

**Written Comments of The Bronx Defenders  
New York City Council  
Joint Meeting of the Committee on Fire and Criminal Justice Services and the  
Committee on Mental Health, Development Disability, Alcoholism,  
Substance Abuse, and Disability Services  
June 12, 2014**

Good afternoon. My name is Skylar Albertson, and I am the Assistant to the Executive Director at The Bronx Defenders. In this capacity, I have been conducting interviews since January with clients of The Bronx Defenders currently or formerly held in solitary confinement at Rikers Island. I would like to thank the Council for the opportunity to testify on this matter.

One year ago, I graduated from college excited to begin my first full-time job at The Bronx Defenders. Having interned at a public defender office as an undergraduate student, I assumed that not much would shock me. For several months, this expectation held true. Then, in January, I began meeting with clients of The Bronx Defenders held in solitary confinement at Rikers Island.

Nothing could have prepared me for what I would hear. The treatment of individuals placed in solitary confinement at Rikers goes far beyond what I ever imagined could be possible in the United States, let alone in the city where I have lived for nearly my entire life. It is horrifying and it is shameful.

Roughly three months ago, I sat across a table from Lacquan Berkley in a cramped interview room at Rikers. Lacquan was hunched over with one arm handcuffed to a wall; the fear in his eyes was painfully clear. In a word, he looked broken. Just weeks earlier, Lacquan had spent his twentieth birthday in solitary confinement.

At the time of our interview, Lacquan had been in solitary for approximately six months. Prior to arriving at Rikers, he had been diagnosed with multiple mental illnesses and learning

disabilities. At school, Lacquan had been placed in a special education program. Yet once Lacquan entered solitary confinement, he found it incredibly difficult to access even the most basic services, such as medical care, phone calls, and showers. On more than one occasion, Lacquan resorted to hanging himself so that he could see a mental health professional. In response, the correctional officers responsible for Lacquan would taunt him, telling him to “hang it up real good” and to call them when he was “about to die.” The officers would return an hour or two later to mock Lacquan, asking him if he was dead yet. When Lacquan was receiving mental health therapy, he was kicked out for poor behavior, despite the fact that his actions were clearly symptomatic of his illnesses.

I wish I could say that Lacquan’s situation is unique, but based on the interviews I have conducted over the past six months, many aspects of his experience are all too common among our clients held at Rikers. Inexplicably, solitary confinement is the *only* form of punishment used for most infractions at Rikers. There is no range of penalties. Once a person faces allegations and appears at an internal hearing for which there is no right to counsel, the only question remaining is just how long he or she will be locked away in solitary confinement.

The overwhelming majority of our clients who are held in solitary confinement are young men between the ages of 17 and 22. The median age for our male clients interviewed this year about their experiences in solitary is only 20 years old. Once our clients enter solitary confinement, it becomes shockingly easy for correctional officers to pile on tickets for alleged infractions. The median amount of solitary time for our male clients interviewed this year is 105 days. The average amount of time is an astonishingly high 357 days on account of the fact that at least five of our clients have received tickets totaling several hundreds of days in solitary confinement and two of our clients have received tickets totaling approximately 1,400 days.

While some of our clients are released from Rikers before completing their solitary time, the clients we have interviewed so far this year had spent an average of over 150 days in solitary confinement by the time we met with them. Even worse, those clients are at risk of being placed directly in solitary if they ever return to Rikers in the future.

The proposal at hand is crucial for developing meaningful changes to the use of solitary confinement at Rikers. It is inexcusable that arguably the most severe punishment that the government inflicts upon individuals in this city is shrouded in secrecy. Making data concerning the use of solitary confinement publicly available will enable organizations like us not only to advocate for policy changes but also to see whether those policies are being implemented.

Unfortunately, transparency is just the first of many changes that must be made. It is unacceptably difficult for our clients in solitary confinement to receive basic services. Despite the fact that the Minimum Standards guarantee our clients one phone call per day, our clients have been denied access to phones on several occasions. Particularly for our younger clients, the inability to contact family members while held in solitary confinement can be devastating. Similarly, some of our clients have gone multiple days in solitary confinement without being able to take a shower. When our clients force open the slots in their doors in order to demand these services, they receive infraction tickets which carry more days in solitary confinement.

Perhaps most egregious are our clients' experiences with recreation time. Since our clients in solitary confinement are locked in their cells for nearly 24 hours each day, it is absolutely essential that they are able to spend some sort of meaningful time outside.

Unfortunately, this is usually not the case. In order to go outside, our clients must first be awake and at the front of their cells as early as five-thirty in the morning to be added to the list of people allowed outside each day. Correctional officers generally make little or no attempt to

make sure that everyone who would like to go outside is able to do so, and it is easy for officers to pass by the cells of individuals who have fallen out of their favor. As a result, some of our clients have gone months without being able to venture outside. When our clients do go outside, they discover that recreation time consists of standing in cages that are roughly the same size as their cells. In fact, some of our clients refuse to go outside because they find the experience of standing in a cage even more dehumanizing than sitting in their cells.

The one service that our clients do receive every day – three meals – also falls short of their needs. Unlike in general population, our clients in solitary confinement are unable to obtain additional food in between meals. Most of our clients in solitary confinement – many of them in their late teens – describe their experiences as the hungriest that they have ever been.

Shockingly, our clients' inability to access important services also extends to medical care. A common complaint among our clients held in solitary is that they are only able to receive prompt medical attention if they are bleeding. Otherwise, it usually takes hours for them to see a doctor – even for serious injuries and illnesses.

Our clients face similar obstacles to receiving mental health services, a fact that should be considered absolutely unacceptable given the mental damage that solitary confinement causes. Nearly all of our clients in solitary confinement are diagnosed with mental illnesses prior to entering solitary. The few that do not have prior mental health issues usually experience deteriorations of their mental health not long after being placed in solitary confinement. Group therapy and other services such as academic classes that would undoubtedly go a long way towards improving our clients' mental health are next to impossible to access in solitary confinement.

Even in the Restricted Housing Unit, which purportedly exists specifically for clients with severe mental illnesses, mental health services consist of minimal group therapy and an hour or two of television each week. None of these services comes even close to making up for the daily mental trauma that our clients endure in solitary, let alone treating the mental health issues that plagued them before they arrived at Rikers. It is akin to giving someone a Band-Aid and aspirin each day after breaking his bones.

Solitary confinement as it is practiced at Rikers Island is cruel, unusual, and inflicts both severe mental and physical harm on individuals who are already in the custody of the city. There is no place in modern society for the duration and conditions of solitary confinement that are imposed on our clients. It will take much more than monthly reports to check the overuse and abuse of solitary confinement at Rikers Island, but without knowing the full scope of the problem and without being able to monitor any progress that we achieve, we have nowhere to begin.