the abuse and neglect that made mental institutions synonymous with a nightmarish netherworld.

Do we dare go back?

How will we monitor them if/when we do?

<http://solitarywatch.com/2013/10/18/fire-federal-bureau-prisons-audits-use-solitary-confinement-buys-new-supermax-prison>

I recall Your earlier article on this subject.

Under Fire, the Federal Bureau of Prisons Audits Its Use of Solitary Confinement and Buys a New Supermax Prison

October 18, 2013 By James Ridgeway and Jean Casella

Meanwhile, the federal government has completed purchase of a prison meant to house still more isolation cells.

The purchase was celebrated by two unlikely elected officials. Senator Dick Durbin, who held the Congressional hearing on solitary and whose protégé Cheri Bustos represents the district that includes Thomson, told the local Rockford Register-Star:

I hope we'll see before the end of the year the transfer of the prison to the federal government. Illinois Governor Pat Quinn, who closed down Joliet state supermax earlier this year, said at a news conference:

I want to thank President Obama and Senator Durbin for their strong support throughout this process. We look forward to Thomson being a fully operational facility that will drive major economic growth in the region in the near future.

To carry out the sale, the administration had to make an end run around Virginia's Republican Congressman Frank Wolf, who heads the House Appropriations Committee and refused to sign off on the purchase of Thomson, where Republicans believe Obama will try to place detainees from Guantanamo.

Awe I see the reason for Durban's line of questioning yesterday now.

And as for the 4,000 fewer inmates in SHUs there is this possibility also from your earlier article.

When asked what had happened to the 25 percent of prisoners who had been removed from the SHUs, a Bureau of Prisons spokesperson had no concrete numbers, but said that they either were put into general population, sent to state prisons, or possibly dispatched to Special Management Units, or SMUs.

This is a distinction without much of a difference.

As I wrote in response then:

An interesting game of chess played out by Illinois Senator Durbin and the administration.

<http://www.theatlantic.com/national/archive/2013/11/how-not-to-hold-an-oversight-hearing/281207/>

On the national scene:

Andrew Cohen of the Atlantic reports, that only yesterday Senator Richard Durbin, asked the Bureau of Prisons Director, Charles Samuels, the following question at the Senate Judiciary Committee for the Oversight of the Bureau of Prisons & Cost-Effective Strategies for Reducing Recidivism: (Paraphrased)

What has the Bureau of Prisons done since June 2012, the last time Samuels appeared before the Judiciary Committee, to study the relationship between solitary confinement and mental illness among federal inmates?

In a somewhat evasive response Samuels told the Committee that there are approximately 4,000 fewer inmates in restricted housing today but he did not even mention the mentally ill federal prisoners under his supervision in his response.

The senator, for his part, did not press the BOP chief for a clarification but went on to talk about the relative costs of confinement at Guantanamo Bay, Cuba, as opposed to confinement on the American mainland.

After all, it all boils down to such a cost benefit analysis in the end.

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