



## Mental Health Project

New York City Council  
Committee on Criminal Justice

### Hearing on Int 549-2022

### A Local Law to amend the administrative code of the city of New York, in relation to banning solitary confinement in city jails

Wednesday, September 28, 2022  
Council Chambers, City Hall  
New York, NY

Testimony of  
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The Urban Justice Center Mental Health Project unequivocally supports ending the torture of solitary confinement in New York City jails. We urge the City Council to pass Introduction 549-2022 (Intro 549).

Solitary confinement is detrimental to the health and well-being of those subjected to it, and it has no place in this city's jails. The Council must require humane treatment of all incarcerated persons.

The Urban Justice Center Mental Health Project has advocated for people with mental health concerns involved in the criminal legal system for more than 20 years. We are deeply familiar with the difficulties people with mental health concerns have within correctional facilities and in accessing essential mental health services, housing, and benefits upon release. We represent the *Brad H.* Class, all incarcerated individuals who receive mental health treatment while in city jails. Currently the *Brad H.* Class comprises about half of the city jail population. We are extremely concerned that the jail environment, especially placement in solitary confinement, harms these individuals not only while they are incarcerated but after their release. Moreover, solitary confinement poses a health risk for everyone subjected to it – whether they have pre-existing mental health challenges or not.

For more than six years, we have documented the experiences of people subjected to solitary confinement in New York City jails. Through the work of dozens of law students, we have

compiled statements from incarcerated individuals and presented them at Board of Correction meetings. We include as an exhibit to this testimony statements composed in 2021 and 2022. The firsthand accounts of people who have endured solitary confinement are ample evidence of the inhumanity of this practice. They describe not only pain inflicted in solitary but also the scars that last long after the isolation ended.

Research also establishes the severe psychological harm and other health effects that solitary causes both while a person is incarcerated and upon release. For instance, people exposed to solitary confinement are almost seven times more likely to attempt to hurt or kill themselves than other incarcerated people.<sup>1</sup> They also have higher rates of hypertension than other incarcerated people with a 2019 study revealing that one-third of the people in supermax units were more likely to experience heart attacks and strokes.<sup>2</sup> They are more likely to die in the first year after release from incarceration, especially from suicide or homicide; more likely to die of an opioid overdose in the first two weeks after release; and more likely to be reincarcerated.<sup>3</sup>

Given the well-established harm solitary confinement causes, the Council should prohibit its use entirely.

### **Intro 549 bans the use of solitary confinement**

Intro 549 accomplishes that by requiring that all incarcerated individuals have access to at least 14 hours out of cell each day. This provision extends the limits on involuntary lock-in in the Board of Correction's minimum standards to everyone in custody.<sup>4</sup>

The bill also defines "out-of-cell" so that the Department of Correction can no longer pretend that the time an individual spends alone in an enclosed area outside of their cell that does not allow for physical contact with other people is "out-of-cell" time. The Department asserts that no one in the city jails is currently in solitary confinement even though there are some individuals who are held at North Infirmity Command (NIC) and West Facility in cells that have an adjacent area outside the cell (which the Commissioner refers to as a "private dayroom") where they can be held alone while they are not in their cell. Intro 549 makes clear that an incarcerated individual is not out of cell when they are confined in such a space.

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<sup>1</sup> Kaba F, Lewis A, Glowa-Kollisch S, et al. Solitary confinement and risk of self-harm among jail inmates. *Am J Public Health*. 2014;104(3):442–447. doi:10.2105/AJPH.2013.301742

<sup>2</sup> Williams, B.A., Li, A., Ahalt, C. *et al.* The Cardiovascular Health Burdens of Solitary Confinement. *J GEN INTERN MED* 34, 1977–1980 (2019). <https://doi.org/10.1007/s11606-019-05103-6>

<sup>3</sup> Brinkley-Rubinstein L, Sivaraman J, Rosen DL, et al. Association of Restrictive Housing During Incarceration With Mortality After Release. *JAMA Netw Open*. 2019;2(10):e1912516. doi:10.1001/jamanetworkopen.2019.12516

<sup>4</sup> Minimum Standard § 1-05(b).

## **Intro 549 allows for separation without isolation**

- **Short-term De-escalation**

Eliminating the use of solitary confinement does not mean that a person who injures another person or poses a “specific, serious, and imminent danger” to others’ safety cannot be separated. In such a situation, the person can be placed in a cell and separated from others to de-escalate the immediate conflict. Cell confinement should occur in the context of de-escalating a person and should be used for as short a time as necessary and include safeguards for medical and mental health staff to monitor and assess individuals while in cell confinement.

The legislation provides for short-term de-escalation and sets forth requirements for what de-escalation must include. These safeguards on cell confinement for the purpose of de-escalation include:

- Regular staff contact with the person so that the person can be released from confinement as quickly as possible;
- Involvement of health staff to support de-escalation;
- Frequent contact with medical and mental health staff to treat any immediate health needs and assess the individual;
- Authority for medical and mental health staff to determine whether the individual should be removed from cell confinement if remaining in cell confinement is medically contraindicated; and
- Time limits on cell confinement so that it cannot be used as a harmful form of solitary confinement.

The involvement of Correctional Health Staff (CHS) in observing and assessing individuals while they are in cell confinement protects against a person’s medical needs being neglected while in cell confinement. Even during a brief period of cell confinement individuals in mental health crisis may decompensate and engage in self-harming behavior or attempt suicide. Giving CHS the authority to determine that the treatment needs of a person who is in cell confinement require that they be removed from such confinement ensures that individuals in distress can be removed to an appropriate therapeutic environment. The time limits regarding subsequent placement in cell confinement prevent improper repeated use of cell confinement to punish incarcerated individuals rather than de-escalate immediate conflict.

The Department can also move the person to a different housing unit or different facility entirely. For many altercations, this type of de-escalation and separation can resolve the situation. But when the circumstances require that the person be separated for a longer period, the bill sets forth specific parameters on such housing.

- **Restrictive Housing**

The provisions regarding restrictive housing are essential given the Department’s track record of creating various forms of punitive units in response to efforts to limit solitary confinement. The Department is adept at manipulating language and creating restrictive housing units that circumvent restrictions imposed upon their practices. For example, after the Board of Correction

adopted rules prohibiting the use of solitary for young people under 22 years old, the Department developed other forms of restrictive, degrading, dehumanizing units. Young adults were placed in Enhanced Supervision Housing (ESH) and shackled in restraint desks for the seven hours a day they were allowed out of their cell. Similarly, the Department labeled units in West Facility “general population” even though individuals spent their out-of-cell time alone in a slightly larger dayroom – just as isolated as solitary confinement – without any due process protections and beyond the time limits for placement in punitive segregation.

Because of these and other efforts to circumvent meaningful change, the Council’s legislation must clearly define what is prohibited and what is required. This bill does just that.

For restrictive housing to be rehabilitative, it must be operated in a manner that respects the humanity of the people housed there. The bill prohibits the Department from confining people alone in cages and calling it “out-of-cell” time. The bill specifies that “out-of-cell” time must be provided in a space that allows for congregate activities and facilitates programming.

The bill requires that incarcerated persons who need to be separated from the general jail population be afforded services and programming in a setting that allows them to interact with other people. Individuals in restrictive housing must be allowed out-of-cell time in a space that provides for free movement and routine interaction with other people. They must also receive at least seven hours of daily programming.

Specifically, the bill requires the following:

- comparable congregate programming and amenities to those housed outside restrictive housing, including access to at least seven hours per day of out-of-cell congregate programming or activities with groups of people in a group setting;
- programming in a shared space without physical barriers that is conducive to meaningful and regular social interaction;
- programming that addresses the unique needs of those in restrictive housing;
- training in de-escalation techniques, conflict resolution, the use of force policy, and related topics for staff who routinely interact with incarcerated individuals in restrictive housing; and
- positive incentives to encourage good behavior in restrictive housing units with disciplinary sanctions used only as a last resort.

A person who is at risk of harming others should be housed in an environment that mitigates that risk through intensive engagement with skilled staff and programming that addresses the underlying cause of problematic behavior. Punishment is ineffective in preventing or deterring violence.<sup>5</sup> Alternatives to solitary confinement should be the opposite of isolation and punishment – an environment where there can be actual human engagement and programs to address the reasons that people needed to be separated and to prevent future violence and harm.

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<sup>5</sup> Gilligan J and Lee B. Report to the Board of Correction, September 5, 2013, at 5, available at <https://solitarywatch.org/wp-content/uploads/2013/11/Gilligan-Report.-Final.pdf>.

Congregate human interaction, including quality, evidence-based programming, is essential. People in restrictive housing should have access to trauma-informed therapeutic programming that promotes personal development and addresses the underlying causes of problematic behavior. Engagement with people in the unit should not be limited to group discussions and classes but also include individual counseling, efforts to connect with family and community members, and peer-led initiatives. The programming should be tailored to the person's individual needs.

For restrictive housing units to promote a culture of non-violence, all staff who work on the unit should be trained on the purpose of the unit and committed to its successful operation. Civilian staff should be included in the operation and management of restrictive housing. In addition, considering the widespread need for mental health treatment in the jails and the pervasive history of trauma among the jail population, CHS should provide therapeutic groups in restrictive housing units.

### **Intro 549 protects against excessive, punitive, and unlawful use of restrictive housing**

- **Limits on Time in Restrictive Housing**

In restrictive housing, high quality, engaging programming should be offered to promote participation. Unfortunately to date, DOC has not consistently provided adequate programming. In addition, correction staff oftentimes operate units – especially disciplinary units – in a punitive, abusive manner. Therefore, it is important that the bill have limits on the amount of time that a person can be held in restrictive housing.

The bill contains a 30-day limit on the time an individual can be held in restrictive housing and a cumulative total of 60 days in any 12-month period. It also requires that a multi-disciplinary team that includes program and health staff review the person's placement to determine whether they can be safely discharged from the unit. Individuals who are not approved for discharge must be provided with the reasons for that determination and access to the programs, treatment, and services that the team determines is needed. The bill also requires that an incarcerated individual be discharged from restrictive housing if the individual has not engaged in behavior that presents a "specific, significant, and imminent threat to the safety and security of other persons during the previous 15 days."

- **Limits on the Use of Restraints**

The use of restraint desks and other forms of restraint during lockout periods in restrictive housing should not be permitted. Restraint desks are demeaning and dehumanizing and have no place in restrictive housing aimed at ensuring people in custody are treated with dignity and respect.

To the extent that the Department is permitted to use restraint desks or other forms of restraint during lockout periods, such use should be allowed only in response to an immediate threat of imminent and serious harm. Extending the use of restraints beyond a single lockout period should require strict due process requirements. In addition, correctional health staff should

provide medical and mental health rounds during each tour in which an individual is in restraints during the lockout period.

The bill limits the use of restraints in restrictive housing by requiring the following:

- An individualized determination that restraints are necessary to prevent an immediate risk of self-injury or injury to other persons;
- Use of the least restrictive form of restraints and for no longer than necessary to abate imminent harm;
- No use of restraints beyond the initial occasion until a hearing is held to determine if the continued use of restraints is necessary for the safety of others;
- Procedural protections regarding the use of restraints, including the right to representation by legal counsel or legal advocate, the right to present evidence and cross-examine witnesses, written notice of the reason for proposed continued placement in restraints and any supporting evidence no later than 48 hours prior to the hearing, adequate time to prepare for such hearings, and videotaping of an alleged refusal to attend;
- Daily review of any continued use of restraints and discontinuance once there is no longer an immediate risk of injury; and
- A limitation of continued use of restraints to a seven-day period.

In addition, the bill prohibits using restraints on incarcerated individuals under the age of 22.

- **Due Process Protections**

Before an individual is placed in restrictive housing, they must have a meaningful opportunity to be heard and to confront the evidence against them. Incarcerated individuals should not be placed in restrictive housing for minor offenses, as retaliation, or to cover up acts of staff brutality. To prevent such abuses, the Department must be required to establish at an administrative hearing that an incarcerated individual committed a violent grade I offense before placing the person in restrictive housing. At such a hearing, the incarcerated individual must be allowed to mount a defense with the assistance of counsel.

The bill requires the following:

- A hearing before an incarcerated individual is placed in restrictive housing;
- A finding that the person committed a violent grade I offense;
- The right to representation by legal counsel or legal advocate at such hearing;
- The right to present evidence and cross-examine witnesses;
- Written notice of the reason for placement in restrictive housing and the supporting evidence no later than 48 hours prior to the restrictive housing placement hearing;
- Adequate time to prepare for such hearings;
- Videotaping of any refusal by an incarcerated individual to attend the hearing; and
- Dismissal of offense for failure to provide the notice or evidence or to enter into the record videotaped evidence of an alleged refusal to attend by the incarcerated individual.

Allowing persons in custody to have their own counsel or legal advocate represent them in restrictive housing placement hearings is critical to ensuring a fair process. The public defender

offices have made clear their willingness to represent their clients in these hearings if the Department allows them access. Timely written notice of the reason for proposed placement in restrictive housing, including specific information regarding the allegations, must be provided to both the incarcerated person and their attorney of record. The failure to provide such notice constitutes a due process violation warranting dismissal. Counsel should be provided adequate time to prepare for such hearings, including requests for adjournments.

### **Housing units that allow for separation without isolation have successfully reduced violence**

The Department can develop restrictive housing that makes the jails safer for everyone.

- **Resolve to Stop the Violence Program**

For example, the Resolve to Stop the Violence Program (RSVP) in the San Francisco county jails is a possible model.<sup>6</sup> The goal of RSVP is

to attempt to address areas where ordinary corrections have failed: (1) to use the jail to create an alternative environment that curbs rather than engenders violence; (2) to help prepare [individuals] for shaping productive lives for themselves in their communities while refraining from violence; and (3) to provide avenues for them to contribute to healing the harm they have caused while providing necessary emotional and practical support to their victims and to the general community.<sup>7</sup>

RSVP includes an intensive, 12-hours-a-day, 6-days-a-week program that teaches “male-role reconstitution, accountability, empathy, alcohol and drug recovery, creative expression, and awareness of one’s contribution to the community.”<sup>8</sup> Some of the structural elements that brought about a shift in the culture of the RSVP dorm were “(1) direct supervision; (2) consistent supervision; (3) a racial and ethnic composition of instructors that reflect the population; and (4) positive role modelling with sworn staff and service providers so as to maintain a coherent message.”<sup>9</sup>

Within the RSVP program dorm, the program succeeded in not only reducing violence on the RSVP unit compared to a regular unit, but upon return to the community, violent recidivism also reduced.<sup>10</sup> Research into the program showed that this type of therapeutic community achieved the goal of reducing violence on the unit compared to a unit with a similar composition of incarcerated people. There were 24 violent incidents serious enough to constitute felonies in the 62-bed dorm during the year before RSVP began. In the first month RSVP was in place, there

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<sup>6</sup> Gilligan, J. & Lee, B. (2005). The Resolve to Stop the Violence Project: Transforming an In-house Culture of Violence Through a Jail-based Programme. *Journal of Public Health*, 27(2), 149. <https://doi.org/10.1093/pubmed/fdi018>

<sup>7</sup> *Id.* at 150.

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> *Id.* at 153.

was one such incident, and in the following year, there were none. During the same year, there were 28 violent incidents in the control dorm that still followed traditional jail practices.<sup>11</sup>

- **Clinical Alternatives to Punitive Segregation**

The City has already created an alternative to solitary that allows for 14 hours of out-of-cell time for individuals diagnosed with serious mental illness who received an infraction that would result in placement in solitary confinement. After years of putting people with mental health challenges in slightly modified versions of solitary confinement, in 2013 the City created a Clinical Alternatives to Punitive Segregation (CAPS) unit. Individuals in CAPS have the same amount of out-of-cell time as the rest of the jail population. What was added is more engagement.

Correctional Health Staff ran a full schedule of group activities throughout the day. Mental health treatment aides interacted with people on the unit and de-escalated situations before correction officers needed to intervene. The model required the assignment of a steady staff of correction officers and clinical staff, who were trained together on unit operations.

In a study of CAPS, the unit was found to be much safer than previous solitary alternatives that restricted out-of-cell time – with less self-harm and fewer injuries.<sup>12</sup> In fact, CAPS was so successful that Correctional Health Services and the Department replicated it for people with serious mental health treatment needs who had not received infractions. The Program to Accelerate Clinical Effectiveness (PACE), as the new units were called, improved the quality of mental health treatment provided in the jails. According to the Department, Use of Force incidents decreased by 43% in CAPS and by 69% in PACE, and there was a 72% decrease in assaults on staff in CAPS and a 63% decrease in assaults on staff in PACE.<sup>13</sup>

Unfortunately, the Department does not appear to be prioritizing mental health treatment in its efforts to address the crises in the jails as evidenced by its failure to implement the planned expansion of PACE, the relocation of some PACE units from housing areas designed to provide a therapeutic environment, and the diminishment of the crisis intervention team (CIT) program. However, these practices that have been successfully implemented in the past can be revived, expanded, and adapted.

## **Conclusion**

We call on the Council to pass Intro 549 which not only ends solitary confinement but also requires that any restrictive housing units promote rehabilitation and violence prevention by treating people humanely. For far too long, the Department of Correction has used isolation, shackling, deprivation, and demeaning treatment as its response to disruption and violence. This

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<sup>11</sup> *Id.* at 149.

<sup>12</sup> Glowa-Kollisch, S., Kaba, F., Waters, A., Leung, Y. J., Ford, E., & Venters, H. (2016). From Punishment to Treatment: The “Clinical Alternative to Punitive Segregation” (CAPS) Program in New York City Jails. *International journal of environmental research and public health*, 13(2), 182. <https://doi.org/10.3390/ijerph13020182>

<sup>13</sup> DOC CAPS and PACE Backgrounder, <https://www1.nyc.gov/site/doc/media/caps.page>.



approach has proven not only cruel but ineffective. The Council must require the Department to respect incarcerated individuals' human rights and operate the jails in a manner that promotes safety for everyone.

Solitary confinement is just one part of this dysfunctional abusive system that the Department runs. But it is a place where this Council can have a meaningful impact. By passing Intro 549 and requiring the Department to stop using solitary confinement in all its forms and by whatever name, the Council can compel the Department to turn away from its barbaric tactics that rely on use of force and isolation to control incarcerated people and instead move to a more effective, humane approach to establishing safety for everyone – both people confined in the jails and those who work there.

We urge you to pass Intro 549 right away.

## **Exhibit**

Statements of Individuals Incarcerated in NYC Jails

Written in 2021 and 2022

## **Board of Correction Meeting**

**February 9, 2021**

### Statement of Incarcerated Person

Regarding Restrictive Housing and Physical Assault at MDC and OBCC

Presented by Naz Akyol and Bridget McCarthy

I am 28 years old and I grew up in the Bronx. I love to write poetry, make music, and cook. I am currently being held at Manhattan Detention Complex (MDC); I was transferred here from Otis Bantum Correctional Center (OBCC) on Rikers Island in early July. I have been incarcerated since May 2019 and for most of my incarceration, I have been in various forms of restricted housing, including Enhanced Supervision Housing (ESH) and the box.

In my housing unit, we get strip searched when we go to and from all areas of service and programs, and if we refuse, we are forced. Directives are not being followed because strip searches are not done at random; they are done routinely, in a targeted way, and to deter us from going places. Sometimes, I am not allowed to leave my cell for two or three days at a time, even to take a shower. When I file grievances, they are not addressed. The same thing happens with 311 calls; when I call to make a complaint about the facilities, the complaint is never investigated, and officers forge log entries that say I refused to cooperate with the investigations.

I do not have any adequate notice or documentation detailing my restraint status and why I have been placed in restricted housing. In other facilities that I have been in, there were programs and social service groups that I could participate in, times I could go outside in a more open setting, and levels of the housing unit that were less restricted that I could move onto with time. For example, at ESH, there were different levels and with good behavior, I could be moved from the highly restrictive Level 1 to the less restrictive Level 2 where I had more entitlements; ultimately,

I could even return to general population. This gave me hope and incentive. At MDC, I have no idea about the time frame for my confinement in restricted housing; there are no programs or housing designations, so there is nothing to look forward to.

I am refused access to information about the rules and procedures that govern my confinement, without which I am not able to adequately represent myself at due process hearings. Sometimes, I am not even allowed to go to the hearings to defend myself. I am refused access to departmental directives and housing area rules that would detail my entitlement to minimum standards and basic rights; this creates a deeply embedded, unwritten policy of rights violation. I am often told about rules that do not exist and forced to comply with them without proper documentation authenticating the existence of these rules. I feel completely isolated and hopeless. I do not get to interact with anyone except for the one person I share my cage with. Being in restricted housing makes me feel very angry and sad. I hear things, and I often get very depressed and frustrated.

Being in the box during my current and previous incarcerations has affected me. When I went home before my current incarceration at MDC, I had a very hard time adjusting. I did not want to be outside; I only wanted to be by myself. When I got placed in Level 1, the most restricted level of ESH housing, in December 2019, I felt suicidal and I cut my wrists. Even then, I was not sent to the mental health unit; no one took me seriously. I have been diagnosed with bipolar disorder, borderline personality disorder, and depression. I do not get to meet with a mental health official very often, and when I do, the meetings are very brief. By the time I get comfortable enough to talk, the meeting is already over. I am on medication, but I sometimes still have suicidal thoughts. I feel like I have nobody to talk to and no one to get help from. While in restricted housing, corrections officers treat us detainees with less care and more hostility, and they provoke

us with fearful, disrespectful behavior. When I express these thoughts, I automatically get disregarded. I feel like I am missing out on so much and I have no one on my side anymore.

Recently, I have been subject to over 20 instances of use of excessive force by Emergency Services Unit personnel. I have suffered serious injuries during these instances, including a broken nose, a dislocated shoulder, a dislocated knee, and a laceration on my forehead that left a scar. I had to be taken to the hospital for my injuries, and I have been told that I may need surgery for my knee. My housing unit has been targeted by ESU officers over the past weeks, and the number of physical assaults has skyrocketed. These assaults happen for the smallest, most trivial things. There is clearly discrimination going on because my housing unit has been under 24-hour surveillance by ESU and they specifically pick on everyone housed in my unit with increasing frequency. I want people outside the jail to know that this is happening and that everyone involved knows about this targeted violence.

**Board of Correction Meeting  
February 9, 2021**

**Statement of Incarcerated Person  
Presented by Jessica Coffrin-St. Julien**

I am 28 years old, and I was born and raised in Manhattan. I know New York City like the back of my hand. I've been homeless my entire life; I was a regular street kid growing up. Ten years ago, I was diagnosed with schizophrenia.

I was arrested in August of last year, so it's been six months incarcerated for me. This is my first time incarcerated, and I'm still learning about how things work here. Right now, I'm in Enhanced Supervision Housing. The building I'm in was actually the former box, and it's set up in almost the exact same way the box is. It seems like it's impossible to get out of here; I've been here almost four months.

They treat people really bad in ESH. I've been sprayed in the face with mace. The mace is incredibly powerful—it gets inside your sinuses and respiratory system. And it affects you psychologically because, once you get to the point of blindness, you start to panic. In general, when mace is in the air, you know it. Sometimes you'll still feel it days after it's been sprayed, or, if someone is sprayed upstairs, you can feel a trace of it downstairs.

The staff also write false reports; they plant things on you that aren't permitted inside the jail, like metal objects. That happened to me right off the bat: they told me I had a metal object on me I know I didn't have. We can't even get liquids or toothbrushes in the mail here. For me, I'm trying to figure out how to get my time reduced; I'm not trying to add onto it. I wouldn't do anything to risk adding time to my sentence, but, in ESH, anything the staff says goes. Sometimes, ESU, a special search team, is sent to our cells to look for contraband. They look like GIs: they wear full military gear, steel-toed boots. When that happens, it is intense and overwhelming.

In ESH level one, the staff really violate your privacy. Every time you need to leave the floor, they want you to squat, cough, check your mouth and ears. They're really nasty about it. It is very uncomfortable to be searched in that way, and they just want to get it done. I try to just get through it as quickly as possible, but it feels like a violation.

It's also hard to get your basic needs met in ESH. Just the other day, it was impossible for me to get a drink of water. The sink in my cell does not turn on. It's common to be in a cell that has either no hot water or no cold water, but usually you at least have some water. But I do not have any water at all. That's tough because you need water to live. But I couldn't get water because the COs weren't making their rounds like they are supposed to. It's worse lately because they're super short

on staff. The other day, we locked out late, but they still want to lock in at the regular time. That's time ticking away from us.

I have been able to get some medical care for a foot injury in ESH, but I haven't really gotten any type of mental health treatment. I've talked to a couple people really briefly, but it's difficult to create rapport. Especially right now, I'm just starting to realize that I'm going to be incarcerated for some time. Every day I wake up, and it hits me: I'm in jail. That's hard to deal with, and hard to talk about. I hope they can start bringing back programs for us. Right now, there's nothing to look forward to: no programs, no nothing, every day is the same. There's no way to keep track of time.

I got to the box on maybe my tenth day of being incarcerated. They gave me twenty days of time in the box. By now, I've been to the box three times. With every ticket you get, you have to do some time, plus they charge you a \$25 surcharge. That's hard on my family; my mother and sister are working less hours lately, so they don't really have anything to spare sometimes.

When I'm in the box, every day just drags on. The cells are very small; it's very hard to exercise or move around. We're not allowed to have commissary, so we spend the day starving, waiting four or five hours to get food. The feeding is done by staff, and we have to be on the gates of our cells, shouting out, asking to be fed. It makes me feel like I'm competing with my neighbors to get food. The last time I was in the box, I just shut down. I didn't want to talk to anyone, I didn't want anyone to touch me, I just wanted to sleep and stay in bed all day. I was in a really bad place.

Sanitation-wise, the box is really unhygienic because we're in there 24/7, so things get messy but there is no way to keep it clean. A lot of times they won't give us a broom or nothing. There is no access to books, and I can hear people talking all day. Seeing and hearing other people breaking down can be very hard. There's no one to chat with, no human interaction, and that can be very stressful.

In the box, if a staff member is working who doesn't like me, I know that day is going to be bad. The COs can be very disrespectful. Like if I ask them to open the slot to my cell, sometimes they will close it more than halfway. There were two times where I was left cuffed in a very uncomfortable position in my cell for hours.

Staff will take showers away from you if they don't like you. Plus, if you have some type of medical issue, the COs don't always do their rounds when they are supposed to, so you can be up all night waiting for them to come. I have heard someone who is asthmatic scream that they can't breathe, and it took a long time for anyone to attend to him. Hearing that made me start to panic. I feel like the staff get a kick out of treating people bad. When I'm in the box, I feel like my life is on the line to a certain degree.

**Board of Correction Meeting  
February 9, 2021**

**Statement of Incarcerated Person  
Presented by Claire Bartholomew and Susannah Waldman**

I am 46 years old. I grew up in Harlem. I've been incarcerated for 23 months on the current charge. I started at the Tombs (Manhattan Detention Complex), and have been moved around a lot. I'm now at the NIC (North Infirmery Command). I'm a CMC (Centrally Monitored Case) because I have an escape on my record from 1999, which I already served my time for. This means I must be escorted everywhere I go. Food gets delivered to me; I don't go to the mess hall. I'm handcuffed and shackled whenever I go to recreation or anywhere else. There are cameras in the cell depending on how high the classification is.

Right now, at NIC, I'm in a gallery of 10 cells. There are seven of us here. One cell is a shower. Another cell has a slop sink and mirror where you can shave. The whole tier area is only about 50 feet x 10 feet. There are three tables on the gallery, four seats to each table. Each cell is 8 feet x 8 feet, and everyone has an individual cell, but you're basically inside a cage. There is absolutely no social distancing. I try to stay at the edge of my cell to avoid people. I eat in my cell now.

There is no date for me to get out of NIC. Once you're here, you're here. I'm CMC because of an attempted escape that happened when I was around 26 years old. I was denied a hearing to challenge being placed in CMC for the escape. I never even left Rikers Island grounds. We were young kids, the backdoor of the dorm was open, and we went out and played basketball. That's why I'm CMC.

Here, at NIC, we are in cages during the one hour we are allowed outside for recreation. We don't have access to basketball courts. Now we go to single man cages. We didn't have a hearing for that – and you're supposed to having a hearing before you are required to spend rec in a single man cage.

What gets me more than anything is the strip searches. I can't do it. I write it up every time and they get mad, but I don't care. Instead of fighting, I file grievances.

They conduct visual cavity searches. They do it when they feel like it – once a week, two times a week, three times a week. As harassment and punishment. If something happened in another block, they'll come to us. None of us has been outside this building since February – there's no reason for them to even strip searching us when they have a body scanner, hand wands, and x-ray machines. There are 7 cameras in the area they are in. There is no reason for them to strip search us when they already watch us all day every day.

If it's a fire upstairs, they'll storm upstairs, and then they'll come and search us. They're stripping us as a punishment, to embarrass us. "If you behave, you won't get strip searched no more." They come to your cell, 3 of them standing right outside your cell, 3 men fully dressed, wearing illegal motorcycle gloves with the knuckles that can hurt you – leather gloves with carbon fiber over the knuckles. The Board of Correction should check the Genetec video for the gloves they wear. They search us with the same gloves that they use with the detainees on asymptomatic tiers. They storm in our cell and strip us naked. I ask them – are you gay? You're about to see me naked. They get hostile



and wanna spray me with mace. I say, “this is illegal. I don’t consent.” That’s when they wreck my cell, threaten me, put me through all kinds of chaos. I don’t ever fight them back.

The worst of the worst was when I was in the box at GRVC. Once you get in the box, they ignore you. You’re locked in your cell all day. They don’t care about you. It’s no man’s land. I was supposed to be on a liquid diet the whole time, but they didn’t feed me; during the 30 days that I was there, I only had 7 pieces of bread. People light their whole cells on fire just to get attention and get out of the cell. I had 3 showers the whole time I was in there. I wrote down the dates. The only reason I got a shower was because I told the Warden to check the video tapes, and she saw it was true that I hadn’t showered, so she let me out. The second time I was able to shower was through the chaplain; I told them I’m talking to clergy, and she went and raised hell and got me a shower. Then a social worker got me out for the third time. I stopped her asking her to complain that I didn’t get a shower in 2 weeks.

When you first come in there, they strip you again. They have all the equipment there so it’s unnecessary. They take all your property, you’re in there without a Walkman or anything. You get one phone call a day. If you wanted to call your mother and your lawyer, you couldn’t. You have to call one or the other. In order to get the phone brought to you, you have to scream and scream for days.

I was sent to GRVC for allegedly assaulting an officer. The crazy part is, I had what is called a blackout. It is on camera; the Genetec never lies. I came out my cell, had a blackout, fell down the stairs, and had a seizure. They came for a medical emergency. I was thrashing. I don’t know what was going on; I don’t remember this. They said when they were trying to put me on the stretcher, I was lashing out and punched a captain. In the behavior report, it says it looks like I’m in and out of consciousness, don’t know what is going on, and incoherent. And still, they sent me to solitary.

After the seizure, I went to Bellevue for an IV. The seizure was stress related. I’ve only had it twice in my life. At that point, I was at MDC – the jail in Manhattan known as the Tombs. It is stressful there – you have a cell that doesn’t open, you’re just in a room, and it’s locked by a steel door. It’s miserable, gloomy. It’s a seriously stressful environment. That’s why they call it the Tombs. Each cell will remind you of a tomb you’ll be buried in.

After the seizure, there was a hearing to determine whether they could put me in the box – but they never even let me go to the hearing. I was railroaded. I included all of that in the grievances I filed. I said I wanted to go to the hearing. They said I refused the hearing, but there is no record to show I refused anything. The officer kept calling there, telling them I wanted to go – and then they put down that I refused. That’s their tactic to make sure you get slayed on these misbehavior reports. You have to wait for someone to pick up and escort you. Someone writes in the logbook that you refused.

In the box, they don’t even pick up my mail - not my social mail or my legal mail. My lawyer has been trying to contact me for months and hasn’t been able to. My visits have been denied; it took four hours for them to come get me when my fiancé was here for a visit. And once they finally let me see her, a fight broke out in the visiting room, so I was trying to protect her from that garbage. The officers got mad at me for that, so they didn’t feed me that night, and they held my fiancé for three hours and wouldn’t let her leave.

In the box, they don't give you nothing – no writing utensils, no writing paper, no supplies, no cosmetics, no cleaning supplies, nothing. You go in a cell that someone just came out of. You won't be able to sweep, clean, or mop it. There's still feces on the wall from the last person who was there, toothpaste all over the walls. My whole first day there I used my t-shirt and toothpaste to scrub the toilet and the sink, because of the fluoride in the toothpaste. The Genetec cameras will show that my cell was flooded for the first three days I was there in January 2020.

In the box, you have to yell to get their attention. They say, “shut the f up,” saying they won't come because you're yelling. They never come, even when people are banging – no matter if they have a seizure, a heart attack. You're in there, you're stressed, and it's cold. You can't open and close your window. They leave you in there burning up in the summertime. They don't care. If there are fires in the box, they don't give you saline for your nose or check if you suffered smoke asphyxiation.

I also am supposed to have a cane, but while I was in the box, they wouldn't let me have it.

The smell alone in the box should give you authority to shut it down. They treat people like animals in the box - that's why that trans woman died in the box, because they don't check on you at all in there. All the suicides happen in the box because no one checks on people. They don't know or care what type of mental problems people in the box go through. The people who work here have to change; the attitude that people have has to change.

Jail is so demoralizing. You just came from a nice home, and now you're sleeping on a slab of metal that's killing your back. If it's not too hot, it's too cold. They feed you garbage, they treat you like crap. They come through every hour on the hour and shine a big lantern in your face so you can't sleep at night. During the day they don't check on you, but at nighttime they come with the big flashlights, flash on the cell as they walk by. Some people in jail will throw feces on the officers when they come in, but I never have. I try to be respectful, and I get no respect back.

The people who work in the jails should change how they deal with people here. Look at the attitudes. It's crazy. If you don't want to do the job, don't do it.

## Introduction to testimony

Our names are Arielle Lipan and Josh Goldstein, and we are sharing this testimony on behalf of an individual incarcerated at OBCC.

## Testimony

I am 28 years old, and I grew up in the Bronx and Queens. I never could afford the latest Jordans and other kids bullied me for it. I loved to learn, but hated school. I didn't finish high school, but I worked hard to earn my GED years later.

I was initially arrested approximately a year and a half ago, and since then, I have been kept in isolation for a significant amount of the time I've been incarcerated. Whether it be in the box or in Enhanced Supervision Housing (ESH), the effect remains the same. I have suffered both physically and mentally because of this dehumanizing treatment. I have never been granted a hearing before being sent to the box, despite requesting hearings each time.

I was initially sent to the box for 30 days approximately 9 months ago. The box is a small, bare cell—a shoebox. I was allowed to call one person a day for 15 minutes. That's all the interaction I was allowed. My only son was about to turn one, and I was barely able to talk to my fiancée.

I didn't even have access to the law library. Try to imagine hours on end without a book, without a phone, without anyone you love. Just you and your mind in a shoebox, all day long. They're taking us from our family and our homes for an alleged crime and they're giving us nothing—not even enough food.

Once I was finally released from the box, I was sent to ESH. I have been told over and over again that ESH is not punitive, but that's not what it feels like. In ESH, I am not given the opportunity to shower regularly. I may get to leave my cell for 7 hours before being forced inside, but whenever the officers declare an incident—which they do almost every other day—we're forced inside no matter how much time has elapsed.

My son celebrated his first birthday, and I've never held him. I've never even seen him in person. All visitations are virtual, and there aren't enough booths for visitations. I sometimes get a virtual visit once a week. Other times I don't get a visitation at all.

I don't get access to the same resources, like books and iPads, as other inmates in the general population. And no matter where I am, I'm forced to sleep on a thin mat, which feels like sleeping on pure skin.

I was sent to the box a second time a couple of months ago after being assaulted by a guard. After initially not responding to an officer's order, the officer temporarily blinded me with a chemical agent. I had to defend myself during the attack while the officer punched me repeatedly.

After the beating, the officers brought me to the showers and left me handcuffed and burning from their spray on the floor of a dry shower for about two hours. The mid-winter cold cut through my ripped tank top. I requested medical treatment that day for a broken finger. I did not get treatment until almost two weeks later. I was accused of assaulting an officer, despite my reaction being an act of self-defense while being brutally attacked.

I was thrown in the box for 30 days after this incident. I am forced to live with the trauma from that day by myself. It has had a lasting impact on my health and wellbeing. I requested a hearing, but again have yet to receive one.

The emotional and physical suffering of that day drained me. At one point, I became suicidal. Thankfully, I do not feel that way anymore. My love for my son and my faith helped keep me here. Not everyone here is so lucky.

I had requested a meeting with a psychiatrist immediately after the mid-November incident. Just like with my broken finger, I did not get treatment. I finally saw the psychiatrist almost two months later—and only for ten minutes. I asked if I could speak with a counselor regularly. She said that wasn't possible and prescribed me some medication to help me sleep.

On top of this brutality, I am also dealing with the anxieties of a pandemic. In ESH there are 4-6 officers, more than in the general population. They're not in the facility the whole time. They leave. They come back. And I don't know if one time they'll accidentally bring COVID-19 back with them. Seeing how my other requests have been handled, if I request a doctor when I'm experiencing symptoms, will I get to see one?

I am a human in the custody of the state. What does it say about the state that someone who has been diagnosed with depression is blocked from seeing a psychiatrist for two months? What does it say when actors of the state break my bones, and I am not treated for two weeks? And what does it say about the system when every legal request I have made has been met with silence?

I am asking you to hear my story and understand the conditions we are living in. Isolation in any form is cruel, and I am lucky to have survived it. I am lucky to have found a way to channel my pain and determination into action like this testimony so I can ask you, the Board of Corrections, to put an end to solitary confinement. The board has authorized this dehumanizing treatment for too long. Justice is all we seek. Justice is our birthright.

I hope that you hear my words and my pain. We have an opportunity to change these practices and bring a more restorative approach forward. Thank you.

My name is Corina Minden-Birkenmaier and I and Lana Dziekonski will be reading a statement on behalf of a person incarcerated at Rikers.

I'm 28 years old. I was born and raised in the Bronx, where I lived in a New York City Housing Authority project with my mom. She was a single mom and she did the best she could, but it was difficult. My grandmother helped out financially, but when I was in 8th or 9th grade she moved to North Carolina, so she couldn't be there as much. I always went to public school in the Bronx, and it was mostly a good experience. But when I started high school at a big school with thousands of students, I started experiencing a lot of violence in my day to day life at school. Despite this, I graduated high school and was accepted to Mohawk Valley Community College. But I never got to go. In 2010, when I was 18 years old, I was arrested and sent to the Robert N. Davoren Complex on Rikers Island.

Since 2010 I have been moved around a lot. When I was 19 I got moved to the George R. Vierno Center. I've been moved within GRVC and bounced back and forth countless times between GRVC and the Otis Bantum Correctional Center, where I would be placed in solitary confinement. I have been sent to the box a number of times. It's usually for about 60 days but once I was there for 6 and a half months.

When you get put in the box, you're supposed to get a hearing. But sometimes officers haven't come to get me for my hearing, telling the adjudicator that I refused to come -- so I got sent to the box without being able to share my side of the story. You're supposed to be able to appeal the decisions, but I know it's pointless. I've tried appealing before and I just haven't gotten a response.

In general population, you can go to the commissary and buy extra food. It's expensive, but over time you can get a lot of snacks in your room. When they put you in the box they throw all your food away. Then while you're there you can't buy any more. You only get the meals they bring you, and it's just not enough food. So when you're in the box, you're hungry. They're also supposed to provide us with rec time, but it's a joke. The person signing you up for rec time will come by at about 5am when everybody's sleeping. They won't wake you up or do anything to make sure you know they're there, and if you miss them you don't get any rec time. Then, even when you do manage to sign up, rec time is just moving from your cage inside to another cage outside. The cage outside is about 8 feet x 16 feet and in a confined yard where you still don't feel like you can get any fresh air. We're also supposed to have access to the law library, but they do the same thing with that as with rec time. Someone will come by early in the morning before you're awake and if you miss them you can't get anything from the law library. Even when you notice them come by, there isn't much provided in the law library.

In the box, we do not have access to the regular library, so if you didn't already have books or magazines, you couldn't get any. You only get two 15-minute phone calls or one 21-minute call per day. You can see all the time alone with nothing to do starting to affect people. You start to notice erratic behavior and depression, even from people who seemed normal when they got there.

It can be really hard to watch. Counselors come around about twice a week, but I don't feel like they helped or like they would have helped if I'd had a problem.

When I'm in the box the worst thing is the noise. I hear people screaming for help for hours, trying and failing to get an officer's attention. We have to depend on officers to bring us everything when we're in there, but a lot of the time they ignore us, so people yell as loud as they can to try to get the officers to come. The other people will start banging on their cells to try to help get the officers' attention, but since they ignore us, it can go on for hours. Sometimes I could see or hear people having a medical emergency, and the officers still wouldn't come. They don't give us the help we need if we're having a medical issue. In the box, I saw somebody calling for medical help and getting totally ignored on a weekly basis. If we have an issue, officers don't believe us. They think we're just trying to get out of our cell. When I got sick, I didn't get the care I needed. In March of 2020, I contracted COVID. They sent me to a hospital facility for nine days and then sent me back to regular housing. They didn't give me any medical treatment except for ibuprofen and they didn't test me again to make sure I was negative before I went back. The other people in my housing unit wanted to get tested and the officers refused to take them to a clinic.

I have been assaulted several times while incarcerated, both by officers and by other inmates. Once, I was jumped by other inmates, then when a CO broke it up he punched me in my face. They just took me back to my cell after that. I didn't get any medical attention. In the box, if you're refusing to do something, they'll come in and "extract" you, which usually means they're going to beat you. I have been extracted once in OBCC 3-Southwest. The officers came to do a 3 point search. Usually when they do this, you have to take off your clothes but you can keep your boxers on. This time they wanted me to get completely naked so they could search me. I don't think this is regulation and I didn't want to do it. Five or six officers came into my room, fought me to the ground, punched and kicked me in the face, put me in handcuffs so tight that they hurt, and continued to strike me while I was defenseless.

There needs to be more oversight here. Officers need to be held more accountable. We need some way to file appeals and grievances that won't just be ignored. I've submitted grievances for all kinds of things and never got anywhere. We also need more programs and a better library. They should want us to be able to learn about our own case, to take classes, to build the skills we would need to get a job or an education. We don't get the things we need to become better people. Instead they shut us in a box alone and ignore us for hours. The box doesn't work. I've seen people go in the box and be threatened with it, even when there was no limit on how long you could spend in there, and it doesn't change anyone's behavior. We need more programs, not harsher punishments.

## **Board of Corrections Testimony**

Presented April 13, 2021

Written by Naomi Schmidt & Clare Heine

Good morning. I am an NYU Law student, and I will read the testimony of a man who has been in solitary confinement and restrictive housing for the past six months:

I grew up in New York City, and I have been in and out of incarceration for the last 20 years. I have been incarcerated in almost every NYC DOC facility. I have been in DOC custody for almost two and a half years.

I was placed in solitary for an infraction in October 2020. In solitary, there's only one hour of recreation per day, but officers threaten that they're going to search your cell if you take the hour, so many people don't even take it. People in solitary are always shackled, even when showering. The shackles make me feel like I'm an animal. The isolation and the dehumanization have messed with my head. If I were a suicidal person, I would have killed myself a long time ago.

After thirty days in solitary, officers placed me in enhanced supervision housing (ESH) instead of general population housing, where I should have gone. In ESH, people are locked in their cells for seventeen hours a day. Even in the seven hours a day that I can be out of my cell, I'm shackled. We're all just inside of cages like dogs. After completing ninety days in ESH, people are supposed to go to general population housing. However, despite completing the ninety days under enhanced supervision, I never got to go to general population housing. Instead, I was transferred to GRVC, and I was put in solitary confinement again, even though I hadn't done anything wrong. The officers fabricated an infraction as an excuse to put me back in solitary. The officers here regularly give me tickets for things I haven't done, just to rack up my



points and worsen my punishments. I believe they are doing this to target me, because they remember me from the last time I was housed at GRVC.

Even outside of solitary, life at Rikers leaves me physically and mentally unsafe. I suffer from asthma, which is a COVID-19 risk factor. Despite this, when I had an asthma flare-up at OBCC during the pandemic, it took me four days to be brought to medical. Whenever I have a medical issue, it takes a very long time to receive any health services. This has gotten even worse since my transfer to GRVC. While here, an officer attacked me, and I ended up with bruising and cuts on my arms. They don't want medical to see my injuries, so they are not letting me receive any treatment for them, or for any other medical issues. The mental health services are also extremely inadequate. I only have the opportunity to speak to counselors once a month. These monthly meetings occur in the housing area, which means that other people are always within earshot. Because of the lack of privacy, I don't feel comfortable speaking openly with the counselors, which prevents me from getting the mental health services that are supposed to be provided. On top of this, the counselors aren't really trying to provide meaningful sessions; they only ever ask whether my medication is working. I don't trust the mental health counselors anymore. They don't actually care about me.

The COVID-19 pandemic has worsened life on Rikers in many ways. First, improper pandemic procedures leave me feeling unsafe, especially given my asthma. The surfaces in the jail are not regularly sanitized the way they're supposed to be. I haven't had a court date, virtual or in-person, in fifteen months, supposedly because of the pandemic. The DOC is also preventing me from seeing the discovery related to my indictment. I had my discovery several months ago, but the law library claims that they lost it when I was transferred to OBCC. This is making it more difficult for me to fight my case. I also have not been allowed to use the law

library as a result of the coronavirus. There have been issues with my mail, and I haven't been able to have visits due to COVID. Again and again, correctional officers are using the pandemic as a way to refuse to give us the services that we deserve.

It's easy to feel hopeless. Between the cruelty of restrictive housing, the denial of services, and inadequate COVID-19 safety, I don't know what to do. I'm tired of complaining, but it's all so inhumane.

## Testimony on behalf of AB - BOC Meeting 4/14/2021

I am 32 years old and was born and raised in Manhattan. I am currently being held at Rikers Island, where I have been incarcerated since August 2019. During my 19 month incarceration I have been transferred to multiple facilities and lived within various housing units at Vernon C. Bain Center, Manhattan Detention Complex and Otis Bantum Correctional Center where I am currently located. I am currently in the general population housing where conditions can only be described as disgusting. Although per COVID restrictions the housing unit is only supposed to have 30 people, there are currently 50 people in the unit and no social distancing. They run yard here once per day, but it is often difficult to make it outside because our yard time is scheduled for 6:30am.

Since August 2019 I have been in segregation -- or the box -- twice for periods of two to three weeks each time. I only received a hearing for one of those stays. I have been diagnosed with depression and bipolar disorder, and I typically have meetings with mental health once per week. While these meetings are usually helpful, it is really difficult to meet with mental health when you are in the box. Those meetings are weird because they come to meet you in front of your cell and an officer is standing right next to them, so you don't feel comfortable saying or disclosing certain things.

When in the box I did not always get time out of my cell each day, although some days I would make it to the yard. If there is going to be segregation, they should offer more daily groups and opportunities to interact with other people.

The physical space of the box is also difficult. You are in a cell with your thoughts all day with no one to express your feelings to. This causes you to overthink things and can be really hurtful. Although we are supposed to get the phone one time per day, this does not always happen. Sometimes other people break the phone before you get a chance to use it, or the correctional officers just do not bring the phone to you. If a correctional officer has a personal issue with you, they may refuse to give you phone time that day. When I am in the general population, I get more time on the phone to speak with my family, which helps when I am feeling depressed. I get to be around more people who may crack jokes and help lighten your day and the situation. When you are in the box you just feel like you are losing yourself, losing your conversation skills. Every day you wake up and feel less like a human being.

I'm not any different from anybody else. My family's not "street," none of my siblings are "street," and none of my family members have a history of being locked up. I have now been incarcerated for 4 years. Most of that time has been in restrictive housing. I spent 18 months in Albany County. I was in the segregated holding area from January 2018 until I was transferred to Rikers 18 months later. This meant I spent 23 hours a day in solitary. I had 30 minutes to shower and no outside recreational time. Now, I'm in the Northern Infirmery Command (NIC) at Rikers.

The housing I was first put in at NIC was literally a cage. We were in three man cells, and three cells were in one cage, so nine people in each. It is a tiny space, and we got one hour outside of our cell and came out for showers, but had no time beyond that outside of the cell. We sometimes had programs for about an hour, but not all jails do this. Any time another inmate was out of their cell, I wasn't allowed out of my cell and had to ask an officer for everything, and they would have to cuff me, bring me to either the shower, food, or whatever I needed, uncuff me there, and then bring me back the same way. At some point there were new rules that said we had to get 4 hours outside of our cages, but instead they would bring us some of the rec materials and we'd have "enhanced rec" in our cells for most of that time, and still get only the 1 hour outside of the cage. I'm no longer in such a confined setting. Here, there's no general population, but I'm in a dorm setting and it isn't as restrictive.

Over the last three years, I have experienced a decline in my mental health. I get extremely agitated, which is exacerbated by everything in this setting. I get bad anxiety. You feel like you're trapped, you can't go anywhere, you can't move. At first when I started living here the confinement wasn't bothering me. I wasn't having these problems. But the longer I spent confined, the more it bothered me. I tried to find little things to do to get out. I've said I had chest pains just to get out of the room and wait in the nurse's office area. There's nothing to engage you to get your mind away from the tiny space and trapped feeling, like more regular programs or time talking to people from outside who come in to run some of the programs. Recently, I spoke to a mental health professional a couple of times, but the conditions are so severe and they said there was nothing they could do about it. The problems that come from the environment won't go away unless there's a change in the environment. Security overrides everything, and it does not matter if it makes our mental health much worse.

When I moved from the restricted housing into the dorm setting at Rikers, people I knew before told me I seemed like a different person. But there are people with much worse mental health challenges than mine in the restricted housing. The staff has no training to deal with them, which means they treat anyone acting violently the same even when the causes might be very different, like someone having a mental health issue or just being angry and destructive. If someone's having a severe mental health crisis, they're not going to listen to the officers the same way, and the officers need to know how to deal with that. There are some good officers, but there are also some who don't want to work, or who will come in in a bad mood, and it shows.

Beyond the mental effects, I have also experienced the physical side effects of long-term incarceration. I have persistent back pain that I didn't have before from the extended hours I've spent confined in a small space, and I developed blood pressure problems in Albany and had to be started on blood pressure medication. These health effects are a problem for many people here, and those incarcerated, especially those in restricted situations, generally. People who live in confined settings tend to have higher blood pressure and hypertension rates than people who are able to move around.

The restrictive housing breeds problems. At some point in their lives, most all of these people were functioning normally, but here, there is violence every day. Also, you are housed by the category of your case, which means that, even if you yourself aren't a violent person but you have a high profile case, 9 times out of 10 you are in very restrictive housing. That also means you are housed with very violent people. People set fires and do other dangerous things to get attention because human interaction is so limited.

Right now, the city is closing jails. They will put higher risk inmates anywhere in restrictive housing, and sometimes they put people with violent tendencies along with people who aren't and don't want to be violent. I have been involved in several conflicts with other inmates in the cage, and in situations where I had to defend myself physically. If the guards know about it, they try their best to separate people. But often, the guards do not know violence has happened -- they often do not check. One inmate got slashed in his cell and nobody ever checked on him or found out. There's less violence between inmates and officers at NIC than in other places I have been, maybe because of the cameras. The cameras are helpful for both officers and inmates because the officers don't assault inmates as often and inmates don't assault officers as often either. Officers still abuse inmates, but they can only do it if you've been resisting and then they can use excessive force.

I think the system needs a better way to keep violent inmates away from nonviolent inmates based on their behavior and willingness to change and rehabilitate. There should be more people in general population as opposed to solitary or segregated housing, because those environments make people's mental health, anxiety, and behavior dramatically worse. More programs, time outside, interaction, and hands-on things to do like exercise or the activities that rec staff do with us would all help us engage and deal with the issues that get worse in solitary or restricted housing. Also better staff training on mental health issues would be very helpful. I understand that these might be tough changes to make happen but they're what I think would be the most beneficial to the mental health and rehabilitation of inmates.

## **Board of Correction Meeting**

June 8, 2021

Statement of Incarcerated Person

Presented by Annie Goodman

Growing up, my nickname was “Cool” because I could hang with any group of kids. My mom was a teacher for students with disabilities, and that taught me a different side of caring. My community was vibrant, and there was a lot of love. It was a place where neighbors helped you out and had your back.

Now, at age 52, I’m looking back on my life and thinking, “How did I get here?”

It’s been almost two years since I was arrested. For most of that time, I have been in some form of restricted housing. In 2019, I was placed in my own unit as part of a court-ordered lock down – not as a disciplinary measure. Inside the cell, there was a TV, stool, desk, sink. Then, four months ago, I was moved to GRVC. They put us into the old punitive segregation unit for disciplinaries. It’s like being in the dungeon of a medieval castle. Everything is broken. At one point, feces from one cell leaked down into the cell below. It is freezing because the heat is not turned on. The cell is basically a box, with nothing in it. The only “window” I have in my cell is a small slot. Thirty feet away there’s a TV on the wall. I have to stand to watch TV through the slot, which is difficult because I have a back injury.

Other than the TV, there is no stimulation. I feel like being in solitary is making me lose my ability to articulate myself.

None of the minimum standards are followed. We don’t get adequate social services or medical care. People have to hurt themselves or act out to get basic medical treatment. If you ask for a sick call, they just send someone to your cell who asks you what is wrong through the slot. They give you medication based on a verbal conversation, not an actual medical examination. And it violates confidentiality and privacy. You’re speaking to the doctor through the sliding door of your cell, and everyone around you can hear.

I am supposed to be taken to a facility for physical therapy once every two weeks for my back problems, but they stopped doing that. And forget about basic hygiene. No barber, no nail clippers. We’re supposed to have access to those things, but we don’t. My toenails are so long that wearing shoes is painful.

I am supposed to get one hour of recreational time each day, but I don’t always. And even when I do, it’s often not much of a “break” from confinement. Leaving my cold cell to stand outside in the snow is hardly an upgrade.

And, solitary limits your ability to fight back. They won’t let me access the law library. How can I marshal cases to build my defense? At this point, I’m just thinking I’ll do the time to get out of here, which is wrong. I have family out there, kids, a wife who is mentally unstable,

grandkids, and they need my assistance. But I'm just having to stick it out because we don't have services. We are essentially ignored here. They just put you in the box and leave you there.

They just moved 60 people from the punitive section of another facility to the Bing at GRVC. These people are violent and high on drugs. The guards aren't able to control them. It feels like we're under siege. There's an emergency alert almost every single day. Most of the people in my unit are still young. These are young people; these are people's entire lives you're playing with.

I'm 52-years-old, and you know, at this point, I just feel defeated. By the time a hearing happens, if it ever happens, almost two years will have passed. I see the governor and other politicians on TV saying that they're going to end solitary confinement, but it's not true. Solitary is thriving.

I'm 38 years old, and I've been incarcerated on Rikers Island since December 2020. I was recently moved from Anna M. Kross Center to George R. Vierno Center (GRVC) after being violently beaten by other inmates. Before my transfer to GRVC, I was briefly hospitalized, but I was discharged prematurely over my strenuous objections.

Officers regularly use excessive force. Recently, while I was still at AMKC, an officer sprayed mace in my eyes while I was quietly waiting in line to receive my methadone medication. I wasn't given any medical attention. I was ultimately taken to the showers, but the water in the showers was not turned on, so I couldn't even get some slight relief by rinsing out my eyes. The staff finally turned it on after prolonged begging. The water was not enough to stop the burning in my eyes, but the officers refused to provide milk or any other treatment when I asked.

I take medication for various mental health disorders. When I have tried to access social services or counselors for any sort of support, it has been extremely hard to get in touch with them. They are incredibly overextended and overworked. On the rare occasions when I am able to meet with mental health staff, the encounters have been unhelpful and felt rote and scripted. I also have physical conditions that need treatment. I have gout in my knees that needs to be drained, but I am still on the waiting list to have this addressed. I also have symptoms of diabetes, but the facility will not let me get tested. The food I am able to eat and afford with my commissary is too sugary, and I fear this is worsening my condition.

Some of my worst experiences have been in restrictive housing. At the end of December 2020, I was placed in restricted housing and was not told why. I was granted no hearing or explanation before or after I was placed in restricted housing. For 9 days, I was forced to stay in a small cell with no functioning sink or toilet. The sink let out a tiny dribble of water--I had to wait roughly an hour to fill a cup. During this time, the COs did not give me any food or medication. They refused to provide me with my basic needs and claimed I was refusing food and medicine, which was not true. They told the medication providers that there was no one in the building that takes methadone, while writing down that I refused medication--neither of those statements is true. I take methadone and did not refuse it; I was never offered it. I was also given no detox maintenance after being deprived of methadone. I had to beg people passing by for help, and sometimes another inmate was kind enough to give me some water or a piece of bread. In addition to lying and denying me my basic needs, the COs would goad and antagonize me when they walked by my cell. I was let out on Day 5 to take a shower; as soon as I was done, I was forced to return to the cell and its unlivable conditions for another 4 days.

The awful conditions had a profound impact on my physical and mental health. I could feel myself losing my grip on sanity. I had no food, water, space, or human interaction. Without a functioning toilet, I was literally forced to throw my own waste out of my cell to stop the toilet from overflowing. Despite my best efforts to use the time for reflection, it was an incredibly traumatic experience. Social service officials came in every other day to ask if I was ok, but did not do anything when I told them how much I was suffering.



Restricted housing needs to end. No one should ever be subjected to such inhumane conditions. Occupied cells should never lack basic necessities like running water or a functioning toilet. When incarcerated individuals bring the unlivable conditions to the CO's attention, the COs must respond and respond quickly. I should not have been left in those conditions for an hour, let alone nine days. It only adds to the injustice that I was given absolutely no reason for why I was placed in those traumatic conditions. I should have been able to challenge the conditions.

The COs cannot continue to antagonize, abuse, and neglect us with impunity. Moreover, victims of the CO's abuse and neglect must be afforded recourse. The social services and counseling systems on Rikers must also change. The other residents of Rikers Island and I need high-quality, readily available resources in order for us to maintain our physical and mental well-being. With the way things are for inmates on Rikers currently, it is nearly impossible not to struggle. No one deserves to endure the abusive conditions that thousands of us are living through.

10/27/2021

I was born, grew up, and attended high school in Brooklyn. My favorite subjects were Global History and Math. I completed ninth and tenth grade and I earned my G.E.D. two years later. I also attended New York City College of Technology for a few semesters. After that, I traveled around, often coming back to New York City.

A few years ago, I was arrested and sent to Rikers Island. I have been on Rikers Island awaiting trial for almost five years now. During my first year in Rikers, I did over 70 days in solitary confinement.

Later that year, I got into an altercation with the staff. I was rearrested, taken to be arraigned, and then sent directly to solitary on the same day. On the way there, I was beaten by a special team called the Emergency Services Unit (the ESU). My face was swollen from this altercation, but they mostly hit me in the body. They know not to leave too many visible marks when they hit you.

A few days later, I was told to pack up my things. I was unable to do so because I did not have any of my personal belongings. I never saw any of my belongings again, including my legal documents from the building I was housed in before being taken to the box. I asked the corrections officers where I was being taken, but they wouldn't tell me.

I was placed in the back of a van and then drove for hours. I fell asleep and woke up in a county upstate. I remember being confused why I was taken hundreds of miles away from New York City, but they had sent me to a jail upstate without telling me where I was going.

Upon arriving, I was beaten again by corrections officers in retaliation. The only reason I know that this was retaliation is because I heard them saying things like "so you like to put your hands on guards?". I suffered a concussion and a hole in my eardrum. My eye was swollen completely shut. I remember being in and out of consciousness and I was afraid I was going to die there without my family even knowing where I was. I spent almost six months in solitary confinement upstate. It was different than solitary in Rikers. We were only allowed 3 showers, two thirty-minute calls, and two visits per week.

On the day I was returned to Rikers, I was taken to the Enhanced Restraint Housing Unit (the RHU) and stayed there for two years. I had to ask for everything from corrections officers in the RHU. I had to ask for water to drink, hot water to cook, a spoon to eat, and to be taken to the shower. They eventually give you the things you need, but they make sure to take their time. Everywhere I went I was in cuffs and had my ankles shackled, even in the shower.

In total, I did over 250 days in solitary. There's nothing to do in there but read books or the bible, exercise, and sleep. Solitary gives you time to figure yourself out, but you can lose yourself in there. My daily schedule got me through it. I wrote letters and started writing a book. I played "box chess" by making 64 squares on the floor, making two sets of pieces, and calling out moves to guys in other cells.

After being in the box for so long, you get used to being alone and you don't want to be around a lot of people. It makes you nervous. Sometimes I find myself getting annoyed by little things people say. Since being back in the general population, it has been hard to readjust to being around people. But it also feels good to do everything myself. Even the little things like giving someone a handshake. I also get to play basketball with others and walk around. Still, I mostly keep to myself even after being back in the general population for eight months.

I've been through so much during my time here. For someone who doesn't know what solitary confinement does to a human being, it mentally and physically messes with you. No one can sit in a room for 23 hours a day for days on end. It's just not healthy for any human being. I hope solitary confinement stops and that jails will give us more programs to stay busy while we do our time.

Things have recently gotten so much worse here. They're running out of food in the commissary. There are no utensils to eat with and no cleaning supplies. We will go two or three weeks with no CO and you can't get medical attention if you need it. You could be dying, and you still can't get anyone to help. We only get rec every four days now and there is no one to help us in the law library. I still do not have a trial date and was only recently able to make a bail motion for the first time since being sent to prison.

## **Board of Correction Meeting**

February 8, 2022

### **Statement of Incarcerated Person**

Presented by Cleo Nevakivi-Callanan, Sania Chandrani, & Ashley Williams

I am in my mid-20s and I have been incarcerated on Rikers Island awaiting trial for nearly four years. I spent nine months last year and several weeks this year in restrictive housing. I've also been in solitary confinement too many times to count, including several periods of more than 30 days each at OBCC and GRVC. I was only 16 when I was first abused by COs and put in solitary confinement on Rikers Island.

The conditions in enhanced supervised housing (ESH) and solitary are dirty and inhumane. I am currently being held in ESH in GRVC. My room is hardly wider than my arm-span. I can't even do pushups because there is no space. Meals are usually late and cold. I'm supposed to get a shower every day, but the COs alternate showers between two tiers here, so we receive showers every other day.

In solitary, we are allowed one hour outside of our cell per day. However, there is no schedule and the COs decide arbitrarily who gets to go out. In ESH, we get seven hours out of our cells per day. They alternate tiers to avoid gangs mixing, but if a CO dislikes someone, they will group people who have conflict to incite violence.

In ESH, they've started a new practice of invasive strip-searches and room searches before you can go into the yard or day room. When they search your room, they take away your food. Most people don't want to get their things searched and thrown around, so they stay inside and don't get to go to the common areas. In OBCC, they did intense and frequent strip searches, which is why I asked to get transferred to another facility and ended up here.

Handling my mental health is really hard here, especially when I'm in solitary. I feel less in control of my emotions, less social, angrier, and I struggle to sleep. Calls are limited to 15 and 6 minutes per day in the box, so there's not enough time to talk to my lawyer or family. My girlfriend left me when I was in solitary because she was frustrated that we couldn't talk.

When I was in the mental health wing, I had some access to counseling, but people smeared feces on the walls there. In solitary, I didn't have any counseling. I've probably seen a mental health provider here about 5 to 10 times total. They have been giving me benadryl, melatonin, and some kind of yellow psychiatric medication. I've also been introduced to very addictive drugs here, and I've been experiencing withdrawal. They make it hard to sleep and make me sweat and go to the bathroom all the time.

The medical care here is inadequate. I've received no follow ups or treatment for over a year since a doctor here diagnosed me with high blood pressure and another medical issue. Previously, I had a cut on my face and the doctor looked at it through scratched glass and provided an incorrect diagnosis. Two weeks later, I had to feign another illness to get a proper exam, and only then did I find out that it was a bacterial infection.

My life is controlled by the COs, and they can do whatever they want. They don't face consequences for abusing inmates unless someone's dead or can't move. They punish us arbitrarily. Even if something happens outside your cell without your involvement, they may punish you and leave you in your cell for over 24 hours.

COs are supposed to have body cameras, but they don't always use them. The COs allow people to fight, as long as you're off-camera, and they won't interfere unless it's too serious. When I was a teenager, at RNDC, one CO punched me in the face. Another CO slapped herself in the face and claimed that I had slapped her, then detained me and put me in solitary for 120 days.

A few years ago, I was on a call with my lawyer when all my belongings were moved without notice from one cell to another. When I told them I was upset, the COs put me in a stretcher and then pushed it the wrong way, banging my head and feet into the wall. Then, they left me alone in a cell with no toilet, no bed, and no blanket all night and left me shackled for a full week. I felt like I was losing my mind there. With the horrible smell and no sleep, I didn't feel like myself.

When I was in AMKC last year, the COs were ignoring my requests to speak with my attorney. They would start the calls so late that I could only talk to my lawyer for 5 minutes. One CO acted like she was going to stab me with her pen, so I tried to walk away, and she started punching me. They consequently sent me to solitary for 30 days without a hearing. I was sent to ESH after that and have been there and in solitary ever since, except for spending a few weeks in the infirmary after I was slashed in my face and neck.

I have not received a single hearing in over two years, despite spending more than nine months in restrictive housing and several 30-day periods in solitary confinement. The COs falsely claimed that I refused a hearing. Once you've been confined, they often won't give you a hearing unless you're strip-searched first.

I don't feel safe here. GRVC isn't taking precautions to keep people from getting COVID. COs are often unmasked. They don't provide us with any cleaning supplies. We only get masks when we are in places where masks are mandatory, such as the clinic and court, or around superiors so the COs don't look bad. People here aren't taking COVID vaccines because they don't provide us with any information about their risks or side effects.

The housing area next door to us is supposed to be for quarantine. I'm not sure if the CDC unit is short on space, but for some reason people are still out in our common spaces. There's no distancing and many people are unmasked. Two people just tested positive after being sick for a while, yet have been staying in the housing area, cooking in the same area as everyone else. I have not been feeling like myself and was tested for COVID, but haven't gotten my results for over two weeks.

They are not following the requirement that sanitation workers clean the cells between occupants. Especially during COVID, no one wants to do it and they're not assigning those jobs now. Garbage is piling up in the housing unit due to staff shortages.

While in punitive segregation, I have seen none of the changes Rikers claims to have added with the new Risk Management Accountability System. I had heard that 15 days in punitive segregation was the maximum, but the captain said that Eric Adams doesn't care, and he wants to make the box how it used to be so people can be forced to stay in there much longer. There's been no change in people's attitudes with the shorter times in the box. Because there is now a 30-day maximum, the COs are giving out 30-day solitary punishments regardless of the seriousness of the person's behavior.

A lot needs to change in New York City jails. There should be access to legal advice concerning CO-on-inmate violence. The restrictions on things like food and showers in solitary confinement should also end. There should be better food options, as well as visitation rights, and more freedom for those who have not been found guilty.

I am 35 years old, and I was born in Brooklyn. Growing up was hard - there was a lot of fighting and physicality. My aunt raised me, and I didn't know my parents. I didn't know how my mother looked. I didn't know how my father looked. That's probably part of the person I am; I still have that deep embedded anger in me. I had to learn from those times to become the person I am now.

I have been locked up probably around 10 times. I've been in every facility; right now I'm in GRVC, and before that VCBC, RNDC, AMKC, OBCC. The jails are just fluctuating. I've been trying to stabilize myself, but you can never get too comfortable anywhere. I've been here - in GRVC - the longest, and all other times when I've been in similar jails, whether RNDC or VCBC.

I've been put into isolation so many times, it's crazy. Things happen. There is no peace in here. I've been physically hurt by other inmates. When I came into jail, I was injured, and I have always felt like I have to protect myself. I have asked officers to step in during fights, because I don't want to get put in "the box." Before, you had to act up to get put in "the box," but now - at the snap of a finger - they can put you there for no good reason.

You can be down there with no ticket. I've been down there for two weeks, and when I tell them I don't have a ticket, they will ask me my name and a bunch of information they're already supposed to know. Then they will say, "Oh, the paperwork just came down, you have 21 days."

I don't know how many times I've been to "the box," but the last time I was sent there it was for 21 days. There was no hearing. It is different from other facilities I've been in. Down here, where I am now, they do what they want to do to you. They don't have to give you a ticket or take you to a hearing. If they say what you did is wrong, they put you in "the box."

Being in solitary confinement is not a feeling that can be easily broken down. It's like being left in a hole. Can you imagine having nothing to do all day but stare at the four walls of your cell? That's what it's like. There is just a really small bed - sometimes you get a mattress, sometimes not. They don't care about you. No one comes to you. You have to do the most to get someone to come to you. You're not getting your medication, your mail, your calls; they won't take you to medical unless you have a really bad stab or internal bruises. Even then, it takes a really long time to get seen by doctors.

When I was transferred to solitary, the police packed my stuff and took my belongings. I didn't have my books or legal paperwork. There's no way to stop it. You can't get to your belongings. The COs didn't listen to me. They used force. The officers split us up and they would tell the people they leave in the unit to pack up our stuff, and then they would steal our items from us. You could be Jesus and you would go through it. If Jesus had to come to jail, he would go through it too.

I lost access to my medication while I was in restricted housing. They took it when they packed up my items. How can I show that I'm without my medication? They have to see if you actually take it, they have to see what's going on. They have to bring the doctor in and the doctor told me that they

wouldn't give me a refill in time. I had to explain to the doctor what I had been through with my medication being left behind, but they didn't understand that. I had to wait for three days for my medication. Because I was continuously not receiving my medication, I couldn't even sleep in there. I have to take sleeping medication because it is so hard to go to sleep.

Being in restricted housing has absolutely affected my mental health. I've been diagnosed with schizophrenia, PTSD, bipolar disorder, and depression, but I wasn't taking medication until after solitary confinement. There is supposed to be a doctor who comes to "the box" and the treatment you are getting in general population is supposed to continue while you are in "the box." I went three days without getting my medication. They basically seem to refrain from bringing treatment to people in solitary confinement. I only got seen by a doctor one time because he was walking down the gallery.

Things are going better with my medication now that I'm out of solitary. I couldn't move around in solitary. But I wish at that time someone would have had sympathy for me. The medication is really important to me. Now I have to go back to mental health treatment, because I don't want to feel those same feelings. I would never want to feel like that for three days in the real world. Since that experience, I have a higher dosage of medication.

I was not allowed any visits in restricted housing. Even though you are allowed phone calls, you have to put the numbers you want to call on the list given to the officers. If you have an issue with an officer, suddenly you won't be able to call who you want. There are so many different people trying to get on the phone in "the box" at the same time.

I was supposed to get a shower every other day, but I didn't get a shower even when I asked the captain. They said, "it is up to the CO," but the CO should listen to the captain. There doesn't seem to be any leadership or accountability.

What's going on in here is really unprecedented. Both here and other facilities I've been in: it's inhumane.



I am 58 years old and incarcerated in the North Infirmery Command on Rikers Island. I have been here for almost a year this time, but I have spent many years of my life in and out of Rikers and state prison.

I was born and raised in New York City. I grew up in the Lower East Side, Harlem, and the Bronx. As a kid, I spent a lot of my time at the Boy's Club and at work to help out my mom. I've been a "Mama's boy" my whole life. I was also very involved with my church as a choir boy. After high school, I joined the military.

Around this time, I began my lifelong struggle with depression. My brother was killed by gang members, I had lost contact with my father, and I was struggling with the emotional aftereffects of abuse I experienced in the church as a child. These events weighed on my mind, and continue to do so.

When I was arrested for the first time and sentenced to over a decade in state prison, I was treated horribly. I was segregated into protective custody for a lot of that time. I couldn't be in general population because I had been an informant. They said they were keeping me safe, but I felt like they wanted me to suffer. I spent years in a unit with only one hour in the yard per day. They also often put me in "the box" for long stretches of time – one time, for fourteen months straight. The lights were on 24/7. The room wasn't ventilated. I wasn't allowed any personal property or visitors. I had nothing to do but listen to my own thoughts. I felt like I was a prisoner of war. I don't know why they would treat someone so poorly who was an informant for the government. My depression worsened, and I developed PTSD as I dealt with the hardships I've faced.

After 8 years, I got out on parole and got into a Christian mental health program. This helped, but I still struggled, particularly after my mother passed away. I developed an alcohol addiction, which made it very hard to keep jobs. I had to turn to small scams to get by. I'd get arrested and serve a few years of time. I always got jobs in the prison library and even finished college and got certified as a paralegal while incarcerated. I would get released and try to find lawful avenues to make money. However, with the overbearing pressure of my mental illness and addiction, it is a tremendous challenge to stay out of trouble. All I wanted was to get clean to break the cycle, but I've realized there's no rehabilitation in prison. It just institutionalizes you. I know if I can get clean, I can stop all of this and stay out of prison for good. I've never wanted to hurt anyone – I've had to use my addiction to cope with my depression, and everything I've done that's landed me in prison has been to try to survive.

For almost a year, I have been back at Rikers in the North Infirmery Command. The conditions here have been very hard. Last time I was here, I was in therapy in the mental health office. This was helpful, as I was able to talk about the abuse I experienced as a kid and the ongoing challenges it caused.

However, this has all changed. Now, requests for mental health treatment that are supposed to have a 48-hour response time can take multiple weeks to get any response. When I do get a response, the mental health professional comes to my dorm gate with a CO to talk. I live in a dorm with 30 people who all come up to the gate to listen, so there's no privacy at all in front of

everyone else in the dorm and the CO at the gate. I can't possibly talk about any real issues like this in front of everyone. Without access to privacy for my mental health treatment, there's no way to get better. They only take your mental health concerns seriously if you are suicidal. It should not have to come to that. This change happened because of the COVID pandemic, but there are no signs of the mental health office opening again. I have made many requests to continue private mental health treatment, and they continue to deny it. Everyone deserves the right to the mental health care they need.

If I was charged with a drug offense, maybe they would've put me in an inpatient rehab program so I could get the help that I so badly want. Instead, since the crime I was convicted of is not drug related, I am just thrown in prison again. Yet, my mental health and drug addiction are the cause of this cycle. I can't get clean in prison, and therefore when I am released, I fall back on the same patterns. The only way I can get out of this cycle is to get the mental health and addiction treatment I need.

Sometimes, it is hard to find a reason to keep fighting. I try to cling to the hope that I can escape this cycle. With my paralegal training and all of the law reading I have been doing in the library, I know there is a real place for me out in the world. I just can't get there without the mental health treatment that I need and know I deserve. Rikers has taken so much away from me over the years, and the least they can do is give me proper treatment so I can fight back against my demons and escape this horrible system.

*The following is a testimony from a person currently incarcerated on Rikers Island. It includes discussions of self-harm.*

I was in solitary in GVRC for three months this winter. I did 30 days in solitary and a little over two months in enhanced special housing (ESH). But ESH, to be honest with you, is the same thing as the box. It's mentally draining. It's physical torture.

I wasn't allowed outside my cell. Sometimes we get showers, some days we don't. The only time I was let out of my cell was for the shower or for recreation, and they barely called rec. I remember there was a time where I went two months without having any rec just because the officers would say they were short on staff, or they would take a list for rec at 6 o'clock in the morning when nobody's up.

A lot of times the officers don't want to do their job. They'll just do a round so that the camera can see them. But rec is mandatory, and everyone is supposed to be entitled to one hour of rec a day. Even in AMKC, I'm out of ESH and I'm out of the box, but they don't even call rec every day here. The last time I had rec was a week ago.

Staffing is the main excuse. They say, "we're short on staff." Especially when I was in the box, they always said they were short on staff.

I was in a cell where the windows didn't open, and it was constantly hot. I was there in the winter, so it was cold, and they had the heater running. But my window didn't open, and the heat was blasting so hot that I couldn't wear clothes in my cell. At night, I sweated myself to sleep. It would be so hot that I couldn't sleep. I would complain, but no one would say they could do anything. They tried to see if they could put me in a cell where the window opened, but the box was always full.

My time in the box started after I was blamed for something someone else did. I and one other person went to the box for it even though other people were involved. Our tickets were written by the same officer, but they said different things. Mine said that I alone did it and his ticket said that he alone did it.

I told the hearing officer about the tickets, but they found me guilty. I appealed that over five months ago, but I haven't heard anything from anybody. No one answered my appeal.

They put me in ESH after I did 30 days in the box. I was supposed to have an ESH hearing to explain why they put me there, but I never had a hearing. ESH is no different from the box because you don't get out of your cell at all. I was in ESH for over 60 days. In total, I did almost 100 days confined to a cell. The captain said the reason I didn't have a hearing was because my house was asymptomatic for COVID-19. But they never did any adjournment; they just never gave me a hearing.

Two months after the incident, I was just given a disposition that I was guilty, but I'd never been to a hearing. I appealed but haven't heard anything back from that. How do you find me guilty if you never gave me a hearing? I grieved both dispositions, but never heard anything back.

On Rikers Island, they're saying the most time you can be put in the box is 30 days. But what they're actually doing is putting people in ESH, making you do more time confined. So you're going to do the max of 30 days, but they're going to put you in ESH, and you could be in ESH for months.

My mental health was affected by not being able to leave my cell, being cramped in small quarters for weeks at a time. I have a bad history where I try to not indulge in hurting myself, but I did before. I've cut my wrists before and I've had episodes where I really tried to hurt myself badly. I try to always talk to people. I take my medication.

I have been diagnosed with anxiety, PTSD, and depression. AMKC is much better than the box or ESH because I actually see mental health professionals here. When I was in solitary and ESH, I didn't see anybody. Nobody came to see me. I always thought that mental health would come check on me and all the other people here, but they didn't come to see me at all. In AMKC, I go to see them every three weeks.

Some days they call medication late. They don't have a set time where they can get to all the houses. Just last week, they didn't call my house's medication at all. At least once a week something like this happens, where I don't get my medication.

We all know about so many people who killed themselves on Rikers last year. A lot of those deaths were people going through something mentally where they felt like they weren't getting the help. I think if they were getting the help that they needed, a lot of these deaths would not have happened.

Rikers is a horror. People aren't getting the bare, basic necessities that they need. In the box, there's people going days without showering. It's hard for people to use the phone. Guys aren't getting the rec they're entitled to. People don't even want to come here to visit a person. That puts a person in a messed up space when your loved one doesn't even want to come see you because they will be treated like an inmate just because they want to come visit you. I know they are talking about shutting it down. I hope it really happens.

I just pray that I can make it home safely because I know that this can be very traumatic on anybody. It is sad that people lost their lives by coming here, but it just goes to show that Rikers Island should be shut down.