



Mandate of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment

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Solitary Confinement in Prisons Brings Torture Home to New York State

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As the United Nations (UN) Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, I investigate and report on issues involving torture worldwide. I examine some of the most egregious human rights violations around the globe—acts that reflect a denial of basic human rights. In my capacity as Special Rapporteur, I examined the global practice of solitary confinement under the framework of the international prohibition of torture and ill-treatment, and provided recommendations to all States regarding the use of solitary confinement. I have also worked closely on the use of solitary confinement units in New York's prisons and detention centers.

In accordance with the Istanbul Statement on the Use and Effects of Solitary Confinement, in my 2011 interim report to the UN General Assembly I defined solitary confinement as the physical and social isolation of individuals who are confined in their cells for 22 to 24 hours a day. Additionally, at the 68th session of the UN General Assembly in 2013, I recommended to all States that the UN Standard Minimum Rules for the Treatment of Prisoners (SMRs), which are currently undergoing a revision process, should prohibit the use of solitary confinement for prolonged or indefinite periods, and prohibit the practice in all circumstances against juveniles, persons with mental disabilities, pregnant women, persons serving life sentences and persons awaiting execution on “death row.”

In my 2011 report, I defined prolonged solitary confinement as any period of solitary confinement in excess of 15 days. This definition was based on the large majority of scientific studies which indicate that after 15 days of absolute isolation harmful psychological effects often manifest and may even become irreversible. Even if isolation is somehow mitigated, there should still be a maximum term beyond which solitary confinement is considered prolonged and is therefore banned. 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. Short-term isolation may be

legitimate, but it should also be regulated and surrounded with due process and health-care safeguards.

New York State currently subjects thousands of incarcerated persons to prolonged solitary confinement and other forms of extreme isolation. People in Special Housing Units (SHUs) and other isolation units in the State are confined in small, barren cells for 22 to 24 hours per day, deprived of all meaningful human contact with other prisoners and the outside world, telephone calls, and rehabilitation programs. Inmates are often held in such isolation for months, years, and even decades at a time. Most are being punished for minor, nonviolent rule violations. New York's practices violate the international obligations of the United States.

New York's prison system should be commended for taking a number of small positive steps on solitary confinement, such as placing some limitations on its use for 16 and 17 year olds, pregnant women, and people with developmental disabilities, as well as people with the most serious mental illnesses. Yet far more comprehensive action is needed.

I strongly support the passage of the Humane Alternatives to Long Term (HALT) Solitary Confinement Act (A.4401/S.2659), which was introduced in the New York State Legislature in January 2014. The HALT Solitary Confinement Act would prohibit any person from being held in isolation for more than 15 consecutive days. In line with my conclusion that juveniles, pregnant women, and people with mental disabilities should never be placed in solitary confinement for any duration of time, HALT bans isolation for these and other particularly vulnerable groups. Moreover, HALT restricts the criteria that can result in isolation as a disciplinary sanction, making it unavailable for minor infractions.

In order to carry out these prohibitions, HALT creates humane and effective alternatives to solitary confinement. Residential Rehabilitation Units for individuals who require separation from the general prison population would offer special therapy and programming to address the underlying causes of their behavior.

The HALT Solitary Confinement Act reflects both safe and effective prison policy and respect for human rights and brings New York prisons and jails into alignment with international law and human rights norms. It should become law in New York State, and serve as a model for change across the United States. This legislation, along with future reforms and advancements, will help bring a timely end to the pervasive use of solitary confinement in New York State prisons and jails and insure that people held there are guaranteed the necessary protections against torture and ill-treatment.



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