Torture in U.S. Prisons: Interfaith Religious Coalition Calls for End to Widespread Use of Prolonged Solitary Confinement

September 2014

A Shadow Report Prepared for the United Nations Committee Against Torture in Connection to its Review of the United States Compliance with the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

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Reporting Organization
The National Religious Campaign Against Torture (NRCAT) is a coalition of religious organizations committed to ending U.S.-sponsored torture in policy, practice and culture. Since 2006, more than 300 religious organizations have joined NRCAT, including representatives from Catholic, Protestant, Orthodox Christian, evangelical Christian, Buddhist, Hindu, Quaker, Unitarian, Jewish, Muslim, and Sikh communities. In 2010, NRCAT expanded its work to include ending torture in U.S. prisons, with a focus on abolishing prolonged solitary confinement, understood to constitute torture under Constitutional and international human rights standards. The broad interfaith campaign of which NRCAT is comprised mobilizes the moral voice of faith leaders in local, state, and federal advocacy campaigns to end prolonged solitary confinement.

Issue Summary
In the United States, the continued widespread practice of holding prisoners, disproportionately people of color,1 in prolonged solitary confinement in U.S. prisons constitutes torture, in violation of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

According to the Bureau of Justice Statistics, on any given day, roughly 80,000 incarcerated adults and youth are held in solitary confinement in the United States.2 However, this figure likely fails to capture the breadth of the use of prolonged solitary confinement in U.S. prisons and jails, and does not include those held in solitary confinement in immigrant detention. Given the lack of data made publicly available by state Departments of Correction and the Federal Bureau of Prisons about the use of prolonged isolation, including the total numbers of those held in Administrative Segregation and protective custody, the numbers are likely much higher. For instance, in California, the American Friends Service Committee found in 2008, on any given day, there were more than 14,600 people in solitary confinement units when totals included women and men held in Administrative Segregation and protective custody.3 In addition, whole institutions are locked down for months at a time, in which inmates are confined to their cells for 22 to 23 hours. Most recently, in North Carolina, at the Scotland Correctional Institution, nearly 800 men have been on indefinite lockdown since December 2013, eight months and counting.4
While in isolation, individuals are locked in a cell for 22 to 24 hours a day with no meaningful human contact—an hour alone in a cage or dog run may be permitted. Prisoners face these conditions for months, years, even decades. Cells are small, often windowless and without access to natural light, typically between 48 and 80 square feet. Access to books, phone calls, visitation and programs are often severely limited. Food is pushed through a slot in the solid steel door.

a) Creating and exacerbating mental illness
Many studies have documented the detrimental psychological and physiological effects of long-term isolation. According to several state and national studies, at least half of all prison suicides occur in solitary confinement. Nationally recognized expert Dr. Stuart Grassian documented that nearly a third of the prisoners he evaluated experienced perceptual distortions, in which objects appear to change size or form. This is particularly alarming since this symptom is more commonly associated with neurological illnesses, such as brain tumors, than with primary psychiatric illness.

b) Disparate impact on people of color
People of color in the United States face incarceration at profoundly disproportionate rates. A recent report from The Sentencing Project states that “African-American males are six times more likely to be incarcerated than white males and Hispanic males are 2.5 times more likely.” According to a 2011 survey sponsored by the Office of Juvenile Justice and Delinquency Prevention, “nationwide, the residential placement rate for black youth was more than 4.5 times the rate for white youth, and the rate for Hispanic youth was 1.8 times the rate for white youth.” Limited data reported on racial ethnic identity and solitary confinement suggests that solitary confinement disproportionately impacts people of color. The table to the right shows data from 2005 for seven state supermax facilities. Data from 2011 from New York suggests “non-white prisoners are substantially overrepresented in the highlighted facilities; statistical testing confirms that the difference is statistically significant.”

Mears and William Bales examined the length of time Florida prisoners spent in isolation. Their study found a notably higher rate for supermax placement of people of color. Data from the New York State Department of Corrections and Community Supervision about its use of solitary confinement reveals that African Americans are more likely to receive SHU (special housing unit) sentences, and to receive longer SHU sentences, as compared to individuals of other racial and ethnic groups. For example, in June 2011, African Americans accounted for approximately 62% of the prisoners held at Upstate and Southport correctional facilities, where inmates with the longest SHU sentences are generally incarcerated. In contrast, approximately 49% of the general prison population is African American.

State departments of correction utilize “Security Threat Group” and gang validation processes that drive dramatically disproportionate placement of prisoners of color into supermax units, calling into question the legitimacy of these policies. Inherent racial bias in security classification is a significant driver in the disproportionate placement of prisoners of color in solitary confinement. In 2012, the American Friends Service Committee found that two supermax facilities for men in Arizona, SMU I and Browning Unit, had a disproportionate prevalence of people of color in solitary confinement most pronounced for Latino and Native American prisoners. 51% of the supermax prisoners were Latino compared with 41% of the general prison population in Arizona.

In some supermax units these percentages were especially high. Excluding the death row population from the Browning Unit population (decided judicially and not by the discretion of the ADC), the Latino population jumped to over 59%. In stark contrast, the white male prisoner population in supermax facilities constituted only 25%, and in the general prison population, it was 39%.

c) Impact of solitary confinement on youth
Because youth are still developing mentally and physically, traumatic experiences like solitary confinement can exacerbate, or create for the first time, short and long-term mental health problems and severely heighten risk of suicide. Though several states have issued an outright ban on the punitive solitary confinement of youth, including Alaska, Connecticut, Maine, Oklahoma and West Virginia, the placement of youth in solitary confinement is not subject to a
prohibition in most states and the federal system, and the practice persists widely. Federal and state legislation to address the practice has been introduced in recent years, indicating widespread national concern to see this practice brought to an end.

d) Alternatives
Shifting from a punitive approach to one that prioritizes restorative and rehabilitative ends is critical to ending the widespread use of solitary confinement in U.S. prisons, jails and detention centers. A matrix of punishment without access to meaningful social interaction, job training, and education must be replaced by opportunity for access to such necessary resources for human flourishing. Alternative strategies for staff training in violence reduction, pro-social behavior, and alternative responses rooted in de-escalation techniques are being adopted by some departments of correction accompanied by reductions in isolation, use of force, and incidence of violence. Rather than placement in solitary confinement, the creation of alternative treatments and community settings for incarcerated people with mental illness are also critical.

The demonstrated success of ending the use of prolonged solitary confinement is evident among several states that have proven there are safe, humane alternatives. Mississippi experienced a decline in violence within its prisons after it drastically reduced its use of solitary confinement by 85% in one supermax unit; Mississippi eventually closed the facility all together. Maine and Colorado have made significant reductions in the use of solitary confinement without jeopardizing prison safety. Former Maine Department of Corrections Commissioner Joseph Ponte explained in a 2011 interview about Maine, “Over time, the more data we’re pulling is showing that what we’re doing now [through greatly reducing the use of solitary confinement] is safer than what we were doing before.”

Concluding Observations
In the United States, the continued widespread practice of holding prisoners, disproportionately people of color, in prolonged solitary confinement in U.S. prisons constitutes torture, in violation of CAT; article 1 prohibits policies and practices that “constitute cruel, inhuman or degrading punishment.” Article 2 states that “no exceptional circumstances whatsoever” may be used to justify the use of torture. Article 4 requires that each State Party “ensure that all acts of torture are offenses under its criminal law” and be “punishable by appropriate penalties which take into account their grave nature,” yet the prevalent use of torture persists in United States prisons with impunity. In May 2006, the UN Committee Against Torture instructed the United States to “review the regimen imposed on detainees in supermaximum prisons, in particular, the practice of prolonged isolation.”

In May 2013, a U.S. Government Accountability Office report, “Improvements Needed in Bureau of Prisons’ Monitoring and Evaluation of Impact of Segregated Housing,” found that the United States Federal Bureau of Prisons “has not assessed the impact of segregated housing on institutional safety or the impacts of long-term segregation on inmates,” despite a 17% increase in its use of solitary confinement between 2008 and 2013. The Federal Bureau of Prisons confines about 7% of its 217,000 inmates in segregated housing units for about 23 hours a day. According to the Bureau of Justice Statistics, on any given day, roughly 80,000 incarcerated adults and youth are held in solitary confinement in the United States. This figure likely fails to
capture the breadth of the use of prolonged solitary confinement in U.S. prisons and jails, and does not include those held in solitary confinement in immigrant detention.

U.S. Government Report
As stated in a letter November 30, 2011, responding to a request from the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the U.S. Government stated, “[t]here is no systematic use of solitary confinement in the United States.” In paragraph 37, articles 208-215, the U.S. Government addressed the issue of prolonged solitary confinement in its report submitted in August 2013. The U.S. Government acknowledged its obligations as a party to the CAT, the Eighth and Fourteenth Amendments of the U.S. Constitution, The Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973 (Rehabilitation Act), and PREA.

Legal Framework
Relevant articles of the CAT include: Article 1 prohibits policies and practices that “constitute cruel, inhuman or degrading punishment.” Article 2 states that “no exceptional circumstances whatsoever” may be used to justify the use of torture. Article 4 requires that each State Party “ensure that all acts of torture are offenses under its criminal law” and be “punishable by appropriate penalties which take into account their grave nature,” yet the prevalent use of torture persists in United States prisons with impunity. Under Article 16, each State Party must “undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment.”

The CAT Committee General Comments & List of Issues
In 2006, the Committee asked, “How is the use of solitary confinement regulated and how is detainees’ mental health monitored? How is prolonged isolation and indefinite detention, with or without charges, compatible with the obligation of the State party under article 16? The list of issues submitted by the Committee included, “37. Please describe steps taken to improve the extremely harsh regime imposed on detainees in “super-maximum security prisons,” in particular the practice of prolonged isolation.

Other UN Body Recommendations
The UN General Assembly has called for an “absolute abolition” of conditions of extreme isolation and solitary confinement as punishment. In 1990, the General Assembly adopted resolution 45/111, the Basic Principles for the Treatment of Prisoners. Principle 7 states that efforts to abolish solitary confinement as a punishment, or to restrict its use, should be undertaken and encouraged. In the same year, the General Assembly adopted resolution 45/113, the UN Rules for the Protection of Juveniles Deprived of their Liberty. Paragraph 77 asserts “All disciplinary measures constituting cruel, inhuman or degrading treatment shall be strictly prohibited, including... solitary confinement or any other punishment that may compromise the physical or mental health of the juvenile concerned”. The International Covenant on Civil and Political Rights, ratified by the U.S. in 1992, states in Article 7, “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” Article 10 states, “1) All persons deprived of their liberty shall be treated with humanity and with respect for the dignity of the human person… 3) The penitentiary system shall comprise treatment of prisoners the essential of which shall be their reformation and social rehabilitation.”
In a 2011 report, the UN Special Rapporteur on Torture, Juan Mendez, found that “where the physical conditions and the prison regime of solitary confinement cause severe mental and physical pain or suffering, when used as a punishment, during pre-trial detention, indefinitely, prolonged, on juveniles or persons with mental disabilities, it can amount to cruel, inhuman or degrading treatment or punishment and even torture. In addition, the use of solitary confinement increases the risk that acts of torture and other cruel, inhuman or degrading treatment or punishment will go undetected and unchallenged.” His report concluded that prolonged solitary confinement exceeding 15 days should be abolished in all cases, and called for an absolute prohibition against the use of solitary confinement and extreme isolation for juveniles and individuals with mental illness.

The Human Rights Committee, in paragraph 6 of its General Comment No. 20, noted that prolonged solitary confinement of the detained or imprisoned person might amount to acts prohibited by article 7 of the International Covenant on Civil and Political Rights.

**Recommended Questions**

1. When will the U.S. government make available data related to the use of solitary confinement in the Federal Bureau of Prisons, all state departments of correction, and all privately contracted facilities?
2. How will the U.S. government bring the United States into compliance with its international human rights obligations under the CAT’s prohibition against torture by prohibiting the use of prolonged solitary confinement for adults in excess of 15 days, and abolishing solitary confinement for youth and individuals with mental illness?
3. Through what mechanisms will the U.S. government ensure that corrections officials and staff receive professional training in pro-social nonviolent methods and tools for positive alternatives to isolation?
4. What independent monitoring mechanisms will the U.S. government implement to ensure the end to prolonged solitary confinement throughout the territory, in local, state, federal, and privately contracted facilities, and ensure that pretrial detainees are not held in solitary confinement? How will the U.S. government ensure that all private prison contracts come into compliance with these prohibitions?
5. How will the U.S. government provide reparation for those who have endured the torture of prolonged solitary confinement?
6. How will the U.S. government ensure best practices are implemented in state departments of correction as well as the Federal Bureau of Prisons through the mandate of federal legislation?
7. When will the U.S. government grant UN Special Rapporteur on Torture, Mr. Juan Mendez, access to visit facilities in the United States wherever solitary confinement is utilized?

**Suggested Recommendations**

1. Prolonged solitary confinement beyond 15 days in U.S. prisons, jails, and detention centers should be banned. Where solitary confinement is used, its duration should be as short as possible and for a definite term that is properly announced and communicated.
2. The use of solitary confinement should be abolished for pretrial detainees, individuals with mental illness, youth under the age of 18, pregnant women, and immigrants detained in civil detention.
3. Federal, state, and local governments should be required to compile and publicly publish data on their use of solitary confinement, including racial-ethnic identity, mental health status, gender, age, and duration of isolation.

4. An independent monitoring body should monitor conditions and statistics of those in solitary confinement.

5. The Federal Bureau of Prisons and state and local departments of correction should provide transitional services to ensure successful re-entry for those returning from incarceration.

Respectfully submitted,

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8 Id. at 338.


10 Id. at 1.


12 Schlanger 2013, supra note 1, at 241.

13 Schlanger 2013, supra note 1, at 245.


17 Id. at 15-16.

18 Id. at 15-16.


25 Schlanger 2013, supra note 1, at 241.


27 Confronting Confinement 2006, supra note 2, at 52.


32 Id. at 21.

33 Id. at 22.