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by [James Ridgeway](#) | January 5, 2010

Amy Goodman talked with physician and *New Yorker* writer Atul Gawande this morning on Democracy Now! Following a discussion of health care, Goodman asked Gawande about [Hellhole](#), his recent article on long-term solitary confinement as torture. A portion of the transcript follows; you can read or listen to the full interview at the [Democracy Now](#) site.

AMY GOODMAN: Lets talk about solitary confinement.

DR. ATUL GAWANDE: Yes, other article I wrote.

AMY GOODMAN: Yes, a totally different issue, extremely important. Talk about your findings.

DR. ATUL GAWANDE: And to me, at some level, these are not different issues. I mean, this is about what we think of ourselves as individuals facing large systems. And what bothered me about solitary confinement was that this is a generational change. We have barely use solitary confinement, even during the Reagan years. But during the last decade and a half, our use of solitary confinement has exploded. We have over 50,000 people now in long-term solitary confinement. It dwarfs the experience of any other country in the world. And what

SHARIF ABDEL KOUDDOUS: What do you mean by solitary confinement? Explain the actual circumstance of it.

DR. ATUL GAWANDE: It is just as you imagine it: small cells, usually about ten feet by twelve feet or so, people confined and limited from having any social contact, maybe in some places an hour or so a day in a fenced-off area. I describe one set of cells where they call it the kennel, because they literally put people out into dog kennels, runs that let them get a little outdoor time, but basically twenty-three hours a day of total isolation, and in many instances, situations where you have no social contact with people for months on end, even with visitors or family.

And what I did was I looked at the experience of hostages John McCain, who spent years in solitary confinement in Vietnam, Terry Anderson, the journalist who was kidnapped in Lebanon. And their experience, the science of what happens to people deprived of social contact, is they have to fight for their sanity. And many lose their sanity. That reality, that we are social beings in our physiology, led me to ask the question, is solitary confinement, the way were practicing it now, torture? And you cant read the cases and I describe the cases of both hostages and people who are in prisons and conclude that, number one, those experiences are different. Theyre the same. Number two, you cant conclude that its not torture.

SHARIF ABDEL KOUDDOUS: What happens exactly? I mean, theres a physical change in the brain. Explain.

DR. ATUL GAWANDE: Yeah. They, physicians, took people who were confined in Serbia in concentration camps under conditions of isolation, and some of them were not in isolation, but beaten. And they did brain scans, and they found that people who had sustained head injuries had the same degree of brain injury as people who had sustained solitary confinement for long periods.

[Wh]at we have observed and weve learned this from both hostages and from prisoners is that you, first of all, you begin to lose the speed of thinking. You slow down to the point of needing sleep for hours a day and yet being tired. And then it advances to a point where you can dissociate, you begin losing touch with reality. One prisoner I spoke to, for example, after three months, youre allowed to get a television, which he looked forward to as a chance for maybe a kind of social connection in the world. But by that point, he found the television was talking to him, asking him to kill people, and he had to stow it underneath his bunk just to be able to survive and live through this.

Theres no question that many of the people we confine are violent or threatening people. The vast majority of people in solitary confinement, though, are not people and bipartisan commissions have shown this now for a while are, the majority, not people who are that incredibly violent. We also learned from the British experience, where they found the solitary confinement of our IRA prisoners produced both mental damage and such torturous conditions that actually turned public sentiment against the government in that process. And so, Britain went to a process of phasing out solitary confinement. They have just as much troubles with violence in their country and

in their prisons, and yet they have fewer than a minuscule portion of their population in solitary confinement.

And the last part of it is, solitary confinement is unbelievably expensive. Managing it is three to four times as expensive. And in these moments, we have found ourselves crowding prisons larger and larger. Of course that breeds more violence. And then that leads us to say, well, we should then put folks in solitary confinement. And we've caught ourselves in a vicious circle, to the point that prison commissioners I talked to would only speak to me anonymously about this, because they would get fired for saying it. But they thought solitary confinement should end.

James Ridgeway (1936-2021) was founder and co-director of Solitary Watch. An investigative journalist for over 60 years, he served as Washington Correspondent for the Village Voice and Mother Jones, reporting domestically on subjects ranging from electoral politics to corporate malfeasance to the rise of the racist far right, and abroad from Central America, Northern Ireland, Eastern Europe, Haiti, and the former Yugoslavia. Earlier, he wrote for The New Republic and Ramparts, and his work appeared in dozens of other publications. He was the co-director of two films and author of 20 books, including a forthcoming posthumous edition of his groundbreaking 1991 work on the far right, Blood in the Face.

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