

December 16, 2024

U.S. Senator Dick Durbin
Chairman
Senate Judiciary Committee
711 Hart Senate Building
Washington, D.C. 20510

Dear Chairman Durbin,

We hope this message finds you well. As current and former leaders in corrections, we are writing to you in connection with the historic hearing on solitary confinement (“solitary”) titled “Legacy of Harm: Eliminating the Abuse of Solitary Confinement.”¹

During that hearing, several senators on both sides of the aisle perpetuated the myth that solitary is necessary for safety in their comments and questions to the witnesses.² As people with extensive experience and expertise supporting the operations of prisons, jails, and related facilities, we write to correct the record.

It is important to be clear about what solitary confinement is and how there can be separation within facilities without the use of such isolation. When we speak of solitary confinement and the harms that it creates, we are not talking about simply separating a person from the general population, an occasionally necessary part of corrections management. We are talking about extreme isolation. Solitary confinement means keeping people – alone, or in pairs – in their cells, isolated from most other human beings. Currently, in federal custody, people can be locked in solitary for the large majority of the day – up to 24 hours a day – for days, weeks, months, and years. Contacts are frequently limited to the passing of food or medications through a slot in a door, and possibly attempting to shout to other incarcerated people through steel doors or cage walls during brief recreation periods.

Separation is something different. A person may be separated from the general facility population while allowing for meaningful human interaction and access to out-of-cell time, group programming, and sensory stimulation for the large majority of the day, including in small group settings and potentially with additional security protections. Separation will require a reallocation of resources to provide the appropriate programming and services for a small number of people, as opposed to spending those resources warehousing large numbers of people. Done appropriately, separation can be a legitimate penological tool to keep all people in prisons and jails safe; solitary confinement never is.

Safety of Incarcerated Individuals

Solitary does not keep people in prisons and jails safe. It is a form of torture, and has been linked to serious comorbidities, including self-mutilation, suicide, heart disease, anxiety, depression, psychosis, mental and physical deterioration, and a significantly heightened risk of death.³ Placement in solitary for any length of time can cause severe harm.⁴

To keep incarcerated people safe, the use of solitary should be prohibited with limited exceptions for short periods of time measured in hours.

¹ U.S. Senate Cmte on the Judiciary: “[Legacy of Harm: Eliminating the Abuse of Solitary Confinement](#)” (April 2024).

² Oxford Academic: “[Mythbusting Solitary Confinement in Jail](#)” (December 2019).

³ Vera Institute of Justice: “[The Impacts of Solitary Confinement](#)” (April 2021).

⁴ *Id.*

Safety of Incarcerated General Populations

The harm caused by solitary on an individual person does not remain contained to that person. Inflicting solitary comorbidities like psychosis, self-mutilation, anxiety, and depression on a person results in other people incarcerated alongside them bearing the consequences of those symptoms. To keep incarcerated general populations safe, solitary should be prohibited with limited exceptions for short periods of time measured in hours for de-escalation when circumstances pose a specific and significant risk of imminent serious physical injury to an individual, staff, or other incarcerated persons.⁵

Many alternatives to solitary have proven effective in keeping everyone at a carceral facility safe, including officers and staff.

Beginning in 2013, the Clinical Alternative to Punitive Segregation (CAPS) Program in New York City Jails developed an alternative treatment unit with a range of therapeutic interventions for persons with serious mental illness who violated jail rules, and previously would have been punished with solitary. Between December 2013 and March 2015, CAPS found that patients in their program experienced significantly lower rates of both self-harm and injury (including injury from staff use of force and from conflict between incarcerated persons) than those who were put into solitary.⁶

In New York State prisons, the Merle Cooper program in Clinton Correctional Facility provided separation without isolation in cases when people were considered at high-risk of violence and/or return to incarceration after release. These interventions included group sessions, intensive programming, peer-led initiatives, increased autonomy and responsibility, all-day out-of-cell time, and the ability to earn unlocked cells even overnight. Even though Clinton is considered one of New York's most severe prisons, Merle Cooper received near-universal praise from correction officers, participants, and administrators during its nearly 40-year tenure.⁷

Thirdly, in San Francisco jails, the Resolve to Stop the Violence Program (RSVP) yielded clear, affirmative results that alternatives to solitary are successful at reducing violence. During the year before RSVP began, there were approximately three (3) violent incidents each month in the 62-bed dorm. During the first month RSVP was in effect, there was one (1), and for the following year, there were none (0). In contrast, during that same year, the control dorm that still followed traditional jail practices had 28 violent incidents.⁸

Safety of Correctional Officers

Solitary does not keep people outside of a cell safe either. The use of solitary in prisons and jails endangers everyone proximate to it, including the staff of the facility. It directly endangers facility staff by precipitating intense, irrevocable trauma upon the people they must work alongside every day. In August 2022, the Urban Institute's Justice Policy Center published "Solitary Confinement in US Prisons," which found that "rates of assaults on correctional officers were found to be higher in some solitary confinement units than in other units."⁹ During a February 2024 hearing titled "The Nation's Correctional Staffing Crisis: Assessing the Toll on

⁵ The Marshall Project: "[I Struggled to Help a Prisoner. In Norway, I Found a Better Way](#)" (February 2020).

⁶ International Journal of Environmental Research and Public Health: "[From Punishment to Treatment: The 'Clinical Alternative to Punitive Segregation' \(CAPS\) Program in New York City Jails](#)" (February 2016).

⁷ Times Union: "[These programs work better than solitary confinement](#)" (January 2020).

⁸ Journal of Public Health: "[Resolve to Stop the Violence Project: transforming an in-house culture of violence through a jail-based programme](#)" (June 2005).

⁹ Urban Institute Justice Policy Center: "[Solitary Confinement in US Prisons](#)" p. 7 (August 2022).

Correctional Officers and Incarcerated Persons,” current and former corrections officials described the trauma of the job in detail. One witness even shared that he believed the intense stress and trauma from working in corrections catalyzed his son’s death.¹⁰

Alternatively, programs that reduce the risk of violence by incarcerated people upon themselves and upon others living alongside them reduce the number of violent incidents to which correctional officers must respond, and thereby create a workplace environment that is far less prone to instability, risk, stress, and other negative dynamics.¹¹ After Colorado imposed a 15-day limit on the use of solitary and reduced the total people in solitary in the state prisons from 1,500 to 18, “corrections officers who had initially opposed it changed their minds after they began to see positive results.”¹²

Similarly, as Dr. Gilligan reported in his written testimony before the Committee in April, “When these plans [for implementing the RSVP Program above] were announced, many correctional officers petitioned to be transferred to another jail, because they were convinced that this would lead to riots in which incarcerated persons and correction officers would be killed. In fact, the rate of in-house violence became so much lower that correction officers then began to request to be transferred back into that jail, because it had become the safest place in the whole correctional system, not just for those who have been incarcerated but also for correction officers.”¹³

The Unlock the Box Campaign and Solitary Watch’s joint May 2023 report titled “Calculating Torture” report concluded that at least 122,840 people every day are locked in solitary confinement in U.S. prisons and jails for 22+ hours per day.¹⁴ That’s about the size of Topeka, Kansas or Hartford, Connecticut. Imagine an entire city of people experiencing psychosis, anxiety, physical and mental deterioration, and other symptoms of solitary – then, imagine being responsible for their safety.

Safety of Outside Communities

Research has also shown that solitary does not make communities outside of prison safer: people who have spent time in solitary have been re-arrested at higher rates than people in the general prison population.¹⁵

Furthermore, even if survivors of solitary do not return to incarceration, their families, friends, and communities are still subjected to their trauma symptoms without any support or resources from the state.¹⁶ Even with the most comprehensive treatment and therapy available, the symptoms of surviving torture can be lasting, even permanent.

Jerome Wright, a participant in the Merle Cooper program in New York, said of his experience

¹⁰ U.S. Senate Cmte on the Judiciary: [“The Nation’s Correctional Staffing Crisis: Assessing the Toll on Correctional Officers and Incarcerated Persons”](#) (Feb 2024). Comments referenced begin at 59:56.

¹¹ See Vera Institute of Justice: [“Achieving consensus on reform of solitary confinement”](#) (Feb 2016); citing [“Proceedings of a Colloquium to further a National Consensus on Ending the Over-Use of Extreme Isolation in Prisons”](#) pp. 11-13 (October 2015).

¹² New York Times: [“Why We Ended Long-Term Solitary Confinement in Colorado”](#) (October 2017).

¹³ Dr. James Gilligan, [Testimony to the Senate Judiciary Committee For the Hearing on The “Legacy of Harm: Eliminating the Abuse of Solitary Confinement.”](#) (April 2024).

¹⁴ Solitary Watch, Unlock The Box: [“Calculating Torture: The Most Accurate Count to Date of People Being Held in Solitary Confinement”](#) (May 2023).

¹⁵ Urban Institute Justice Policy Center: [“Solitary Confinement in US Prisons”](#) (Aug 2022); The Virgin Islands Daily News: [“Long-time jail consent decree expert resigns”](#) (December 2022).

¹⁶ Interfaith Action for Human Rights: [“Moving Beyond Solitary Confinement: Making the Case for Public Safety”](#) (March 2016).

that “Merle Cooper was a model from which most of us left better fit for the general prison population and ultimately society at large. Many of us came to the program not thinking it would do much for us, yet it would become instrumental in helping us turn our lives around ... It certainly helped change my life and the lives of countless others.”

Disproportionate and Damaging Solitary Confinement of People with Mental Illness

Moreover, people with mental illness are disproportionately held in solitary confinement although there is widespread consensus that solitary is particularly harmful to these individuals.¹⁷ Although it is outside the primary subject of this letter, far too many people with mental illness are held in our prisons and jails. It is a failure of our society and our community mental health systems that so many people with mental illness are dumped into the criminal justice system, leaving prisons and jails with responsibility for this population of people that they are not equipped to care for. Once in prisons and jails, they are often placed into solitary confinement because of behaviors related to their mental illness, and they often stay in solitary confinement longer because their mental health deteriorates while in solitary, making it even harder to do what they must to get out.¹⁸

As experts in corrections, we are deeply grateful for your historic leadership and advocacy on this issue and appreciate your and your colleagues’ attention to and care for the safety of all Americans.

We fervently hope that you will take the next opportunity to correct the record from your “Legacy of Harm” hearing and clarify that not only is solitary not necessary for safety, but it is also extraordinarily dangerous – for incarcerated individuals, for incarcerated general populations, for correctional officers, and for communities beyond the prison walls.

Please consider us partners in your ongoing work.

Sincerely,

¹⁷ Vera Institute of Justice: [“The Impacts of Solitary Confinement”](#) (April 2021).

¹⁸ *Id.*

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