

## Solitary confinement reformed in New York

by Phyllis Vine

Jack Beck, from the [Correctional Association of New York](#) (CA), tours prisons and visits inmates in solitary confinement. Many have been there for a decade or more.

When Beck visited Attica in 2005, he met a mentally ill inmate with 30 scars across his arms and face. What horrified Beck, director of the Visiting Prison Project, was that this inmate already had spent 10 years confined to 23-hour lock down in the legendary SHU - the Special Housing Unit.

This inmate spent the first eight years of confinement in the SHU, and received no help for his mental illness except when he was sent to [Central New York Psychiatric Center](#) (CNYPC) when he deteriorated to the point that he was extremely symptomatic. After a relatively short stay, he was returned to solitary. In 10 years, he had been shuttled back and forth between the SHU and CNYPC 17 times.

Of the 4,273 prisoners in solitary confinement in 2010, 571 (13 percent) had a mental illness. For them, the SHU can be a revolving door between prison and the forensic hospital.

### **Prison discipline**

Solitary confinement is the disciplinary response to prisoners who break rules. Inmates receive "tickets" for their infractions, even for misdeeds in the SHU, and the initial confinement is usually 30 days. Additional tickets add more time to their sentence. In New York State there is no limit to the number of years someone can spend in solitary, said Jennifer Parish, a lawyer with the [Urban Justice Center's](#) Mental Health Law Project. One hour of every 24 is supposed to allow prisoners freedom of movement. But even that one hour is overstated, Beck said. The recreation to which they are entitled often just transfers them to cages, 6 feet by 8 feet, which he described as "almost like dog pens."

For most inmates with a mental illness, [solitary is a cruel punishment](#) which exacerbates their condition. The isolation can lead to numerous symptoms of social isolation including paranoia, aggression, withdrawal, self-mutilation, starvation and suicide attempts. Such definite and dramatic consequences [led one expert](#) to say that solitary confinement produces "irreparable emotional damage and psychiatric disability."

"Suicide is one of the key ways you can judge what is going on in our prisons today," said Mary Beth Pfeiffer, an investigative journalist and author of *Crazy in America*. She was one of three speakers featured at a [forum](#) on the torture in America's prisons held at Riverside Church.

The suicide toll for New York has grown system-wide. Last year twice as many inmates committed suicide as in the two previous years. Inmates in solitary confinement [commit suicide](#) at much higher rates than those in the

general prison population. Between 1998 and 2007, 34% of all suicides committed by New York State inmates occurred in Special Housing Units.

## **A Source Shame**

A [report about prison conditions](#) published by the Correctional Association in 2005 told of one person who had been in solitary for 35 years. Others have [testified in New York Senate hearings](#) about the 221 mentally ill prisoners in the SHU in 2008 only 7 of whom were sentenced to 30 days or less.

Conditions such as these fuel the activism of the coalition of 60 groups that formed Mental Health Alternatives to Solitary Confinement [MHASC](#). The heart of this campaign, said Harvey Rosenthal, executive director of [New York Association of Psychiatric Rehabilitation Services \(NYAPRS\)](#) was "the imperative to move the state's prison system from 'torture to treatment.'"

## **SHU Exclusion Law**

MHASC's biggest success is New York's SHU Exclusion Law, passed by the legislature in 2008, enacted July 1, 2011. Efforts by the Paterson administration to delay implementation for three years were squelched. Now, on the shoulders of a decade of [lawsuits](#), government hearings, [news stories](#), and MHASC, New York's reform makes it easier for some, not all, mentally ill prisoners to leave or bypass the SHU.

The SHU Exclusion Law directs the Department of Corrections (DOC) and the Office of Mental Health (OMH) to assess inmates to determine who is eligible for a bed in the therapeutic residential treatment unit. These assessments are based on judgments about the severity of symptoms, not on the existence of illness. Those reassigned will receive therapy and allowed to participate in structured programs for up to four hours a day. The need is about six times the availability of 535 beds.

The law also provides up to eight hours of additional training for correctional officers. This training is one of the reasons the Correctional Association of New York joined MHASC.

Because of the flexibility in determining who is eligible for transfer from the SHU, MHASC insisted on oversight with an independent advisory committee. Parish explained that this provides a way of making sure that people who are eligible are not overlooked. This is especially important since the SHU population has increased while the total number of inmates has declined, leaving New York with 8,000 empty beds. Gov. Andrew Cuomo announced prison closings this week.

New York is the first state to use legislation to modify prison conditions for mentally ill inmates. Eight other states, and the federal prison system, have responded to lawsuits mandating changes. Even so, the SHU law is a political compromise. A 2006 bill would have ended solitary confinement, but then-governor George Pataki vetoed that legislation.

Even those who are disappointed that they were unable to bring an end solitary confinement say the new law is a step in the right direction. Leah Gitter, a leader of MHASC and a family member, saw a loved one deteriorate while confined to the SHU. "It's still a very very punitive system to somebody that's sick," she said. "And family members don't understand why the state feels it's okay to punish people when their behavior is due to their illness."