



**Testimony of
Linda Gustitus, President, and Rev. Ron Stief, Executive Director,
National Religious Campaign Against Torture,
Before the
Senate Judiciary Committee
Subcommittee on the Constitution, Civil Rights and Human Rights
Hearing on Reassessing Solitary Confinement
February 25, 2014**

Mr. Chairman, Members of the Subcommittee, thank you for this opportunity to submit testimony on behalf of the National Religious Campaign Against Torture (NRCAT) concerning the devastating use of solitary confinement in our nation's prisons, jails, and detention centers. The Subcommittee's consideration of this issue at the federal level remains urgent as the negative impact that the federal system's use of solitary confinement is having on prisoners, correctional staff, our budget, and society at large, reveals it is both morally and economically wrong.

The National Religious Campaign Against Torture is a coalition of religious organizations committed to ending U.S.-sponsored torture and cruel, inhuman, or degrading treatment. Since its formation in January 2006, more than 320 religious organizations have joined NRCAT, including representatives from the Catholic, Protestant, Orthodox Christian, evangelical Christian, Buddhist, Hindu, Quaker, Unitarian, Jewish, Buddhist, Muslim, and Sikh communities. NRCAT member organizations include denominations and faith groups, national religious organizations, regional religious organizations, and congregations. Our various faith traditions hold in common a belief in the dignity and worth of each human person.

The use of solitary confinement in U.S. prisons, jails, and detention centers violates basic religious values of community, restorative justice, compassion, and healing. The faith-based members that belong to NRCAT are united in opposing treatment that violates our values as people of faith and as fellow human beings. This opposition inspired us in advance of the June 2012 Congressional hearing on solitary confinement to join with people of faith and religious leaders across the nation to participate in a 23-hour fast, symbolizing the 23 hours per day that tens of thousands of prisoners, inmates, and detainees are held in solitary confinement. As we have seen in recent prisoner hunger strikes, including the 2013 strike in California in which over 30,000 prisoners participated to protest conditions of long-term solitary confinement, refusing food is one of the only means prisoners have to protest conditions that constitute torture.

Highlighting a growing national consensus that long-term solitary confinement must be ended, the faith community expressed broad support for the 2013 California prisoner hunger strike. In July NRCAT, the American Friends Service Committee (AFSC), and California Families Against Solitary Confinement delivered, “A Religious Call for a Just and Humane End to the Hunger Strike in California Prisons,” signed by more than 1,000 clergy from across the country, asking California officials to address conditions of prisoners in Secure Housing Units (SHU), many of whom have been in solitary confinement for decades. Actual numbers are not kept, but estimates suggest that 90% of inmates in Security Housing Units in California are people of color. The California Conference of Catholic Bishops stated: “We stand opposed to this treatment because it is not restorative. Placing humans in isolation in a Secure Housing Unit (SHU) has no restorative or rehabilitative purpose. International human rights standards consider more than 15 days in isolation to be torture. The world is watching California and the United States.”¹

The 2006 Commission on Safety and Abuse in America’s Prisons (hereinafter “the Commission”), co-chaired by Nicholas Katzenbach, former Attorney General under President Lyndon Johnson, and John Gibbons, former Chief Judge for the 3rd Circuit Court of Appeals, produced a report that described life in a supermax prison like this:

Conditions in segregation vary across the country. In the most severe conditions—which are more likely to occur in disciplinary segregation units and super-max prisons—individuals are locked down 23 or 24 hours a day in small cells between 48 and 80 square feet with no natural light, no control over the electric light in their cells, and no view outside of their cells. They have no contact with other prisoners—even verbal—and no meaningful contact with staff. They may be able to spend up to an hour every other day alone in a concrete exercise pen. Though there are some exceptions, access to books and writing materials is limited; radio and television are often banned; calls to and visits with family are very infrequent, when permitted at all.²

The United Nations Convention Against Torture and Cruel, Inhuman or Degrading Treatment was adopted by the UN General Assembly in 1984, was signed by the United States in 1988 and ratified by the U.S. in 1994. It defines torture as any act by which,

. . . severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third

¹ California Bishops Issue Statement on Prison Hunger Strike and Isolation Policies, July 12, 2013. <http://www.cacatholic.org/index.php/issues2/restorative-justice/712-hunger-strike>

² COMM’N ON SAFETY AND ABUSE IN AMERICA’S PRISONS, VERA INSTITUTE OF JUSTICE, CONFRONTING CONFINEMENT at 57 (2006), http://www.vera.org/download?file=2845/Confronting_Confinement.pdf [hereinafter *Commission*].

person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.³

In a 2011 report, the United Nations Special Rapporteur on Torture, Juan Mendez, cited 15 days or more of solitary confinement as “prolonged solitary confinement,” noting that some of the psychological effects caused by isolation become irreversible at that point.⁴ Further, his report called for a prohibition against the use of solitary confinement for juveniles and individuals with mental illness. The severe pain and suffering caused by solitary confinement is clearly documented throughout history in literary, scientific, and legal sources.

In 2011 the United States Supreme Court stated that “[p]risoners retain the essence of human dignity inherent in all persons. Respect for that dignity animates the Eighth Amendment prohibition against cruel and unusual punishment.”⁵ United States case law dating as early as 1890 has specifically recognized solitary confinement’s clear harm⁶ and, in certain circumstances, has declared the practice as a violation of the Eighth Amendment.⁷

In 1829 the Eastern Pennsylvania Penitentiary was opened.⁸ It was called a penitentiary because enlightenment voices, including Dr. Benjamin Rush and Benjamin Franklin, said they wanted inmates to spend time in isolation so they could think deeply about their crimes, commune with God, and become penitent.⁹ However, instead of becoming remorseful while in solitary confinement, the prisoners developed serious mental health problems, with many going insane. In 1842, Charles Dickens visited the Eastern Pennsylvania Penitentiary and wrote, “The system here is rigid, strict and hopeless solitary confinement. I believe it . . . to be cruel and wrong. I hold this slow and daily tampering with the mysteries of the brain, to be immeasurably worse than any

³ Convention Against Torture and Other Cruel, Inhuman, and Degrading Treatment or Punishment, art. 1(1), Dec. 10 1984, 1465 U.N.T.S. 85.

⁴ The Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman, and degrading treatment or punishment, *Interim Report*, ¶ 15, delivered to the General Assembly, U.N. Doc. A/66/268 (Aug. 5, 2011).

⁵ *Brown v. Plata*, 131 S.Ct. 1910 (2011).

⁶ See *In re Medley*, 134 U.S. 160, 168 (1890) (noting that prisoners held in isolation became violently insane and suffered some irreparable mental damage).

⁷ See, e.g., *Jones’El v. Berge*, 164 F. Supp. 2d 1096 (W.D. Wis. 2001) (finding that placing mentally ill prisoners in solitary confinement constitutes an Eighth Amendment violation); *Madrid v. Gomez*, 889 F. Supp. 1146, 1265 (N.D. Cal. 1995) (equating placing mentally-ill inmates in solitary confinement to placing asthmatics in a room with insufficient air); *Ruiz v. Johnson*, 37 F. Supp. 2d 855, 915 (S.D. Tex. 1999).

⁸ Laura Sullivan, *Timeline: Solitary Confinement in U.S. Prisons*, NATIONAL PUBLIC RADIO, July 26, 2006, <http://www.npr.org/templates/story/story.php?storyId=5579901>.

⁹ *Id.*

torture of the body.”¹⁰

In 1890, the U.S. Supreme Court ruled the use of solitary confinement was “cruel and unusual punishment,” stating that

A considerable number of prisoners fell, after even short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others, still, committed suicide; while those who stood the ordeal better were not generally reformed and in most cases did not recover sufficient mental activity to be of any subsequent service to the community. (United States Supreme Court Center, 1890)

Bonnie Kerness and Bissonette Lewey explain that, according to the 1890 U.S. Supreme Court ruling, “isolation was so harmful that a person who had murdered and was sentenced to die should be freed and escape his death sentence because the additional burden of one month's incarceration in solitary confinement was so onerous as to demand redress.”¹¹ Yet today, the same “daily tampering with the mysteries of the brain” is painstakingly evident in the countless letters sent to friends, family members, and organizations like NRCAT, from the tens of thousands of prisoners held within solitary confinement cells. Describing the impact of solitary confinement, one prisoner wrote:

[P]rolonged isolation tears at my soul, mind, and ability to cope. The cell collapses on top of me. I don't breathe. I can't breathe from crushing anxiety, literally. I utilize all coping mechanisms I know, and some conjure up to no avail. The end result is self-mutilation to escape or an attempt on my life. I can do fine for five, six or eight months. Then all hell inside my head breaks loose. I'm not choosing to be suicidal. It's an unseen force which compels me to try to escape by any means.¹²

A 45- year-old mother of three who was housed in the segregation unit of a New Jersey prison described her experience in 2001, writing, “I never knew how painful it could be to be denied nature itself.”

Many studies have documented the detrimental psychological and physiological effects of long-term segregation.¹³ Nationally recognized expert Dr. Stuart Grassian was one of the pioneers in researching the harmful psychological effects of solitary

¹⁰ CHARLES DICKENS, AMERICAN NOTES 146 (Fromm Int'l 1985) (1842).

¹¹ Bonnie Kerness & Jamie Bissonette Lewey (2014) Race and the Politics of Isolation in U.S. Prisons, *Atlantic Journal of Communication*, 22:1, 26.

¹² Citing a letter from a prisoner during video interview by Steve Martin, Board Member, National Religious Campaign Against Torture, with Shaheed Omar in Roanoke, VA (January 10, 2012).

¹³ See e.g., Stuart Grassian & Nancy Friedman, *Effects of Sensory Deprivation in Psychiatric Seclusion and Solitary Confinement*, 8 INT'L J.L. & PSYCHIATRY 49 (1986); Craig Haney & Mona Lynch, *Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement*, 23 NEW YORK UNIVERSITY REVIEW OF LAW AND SOCIAL CHANGE 477-570 (1997); Craig Haney, *Mental Health Issues in Long-Term Solitary and “Supermax” Confinement*, 49 CRIME & DELINQ. 124 (2003).

confinement in super-max prisons in the early 1980s.¹⁴ In a statement submitted to the Commission, Dr. Grassian documented that nearly a third of the prisoners he evaluated experienced perceptual distortions, in which objects appear to change size or form.¹⁵ This is particularly alarming, he noted, since this symptom is more commonly associated with neurological illnesses, such as brain tumors, than with primary psychiatric illness.¹⁶

Additionally, Dr. Craig Haney, social psychologist and Professor of Psychology at the University of California, Santa Cruz, has found extraordinarily high rates of symptoms of psychological trauma among prisoners held in long-term solitary confinement in his systematic analysis of prisoners held in super-max prison.¹⁷ More than four out of five of those evaluated suffered from feelings of anxiety and nervousness, headaches, troubled sleep, and lethargy or chronic tiredness, and over half complained of nightmares, heart palpitations, and fear of impending nervous breakdowns.¹⁸ Nearly half suffered from hallucinations and perceptual distortions, and a quarter of them experienced suicidal ideation.¹⁹

Dr. Atul Gawande, surgeon and staff writer for *The New Yorker*, asked in his 2009 article, “Hellhole,” “If prolonged isolation is—as research and experience have confirmed for decades—so objectively horrifying, so intrinsically cruel, how did we end up with a prison system that may subject more of our own citizens to it than any other country in history has?”²⁰

Over the past four decades the United States has engaged in a sentencing and corrections approach that has yielded the largest prison system in the world, with the U.S. holding more prisoners in solitary confinement than any other democratic nation. Such “dramatic expansion of solitary confinement is a human rights issue we can't ignore.”²¹

It wasn't always this way. Following an attack on two correctional officers in 1983, Marion Prison in Illinois instituted a permanent lockdown of its entire facility in which all inmates were confined alone in their cells for 23 hours a day.²² That practice caught on, and the use of solitary confinement has increased dramatically since then. Before 1980 the U.S. had one solitary confinement prison. In 1989, California built Pelican Bay Prison to house prisoners exclusively in solitary confinement cells. Other states followed suit, and today, there are more than 40 super-max prisons across the

¹⁴ See e.g., Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 AM. J. PSYCHIATRY 1450 (1983).

¹⁵ Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, 22 JOURNAL OF LAW AND POLICY 325, at 335 (2006), <http://law.wustl.edu/journal/22/p325grassian.pdf>.

¹⁶ *Id.* at 338.

¹⁷ Haney, *supra* note 8.

¹⁸ *Id.* at 133.

¹⁹ *Id.* at 134.

²⁰ Atul Gawande, *Hellhole*, NEW YORKER, March 30, 2009, http://www.newyorker.com/reporting/2009/03/30/090330fa_fact_gawande.

²¹ Senator Dick Durbin, “Reassessing Solitary Confinement: The Human Rights, Fiscal and Public Safety Consequences.” Senate Judiciary Committee: Subcommittee on the Constitution, Civil Rights and Human Rights, June 19, 2012.

²² Sullivan, *supra* note 4.

country, including one federal facility, the Administrative Maximum Facility (“ADX”), located in Florence, Colorado.

The Commission on Safety and Abuse in America's Prisons noted that from 1995 to 2000 the growth rate of segregation units significantly surpassed the prison growth rate overall: 40% compared to 28%.²³ Long-term isolation has become a default management tool, not only as a response to violent behavior, but exceedingly as routine practice for minor rule infractions, involuntary protection, and as a means of managing difficult inmates, particularly those with mental illness. Walter Dickey, former secretary of the Wisconsin Department of Corrections, testified before the Commission that his state’s super-max prison was filled with the wrong people, “the young, the pathetic, the mentally ill.”²⁴ Similarly, psychiatrist Stuart Grassian told the Commission, “Many of these people who are said to be the ‘worst of the worst’ are simply the wretched of the earth. They’re sick people.”²⁵

The notion that solitary confinement is a necessary evil to maintain safety in our prisons, jails and detention centers is not rooted in evidence. A study evaluating the impact of segregating prisoners in super-max facilities on prison violence in three different states found that segregation did not decrease prisoner-on-prisoner violence in any of the states and had divergent results on prisoner-on-staff assaults.²⁶

In May 2013 a U.S. Government Accountability Office report on the use of segregation²⁷ concluded that the Federal Bureau of Prisons has failed to evaluate the impact of solitary confinement on institutional safety and the well-being of incarcerated persons despite a 17 percent increase in its use of solitary confinement between 2008 and 2013. In addition, the use of solitary confinement is economically costly though the effectiveness of its use has not been established. Supermax prisons, which are comprised exclusively of isolation cells, cost generally two or three times more to build and operate than traditional maximum security prisons.

Yet, at a November 6, 2013, Senate Committee on the Judiciary hearing²⁸ Bureau of Prisons Director Charles Samuels answered questions about plans for activating a new federal supermax prison in Thomson, Illinois, as an Administrative Maximum (ADX) facility. The only ADX facility currently within the BOP, located in Florence, Colorado, is comprised of 623 beds, 450 of which are filled. The new facility in Thomson is a 2,100 bed facility.

The religious community is strongly opposed to the addition of any new supermax

²³ Commission, *supra* note 1, at 53.

²⁴ Commission, *supra* note 1, at 54.

²⁵ Commission, *supra* note 1, at 60.

²⁶ Chad Briggs, et al., *The Effect of Supermaximum Security Prisons on Aggregate Levels of Institutional Violence*. 41 CRIMINOLOGY 1341 (2003).

²⁷ Improvements Needed in Bureau of Prisons' Monitoring and Evaluation of Impact of Segregated Housing GAO-13-429: Published: May 1, 2013. Publicly Released: May 31, 2013.

²⁸ "Oversight of the Bureau of Prisons & Cost-Effective Strategies for Reducing Recidivism" hearing, November 6, 2013.

beds in the federal system. We believe the Bureau of Prisons must focus on reducing the number of people in isolation, not adding new segregation beds. We call on all members of this committee to lend their leadership in working with the BOP to ensure that the Thomson facility is given a lower security classification and not activated as an ADX supermax prison. To add 2,100 new supermax beds to the Federal system would only exacerbate the unconstitutional human rights crisis already faced in federal facilities. For people of faith, any action taken by the Federal system to open Thomson prison as an ADX supermax is morally inexcusable. We are additionally concerned that the inhumanity of an ADX supermax poses grave risk for the long-term psychological and spiritual well-being of residents of Thomson who will be employed at the facility.

Moreover, the 2013 GAO report indicated a 5% decline in population at ADX Florence between 2008 and 2013, further demonstrating the lack of need for ADX supermax beds. NRCAT believes the BOP must focus on reducing the number of people in isolation, not add new segregation beds.

Following the first-ever Congressional hearing on the use of solitary confinement in U.S. prisons in June 2012, Senator Durbin announced in February 2013 that the Federal Bureau of Prisons would undergo the first-ever independent and comprehensive assessment of the use of segregation in federal prisons. CNA was subcontracted by the National Institute of Corrections to carry out the assessment. NRCAT calls on CNA to consider the recommendations of the 2013 GAO report noting the lack of data related to institutional safety and the isolation impact on incarcerated persons in its assessment. In addition, we urge CNA to include data related to the impact on correctional officers working in environments of extreme isolation, understanding that such environments result in trauma not only for those in isolation but also for corrections officers and their families.

The demonstrated success of reducing the use of solitary confinement is evident among several states that have proven that not only are there safe alternatives, but there are more cost-effective options.²⁹ Mississippi experienced a decline in violence within its prisons after it drastically reduced its use of solitary confinement by 85 percent in one super-max unit; Mississippi eventually closed the facility all together.³⁰ “The [segregated housing] environment . . . actually increases the levels of hostility and anger among inmates and staff alike,” Donald Cabana, former Mississippi Warden, told the Commission.³¹ Maine and Colorado also have recently made significant reductions in the use of solitary confinement without jeopardizing prison safety.³² Maine Department of

²⁹ Erica Goode, *Prisons Rethink Isolation, Saving Money, Lives and Sanity*, NEW YORK TIMES, March 10, 2012, <http://www.nytimes.com/2012/03/11/us/rethinking-solitary-confinement.html>.

³⁰ Terry A. Kupers, et al., *Beyond Supermax Administrative Segregation: Mississippi's Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs*, 36 CRIM. JUST. & BEHAV. 1037, 1041 (2009); John Buntin, *Exodus: How America's Reddest State – And Its Most Notorious Prison – Became a Model of Corrections Reform*, 23 GOVERNING 20, 27 (2010).

³¹ Commission, *supra* note 1, at 54.

³² Lance Tapley, *Reform Comes to the Supermax*, PORTLAND PHOENIX, May 25, 2011, <http://portland.thephoenix.com/news/121171-reform-comes-to-the-supermax/>; COLORADO DEPARTMENT OF CORRECTIONS, REPORT ON THE IMPLEMENTATION OF ADMINISTRATIVE SEGREGATION PLAN 1-2 (2012),

Corrections Commissioner Joseph Ponte explained, “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.”³³

The daily cost per inmate of solitary confinement far exceeds lower security facilities because individualized cells and increased correctional staff are required, and prisoners do not contribute to the ongoing maintenance of the facility, such as cleaning, cooking, and laundry. Indeed, Mississippi has reportedly saved more than \$5 million by closing its super-max unit.³⁴ Thanks to the transfer of more than 400 prisoners out of solitary confinement, the Colorado Department of Corrections closed its super-max unit, Centennial Correctional Facility in 2013, resulting in savings of \$4.5 million.³⁵

State legislation continues to be introduced throughout the country to address the use of isolation at the state level indicating national support for reform. Bills to address juvenile solitary confinement have been introduced in states including California, Florida, and Montana. In Texas, a segregation study bill was passed in 2013. And in Maryland, where on any given day roughly 8.5% of people incarcerated in state facilities are subjected to solitary confinement, a study has been introduced to look at the use of isolation in state and local jurisdictions.

In California, Assemblymember Tom Ammiano has recently proposed legislation (Assembly Bill 1652) to restrict how solitary confinement is used in California prisons. In New Jersey NRCAT has joined the ACLU of New Jersey in filing a “Petition for Rulemaking.” The petition, filed with the Juvenile Justice Commission of New Jersey, proposes five amendments to the New Jersey Administrative Code, including calling for the cessation of solitary confinement as it is currently used in juvenile detention facilities statewide. In Massachusetts “An Act Relative to the Appropriate Use of Solitary Confinement” has been introduced. The bill calls for appropriate standards prior to placing a prisoner in solitary confinement, decreases the extreme isolation of solitary, and encourages individualized rehabilitation programming and close mental health monitoring for people in solitary confinement.

In New York in January 2014, the “Humane Alternatives to Long-Term (HALT) Solitary Confinement Act” was introduced in the New York State Assembly. The bill is the most comprehensive legislative response to date to the nationwide problem of solitary confinement in prisons and jails. More than 5,000 people are currently being held in solitary and other forms of isolated confinement in New York’s state prisons and local jails. The bill would limit the use of solitary confinement in the state’s prisons and jails to 15 consecutive days for most inmates and bans the punishment outright for certain

available at <https://www.aclu.org/prisoners-rights/report-co-docs-implementation-administrative-segregation-plan>.

³³ Video interview by Richard Killmer, Executive Director, National Religious Campaign Against Torture, with Joseph Ponte, Maine Department of Corrections Director, in Augusta, Maine (October 4, 2011).

³⁴ Erica Goode, *Prisons Rethink Isolation: Saving Money, Lives and Sanity*, NEW YORK TIMES, March 10, 2012, <http://www.nytimes.com/2012/03/11/us/rethinking-solitary-confinement.html>.

³⁵ Kristen Wyatt, *Colorado Closing Canon City Prison*, The Gazette, March 19, 2011, <http://www.gazette.com/articles/colorado-135471-denver-prison.html>.

inmate groups, complying with the U.N. Special Rapporteur's October 2011 report stating that solitary confinement in excess of 15 days “should [also] be subject to an absolute prohibition.”

In May 2013 NRCAT joined more than three dozen representatives from criminal and juvenile justice reform advocacy and faith-based organizations in submitting a letter to Attorney General Eric Holder calling for the Department of Justice to adopt policies prohibiting the solitary confinement of youth in federal custody. The coalition of organizations asserted its belief that juvenile solitary confinement is “not only cruel, but counterproductive for both rehabilitation and facility security. ... Both law and the science of adolescent development recognize the need to treat juveniles differently from adults in the context of punishment and rehabilitation.”

Mr. Chairman and members of the Subcommittee, as you can see, there is significant interest throughout the country to bring an end to the abusive use of solitary confinement. We hope that your leadership on this issue will extend beyond this hearing. To that end, we would strongly support your leadership in sponsoring legislation that would bring the federal system into compliance with the Constitution and basic international human rights standards. We urge Congress to support increased federal oversight, monitoring, transparency, and funding for alternatives to solitary confinement by taking the following steps:

- BOP should immediately implement a ban on the solitary confinement of juveniles, persons with serious mental illness, and pregnant women held in federal custody.
- BOP's newly acquired facility at Thomson, Illinois, should not be designated for use as an ADX (supermax) facility. Instead, it should be converted for use as a lower custody, general population prison.
- Federal, state, and local prisons, jails, detention centers, and juvenile facilities should be required to report to the Bureau of Justice Statistics (BJS) who is held in solitary confinement, for what reason, and how long, as well as the impact of the practice on cost, facility safety, incidents of self-harm, and recidivism.
- BJS should publish annually a comprehensive review (including raw data and a statistical analysis) of the use of solitary confinement in the United States. In conjunction with the release of this review, a panel of appointed experts should conduct public hearings to review the findings, hear from stakeholders, and issue recommendations.
- The Bureau of Justice Assistance (BJA) or another appropriate entity should provide federal funding to support federal, state, and local efforts to dramatically reduce the use of solitary confinement with a focus on programming and other alternatives.

- BOP should be required to reduce its use of solitary confinement and other forms of isolation in federal prisons by implementing reforms based on the standards for long-term segregated housing established by the American Bar Association, as well as the findings of the Government Accountability Office (GAO) and the ongoing study of BOP's use of segregation being conducted by outside contractors.
- DHS should reevaluate its directive and consider the proposed amendment Blumenthal 2 (Title III) to S.744, The Border Security, Economic Opportunity, and Immigration Modernization Act. The amendment contains important measures to reduce the use of solitary confinement. Congress should work to end the use of isolation in immigration detention.
- The Subcommittee should formally request that the Department of State play an active role in updating the United Nations Standard Minimum Rules for the Treatment of Prisoners. New provisions should be included to ban solitary confinement of juveniles, individuals with serious mental illness, and pregnant women and to protect against prolonged solitary confinement for all persons.
- The Subcommittee should formally request that the Department of State stop impeding the longstanding formal request by the United Nations Special Rapporteur on Torture to investigate of the use of solitary confinement in U.S. prisons.
- The Subcommittee should require rulemaking by the Department of Justice to ensure the development of smart, humane, and evidence-based national best practices and regulations that will limit the use of all forms of isolation and solitary confinement.

Mr. Chairman and members of the Subcommittee, the National Religious Campaign Against Torture believes strongly that the United States should do everything it can to end our nation's reliance on solitary confinement and focus scarce resources on rehabilitative alternatives and mental health treatment to increase community safety and bring an end to torture. Your hearing today is a very important step in that effort, and we thank you for the opportunity to contribute to it.