January 31, 2020

Members of the Board
New York City Board of Correction
1 Centre Street
New York, NY 10007
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RE: BDS comments on BOC Rulemaking on Restrictive Housing

Dear Members of the Board:

Each year, thousands of New Yorkers are subject to isolation and segregation inside our City's jails by the Department of Correction ("DOC" or "the Department"). Brooklyn Defender Services[1] ("BDS") submits these comments on behalf of those who we represent—along with their families, friends, advocates, and attorneys—who are all dramatically impacted by the serious trauma caused by DOC's restrictive housing practices. We urge the Board to follow the advice of countless doctors, scholars, corrections experts, and human rights advocates by adopting rules that reject torture and move the City towards abolishing all forms of restrictive housing while also enhancing accountability over the Department.

As a community, we must acknowledge undeniable realities as the Board of Correction ("BOC" or "the Board") considers how best to govern restrictive housing in New York City jails:

- Restrictive housing and disciplinary systems in the City's jails are broken;
- This moment provides a unique opportunity to overhaul those systems as New York begins a new wave of court reform and we push to "Close Rikers";
- Maintaining safety and security in our City's jails is challenging but necessary; and
- Solitary confinement, segregation and other forms of extreme isolation amount to torture and violate international health and human rights norms.

[1] Brooklyn Defender Services provides multi-disciplinary and client-centered, family, and immigration defense, as well as civil legal services, social work support and advocacy in nearly 30,000 cases in Brooklyn every year. As part of our representation, BDS dedicates staff to provide direct services and advocacy for our clients while they are incarcerated in New York City jails in pre-trial detention, serving sentences of less than a year, or returning from New York State Department of Corrections and Community Supervision ("DOCCS") prisons upstate. Our Jail Services division works directly with people incarcerated in New York City jails, advocating for their rights and humane treatment and care, while monitoring systemic jail conditions.

This is a significant moment in our City's history to right the wrongs isolation has brought to communities devasted by our criminal legal system. Together, we have an opportunity to not just change policy but also to address the serious systemic and cultural attitudes that lead to widespread violence and dehumanizing treatment of New Yorkers in City custody. We can no longer turn a blind eye – as a community we must hold this City accountable for how it treats people incarcerated by DOC and demand an end to punishment by isolation in our jails.

Over the years, we have written extensively to the Board documenting the detrimental impact isolation has on people, and how the lack of accountability within the Department only exacerbates the harm people face every day while in custody. We recognize the Board's efforts to investigate those individual cases and acknowledge the enormous undertaking now before you as you seek to address the serious deficiencies in the disciplinary and restrictive housing structure inside the City's jails.

Around the world, there is a growing consensus that solitary confinement – by any name – amounts to torture. And that it is not only cruel, it is counterproductive. The health impacts of solitary confinement are significant and well documented. The connection between isolation and violence is well-established.

Despite these realities, New York City maintains a complex and sprawling network of solitary confinement units. These units, and those who condone them, are responsible for the suffering of countless people and the death of too many New Yorkers—perhaps most notoriously Kalief Browder and Layleen Polanco. And yet despite widespread outrage and repeated calls for reform and oversight, "solitary confinement" in New York City remains a moving target.

The last time the Board engaged in rulemaking on this issue, in 2014-2015, the Board and the Department were hailed for progressive reforms. Yet in the intervening years, the Department has created a complex web of isolation units that have the potential to trap people indefinitely. Our City's jails are now home to units termed Punitive Segregation, Enhanced Supervision Housing, Secure Unit, Deadlock,[2] Solo Housing, Restrictive Housing Unit, and many more. Each of these units amount to severe limitations of movement, drastic restrictions on time outside a cage, and complete separation from meaningful human contact. These units produce devasting health impacts, including death, for those subjected to them and only serve to compound the mental health crisis in our jail system. Each time one unit is shuttered or constrained, another pops up in its place. Simultaneously, DOC has made every effort to impede progress and hinder efforts to enhance protections for particularly vulnerable groups. DOC has repeatedly delayed ending solitary confinement for 18-21-year olds and hindered or erected barriers to accessing healthcare and treatment for people in restrictive housing. The list goes on. All the while, the Department demonizes people in its custody in an attempt to bully the Board, and the public, into allowing the Department to ignore the Board's rules and basic standards of human decency.

[2] Clients represented by Brooklyn Defender Services have reported they were held on Deadlock status, referring to 24 hours a day lock-in with no access to showers, telephones, law library and recreation. BDS submitted a Freedom of Information Law request to the Board and the Department for policies, procedures or directives concerning Deadlock status but thus far have not received any responsive documents. Even if no such records exist, "Deadlock status" is apparently well-known within DOC.

In the face of such pressure, and despite DOC's backslide since 2015, the Board has granted—even if limiting—every one of DOC's variance requests related to restrictive housing and implicitly condoned the Departments decision to go rogue. And now, the proposed rules as introduced would codify much of this backslide[3] and reward the Department for its intransigence. The 2015 rulemaking was not about abolishing the terms solitary confinement and segregation, and the hundreds of letters, speeches, and media stories detailing the trauma endured in DOC custody have not been an effort to change semantics. Instead, they have been part of an urgent movement to end the cruel and inhumane (not to mention counterproductive) practice that threatens lives and undermines safety in our City.

Now is the time to break that cycle.

Reducing Isolation Improves Health and Safety

The harms of solitary confinement are well-established, and the record here in New York is replete with evidence. No one should be subjected to the dangerous conditions of restrictive housing.

The United Nations Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, Juan E. Méndez described the danger in a 2015 letter of support for New York's Humane Alternatives to Long Term ("HALT") Solitary Confinement legislation:

> Research on the effects of isolation indicate that the practice can lead to the development of certain psychotic disorders, including a syndrome also known as "prison psychosis," the symptoms of which include anxiety, depression, anger, cognitive disorders, distortions of perception, paranoia, and psychosis and self-inflicted injuries. Furthermore, due to the lack of witnesses and the solitude in which such practices are carried out, solitary confinement may give rise to other acts of torture or ill-treatment.[4]

Any use of restrictive housing poses serious, and lasting, dangers to people's health and, in turn, their communities. Physiological conditions brought on by solitary confinement include gastrointestinal and urinary issues, deterioration of eyesight, lethargy, chronic exhaustion, headaches and heart palpitations among others.[5] Psychological decompensation and trauma caused by solitary confinement includes severe depression, anxiety, insomnia, confusion,

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[3] For instance, this Board excluded young adults from ESH in 2015, but the proposed rules would subject this same group of young people to torturous conditions of restrictive housing without a clear path to advance out of the unit, nor strict time limits that would prevent the indefinite placement in such units. This is a shameful step backwards.

[4] Letter to NY State by Juan E. Mendez, Solitary Confinement in Prisons Brings Torture Home to New York State, April 22, 2015, *available at* http://nycaic.org/wp-content/uploads/2013/02/UN-Special-Rapporteur-on-Tortures-Statement-on-Solitary-in-NY-State.pdf.

[5] Sharon Shalev, A Sourcebook on Solitary Confinement, 15 (London: Manheim Centre for Criminology, London School of Economics), http://solitaryconfinement.org/uploads/sourcebook_web.pdf.

emotional deterioration, and fear of impending emotional breakdown.[6] Studies have found that prolonged solitary confinement induces hallucinations and delusions, and bouts of irrational anger and diminished impulse control, leading to violent outbursts and invoking the very behavior it purports to manage.[7,8]

Proponents of solitary claim—without support—that this form of inhumane treatment deters violent behavior and improves safety. Yet time and again, studies find just the opposite: that prolonged solitary induces irrational anger and diminishes impulse control, leads to violent outbursts, and invokes the very behavior it claims to discourage.[9] The Vera Institute of Justice reports that the claim that isolation deters misbehavior and violence is one of the most common misconceptions about solitary confinement: "Subjecting incarcerated people to the severe conditions of segregated housing and treating them as the 'worst of the worst' can lead them to become more, not less, violent."[10] Indeed, the evidence clearly demonstrates that isolation, a practice purported by correctional staff to decrease violence, serves no legitimate purpose.

New York City is not immune from this phenomenon: Time and again, court records, investigations, and media reports demonstrate that our jails, especially those on Rikers Island, are home to astronomical rates of violence. These patterns are particularly evident when people languish indefinitely in solitary confinement. Although the City has made strides to curbing the use of isolation, we have a long way to go.

Despite significant evidence, the Department's culture is permeated by the notions that extreme isolation and violence are the most effective ways to "correct" behavior. Rather than grappling with the cultural problems, Elias Husamudeen, President of the Correction Officers Benevolent Association, has argued against the Board's limitations on restrictive housing for young people, claiming that the group is "most violent population of inmates" and that the Board "t[oo]k[]away our tools . . . [and] g[a]ve us nothing in place for it."[11] Similarly, in the most recent report filed in *Nunez v. City of New York*, 11-cv-5845 (LTS), the court-appointed monitor Steve J. Martin

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[6] Haney, Craig 'Mental health issues in long-term solitary and "Supermax" confinement', in: Crime & Delinquency, 49(1) (2003) 133-136.
[7] *Id.*; Grassian, S. (1983), 'Psychopathological effects of solitary confinement', in: American Journal of Psychiatry, 140(11), 1452.
[8] *Id.*; Gilligan, J., Lee, B., (2013), Report to the [New York City] Board of Corrections, *available at* http://solitarywatch.com/wp-content/uploads/2013/11/Gilligan-Report.-Final.pdf,
[9] *See, e.g., id.*; Facts, Campaign for Alternatives to Isolated Confinement, http://nycaic.org/facts (noting that states that reduce the use of isolation in prisons by up to 75% see significant decreases in prison violence); Southern Poverty Law Center, Solitary Confinement: Inhumane, Ineffective, and Wasteful, (April 4, 2019) https://www.splcenter.org/20190404/solitary-confinement-inhumane-ineffective-and-wasteful (describing Colorado's experience that reducing solitary confinement by 85% led to assaults on staff dropping to their lowest point since 2006)
[10] *Solitary Confinement: Common Misconceptions and Emerging Safe Alternatives,* Vera Institute of Justice, May 2015, *available at* http://www.vera.org/sites/default/files/resources/downloads/solitary-confinement-misconceptions-safe-alternatives-report_1.pdf.
[11] Jose Olivares, Despite Scrutiny, Rikers Island's 'Culture of Violence' Persists, Report Says, Nov. 30, 2017, https://www.npr.org/2017/11/30/559846083/despite-scrutiny-rikers-islands-culture-of-violence-persists-report-says

characterized the culture among the staff as a "toxic environment" and notes that "Staff are often hyper-confrontational and respond to incidents in a manner that is hasty, hurried, thoughtless, reckless, careless or in disregard of consequences."[12]

Although the "toxic environment" is currently widespread, reducing or eliminating the use of solitary confinement can be a first steps towards significant culture change in the Department. Colorado's experience can provide a model for the City. After the State of Colorado severely curbed the use of long-term solitary confinement, the Executive Director of the Colorado Department of Corrections, Rick Raemisch, described the reasoning for the shift and the resulting culture change:

> It is time for this unethical tool to be removed from the penal toolbox. Colorado has ended long-term solitary because the state has developed alternatives to its use. Not everyone agreed with my new policy. But the corrections officers who had initially opposed it changed their minds after they began to see positive results. I've seen and been told that the corrections officers are interacting with the [incarcerated people] in a more positive manner.[13]

New York City can and should follow suit. The Department has relied too heavily for too long on isolation as a means to address violence, without prioritizing other, more effective, methods of discipline to maintain safety. Rather than persisting in its reliance on this ineffective punishment, DOC must adopt a disciplinary system that provides humane consequences for misconduct, a grievance system that actually functions to resolve problems identified by incarcerated individuals, and secure housing areas where people who need to be removed from general population are allowed out-of-cell time that mirrors general population, along with programming targeted at addressing aggression and violence.

The proposed rules create the framework for such change, but as drafted leave far too many loopholes that the Department can exploit. We urge the Board to close those loopholes and ensure that New York City can duplicate the positive results seen in Colorado.

BOC Should Bolster Oversight and Mandate Compliance without Endorsing Torture

All People in DOC Custody Should Be Provided 14-Hours Out-of-Cell Each Day

In order to reduce the extensive harm caused by solitary confinement, the Board should mandate a minimum standard of 14 hours out of cell for all people in NYC jails. Such a mandate is not only effective, it is also consistent with the Board's current standards[14] and should be required

[12] Eighth Report of the Nunez Independent Monitor, No. 11-cv-05845-LTS-JCF, Doc. 332, Oct. 28, 2019

[13] Rich Raemisch, Why We Ended Long-Term Solitary Confinement in Colorado, N.Y. Times, Oct. 12, 2017, https://www.nytimes.com/2017/10/12/opinion/solitary-confinement-colorado-prison.html

[14] Board of Correction Minimum Standards, § 1-05 (noting that the no person may be involuntarily locked in a cell in DOC other than eight hours at night and two hours during the day for count).

for all people in DOC custody without exception.[15] While separating people may be necessary at times, it should be done in a limited and targeted fashion. Wherever possible, people should be separated from other specific individuals rather than from any other human contact. If a person needs to be separated from all others during informal out-of-cell time, they should still be afforded programming out of cell to promote socialization and appropriate conduct. Fourteen hours out of cell time and robust programming are possible—if not even more important—for those assigned to restrictive housing or isolation units. While the content of programming or out-of-cell time might be revised or other benefits curtailed, the basic human necessity of leaving a cage and interacting with other people must not be compromised.

The NYC Jails Action Coalition and the HALTsolitary Campaign's Blueprint to Ending Solitary Confinement in NYC Jails ("the Blueprint")[16] provides an appropriate framework that we urge the Board to adopt a model that allows people assigned to restrictive housing and isolation units to be involuntarily locked in their cells no more than 10 hours each day and to be afforded programming in an amount comparable to what is afforded to people in general population.

Further, while BDS, along with countless medical, corrections, and human rights experts, advocate for 14 hours out of cell as the appropriate standard for all people, there should be even broader consensus that the most vulnerable people in DOC custody be excluded from all forms of restrictive housing. The exceptions and exclusions in the current draft of the proposed rules should be expanded to ensure that all particularly vulnerable people—people under 26[17] or over 50, pregnant women,[18] people with diagnosed serious mental or physical ailments, people who suffer from physical or cognitive impairments, people subject to a heightened risk of self-harm,

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[15] The current exception allowing the Department to lock people in punitive segregation or Enhanced Supervision Housing ("ESH") units in their cells for more than the otherwise allowed 10 hours each day should be eliminated.

[16] https://www.nycjac.org/uploads/1/2/4/4/124453631/blueprint-for-ending-solitary-confinement-in-nyc-oct-2019.pdf

[17] One of the reasons that isolation is particularly harmful to young people is that during adolescence, the brain undergoes major structural growth. Particularly important is the still-developing frontal lobe, the region of the brain responsible for cognitive processing such as planning, strategizing, and organizing thoughts or actions. The brain is still developing through age 25, and the harms of isolation, light depravity and lack of meaningful interaction can lead to significant damage. The proposed rules exclude young adults from punitive segregation up to age 22, but still subject younger people 18-21 to the harms of Enhanced Supervision Housing and Secure where hours out of cell are limited. The rules should be more inclusive and expansive, prohibiting isolation of all young people 25 years of age and younger from any form of restrictive housing.

[18] Subjecting a pregnant person to any level of restrictive housing is barbaric. In 2015, the Correctional Association of New York released a report stating that "Solitary is especially dangerous for pregnant women because it impedes access to critical OB care and prevents women from getting the regular exercise and movement that are vital for a healthy pregnancy. High levels of stress are hazardous for pregnant women, lowering their ability to fight infection and increasing the risk of preterm labor, miscarriage and low birth weight in babies." Kraft-Stolar, Tamar. *Reproductive Injustice: The State of Reproductive Healthcare for Women in New York State Prisons*. The Women in Prison Project of the Correctional Association of New York (2015): 149.

and others—be excluded from all forms of restrictive housing. The arbitrariness of the exclusions for different restrictive housing settings in the current proposed rules is careless at best and willful blindness at worst.[19]

Out-of-Cell Time Must be Meaningful and Defined

The critical role out-of-cell time plays is well accepted among medical professionals, security experts, human rights scholars, and advocates. It is well-established that to prevent decompensation and ensure the most basic level of safety in restrictive housing, people must have access to enough of out-of-cell time, and that time must be meaningful. Nonetheless, the Department fails time-and-again to provide appropriate and sufficient out-of-cell time for people in its custody. The Board is well-aware of this deficiency.[20] Nonetheless, the proposed rules ignore this systemic shortcoming by failing to define "meaningful" out of cell time and forgoing necessary safeguards.

What should out of cell time look like? The concept that out-of-cell time should be "meaningful" stems from the "Mandela Rules"[21] promulgated by the United Nations ("UN"). Those rules relied on the concept of "meaningful" human contact to define isolation. The UN recognized that human beings require mental, physical, and emotional contact to survive. The American Bar Association has similarly recognized that all people, including those in segregation, be provided with "meaningful forms of mental, physical, and social stimulation."[22] Inherent in these concepts is the reality that incidental or obligatory contact is insufficient.

If "out-of-cell time" is comprised of walking handcuffed through a corridor, listening to commands of an officer as he escorts you to an appointment, or answering a medical provider's questions through a door, the whole purpose of out-of-cell time is undermined. Instead, people must have engaging, face-to-face interaction with other human beings. Equally important, people must not be forced to choose between basic health or legal obligations and the opportunity to participate in meaningful, engaging programming. If legal visits, showers, or medical appointments count as out-of-cell time, the notion of mental, physical, and social stimulation is completely lost. These concepts must be inherent in the rules, and we urge the Board to define

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[19] For instance, the three additional hours mandated out of cell time in PSEG 2 over PSEG 1—a difference between 17 hours locked in and 20 hours locked in—hardly make it an appropriate setting for a particularly vulnerable person. Yet that's exactly the distinction contained in the proposed rules for pregnant women and people over 50.

[20] *See, e.g.*, Board of Correction, An Assessment of Enhanced Supervision Housing for Young Adults, July 24, 2017, 25, https://www1.nyc.gov/assets/boc/downloads/pdf/Reports/BOC-Reports/2017.07.24%20-%20FINAL%20YA%20ESH%20Report%207.24.2017.pdf (finding evidence that young people were not afforded the requisite number of hours out of cell due to lockdowns, security procedures, staff shortages, staff tardiness, and delayed busses, among other reasons)

[21] United Nations General Assembly Resolution 70/175, adopted 17 December 2015, United Nations Standard Minimum Rules for the Treatment of Prisoners, https://undocs.org/A/RES/70/175 ("Mandela Rules")

[22] American Bar Association, Standards on Treatment of Prisoners, Segregated Housing, Standard 23-3.8(c), https://www.americanbar.org/groups/criminal_justice/publications/criminal_justice_section_archive/crimjust_standards_treatmentprisoners/

adequate out-of-cell time that is meaningful and not merely composed of incidental and obligatory contact.

Equally problematic, certain units by design prevent people from any meaningful human out-of-cell time. Units designed so that when a person leaves their cage of a cell, they only enter into another cage violate the entire concept and spirit of meaningful out of cell time. For example, BDS recently represented a young man held in the Restraint Unit at NIC.[23] Each time he was "allowed to leave his cell"—presumably for mandated "out-of-cell" time—he moved a few feet out of his physical cell but remained literally caged, alone, and isolated. These units provide none of the meaningful stimulation that is critical to counteracting at least some of the trauma of isolations.

The rules must ensure that meaningful out-of-cell time is just that: meaningful and outside of a cell. Isolated time in a cage away from the cell where a person is normally confined is not a substitute for meaningful engagement or stimulation. Nor can providing people with the false choice between ensuring their legal or physical health or their mental sanity. These paradigms should be can lead to inhumane personal sacrifice that should be intolerable to us all, and we urge the Board to define out-of-cell time in a way that avoids these unacceptable predicaments.

Continued Isolation by Another Name is Not an Alternative

In late 2013, DOC, along with the Department of Health and Mental Hygiene ("DOHMH"), (which then housed Correctional Health Services ("CHS")), created two alternative models to solitary confinement: Restrictive Housing Unit ("RHU") and Clinical Alternatives to Punitive Segregation ("CAPS").

Both were intended to address violent behavior by moving away from purely punitive isolation to a more therapeutic approach. While the adoption of this new strategy allowed the Mental Health Assessment Unit for Infracted Inmates ("MHAUII")—a solitary confinement unit for people with mental illness—to close, the RHU has failed to meet its charge. A 2016 article published by CHS staff noted that health staff members efforts to foster a therapeutic environment in the RHU largely failed because "RHUs are designed to deliver punishment via solitary confinement at the same time that clinical staff are working to engage patients in group and individual therapy for 1–4 h per day."[24] The article further acknowledged that "[f]or many patients, the reward of moving from one hour out of cell to two hours out of cell is not a qualitative improvement. In addition, health and security staff on these units face very complicated tasks in getting the appropriate patients out of cell for the allotted times, leaving room for patients to not receive the time out of cell or other benefits they deserve and setting the stage for discord."[25]

Recent experiences of people isolated in the RHU confirm these realities. Layleen Polanco, the transgender woman whose death on June 7, 2019, cast one recent spotlight on the Department's

[23] The young man believed he was being held in an ESH unit—evidence of the Departments lack of transparency and failure to provide information to impacted people.
[24] Sarah Glowa-Kollisch, et. al, *From Punishment to Treatment: The 'Clinical Alternative to Punitive Segregation' (CAPS) Program in New York City Jails*, Feb. 13, 2016, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772202/
[25] *Id.*

solitary confinement practices, was held involuntarily in a Restrictive Housing Unit when she died.[26] Similarly, multiple BDS clients reported in December and January that they were isolated in "punitive segregation" and locked in their cell for at least 17 hours each day. Only after BDS investigated the cases did we learn that these people were assigned to an RHU.

The Restrictive Housing Unit is not an alternative, it is simply a façade for another solitary confinement unit. People with recognized mental health needs should be afforded a therapeutic environment run by trained clinical staff, not a punitive lock up divorced from meaningful engagement. Improvements in clinical outcomes are possible for incarcerated people when investment in true alternatives to solitary confinement that move away from isolation and towards a more therapeutic approach become a priority. The proposed rules should abolish the RHUs or mandate such fundamental changes that such confusion is no longer possible.

The Department Has Adopted One Successful Alternative to Solitary Confinement

By contrast, the other "alternative" to solitary confinement adopted in 2013, Clinical Alternatives to Punitive Segregation ("CAPS") provides a model for success. CAPS was "designed as [a] clinical setting where patients would not be locked in isolation, but would instead participate in a comprehensive schedule of therapeutic activities, including psychotherapy, creative art, nursing education groups, individual mental health and medical encounters and community meetings with patients, health and security staff. The CAPS units are lock-out units, meaning patients are encouraged to spend their days outside their cells interacting with others unless there is a clinical reason to be in their cell. A key design component of the CAPS unit was to form a team with health and security staff working together to promote improved clinical and security outcomes."[27] Data reported in 2016 demonstrates the success of the approach: CHS staff reported that for CAPS "patients, their rates of self-harm and injury were significantly lower while on the CAPS unit than when on the RHU units."[28] BDS clients placed in CAPS units report similar positive outcomes.

CAPS units have proved to be an alternative to solitary confinement that addresses behavior without resorting to the inhumane practice of isolation, but rather through meaningful engagement, increased out of cell time, and targeted programming to address needs and behavior. CAPS units provide intensive treatment and successfully reduce violence, yet far too few people are afforded this resource. Rather than allowing the Department to develop additional units that only isolate people and undermine safety, the Board should encourage—if not mandate—the proliferation of the CAPS model, which provides effective programming targeted at the underlying reason for problematic behavior. Such units not only prevent trauma and protect people, they actually enhance safety and security throughout the entire DOC system.

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[26] Rose Goldensohn and Savannah Jacobson, Woman Who Died at Rikers Island Was in Solitary, June 10, 2019, https://thecity.nyc/2019/06/woman-who-died-at-rikers-island-was-in-solitary.html ("The restrictive housing unit where [Ms.] Polanco died stays in lockdown for 17 hours out of the day.")

[27] Glowa-Kollisch, et. al, *From Punishment to Treatment: The 'Clinical Alternative to Punitive Segregation' (CAPS) Program in New York City Jails*

[28] *Id.*

Endorse Alternatives Already Proven to Reduce Violence

Around the country, other systems have developed successful models that the Board and the Department can draw from to create effective alternatives to solitary confinement. For example, the Blueprint cites San Francisco's Resolve to Stop the Violence Project, known as RSVP, which relies upon group discussions, classes, intensive counseling, and meetings with victims of violence to promote safety and security.[29] The widely studied program, designed to "reduce recidivism and to promote offender accountability," has been an overwhelming success.[30] In addition to the positive impact on recidivism rates, the program has been an economic success as well.

> "[W]hile it is difficult to place a price on protecting the general public and on the quality of life that comes with safety, . . . [t]he imprisoned offender requires approximately . . . $68/day. For inmates' families who go on welfare as a result, the costs on average is an additional $21/day. All this is without counting medical spending, work loss and need for public programmes, not to mention offender criminal processing, adjudication, probation and parole, unpaid state or federal taxes, and the escalating cost of building new prisons as a result of overcrowding. . . . Added together, the benefits that offenders and the public derive from violence prevention programmes such as RSVP are immense."[31]

The City can invest, and the Department should welcome, true evidence-based practices and strategies that are successfully reducing violence and keeping people safe. The continued "pushback" that Mr. Husamudeen epitomized to the Board and the lack of willingness on behalf of DOC to expand the "toolbox" is unacceptable and outdated. If we continue to treat incarcerated people as undeserving of growth, and unworthy of a change, we will find ourselves in an unending cycle of violence.

Solo Housing is overlooked in the proposed rules

Solo Housing has been identified by the *Nunez* Monitor as a mechanism the Department uses to separate and isolate young people.[32] Despite its name and purpose, Solo Housing does not fall squarely within any of the definitions in the proposed rules, yet it is still a form of isolation that poses a risk to people in DOC custody. Its absence in the proposed rules leaves a significant gap that the Department may exploit. We implore the Board to prevent a repeat of history and to ensure that there are no gaps in the rules that would allow the Department to develop new units that are simply solitary confinement by another name.

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[29] The NYC Jails Action Coalition and the HALTsolitary Campaign co-authored: A Blueprint for Ending Solitary Confinement in NYC Jails; October 2019: https://www.nycjac.org/uploads/1/2/4/4/124453631/blueprint-for-ending-solitary-confinement-in-nyc-oct-2019.pdf

[30] Gilligan, J., & Lee, B. (2005). The Resolve to Stop the Violence Project: reducing violence in the community through a jail-based initiative. *Journal of Public Health*, *27*(2), 143–148, doi: 10.1093/pubmed/fdi011 (noting that program participants were nearly 50% less likely to be rearrested for violent crimes and more than 40 percent less likely to spend time in custody)

[31] *Id.* at 147-48.

[32] Eighth Report of the Nunez Independent Monitor, No. 11-cv-05845-LTS-JCF, Doc. 332, Oct. 28, 2019.

Placement in Restrictive Housing Must Be Subject to a Hard Limit

There is no evidence anywhere—in academic literature, correctional best practices, or Department of Correction submissions—that suggests longer, continuous isolation sentences successfully deter or reduce violence. On the contrary, evidence suggests that reducing the use of solitary improves jail safety. In the case of New York City jails, this Board has heard this time and again not just from advocates, but even from medical experts.[33]

The Board's proposed rule to limit the use of punitive segregation to 15 days is a critical provision that will enhance safety and potentially save lives. However the rule would be potentially rendered worthless by allowing the Department to unilaterally, and without meaningful oversight or necessary protections, extend sentences past 15 days or eliminate the 7-day release between sentences.

The 15-day timeframe for segregation sentences is a well-established outer limit on isolation. As is the need for week-long periods in between segregation sentences. The National Commission on Correctional Healthcare notes than any solitary confinement longer than 15 days is "cruel, inhumane, and degrading treatment, and harmful to an individual's health."[34] UN Special Rapporteur Juan Mendéz noted that scientific studies indicate that after 15 days of solitary confinement, "harmful psychological effects often manifest and may even become irreversible."[35] And they are not alone.

People in solitary confinement routinely report that they are denied basic needs like toilet tissue. They report that they do not have access to the telephone to call their families or their attorneys. They describe an inability to access medical care. They report that they cannot get attention from the mental health staff when they well up with anxiety from existing in a filthy concrete box, without contact with other human beings. In order to access these basic needs, people resort to small protests like holding open the slot through which they are fed or flooding their cell. When they do, the response is routinely for the Department to send a "probe team" to extract the person violently from their cell. In almost all cases, the person will be infracted for resisting staff, or assault on staff as a result of the extraction, leading to ever-longer stays in isolation. This cycle of violence only escalates as people become more desperate and restful about their conditions. Some individuals who feel their only agency lies in an act of disobedience may carry this sentiment with them into General Population – the harm of solitary reverberates through an entire system.

The solution to recurrent behavioral problems or violent conduct after release from solitary confinement is not extend the sentences. The continued use of harmful isolation fails to engage

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[33]Doctors James Gilligan and Bandy Lee described this phenomenon in their 2013 report to the Board. Report to the NYC Board of Correction; September 5, 2013: https://solitarywatch.org/wp-content/uploads/2013/11/Gilligan-Report.-Final.pdf

[34] *See* National Commission on Correctional Health Care (2016), Position Statement: Solitary Confinement (Isolation), http://www.ncchc.org/solitary-confinement

[35] Letter to NY State by Juan E. Mendez, Solitary Confinement in Prisons Brings Torture Home to New York State, April 22, 2015, *available at* http://nycaic.org/wp-content/uploads/2013/02/UN-Special-Rapporteur-on-Tortures-Statement-on-Solitary-in-NY-State.pdf.

individuals in pro-social behavior and forgoes the development of skills for resolving conflict without reliance on violence. Solitary confinement is a form of punishment; the perpetration of violence to stop violence is never successful.[36] Without the Board's intervention, the cycle will never cease.

Instead, replacing isolation with therapeutic programming and controlled social integration is more productive—and promising—counter to problematic conduct.

If we are serious about changing the culture of abuse in our jails, we must start by imposing a hard limit on the use of isolation and not allowing the Department, and the City of New York, to continue to flout international standards.

Providing Oversight and Preventing the Expansion of Restrictive Housing

For decades, the DOC's use of isolation has been a moving target. Each time the Board or the City Council impose guidelines, restrictions, or reporting requirements, DOC shifts the program and avoids the impact of the policy change. The nomenclature has been equally varied: over the years, DOC has introduced "Secure," ESH, RHU, and many forms of segregation units. While the specifics of the units differ, their mission does not: they function with the goal of isolating people from meaningful human contact, access to services, and basic needs. The impact of these units is equally universal – the detrimental consequences of isolation, even in the short term, is well documented.

The Department create new units to isolate people under the guise of security concerns. Each time, they do so without transparency or accountability for the novel approach. Housing and security designations, including "separation status" and "deadlock," are forms of extreme isolation used by DOC that deny people basic human necessities with no meaningful way to appeal and without any imposed time limitations. And because they appear so frequently, there is little to no opportunity to challenge their creation. By the time we learn of the new units, they are fully entrenched, and the Department is seeking approval from the Board to continue their operation.

If we're serious about treating those we incarcerate as human-beings, the rules need to be comprehensive and eliminate any possibility of violating the minimum standards. The Board

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[36] The *Nunez* complaint provides instructive examples of DOC's role in perpetuating the cycle of violence by documenting six examples of assaults by staff that DOC falsely claimed were assaults perpetrated by the incarcerated person. Five of the eleven named plaintiffs were sentenced to punitive segregation for purportedly assaulting the staff who beat them. *Nunez v. City of New York*, 11 Civ. 5845, amended complaint, filed May 24, 2012. Relatedly, a Department of Justice ("DOJ") report uncovered a pervasive pattern of false and inaccurate reporting about uses of force and questioned the overall reliability of data being used to justify the expansion of segregation. The report documents "[u]se of force reports in which staff allege that the inmate instigated the altercation by punching or hitting the officer, often allegedly in the face or head and for 'no reason,' 'out of nowhere,' 'spontaneously,' or 'without provocation.' But then the officer has no reported injuries…" Department of Justice, *CRIPA Investigation of the New York City Department of Correction Jails on Rikers Island*, August 2014, 5, 25, http://www.justice.gov/sites/default/files/usao-sdny/legacy/2015/03/25/SDNY%20Rikers%20Report.pdf.

must not rubberstamp the Department's requests to continuously, and indefinitely, isolate people in our jails. Collectively, we must demand transparency and implement meaningful protocols fpr *all* forms of isolation, not just some. We urge the Board to close loopholes that allow DOC to make small tweaks to its practice while continuing the pervasive use of isolation: torture by another name is still torture.

The Proposed Rules Should Include Robust Due Process Protections

On a daily basis, we hear from people that we represent that they have no notice of disciplinary sanctions or other potential changes to their status in DOC, no ability to advocate for themselves, and no sense of how to navigate within DOC's complex bureaucracy. We regularly hear that people cannot access grievance forms or legal materials, cannot safely report complaints, and cannot respond to requests for information because of barriers artificially imposed by the Department.

These due process violations—and dozens of others too numerous to mention—are unlawful, inexcusable, and avoidable. We urge the Board to incorporate protections into the restrictive housing rules.

On the most fundamental level, people are frequently transferred to a restrictive housing unit without any notice or understanding of the reason behind the transfer. Time and again, they are told they will be served with a ticket that ultimately fails to materialize. On one recent occasion, one mentally ill man we represented struggled to understand why he was transferred to "the Box" despite never receiving a ticket nor being brought for a hearing. Although he repeatedly asked for information from officers in his unit and placed multiple calls to 311, his requests went unanswered. Understandably, he became agitated that he was being isolated for no apparent reason. After numerous requests to DOC by our office went unanswered and the man languished in restrictive housing for a week, he was finally reassigned to general population. We later learned that his placement was the result of a delayed sentence for insubordination. His story is hardly unique, as we hear similar requests for information each day.

Similarly, the Department's disciplinary system is opaque and, as drafted, the proposed rules provide little clarity. While the rules provide guidelines for punishing a Grade I violent offense, a Grade I non-violent offense, and a Grade II offense, those terms are otherwise undefined in the rules. Without further explanation, the Board cannot provide the requisite oversight and people may be subject to isolation for trivial matters under the guise that conduct is "violent."

Relatedly, people in DOC custody are regularly sentenced to time in restrictive housing as a result of an in abstentia order, allegedly required because the person refused to attend a disciplinary hearing. Yet nearly without fail, these refusals are suspect. When we contact DOC at a person's request to attempt to secure a disciplinary hearing—we are routinely told that the same person refused attend when offered a hearing. That claim is counter-intuitive and frankly hard to believe. One recent example of a man who repeatedly requested a hearing is instructive. After days of asking for a hearing, another individual detained in the same restrictive housing unit told the man that he overheard officers say that they were marking the form "refused" and noting that the man—who was involuntarily locked in his cell for upwards of 17 hours each day and had been literally begging officers to bring him to a hearing—had not responded when the officers knocked on his door. Disheartened, the man gave up and simply accepted that he would likely have to serve additional time in solitary confinement for an offense he did not commit.

For those people who do manage to attend a hearing, additional protections are critical. Because of the structure of the disciplinary system, a person faces a heavy presumption of guilt from the moment they walk into an adjudication. Although the officers who adjudicate hearings claim to be impartial, the system is anything but. Instead, hearings are adjudicated by the Department, often controlled by the officers or colleagues of the officer who wrote an initial ticket, with adequate notice to any member of the DOC staff who wishes to submit evidence, in a room within DOC rather than at a neutral site. Any person brave enough to appeal—particularly from a restrictive housing unit—simply faces more of the same: they are at the mercy of corrections officers to deliver the appeal, which will then be adjudicated by yet another member of the Department. Such a system is literally stacked against incarcerated people: the overwhelming majority of people charged with rules violations are found guilty. And the process remains shrouded in secrecy within the closed jail system, with little public reporting.

To make matters worse, the people we represent have no opportunity to choose their own representatives or seek assistance from a trusted impartial advocate in these hearings. While people incarcerated in DOC custody have lawyers who are often ready and willing to advocate on their behalf in disciplinary proceedings, but unable to do so because of Department rules. We are fortunate to have a robust public defense system filled with dedicated attorneys, social workers, and advocates eager to speak up for their clients. We urge the Board to collaborate with the City's legal service providers and other members of the defense bar to develop a system that notifies defense attorneys immediately when a person receives a ticket and allows people in custody to be represented in their disciplinary hearings.

Due process is the cornerstone of our legal system and it should be the cornerstone of the Board's restrictive housing rules. We urge the Board to incorporate as many due process protections as possible into the rules before they are finalized. In particular, these rules should ensure that any person in restrictive housing, or anyone who faces a restrictive housing sentence, have adequate notice of any sanctions they face, a full understanding of the reasoning behind any disciplinary action, and an opportunity to present their version of events with the aid of a qualified advocate or legal representation.

Young People and Education Should be Protected From Isolation

In the wake of Kalief Browder's tragic death, the Board heeded the call of directly impacted people, advocates, and mental health professionals, and implemented new minimum standards to dramatically curtail the use of existing solitary confinement units in City jails and prohibit it altogether for young people. However, the Department's continuous variance requests allowed DOC to create new units for the indefinite isolation of the very people BOC sought to protect. As a result, the standards failed to bring about the fundamental transformation of the punishment paradigm that was, and still is, required. Young people still languish in isolation in Secure and ESH. When they emerge, they are irreparably harmed. These units require complete and fundamental overhaul to prevent future deaths.

Simultaneously, the Board should ensure that New York City's promise that young people have a right to receive an education through the school year in which they turn 21 is in fact a reality. Despite this unequivocal right, we hear all too often that it is nearly impossible for young people—both inside and outside of restrictive housing units—to access educational services. Unsurprisingly, the problem is especially serious in restrictive housing units. Indeed, the July

2018 monitoring report in the *Handberry* litigation specifically identified restrictive housing units as perhaps the least compliant in terms of ensuring young people had access to school.

We hear these complaints on a regular basis. One young person recently was eager to work toward getting his high school equivalency credential while on Rikers Island. After some advocacy, he was able to attend school regularly, and happily reported that he was making progress toward earning his TASC. Unfortunately, that ended once he was transferred to a secure unit. While there, his school attendance was spotty at best, and he lost much of the momentum that he had built up going to school daily. Another young person, also working to earn his high school equivalency—who spent a significant amount of time in TRU—reported that he received no educational services while in TRU. Once he came out of restrictive housing, he gave up trying to go to school on Rikers because, in his words, it just wasn't worth it.

The proposed rules state that one of the core principles is the idea of promoting "rehabilitation," which includes "providing necessary programming." But as drafted, the rules barely mention of educational services, and fail to provide a firm guarantee. We urge the Board to ensure that the rules clearly recognize the right of all young adults to receive educational services, as well as concrete provisions aimed at ensuring that young people have every opportunity to realize this right. Relatedly, the rules should include the need for an immediate written plan detailing the Department's approach to discipline and behavior management for young adults in custody. The Board has repeatedly acknowledged that the lack of a written plan makes it shear impossible for the Department and this Board to effectively measure tools, and strategies for young adults.

The Department's Safety Objectives Cannot Endanger People's Health or Legal Status

One of the most significant challenges people in restrictive housing face is accessing medical and mental health care. Regardless of the condition, the Department maintains the ultimate veto when it comes to person in need of medical or mental health care. Correctional officers routinely serve as gatekeepers without the requisite knowledge or training. This system is rife with opportunities for abuse or human error. For instance, to access medical care in a DOC facility, an individual must submit a "sick call" request to officers in their housing unit, who are responsible for forwarding requests to medical staff. Far too often, correctional staff can and do fail to forward sick call requests to the medical staff, or falsely claim that an individual "refused" to be brought to their appointment, as a tool of control or punishment. Relatedly, developmental or cognitive delays often go unnoticed or unrecorded during screening, meaning manifestations for disabilities often lead to time in restrictive housing.

While these situations threaten the health and well-being of all people in custody, they are especially dangerous for those isolated in restrictive housing—regardless of the name of the particular unit. For instance, one man BDS represented was sentenced to solitary confinement. Despite written notification from medical staff outlining his seizure disorder and the resulting danger of placing him alone in a cell, the Department isolated him. The isolation exacerbated his medical condition, leading to more regular seizures and a serious injury during a fall. Nonetheless, DOC denied his transfer to an open dorm and opted instead to assign an officer to provide regular check-ins. Because the officer was regularly absent or asleep, the arrangement did not prevent additional harm. In another case, a different man BDS represented was sent to solitary confinement despite being confined to a wheelchair and in need of round the clock medical care and full-time assistance with basic activities. Although he was released to a more

medically appropriate housing assignment following advocacy by our office and the Board, his health had already decompensated significantly as a result of a few days in isolation.

In those cases, and countless others, Department staff who were not trained medical clinicians dictate housing conditions that have a direct impact on people's healthcare or well-being. This is incredibly troubling, especially for those people who do not have advocates who are willing or able to intervene on their behalf and bring attention to their situations. DOC's impact on medical treatment requires serious oversight by this Board. As written, we fear that the proposed rules grant the Department a license to continue DOC's role as gatekeeper to medical care. Instead, we must bolster CHS's authority and ensure CHS—not DOC—has an ultimate veto over all restrictive housing decisions.

Similarly, all too often people are denied the opportunity to access particular programs or treatment because of high security classifications, housing placements, or disciplinary consequences. These programs, which serve as powerful evidence that a person is productive, engaged, and wants to participate in their own defense and well-being, are all-too-often unavailable to our clients because of alleged security concerns or housing placements. One glaring example is drug treatment programs. Broad groups of people are denied access to important programs that support people with substance use disorders because those individuals are classified as high security or as a result of unsubstantiated gang allegations.

In a recent case, one BDS criminal defense attorney successfully advocated that her a person she represented, who had a history of substance use, would serve reduced jail time if he participated in a particular program. Despite agreement of the man's parole officer and the District Attorney, the man was denied admission into the program because of his high classification, the result of a decade-old incarceration where DOC identified him as gang affiliated. Although the client was not in a gang and was fully committed to participating in the program and turning his life around, he was not able to move forward with the agreement because of the classification.

Participation in these programs can and does impact people's ability to fight criminal cases in court, help them overcome disorders, participate in their own defense, and reduces the risk that they end up back in jails. These programs should be available to all who may benefit medically, regardless of classification, sentence, or housing assignment. Situating access to treatment and medical decision-making as the exclusive domain of healthcare providers, not DOC, is essential.

By its nature, corrections is punitive, and Department staff serve to fulfill the Department's punitive mission. Department staff are not medically trained to recognize contraindications to restrictive housing placements. It is not possible nor appropriate for Department staff to make housing decisions when input from healthcare staff is ignored. Instead, Correctional Health Services must ensure that people's medical and mental health needs are met. CHS staff are the on-the-ground advocates that people rely on, and it is up to the Board to ensure that their input is heard and followed. The rules should address the gaps in care and the potential for DOC to make medical decisions that can and will directly harm individuals. CHS must have the ultimate authority remove a person from restrictive housing or prevent an initial placement. To ensure this option is a practical reality and not merely illusory, CHS must be notified immediately anytime someone is transferred to any type of restrictive housing. Further, CHS must be provided the resources and access to ensure constant and continuous rounding.

Various forms of restriction

Protective custody

In far too many cases, people are held involuntarily in protective custody, a status that, in theory, should be at a person's request. We urge the Board to eliminate involuntary protective custody, which puts people in danger as other people who are incarcerated regularly assume placement in protective custody is because a person is a "snitch."

Restrictive Classifications/Status (SRG, RedID, Enhanced Restraints)

One of the most common tactics that DOC uses to isolate and segregate people is restrictive classifications. Yet as written, the proposed rules contain no mention of these restrictive classifications that are a major form of restrictive housing. The restrictive classifications have a significant, harmful impact that undermines any rehabilitative purpose that the Department allegedly seeks for serve. For instance, restrictive classifications allow DOC to deny broad groups of people access to important programs that support people with substance use disorders. The justification is that these people are classified as high security by DOC or are the subject of unsubstantiated gang allegations, based on no standard of evidence and with no meaningful opportunity to appeal. Yet the impact of these classifications is to deny access to some of the people who need to access these programs the most.

These classifications prevent people from bettering themselves and working towards a new life. Not only do they render rehabilitative efforts ineffective, they actually obstruct the goal of creating a safe and secure environment. These classifications severely limit access to programming, mental health services, law library and counsel visits, either because these services are not provided or because there is an excessive wait time for the single escort assigned to the unit. Once someone is placed in one of these classifications, problems with access to care and programming are exacerbated. Officers have even more control over access to sick call and other services, and securing escorts to and from high security units is extremely difficult.

It is essential that BOC address restrictive classifications in the rules around restrictive housing. Currently, the Department does not provide any due process when designating people in one of these restrictive classifications or address any duration, conditions, or terms for being removed from these classifications. DOC has shown time and time again that, given the opportunity, they will find loopholes in the minimum standards to maintain the most harmful practices.

De-escalation confinement

While separating individuals after an incident is sometimes necessary, far too often inside DOC separation means isolation. If the Department must separate individuals who need to "cool down," that time period must be kept to an absolute minimum (four hours isolated in a cell, the lower limit in the proposed rules, should be the maximum). If the Department believes a person must be separated beyond that time period, due process and medical and mental health protections must be provided.

Emergency Lock-Ins (Lockdown status)

During lockdowns, people are confined to their cells and generally denied any and all access to programs and services. They cannot go outside for recreation, shower, use telephones or law libraries, access religious services, attend school, or receive family or counsel visits. They are often denied medical care, including mental health care. Some clients have reported being denied toilet tissue. Missed counsel visits can require cases to be adjourned, prolonging pre-trial

detention. Missed mental health treatment can result in the rapid decompensation of vulnerable people. In BOC's report of lockdown, it was reported that lockdowns often lead to violations of the Minimum Standards.

Lockdowns amount to group punishment, apparently used by DOC as a convenient management tool with little regard for the rights of people in its custody. People are effectively held in solitary confinement and have been for days at a time with no due process.

The Board's rules must specify the use of emergency lock-ins as it related to facility and even city wide. The Department must work to isolate the lockdown to individuals or the housing unit in question and only for a short period of time.

Collateral Punishments

Visiting

Human touch and contact are crucial to anyone's incarceration. In the case of visiting, if there is justification to closely monitor visits, limits should be narrow, individualized, and reviewed in short intervals. We know the majority of contraband found is not due to people visiting to support their loved one inside. Visiting restrictions should be subject to closer and more frequent scrutiny and tailored to permit as much social contact with family and friends as possible.[37] For instance, situating a visit immediately adjacent to the correction officer's post would allow for closer supervision without sacrificing altogether crucial support people receive through in-person family visits.

Access to courts and legal counsel

In July of 2019, the Department of Correction began using body scanners on incarcerated individuals as a tool to detect objects such as drugs and items made from materials that are undetectable by magnetometers or stored in body cavities. Soon after, the Department made an executive decision to deny a person's right to be produced to court. According to the Board's own report[38] released this past January, the Department denied court production to three people. The majority of people in NYC DOC custody are awaiting trial and have not been convicted of any crime. By denying a person's ability to present themselves in court and fight their case, DOC has actively prolonged individual's incarceration. If there is any reason to restrict a person's ability to go to court, NYC DOC must notify the Board, the defense counsel and the court immediately. If there extenuating safety concerns that inhibit the Department's ability to safely produce a person to court, NYC DOC must seek a court order that allows them to deny court services to people in their custody.

Conclusion

Solitary Confinement. Segregation. Isolation. Restrictive Housing. No matter the term the results are the same. Trauma. Suffering. Torture. The practice is a moral stain on our City that threatens the safety of our communities. We can no longer accept it as standard practice in our jails. Instead, must create a society where we do not resort to violence but rather provide socialization,

[37] Also recommended in July 2017 BOC Report on Young Adults ESH, p. v.

[38] NYC Board of Correction Report: Body Scanners and Separation Status is NYC Jails: https://www1.nyc.gov/assets/boc/downloads/pdf/Reports/BOC-Reports/2020.01.13%20FINAL%20Separation%20Status%20Body%20Scanner%20Public%20Report_to%20PDF.pdf

individualized treatment, and therapeutic environments to promote safe communities. As the State of Colorado, numerous European countries, and countless communities around the world have demonstrated, this is possible. But to achieve that reality here in New York, we need the Board's leadership. We urge the Board to adopt restrictive housing rules that reflect the following standards:

- All people—without exception and regardless of housing placement—should be afforded 14 hours out of cell each day, during which they have access to meaningful engagement and programmatic activities;
- The most vulnerable people in the Department's custody should be excluded from any type of restrictive housing or isolation;
- Punitive segregation should be eliminated;
- Programming units that address behavior and violent misconduct should be expanded;
- People should be allowed legal representation or an advocate during adjudication hearings;
- Gaps in the rules that would allow the Department to create new forms of isolation or new restrictive housing units should be eliminated;
- Medical and mental health staff should be the ultimate gatekeeper of medical and mental health care; and
- Community and legal providers should be able to contribute to shaping the Department's policies of the treatment of young people incarcerated in City jails and the Young Adult Plan, and the reestablishment of the Young Adult and Adolescent Advisory Board should be addressed in the rules.

Every day the City fails to end the trauma that results from solitary confinement is another day lives are lost and minds are destroyed in New York. The time to act is now.

Thank you for your consideration.

Sincerely,

/s/ Kelsey De Avila
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Project Director, Jail Services

/s/ Brooke Menschel
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Civil Rights Counsel