

Solitary by Many Other Names

A Report on the Persistent and
Pervasive Use of Solitary
Confinement in New York City
Jails

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Executive Summary

Solitary confinement is a torturous and deadly practice that causes devastating harm and worsens safety for everyone in jails and in outside communities after people come home. Solitary is predominantly inflicted on Black and brown people. Solitary has stolen the lives of Kalief Browder, Layleen Polanco, Bradley Ballard, Jason Echeveria, Brandon Rodriguez, Elijah Muhammad, Erick Tavera, and countless others. At the same time, evidence shows that alternative forms of separation that involve full days of out-of-cell time, with group programming and engagement aimed at addressing the reasons for separation, achieve much better outcomes for supporting people's health and improving safety for everyone.

Despite repeated promises by New York City officials to end solitary confinement, New York City jails continue to inflict various forms of solitary confinement by various different names. This report reveals some of the most recent forms of solitary confinement that the New York City Department of Correction (DOC) continues to impose:

“Structurally Restrictive Housing”

DOC is locking people in structurally restrictive housing units in solitary confinement for 23 to 24 hours a day in units labeled as general population or involuntary protective custody. People continue to spend days, weeks, months, and beyond in this form of solitary confinement. Although DOC officials falsely and absurdly claim that people in these cells can move from the part of the cell where their bed is to a slightly extended part of their cell with a desk, being locked alone in a slightly bigger cell is still solitary confinement since the harm of solitary is the social isolation and lack of meaningful human interaction.

“De-escalation Confinement” and “De-contamination Units”

Although existing Board of Correction minimum standards currently place a limit of six hours on de-escalation confinement, DOC has repeatedly locked people in solitary confinement in such units for many more hours and even days. In July 2022, Board of Correction member Dr. Robert Cohen reported interviewing three individuals in de-escalation confinement for more than 30 hours, including Elijah Muhammad who died a few days after speaking to Dr. Cohen. DOC has itself reported locking people in de-escalation confinement for over three consecutive days. DOC has also repeatedly locked people in shower cages labeled “decontamination units” where people are forced to stand in a small enclosed cage, including for hours,

overnight, and beyond a day. Brandon Rodriguez died while locked in solitary confinement in a shower cage, after his repeated cries that he was going to kill himself went unanswered. DOC locked Elijah Muhammad in the same type of shower cage to the point he was found with a ligature around his neck, and while he survived in that moment as noted above DOC then placed him in another form of solitary leading up to his death.

“Enhanced Supervision Housing” and “Rose M. Singer Enhanced Supervision Housing”

DOC continues to lock over 180 people in solitary confinement in RESH on any given day. People are locked in their cell most of the day, and while they are theoretically supposed to receive seven hours of daily out-of-cell time, such out-of-cell time can involve being locked alone in a recreation pen, and programming officially offered only five days a week can take place while participants are chained to a desk. In addition to such confinement being very isolating, in practice people report receiving far less out-of-cell time, including people frequently reporting they are locked in their cells 23 to 24 hours a day. People in these units are also denied contact visits with their loved ones. The federal monitor has said that DOC’s failure to properly implement the program means it operates in a manner “not substantially different from punitive segregation.”

“Emergency Lockdowns” and Automatic Lockdowns for People in General Population

DOC continues to impose emergency lockdowns on entire units for periods of time ranging from a few hours to over 24 hours. A Board of Correction report documented DOC “locking down housing units for longer durations and with greater frequency,” which the Board found impedes health care, basic services, and programs, and contributes to “growing tension.” In violation of the Board’s 44-year-old minimum health and safety standard, DOC imposed a new policy in 2022 without Board approval to cut in half the daily out-of-cell time for 800 people in general population in the George R. Vierno Center (GRVC) from 14 hours to seven hours a day, with an alternating period of 25 hours locked in solitary before receiving out-of-cell time. Erick Tavira was locked in GRVC in such conditions when he died.

Other Forms of Solitary Confinement

In addition to these specifically labeled forms of solitary, DOC also continues to lock individuals in other forms of solitary confinement. People in the Robert N. Davoren Complex (RNDC), mental observation units, CAPS unit, and elsewhere have reported being locked in solitary confinement in their cells for 23 to 24 hours a day for days at a time, denied programming, showers, even meals, and without any justifications provided for being locked in solitary.

Joshua Valles was locked in solitary confinement, repeatedly banged on the door including with what appears to be his head, and subsequently died after having an irreversible anoxic brain injury. Anthony Scott died while locked in a holding pen for nearly four hours without being checked on, and an internal investigation found officers made “false entries to show they had done their required rounds every 15 minutes when they had not.”

Many of these practices violate the binding New York State HALT Solitary Confinement Law and binding minimum health and safety standards of the New York City Board of Correction jails oversight body. In addition, the continued infliction of solitary confinement in all of these forms has continued to cause grave suffering, inflict immense physical and mental harm, worsen safety for everyone, and led to more people dying in custody. At the same, model programs like the Resolve to Stop Violence Project (RSVP) in San Francisco jails, former Merle Cooper Program in New York State prisons, and the CAPS and PACE programs in New York City jails as they were originally operated, have led to significant improvements in people’s health, dramatic reductions in violence in facilities, and better outcomes when people return home.

In light of the harmful impacts of the continued use of solitary by various names and the positive impacts of alternatives, the New York City Council must pass Int. No. 549, and the Mayor must sign it into law and implement it, to ensure that solitary is forever ended once and for all in New York City jails. Enacting Int. No. 549, truly ending solitary, and utilizing real alternatives will stop torture, improve people’s health and well-being, improve safety for everyone, and save lives. Ultimately ending extreme isolation and utilizing more effective alternatives should be a step toward addressing people’s needs, difficult behaviors, and harmful acts safely in the community, such that city and state lawmakers and officials should reduce the number of people in jails and instead make investments in community programs and services that actually improve safety.

Introduction

Solitary confinement is a practice deemed to be torture that inflicts devastating and deadly harm¹. Solitary causes people to engage in self-mutilation². It causes heart disease³. It causes anxiety, depression, and psychosis⁴.

In New York City, solitary confinement is predominantly inflicted on Black and brown people who make up over 90% of all people in NYC jails (58.2% Black people, 30.5% Latinx people, 2.2% Asian people, 5.7% white people, 3.5% other people)⁵.

A study of hundreds of thousands of people released from prison in North Carolina over a 15 year period found that people who had spent time in solitary were significantly more likely to die by suicide and other causes, even after release from incarceration⁶. Research shows that just one or two days in solitary leads to significantly heightened risk of death by accident, suicide, violence, overdose, and other causes⁷.

Solitary confinement was responsible for the death of Kalief Browder eight and a half years ago⁸ and Layleen Polanco four and a half years ago⁹. On the day of her death in solitary confinement on Rikers Island, Layleen Polanco had been locked in her cell for two or three hours before she died¹⁰.

Contrary to the purported justification for its use, solitary also makes jails and outside communities less safe for everyone by causing people to deteriorate and in turn increasing the risk of harmful acts¹¹. Numerous studies show that people who have spent time in solitary or restrictive housing are more likely to be re-arrested after release from incarceration¹².

On the other hand, the evidence is clear: if a system is trying to reduce violence, what works much better than solitary is its exact opposite: pro-social program-based interventions that involve full days of out-of-cell group programming and engagement, like the CAPS program as originally implemented in NYC jails¹³, the Merle Cooper Program in NY State prisons¹⁴, and the RSVP program in San Francisco jails¹⁵.

For example, the RSVP program included people who had carried out acts of assault, sexual assault, and other violent acts. It led to a precipitous drop in violence among participants to the point of having zero incidents over a one year period¹⁶. People who participated in the program also had dramatically lower rates of re-arrest for violent charges after release from jail¹⁷.

Best practices in youth¹⁸ and mental health¹⁹ facilities limit isolation to minutes or hours at most, with positive impacts on safety and people's health and well-being.

Despite repeated promises over many years to end solitary – invoking Layleen's and Kalief's names – the city jails continue to lock people in solitary by many different names, with torturous and deadly results.

Brandon Rodriguez died after he was locked in solitary in a *shower cage*²⁰. The city jails locked Elijah Muhammad in solitary in those same shower cages to the point he was found with a ligature around his neck²¹, and then placed Elijah in another form of solitary confinement that is supposed to be “de-escalation confinement”, leading to his death²². The Department of Correction (DOC) initiated yet another form of solitary in 2022 through automatic lockdowns in general population in Robert N. Davoren Complex, George R. Vierno Center, and other settings officially deemed general population, and that is where Erick Tavira died after being locked in solitary²³.

Many of these practices are not only deadly and torturous, but violate existing state law and city minimum health and safety standards²⁴. For example, since as far back as 2015, New York City Board of Correction rules have prohibited solitary confinement – including both “punitive segregation” and “enhanced supervision housing” – for young people aged 16 to 21 and people with certain mental health needs and physical disabilities²⁵. Subsequently, among other provisions, the New York State HALT Solitary Confinement Law, which was passed in 2021 and took effect in 2022, prohibits certain categories of people from ever being locked in solitary, bans solitary beyond 15 consecutive days for all other people, requires that all alternatives to solitary provide people with access to at least seven hours of daily out-of-cell group programming and activities, and allows people to have legal representation at hearings that can result in solitary or alternatives²⁶.

Moreover, after Layleen Polanco died in solitary confinement, former New York City Mayor de Blasio invoked Layleen’s name, as well as Kalief Browder’s name, to promise in 2020 to fully end solitary confinement²⁷, and then claimed that minimum health and safety standards adopted by the New York City Board of Correction jails oversight body in 2021 ended solitary confinement²⁸. Although the text had significant flaws that would allow DOC to exploit loopholes to keep people locked in solitary by another name²⁹, the regulations purported to ban solitary confinement other than for purposes of emergency de-escalation, require that people in alternative units have between 10 and 14 hours of out-of-cell time per day, and allow people to have legal representation at hearings that could result in placement in alternatives³⁰.

While the Board required that those rules go into effect in November 2021, the city jails have never implemented them. In September 2021, former Mayor de Blasio declared a “state of emergency” in New York City’s jails, in part related to COVID, and signed emergency executive orders purportedly authorizing DOC to circumvent these and other Board minimum health and safety standards³¹. Mayor Adams continued those “emergency orders” upon taking office in January 2022, and has issued “emergency orders” every five days ever since³². In February 2022, then-DOC Commissioner Louis Molina and other DOC officials publicly committed to implement the Board’s rules restricting solitary confinement by July 1, 2022 and – explicitly recognizing that existing structurally restrictive housing units fail to provide people with meaningful human interaction or opportunities for congregate programming – presented a plan to do so in a way that ensured that people in alternative units had access to real out-of-cell time and programming in open group settings, with a focus on program-based interventions, smaller groups, restorative circles, use of credible messengers, social worker support, and fostering connections with family, and without restraint desks, individual caged

spaces, or other physical barriers between participants³³. Despite this pledge, in June 2022 DOC abruptly stopped the program before it was implemented³⁴ and has never implemented it, with the Mayor continuing to issue emergency orders purportedly authorizing DOC to suspend implementation³⁵.

The Board of Correction has repeatedly criticized the city jails, including at its November 2023 meeting, for continuing to inappropriately issue emergency orders every five days for now more than two years in order to circumvent various minimum health and safety standards for people incarcerated, including restrictions on the use of solitary confinement³⁶. As Board member, Dr. Robert Cohen, said, “The mayor can’t just order an emergency executive order for the hell of it. There has to be a reason.³⁷” Then-Commissioner Molina acknowledged that a review of such orders was “long overdue.³⁸”

Overall, despite promised and codified reforms, people in New York City jails are still locked in various forms of solitary confinement by another name, including solitary confinement for upwards of 23 to 24 hours a day for days, weeks, months and beyond. There are people who have been in solitary for nearly a year and are still there³⁹.

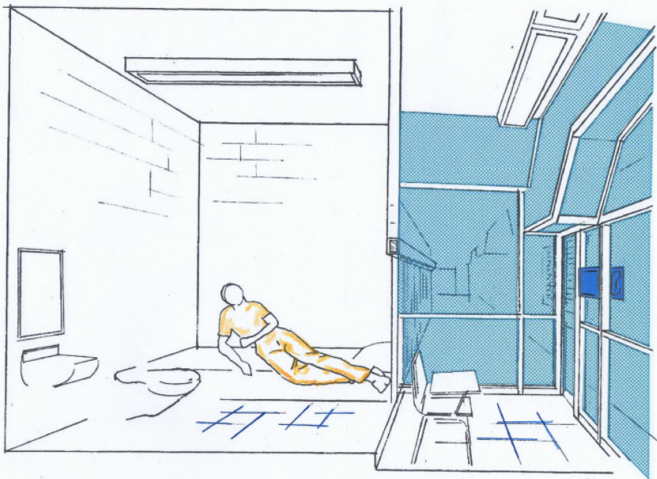
This report reveals several of the various forms of solitary confinement the city jails have most recently used by various different names. These include: (1) “structurally restrictive housing” in North Infirmery Command (NIC) and West Facility that is nothing more than solitary confinement by another name for 23 to 24 hours a day⁴⁰, (2) “de-escalation confinement units⁴¹,” (3) “decontamination showers,⁴²” (4) “Enhanced Supervision Housing (ESH)⁴³” and Rose M Singer ESH (RESH)⁴⁴, (5) Robert N. Davoren and George R. Vierno Center automatic lockdowns in supposed general population⁴⁵, and repeated lockdowns throughout the jails⁴⁶.

In order to stop torture, improve health outcomes, improve safety for everyone, and save lives, New York City must end solitary confinement in all of its forms and utilize proven alternative forms of separation.

“Structurally Restrictive Housing”

Despite reforms, New York City jails have continued to lock people in solitary confinement in structurally restrictive housing units that it has falsely stated are general population and/or involuntary protective custody. People in these units – including in the North Infirmery Command (NIC) and West Facility – are still locked alone in a cell 23 hours a day or more, for days, weeks, months, and longer.

For example, there is an individual who has been held in 23-24 hour a day solitary confinement since January of this year⁴⁷.



DOC rendering of a structurally restrictive housing cell provided to the Board of Correction as part of the Board's 2021 rule making process⁴⁸

Similarly, as reported in December 2023⁴⁹ and included in a brief by several New York City public defender organizations⁵⁰, earlier this year an individual was locked in solitary confinement for several months without a hearing after being abused by staff. Specifically, officers forced this individual to remain naked in the squatting position while making sexually explicit comments, then pepper sprayed him in the face and across his nude body, pushed him to the ground, and cut his leg. Officers then locked him in solitary confinement in a shower cell for four hours before taking him to medical care, and then to cover-up their abuses locked him – without a hearing – in solitary confinement in so-called “restrictive housing” for 23 to 24 hours a day for several months. He was only finally moved after he challenged his placement and it was found that DOC had wrongfully placed him there.

- From January 2023 to September 2023, he was locked in solitary confinement for 23 to 24 hours a day in so-called “NIC structurally restrictive housing” in so-called “involuntary protective custody.”
- This individual has been denied mental health treatment, religious services, recreation, programming, and any congregate services or activities.
- The person has significant mental health needs and sometimes has suicidal ideation, which has been exacerbated by the long-term placement in almost continuous solitary confinement.
- The placement at NIC was vacated by court order in October 2023, yet instead of releasing the individual from solitary confinement, DOC just moved them to a different unit of solitary confinement by a different name, namely 23 to 24 hour a day solitary confinement at West Facility.
- In this other solitary confinement placement, they have also been denied out-of-cell time, congregate services and activities, and meaningful mental health care.
- Litigation is pending about this egregious abuse.

DOC has long imposed this form of solitary confinement systematically. For example, at a meeting of the Board of Correction in July 2022, Board Member Felipe Franco described how people, including young adults, in North Infirmery Command units 3B and 3C, as well as West Facility, were being locked in their cell 23 hours a day without human contact, without leaving their cell, and without group programming, and were being held in these units indefinitely without any due process and without any knowledge of when or how to get out of the units⁵¹. Board member Franco called these “awful spaces” and described how he met young people who were decompensating and would be worse off than when they went into these units⁵².

DOC indeed continues to impose solitary confinement in structurally restrictive units arbitrarily and without due process. For example, in July 2023, an individual was locked in solitary confinement for 23 or more hours a day in West Facility for roughly three months, purportedly because DOC did not have a bed for them in ADA compliant housing⁵³. This individual was only released in October after commencing litigation and obtaining a court order⁵⁴.

DOC has also readily admitted its use of these “structurally restrictive” units. For example, at the City Council’s September 28, 2022 hearing on solitary confinement, after being repeatedly questioned by Council Members and the Public Advocate Jumaane Williams, DOC Commissioner Molina admitted that at least 27 people were being locked in these units in these conditions at that time⁵⁵. The Commissioner falsely claimed that people in these units are in general population because they are given so-called “lock-out time,” which consists of being locked alone in a tiny extended part of a cell⁵⁶, as seen in the DOC’s own rendering above and images below. Moving from one part of a cell to another part of a cell, while still being locked alone is not “out-of-cell time”; it is not being in a “private day room”; it is solitary confinement.



These photos, obtained from DOC through a FOIL request, show the extended part of a person's cell in a structurally restrictive housing unit cell.⁵⁷

Mental health experts have said this form of solitary will cause the same harm as other forms because the fundamental harm of solitary confinement is the social isolation and lack of meaningful human engagement with other people in the same shared space⁵⁸. As expert and forensic psychiatrist with decades of experience studying solitary across the country, Dr. Terry Kupers, has stated about these units: “Regardless of what name officials give it, this is solitary confinement. Because the social isolation is replicated, people locked alone in these cells, without meaningful human touch, interaction or programming, will continue to suffer all of the harmful and well-known consequences of solitary.”⁵⁹

Indeed, this imposition of solitary confinement in “structurally restrictive housing” continues to inflict devastating harm on people. As an example, one individual who receives mental health services was locked in solitary confinement for 23 or more hours a day in NIC structurally restrictive housing for several months in the spring and summer of 2023⁶⁰. Like others, they were denied due process prior to placement in the unit and they were denied access to religious programming, mental health care, and programming services overall⁶¹. Eventually, the individual was released by court order, but they suffered a significant decline in mental and physical health⁶².

An October 2020 internal report of the Board of Correction, obtained through a Freedom of Information Law (FOIL) request, shows that at that time over half of all fires in the city jails and 60% of fire-related use of force incidents took place in structurally restrictive housing units⁶³. At the time of the internal Board report, there were 36 people in such units, with a capacity of 66, out of a total jail population at the time of roughly 4,500 people⁶⁴. In other words, people representing less than 1% of all people in the city jails lit more than 50% of all fires. The internal Board memo reported that: “Discussions with Board and Department staff as to why fires may happen so frequently in these units suggest people are trying to get moved out of these units and/or feel they have no other way to bring attention to their concerns about conditions in the unit and/or feel they have no way of controlling their own lives.”⁶⁵

“De-Escalation Confinement” and “Decontamination Showers”

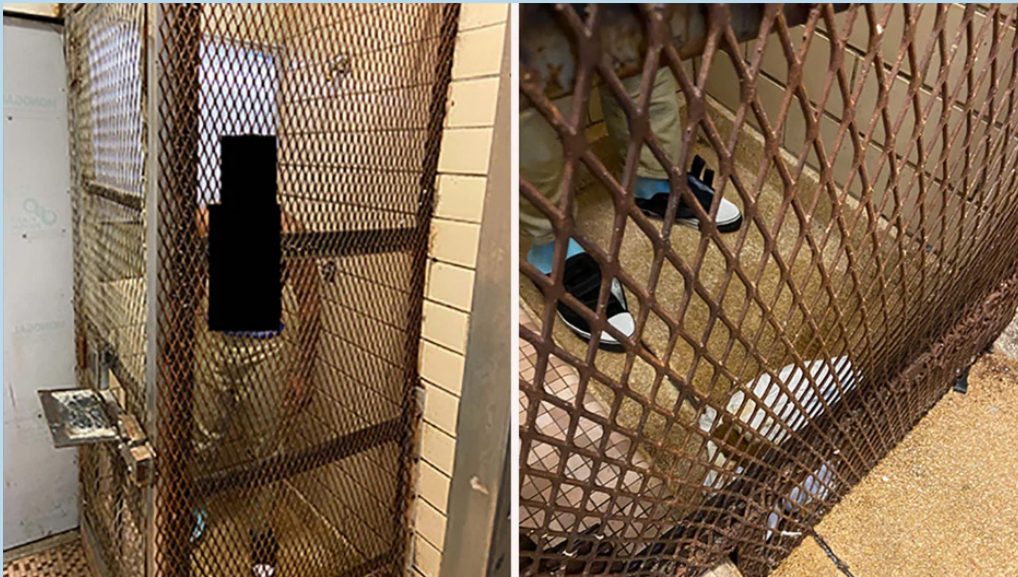
The New York City Department of Correction has also been locking people in solitary confinement in so-called “de-escalation” confinement, including in shower cages labeled “decontamination showers.”

While the Board of Correction’s minimum standards currently place a cap on de-escalation confinement of six hours, the Board reported in July 2022 that the Department had repeatedly violated that limit in a widespread manner, keeping people locked in for many more hours and even days⁶⁶. Board Member Dr. Robert Cohen reported that he had interviewed three people in de-escalation confinement who had been locked in such confinement for over 30 hours, including Elijah Muhammad who

died a few days after speaking to Dr. Cohen⁶⁷. DOC has itself reported locking people in de-escalation confinement for over three consecutive days⁶⁸. As discussed throughout this report, even very short periods in isolation can cause devastating and even deadly harm. As noted above, on the day she died, Layleen Polanco was locked in her cell for the last time for only two to three hours before she died⁶⁹.

Beyond de-escalation confinement in a regular cell, DOC has been locking people in solitary confinement in shower cages, labeled “decontamination units,” like those in the image below⁷⁰. Such cages are so small that a person has to stand in the cage, with no room for sitting let alone lying down or moving around⁷¹. There is nothing in the cage other than the decontamination shower, including no toilet⁷². People have been locked in those shower cages for hours at a time, overnight, and even for more than a day, without the ability to leave, participate in programs, receive treatment or services, or engage with other people⁷³.

Brandon Rodriguez died after he was locked in solitary confinement in a shower cage, like the shower cage in the image below⁷⁴. Brandon had a history of mental health needs. According to the Board of Correction’s review of his death, Brandon repeatedly yelled from the shower cage that he wanted to kill himself⁷⁵. When those pleas went unanswered, Brandon then died by suicide while still locked in the shower cage⁷⁶.



These photos, published by NBC News, show the “decontamination showers” where DOC has locked people in solitary confinement⁸¹.

Despite the public outcry over Brandon’s death, less than a year later DOC locked Elijah Muhammad – who also had a history of mental health needs – in solitary confinement in the same shower cages – to the point that he also attempted to hang himself and was found with a ligature around his neck⁷⁷. Elijah was then again locked in solitary

confinement in de-escalation confinement, leading to his death in July 2022⁷⁸. According to the New York Times, “in the days before he died, he had spent more than 32 hours in isolation” without “a bed or access to medical care.”⁷⁹ Hours before Elijah died, officers “saw that he appeared to be disoriented and barely able to walk” and “needed medical attention.” Yet, they left him to die in his cell and then left his body for hours after he died⁸⁰.

“Enhanced Supervision Housing (ESH)” and “RESH”

As of September 30, 2023, DOC reported that 184 people were locked in solitary confinement in the Rose M Singer Center Enhanced Supervision Housing (RESH), what until August 2023 had been Enhanced Supervision Housing (ESH)⁸². In ESH and RESH, people are locked in their cell most of the day and are theoretically supposed to receive seven hours of daily out-of-cell time, although such out-of-cell time can involve being locked alone in a recreation pen, can start at five in the morning, and programming officially offered only five days a week can take place while participants are chained to a desk⁸³. In addition to such confinement being very isolating, in practice people report receiving far less out-of-cell time, including people frequently reporting they are locked in their cells 23 to 24 hours a day, including when other people in the unit are involved in incidents unrelated to them. In ESH and RESH, people are also denied contact visits with their loved ones.

An individual in ESH recently reported that after a fight involving two other incarcerated people that this individual was not involved in, this individual was locked down 24 hours a day for five days straight, denied showers the entire time, and provided limited food⁸⁴. Another individual, whose placement in ESH is currently stayed by court order pending the outcome of their appeal, reported being locked in solitary confinement in ESH for 20 or more hours a day for an entire month⁸⁵.

When people are provided out-of-cell programming in ESH/RESH, people report being chained to desks during programming. In addition to the harmful impacts of being chained to furniture in that way, people have been attacked while they are chained and unable to defend themselves or walk away⁸⁶. Also, people who choose not to participate in programming because they do not want to be chained are then kept locked in their cell 23 to 24 hours a day⁸⁷. As the federal monitor reported about ESH, “This failure to properly implement the program has led to such high levels of violence and fear among people in custody that many choose to remain in their cells throughout the day, resulting in an environment that, in practice, is not substantially different from punitive segregation.”⁸⁸

In ESH and RESH, people are often:

- **Locked in their cells**
23–24 hours a day
- **Chained to desks**
during programming
- **Denied contact visits**
with their loved ones
- **Attacked while chained**
to desks

Emergency Lockdowns and Automatic Lockdowns for People in General Population Housing

DOC continues to impose emergency lockdowns on entire units for periods of time ranging from a few hours to over 24 hours⁸⁹. The Board of Correction issued a report documenting concerns in 2022 that DOC was “locking down housing units for longer durations and with greater frequency.”⁹⁰ The Board found that the “lockdowns impede the ability of DOC and Correctional Health Services (CHS)” to carry out basic services and programs and in turn “contribute to growing tension in the facilities.”⁹¹ The Board has repeatedly reported that DOC has long utilized lockdowns far too frequently⁹².

In addition to emergency lockdowns, DOC has also imposed automatic, repeated lockdowns over large groups of people. Specifically, in 2022 DOC began a new policy in violation of the Board of Correction’s 44-year-old minimum health and safety standards that has required all people in the general jail population to have access to 14 hours of daily out-of-cell time. DOC requested a variance from the Board’s minimum standards in order to impose automatic lockdowns and cut in half the required out-of-cell time for approximately 800 people in general population in George R. Vierno Center (GRVC) from 14 hours out-of-cell per day to seven hours out-of-cell per day⁹³. When it became clear that the Board was not going to approve that request, DOC withdrew the variance request and reported that it was going to impose this policy violating the Board’s 44-year-old minimum standards anyway without Board approval, claiming to rely on the ongoing “emergency orders” discussed above to circumvent the Board’s regulations⁹⁴. In practice, people reported receiving far less than even the reduced seven hours of out-of-cell time, and were subject to alternating periods of 25 hours locked in before being offered out-of-cell time⁹⁵. People were subject to this form of solitary confinement even though they were in general population, and were not being subject to these conditions for disciplinary reasons or with any due process⁹⁶. Erick Tavera was locked in GRVC in such conditions when he died⁹⁷, and reportedly did not leave his cell for three days before his death⁹⁸.

As reported, people in GRVC “described hellish conditions defined by 25-hour lockdowns.”⁹⁹ As one person inside reported: “This is not human. Whoever thinks this is human, I don’t know what planet you’re from.”¹⁰⁰ Another asked: “For us, it’s more like how many more people [have to die] before something changes?”¹⁰¹

Local, state, and federal lawmakers visited GRVC shortly after the lockdowns were imposed and after Erick Tavera’s death. In their statement following the visit, they decried people being “locked in their cells for extended and dangerous periods of time, denied basic and urgent medical care, denied some of their meals, denied programming, and subjected to as many as twice daily strip searches.”¹⁰² The lawmakers said that even officers told them that “the units were calm before the lockdowns, and the lockdowns

themselves were causing, not staunching, violence in the facility. The officers reported that people were frustrated because they did not understand why they were in ‘the box,’ or solitary confinement, when they should have been in the general population. Also, the units we went to were in a disgusting state, with dirty water and garbage all over the floor.¹⁰³” These lawmakers’ conclusion was that: “unless there are swift and dramatic changes, more people are going to die.¹⁰⁴”

“For us, it’s more like how many more people [have to die] before something changes?”

An expert on solitary across the country, Dr. Craig Haney, said these conditions mean people are in “a severe form of solitary confinement” every other day¹⁰⁵. As Dr. Haney continued, “I’ve been there a number of times, and I know the challenges, but locking people in their cells is a very dangerous short-term response. It has profoundly negative psychological consequences on people who are locked in their cells around the clock. And in the long run, there’s no evidence whatsoever that it’s a solution to violence.¹⁰⁶”

Other Forms of Solitary Confinement

In addition to the types of solitary confinement described above, DOC also continues to lock individuals in other forms of solitary confinement, with devastating and deadly consequences.

For example, an individual in Robert N. Davoren Complex (RNDC) reported being locked in solitary confinement in their cell 24 hours a day for eight straight days in August 2023, without ever being provided a justification for why they were locked in¹⁰⁷. They had no programming, were never allowed out of their cell, not even for a shower, and only received meals inconsistently¹⁰⁸. Similarly, people have reported that officers are repeatedly locking people in solitary in their own cells for days at a time in the mental observation units and CAPS unit, denying people psychiatric services, visits, showers, and medications¹⁰⁹.

According to a Board of Correction death review released in November 2023, Joshua Valles had significant mental health needs, including a history of schizophrenia, bipolar disorder, ADHD, and PTSD¹¹⁰. Rather than provide him with the mental health care

he needed, NYC jails locked Joshua in “DOC lock-in” as a punishment because he was reportedly “exhibiting child-like behaviors.”¹¹¹ While he was locked in, Joshua repeatedly banged on the door, including what appeared to be with his head¹¹². When he was let out of lock-in and brought to an outside hospital, Joshua had extensive and irreversible anoxic brain injury¹¹³. He was released and died a few days later¹¹⁴.

In a separate tragic example, on October 27, 2023, the Daily News reported that “correction officers falsified records to hide their failure to conduct required cell checks before detainee Anthony Scott hanged himself in a holding pen.”¹¹⁵ According to the Board of Correction, “Mr. Scott was in a new admission holding pen for nearly four hours by the time he was discovered with a ligature around his neck.”¹¹⁶ An internal DOC investigation found that officers had made “false entries to show they had done their required rounds every 15 minutes when they had not.”¹¹⁷

Moreover, DOC continues to try to impose new forms of solitary confinement. According to the federal monitor overseeing NYC jails, DOC recently secretly attempted to open yet another abusive solitary confinement unit, and then quickly closed it one day later after the monitor found out about it from an anonymous tip and raised concerns¹¹⁸. As reported, “In a scathing order, federal Judge Laura Swain demanded the DOC answer a number of questions about ... accusations that, in defiance of a court order, it misled the federal monitor about a recently-opened unit on Rikers Island.”¹¹⁹ The judge asked DOC why they shouldn’t be held in contempt of court¹²⁰. Five people were locked in the unit and the monitor called their placement there “arbitrary.”¹²¹ The monitor also reported that “the unit’s operation guide, subsequently provided by the department, is poorly written, haphazard, vague, and ambiguous.”¹²²

Conclusion and Recommendations

New York City jails have a long history of imposing various forms of solitary confinement by many different names, including in violation of state law and local regulations. Such practices have caused devastating harm and death. Moreover, the city’s use of solitary is a failed and counterproductive punitive approach that responds to people’s needs and behaviors with punishment that inflicts more harm and often leads to more harmful conduct rather than improved behavior, and to a downward cycle of such conduct followed by punishment followed by more such conduct.

As Dr. James Gilligan, who was the director of Massachusetts prison mental health services, and has studied violence for decades, has written: “far from preventing violence, punishment is the most powerful stimulus to violent behavior that we have yet discovered. Punishment does not prevent violence, it causes it, in addition to being a form of it.” Recalling his experience observing what happened in an incarceration setting, Dr. Gilligan wrote: “The more violent a person was, the more severely he would be punished, and the more severely he was punished, the more violent he would become. This endless, mutually self-defeating vicious circle kept both people incarcerated and prison officers in a chronic state of war with each other – which was the opposite of what they both said they wanted.”

By contrast, models that shift away from a harmful and counterproductive punitive approach toward incentive-based, evidence-based, program-based, and engagement-based forms of separation without isolation have proven more effective at supporting people's health and leading to better safety outcomes for people incarcerated, staff, and outside communities.

In adult mental health settings, over the last few decades there has been growing and now accelerated movement completely away from what was once a very widespread practice of solitary confinement or what is often called "seclusion" because of the recognized harm of isolation. For example, in Pennsylvania, in the 1990s, the state's mental health hospitals dramatically restricted the use of seclusion to very few incidents with an average length of just over one hour¹²³, and in the 2000s they reduced it even further to the point of fully eliminating it, with reporting that there has been no use of seclusion in PA hospitals since 2013¹²⁴. The reductions in the use of seclusion (as well as reductions in the use of restraints) were correlated with *fewer* assaults by patients¹²⁵.

In youth facilities, there has also been growing momentum in recent years to limit the use of "room confinement" or "seclusion" to minutes or hours at a time¹²⁶. As an example, the federal First Step Act fully banned the use of solitary/room confinement in youth facilities (defined as the "involuntary placement ... alone in a cell, room, or other area for any reason") other than for up to a maximum of 30 *minutes* in instances where there was a risk of self-harm and up to a maximum of three hours in instances where there was a risk of harm to others¹²⁷. This law follows best practices among leading experts and other jurisdictions. For example, the American Bar Association has urged an absolute maximum of four hours of such confinement for young people¹²⁸. Similarly, the leading expert on youth facility monitoring and assessments, the Juvenile Detention Alternatives Initiative (supported by the Annie E. Casey Foundation and in more than 250 sites in 39 states), has also said for a number of years that there should be an absolute maximum of four hours on such confinement because of the harm solitary/isolation can cause¹²⁹. Various jurisdictions have limited solitary in youth settings to time measured in hours or less. For example, Colorado has reduced room confinement to the point of having an average duration of roughly one hour (with a dramatic reduction in the number of times a person is placed in room confinement)¹³⁰, and Massachusetts has an average duration of less than 40 minutes, with positive impacts on safety and well-being¹³¹.

In adult correctional settings, programs that utilize separation, without isolation, and involve full days of out-of-cell congregate engagement and programming have shown much better outcomes than solitary for well-being and safety, including for people who have engaged in serious and repeated acts of violence.

The Resolve to Stop the Violence Project (RSVP) in San Francisco jails involves full days of out-of-cell congregate programming and engagement. As noted above, it has shown dramatic reductions in violence in jails¹³² and outside communities¹³³ after people returned home, all while achieving financial savings. The RSVP program included people who had carried out acts of assault, sexual assault, and other violent acts¹³⁴. The program led to a precipitous drop in violence among participants to the point of having *zero incidents over a one year period*¹³⁵.

Similarly, the Merle Cooper program in New York State was meant for people at high risk of recidivism, and involved people being fully separated from the rest of the prison population¹³⁶. Yet, it was operated as the opposite of solitary – with full days out-of-cell programming, peer-led programming, and even the ability to earn the right not to be locked in at night¹³⁷. The program had positive outcomes on violence, and was praised by staff, administrators, and participants¹³⁸.

The CAPS (Clinical Alternatives to Punitive Segregation) program in the New York City jails themselves, as originally implemented, was an alternative to solitary for people with significant mental health needs that was based on therapeutic approaches rather than punitive ones or isolation, and involved full 14-hour days out-of-cell with programming and engagement¹³⁹. It had positive outcomes for reducing violence and self-injury¹⁴⁰. Similarly, the PACE (Program to Accelerate Clinical Effectiveness) program, while not a disciplinary unit, as originally implemented was an intervention involving full 14-hour days out-of-cell with group programming and engagement that more successfully treated people with serious mental health concerns and reduced violence¹⁴¹. The DOC had reported that incarcerated individuals “in CAPS and PACE are involved in fewer Use of Force incidents and show lower rates of self-harm than similar [incarcerated individuals] in other housing” and that there “has been a 72% decrease in assaults on staff in CAPS; and a 63% decrease in assaults on staff in PACE.”¹⁴²

In light of the harmful impacts of the continued use of solitary by various names and the evidence regarding the positive impacts of alternatives, we provide the following recommendations for immediate next steps:

1. DOC should administratively stop using solitary by any name throughout the city jails and ensure that all people in its custody have access to the long-standing, basic minimum standard of 14-hour days of out-of-cell time, group engagement, activities, and programming.

2. The NYC Council must pass Int. No. 549, and the Mayor must sign it into law, to ensure that solitary confinement is forever ended once and for all in New York City jails.

3. DOC must fully implement the letter and spirit of the law, bring in outside experts on pro-social programming, and study the law’s impacts with the goal of becoming a model for other jurisdictions to follow in eliminating solitary.

4. Ultimately ending extreme isolation and utilizing more effective alternatives should be a step toward addressing people’s needs, difficult behaviors, and harmful acts safely in the community, such that city and state lawmakers and officials should reduce the number of people in jails and instead invest in community safety efforts.

Ending solitary confinement, in all forms and by all names, and instead utilizing alternative forms of separation, like those utilized in RSVP, Merle Cooper, CAPS, and PACE, would stop torturous practices, improve people’s health and well-being, improve safety for everyone, and save lives.

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