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Please Pass the Restrictive House Act and End the Abuses of Solitary Confinement

April 10, 2022

Dear Members of the House Judiciary Committee:

As representatives of organizations and individuals working in public health and medicine, civil and human rights, religion and ethics, mental health, law and criminology, and social services, often in collaboration with communities directly impacted by solitary confinement, we urge you to pass H7760, the Restrictive Housing Act. The legislation would end the ongoing abuses of solitary confinement in Rhode Island, which are currently unchecked by statute.

Solitary confinement, often referred to euphemistically as “restrictive housing,” involves locking a person in a prison cell for 22 hours or more each day without meaningful access to others. Dozens of prisoners in RIDOC custody get two hours or fewer out of their cells, five days a week — and cannot leave their cells at all on weekends and holidays. Many are denied phone calls with their families. They spend months, even years, in such conditions. Compared to general population, prisoners in solitary confinement are more likely to be Black, to have a serious mental health disorder, and to have un- or undertreated substance use disorders.

Dozens of studies have established that this practice is cruel, unhealthy, expensive, and counterproductive. As RIDOC Director Patricia Coyne-Fague testified in front of the House Finance Committee in 2019, “keeping people in cells 23 hours a day is not the way to go.” Two years prior, In 2016-2017, the Special Legislative Commission on Solitary Confinement heard testimony from medical experts that prolonged isolation causes high rates of psychiatric hospitalization, sleeplessness, anxiety, depression and suicidal thoughts among prisoners, and exacerbates pre-existing mental health issues. The commission, comprised of legislators, RIDOC staff, medical and mental health experts and advocates, and community advocates, recommended placing strict limits on use of solitary confinement: increasing out-of-cell time to four hours a day, excluding vulnerable populations, increasing access to programming and families, limiting disciplinary confinement sentences to 15 days, and other meaningful changes.

However, even as our understanding of the harms of solitary confinement has evolved, our use of prolonged solitary confinement persists. It is time to codify correctional best practices into law.

Many other states have already implemented reforms to end the abuse of solitary confinement. In 2014, there were an estimated 80,000 to 100,000 people in restrictive housing nationwide, defined as being held in-cell for 22 or more hours per day for 15 days or more. By 2019, there were between 55,000 and 62,000 prisoners in restrictive housing—a dramatic decrease. 15 states have already implemented substantial limitations on the use of solitary practice (outlined in the attached [‘Nationwide Reforms and Best Practices’](#) Memo).

The Restrictive Housing Act follows the Commission recommendations and national best practices, which have been shown to actually make prisons safer. Of 11 states that published safety data after

reducing use of solitary confinement, 9 states saw decreased rates of violence and the other two saw no increase in violence. For example, after reducing its long-term solitary population from 1,500 to just over 100, with an average length of stay from 28 months to eight, the Colorado Department of Corrections reported no increase in assaults on staff by prisoners. Reductions in restrictive housing in Colorado allowed the closure of a 316-bed facility in 2012, saving almost \$15 million yearly in state taxpayer dollars. After reducing the solitary confinement population in the Red Onion State Prison, the Virginia Department of Corrections reported a 78% reduction in incident reports, a 91% decrease of inmate grievances, and an 86% reduction in informal complaints. Mississippi reduced its long-term solitary confinement population by 75% over 5 years, reduced rates of violence by nearly 70%, and reduced recidivism rates upon release, while saving \$6 million in taxpayer dollars.

This legislation would bring Rhode Island into compliance with national and international standards and best practices through common-sense reforms known to make prisons safer, keep people healthier, reduce recidivism, and save money by moving prisoners to less restrictive housing settings. It would require RIDOC to provide incarcerated people the tools and supports they need to transition into and succeed in general population. It would improve access to medical and mental health care, programming, and education, and allow for meaningful contact with family and loved ones. And it would require the use of alternative sanctions for non-violent infractions committed behind the walls.

Passing the Restrictive Housing Act will end the practice of long-term solitary confinement in Rhode Island and bring relief to hundreds of Rhode Islanders who experience, and sometimes spend years in, these harsh and harmful conditions.

Thank you for your leadership. We look forward to working with you to make this vision a reality.
Sincerely,

We the undersigned,

Signed:

Stop Torture RI Coalition
Amos House
Barrington Interfaith Partners
Black and Pink Providence
Black Lives Matter RI PAC
Center for Health and Justice Transformation
Direct Action for Rights and Equality's Behind the Walls Committee
House of Hope CDC
The Formerly Incarcerated Union
Latino Policy Institute
Mission and Justice Team, Barrington Congregational Church, UCC
Never Again Action RI
Office of the Mental Health Advocate of RI
OpenDoors
Prysm
Reclaim RI
Rhode Island ACLU
Rhode Island Catholic Conference
Rhode Island Center for Justice

Rhode Island Medical Society
Rhode Island Psychiatry Society
Rhode Island Public Health Institute
Rhode Island Coalition for the Homeless
Substance Use Policy, Education, & Recovery PAC
Rhode Island Commission for Human Rights
Rhode Island Council of State Churches
Showing Up for Racial Justice RI
Working Families Party

Mayor Jorge Elorza, City of Providence
Lauren Weinstock, PhD, Associate Professor of Psychiatry and Human Behavior, Brown University
Teresa Foley, MSW, Former Director of Transitional Services for the RI Department of Corrections
Roberta Richman, Former Rhode Island Department of Corrections Assistant Director
Scott A. Allen, MD, FACP, Former Medical Director at the Rhode Island Department of Corrections
Reverend Dr. Dale Azevedo, Sr. Minister, Barrington Congregational Church, UCC
Michelle McKenzie, MPH, Director of Preventing Overdose and Naloxone Intervention (PONI)