



General Board of Church and Society of The United Methodist Church

100 Maryland Avenue, N.E., Washington, D.C. 20002 • (202) 488-5600

Fax: (202) 488-5619 • Email: gbcgs@umc-gbcs.org • Website: www.umc-gbcs.org

Statement of Rev. Dr. Susan Henry-Crowe, General Secretary of the United Methodist Church, General Board of Church & Society

Before the United States Senate Judiciary Subcommittee on the Constitution, Civil Rights and Human Rights

Hearing on

Reassessing Solitary Confinement II: The Human Rights, Fiscal and Public Safety Consequences

February 25, 2014

Thank you Chairman Durbin, Ranking Member Cruz and members of the Subcommittee for this important opportunity to submit testimony on behalf of the United Methodist Church, General Board of Church and Society concerning the use of solitary confinement in our nation's prisons.

The United Methodist Church is the third largest denomination in the United States and has over 11 million members worldwide. Throughout this country our members dedicate countless hours to aiding, ministering to and advocating for prisoners and their families. We believe inexcusably high rates of incarceration, overly punitive sentences and prison policies, and imprisonment of adults and children in facilities often ill-equipped to provide the basic necessities of life, including adequate physical and mental health care, is a moral affront. Added to this scenario is the isolation and deprivation encountered by over 80,000 Americans incarcerated in segregated housing units, one-third of who are believed to be mentally ill. We find this practice to be morally reprehensible and we urge lawmakers and corrections officials to end all cruel and degrading conditions in U.S. prisons and jails.

Across the United States people enduring solitary confinement are confined in small cells for 22-24 hours per day for weeks, months, years, even decades at a time. Human contact is significantly limited because out of cell activity is restricted which includes bars on programming and even eating with other prisoners. Typical conditions while in solitary

confinement include reduced or no natural light, restrictions or bans on reading material, television, radio and other property, as well as severe constraints on visitation and phone calls.

Numerous studies have shown the harmful impact of solitary confinement. A recent panel of scientists presenting before the American Association for the Advancement of Science's annual meeting concluded "that solitary is both ineffective as a rehabilitation technique and indelibly harmful to the mental health of those detained."ⁱ Craig Haney, a psychologist at the University of California Santa Cruz who submitted testimony to this subcommittee previously on this topic, has studied the mental impact of solitary confinement and found severe psychological stress imposed on those people put in isolation that manifests almost immediately and fails to subside over time. Some of the symptoms include dizziness, heart palpitations, chronic depression, hallucinations, paranoia, panic attacks, and suicidal ideation. One newly released report found that isolated prisoners are seven times more likely to harm themselves or attempt suicide than those housed in general population.ⁱⁱ Indeed, the 2006 Commission on Safety and Abuse in America's Prisons noted that among the dozens of studies on the use of solitary confinement conducted since the 1970s, there was not a single study of non-voluntary solitary confinement lasting more than 10 days that did not document negative psychiatric symptoms in its subjects.ⁱⁱⁱ

The devastating consequences of solitary confinement also impacts public safety because people crippled by isolation will not be equipped to successfully re-enter their communities. Inmates who have been held in solitary confinement are significantly more likely to recommit crimes than those who have been held in the general prison population. For example, a Washington state study of over 8,000 former prisoners found that people who were released directly from solitary confinement had a much higher rate of recidivism than individuals who spent some time in the general prison population before returning to the community.^{iv} Public safety is best enhanced when those who are currently incarcerated are given access to educational classes and social programs to prepare them for a successful re-entry to society and with their families.

Since this Committee last considered the issue of solitary confinement in 2012, the Government Accountability Office (GAO) undertook a review of segregation practices within the Federal Bureau of Prisons (BOP). According to GAO's 2013 report, the population housed in segregation increased 17% from fiscal year 2008 through February 2013 - 10,659 to 12,460 people. During this same time period, the total BOP population increased only 6%.^v This recent increase in the segregated population is especially troubling given the additional finding in the GAO's report that the BOP had not tracked the impact of the increase in segregation, either on institutional safety or on prisoners' well-being. The consequence of this substantial investment was unknown.

While the BOP is considering, as the GAO recommended, conducting an assessment of long-term isolation on prisoners' well-being, the BOP must do more to protect prisoners. If it takes place, we are concerned that the long-term assessment will only look at prisoners housed in

segregation for more than 12 months consecutively. Given the high rates of mental illness among the incarcerated population and the evidence that even significantly shorter stays in segregation, equaling just a few weeks, can have a damaging impact on prisoners' health, the BOP should conduct broader evaluations on the effects of segregation that do not exclude shorter stays in segregation.

BOP must also provide evidence that its substantial use of segregation is necessary for institutional security. As the GAO has documented, several state corrections departments have successfully limited their segregated population without an increase in violence in recent years. Just last week the state of New York agreed to significantly curtail its use of segregation. No longer will corrections officials impose solitary confinement as a disciplinary measure for those under 18 or pregnant, and they will significantly limit its use for developmentally disabled prisoners. Moreover, New York has agreed to guidelines that specify the length of stay in segregation for specific infractions and establishes a maximum length that sentences in segregation may last.^{vi} The kinds of changes happening in New York should serve as a model for the BOP. According to the GAO, "the length of stay inmates serve in segregated housing units varies, and BOP does not track an inmate's total length of stay or establish a maximum length of stay for inmates in any type of segregated housing unit."^{vii} The BOP has operated for decades under the assumption that adding more and more prisoners to segregation for extensive periods of time was penologically necessary but they cannot provide documentation to substantiate that claim.

We are encouraged by testimony provided by BOP Director Charles Samuels in November during an oversight hearing that a new initiative to bring down the segregated population had decreased the number of people in segregation by 25%, to 9,300. We applaud the new development and urge the Director to take further action to continue to reduce the number of people confined in segregated housing.

However, during this same oversight hearing in the Senate Judiciary Committee, Dir. Samuels was asked a question about a new federal prison purchased in Thomson, Illinois. His response to the question indicated that the BOP's plan for the new facility was for it to be used as an Administrative Maximum facility (ADX). ADX is the BOP's most restrictive segregation facility. Currently, the BOP has one other ADX facility which is located in Florence, Colorado. The facility has 623 cells and currently houses 450 prisoners. The GAO's recent report indicated a 5% decline in population at ADX Florence from fiscal year 2008 through February 2013. Given the exorbitant cost and extreme isolation and deprivation that exist at this type of facility, and the lack of obvious need for these types of security beds, we urge the BOP and Congress to end its plan to retrofit the Thomson prison as an ADX facility.

The United Methodist Church has long held the importance of recognizing and protecting the sacred worth of each individual, especially among those who are incarcerated. We work and advocate for the creation of a genuinely new system for the care and restoration of victims, offenders, criminal justice officials and the community as a whole. Solitary confinement is not

restorative, but rather is retributive and does not recognize or protect the sacred worth of each individual.

Considering the severe harm done to individuals through the use of solitary confinement its use must be condemned. Scriptures are clear that we must regard the inherent value of each person as sacred. “Remember those in prison as though you were in prison with them; those who are being tortured, as though you yourselves were being tortured” (Hebrews 13:3).

We urge this Subcommittee to utilize its influence with your congressional colleagues, the Bureau of Prisons and leaders across this country to systematically assess the impacts of solitary confinement in this country on those living and working in correctional institutions and on public resources and safety. Decades of research tells us that great harm is inflicted on those forced to endure segregation. Corrections officials cannot legitimately deny the impact being imposed. We must all work together to end the creation of new solitary or segregated housing units, including supermax prisons like the one being considered in Thomson, Illinois. Moreover, initiatives that substantially reduce the population confined in segregation are critically important and must be encouraged by Congress and the Administration through financial incentives and by providing expertise on how to adequately conduct such downsizing. We are pleased that the BOP has taken a first step but more must be done.

Thank you for holding today’s important hearing and for providing us this opportunity to offer our perspective.

ⁱ Joseph Stromberg, “The Science of Solitary Confinement,” *Smithsonian Magazine* (2014)

ⁱⁱ *Id.*

ⁱⁱⁱ Commission on Safety and Abuse in America’s Prisons, *Confronting Confinement* (2006), *available at*: http://www.vera.org/download?file=2845/Confronting_Confinement.pdf.

^{iv} *Id.*

^v Government Accountability Office (GAO), “Bureau of Prisons: Improvements Needed in Bureau of Prisons’ Monitoring and Evaluation of Impact of Segregated Housing” (2013)

^{vi} Benjamin Weiser, “New York State in Deal to Limit Solitary Confinement,” *The New York Times* (2014)

^{vii} GAO, *supra* note iii, at 59