

This statement will be shared with the members of the PA Senate Judiciary, Health & Human Services, and Law & Justice committees and the PA House Judiciary and Health committees.

### **Statement in Support of HB 497/ SB 832**

As Pennsylvania professionals in the fields of Public Health, Psychology, Social Work, Anthropology, Sociology, Medicine, Law and Criminal Justice, we support the passage of Pennsylvania House Bill 497 and Senate Bill 832 to reform the use of solitary confinement for all correctional institutions in the state. We uphold the widespread consensus, supported by a large body of research, that solitary confinement has devastating effects on the health of both individuals who experience it and the communities to which they return. Countless professional and international organizations including the United Nations, World Health Organization, World Medical Association, American Public Health Association, American Bar Association, National Commission on Correctional Health Care, and Physicians for Human Rights warn that the severe impact of solitary confinement constitutes a public health crisis in need of urgent reform.

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Over the past 40 years, researchers in the fields of public health and psychology have consistently concluded that solitary confinement has damaging, long-term consequences for individuals who experience it. Some of the identified symptoms include hallucinations, anxiety, depression, paranoia, confusion and memory loss, sleep disturbances and nightmares, aggression and rage, loss of emotional control, and suicidal thoughts and behaviors.<sup>8-12</sup> These psychological effects can appear within only a few days and worsen as isolation is prolonged.<sup>8,13</sup> Some symptoms can even persist long after the individual has been released from solitary confinement.<sup>12,14,15</sup> These findings on the severity and duration of the psychological effects of solitary led the United Nations to declare in 2015 that more than two weeks of solitary confinement at a time constitutes “torture” and should never be used in any correctional setting.<sup>2</sup>

The psychological damage done to individuals in solitary also has consequences for our communities beyond prison walls. 95% of incarcerated people are eventually released back into the community, bringing the long-lasting effects of solitary with them.<sup>16</sup> The already difficult transition for those released from prison is made far worse for many individuals who struggle with social withdrawal, anger management, and other residual psychological symptoms of solitary.<sup>8,17</sup> As one individual incarcerated in a Pennsylvania prison reported, “When I got out of solitary I suffered from paranoia-wasn't comfortable around people, got into fights, cause the mental health issues affect my ability to make rational decisions. I suffered PTSD - it exasperated it, made me have flashbacks of murders.”<sup>18</sup> It is therefore unsurprising that an increasing body of evidence suggests an association between solitary confinement and recidivism,<sup>19-23</sup> especially for those released directly from solitary back into outside communities.<sup>10,20</sup> One recent study concluded that serving time in solitary confinement increases the probability of later rearrest by 10% and return to prison within 7 years by 13%.<sup>20</sup>

Yet despite the overwhelming evidence of the individual and social harm that solitary confinement creates, the practice continues to be widespread in Pennsylvania's prisons and jails. As of January 2020, 2,500 individuals, or over 5% of the state's incarcerated population, were housed in solitary confinement.<sup>24</sup> This staggering figure is due, in part, to the fact that the Pennsylvania Department of Corrections (PADOC) uses solitary confinement as a standard disciplinary tactic. The most common reason for being sent to solitary is "failure to obey an order,"<sup>25</sup> and 85% of those who disobey an order, 73% of those who use obscene or inappropriate language, and 60% of those who use mail or telephone services without permission are placed in solitary confinement.<sup>25</sup> And despite the UN's declaration that solitary confinement beyond 15 days is "torture" and "cruel, inhuman or degrading treatment,"<sup>2</sup> incarcerated individuals in Pennsylvania are routinely housed in solitary confinement for months, years, and even decades.<sup>25,26</sup>

Furthermore, the PADOC routinely uses solitary confinement to isolate vulnerable individuals, such as children under the age of 18, from the general population.<sup>25</sup> It maintains this practice despite evidence that solitary confinement is particularly harmful to children, with over half of youth suicides in custody occurring while in solitary.<sup>17,27</sup> Thus solitary confinement cannot be justified as a means of protecting vulnerable individuals when it can cause irreparable psychological damage to them.

Given the vast evidence base condemning the use of solitary confinement, we urgently call for the passage of PA House Bill 497 and Senate Bill 832 to curb the use of solitary confinement and adhere to the standards set by the United Nations.<sup>2</sup> These identical bills prohibit the use of solitary confinement for more than 15 days at a time, for more than 20 days in a 60-day period, and for individuals from vulnerable populations (elderly, pregnant, juvenile, and LGBTI individuals). It also provides disciplinary alternatives to solitary confinement for all but the most serious infractions, introduces a step-down program to transition individuals back into the general population, and prohibits the direct release of individuals from solitary into the community.<sup>28</sup>

In 2017, the Colorado DOC enacted similar changes, eliminating the use of solitary confinement beyond 15 days. Now solitary is reserved only for the most serious offenses, like assault, and individuals sent to solitary may be enrolled in therapy or anger management classes.<sup>29,30</sup> Following these reforms, assaults on staff have decreased by approximately 50%.<sup>31</sup>

It is time for Pennsylvania to follow the examples of Colorado and the broader international community by transforming its use of solitary confinement. We need to employ alternative, non-psychologically damaging methods of discipline and design safer ways to protect vulnerable individuals. Until we adopt approaches that heal rather than harm, we will continue to jeopardize the health and safety of those both inside and outside prison walls.

In solidarity,  
[The undersigned health professionals and organizations]

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