

Solitary Confinement, Rikers Island, and the Legacy of Kalief Browder

By Madeline Batt

On March 31, 2017, New York Mayor Bill de Blasio stood before a crowd in front of City Hall and made a vow to close Rikers Island, the notorious jail complex in the East River. Based on the findings of a commission appointed to study the problems on Rikers, de Blasio announced a ten-year plan to reduce New York's jail population, and move it off of Rikers into smaller facilities with more humane conditions that would be spread throughout the city's five boroughs.

The subject of numerous investigations into corruption and abuse, Rikers has long been the target of activists demanding reform—and, more recently, closure of the island jail. Yet to most, Mayor de Blasio's pledge came as a surprise: Previously, he had opposed the possibility of closing Rikers, calling it a "noble" but unrealistic idea.

Rapper Jay-Z, along with many advocates, attributed the shift in large part to the far-reaching legacy of a young African American man named Kalief Browder. Over several years, Kalief's story had gained national attention and, despite its tragic end, had a massive impact on issues of solitary confinement and prisoners' rights, in New York and across the country. Shortly after de Blasio's announcement, Jay-Z wrote on Twitter: "Kalief is a prophet. His story will save lives. You guys watching and your compassion made this happen. Thank you."

Kalief Browder was just 16 years old in 2010 when he was sent to Rikers Island, charged as an adult for allegedly stealing a backpack containing cash and a camera. His family could not afford to pay his \$3,000 bail, so he remained incarcerated for nearly three years. Despite his young age, Kalief was beaten by guards and spent long

stretches in solitary confinement, where he twice attempted suicide. The charges against him were eventually dropped for lack of evidence.

His release, however, did not end Kalief's ordeal. His experiences on Rikers Island had left deep and lasting scars on his mental health. After he returned home to the Bronx, Kalief was committed to a psychiatric ward three times and again attempted suicide. With the support of his family, he struggled to recover and continue his education. After his story was published in *The New Yorker* magazine, he even began to speak out about his nightmare on Rikers. But the trauma and depression were too much for him to overcome. In 2015, two years after returning home from jail, Kalief took his own life.



Kalief Browder's life and death have become a rallying point for activists, including the growing numbers of Americans who are demanding an end to long-term solitary confinement. His legacy has inspired everyone from Jay-Z, who produced a six-part documentary on his story, to President Barack Obama, who wrote about him during his last year in office in a commentary published in the *Washington Post*.

Obama's article was a forceful criticism of solitary confinement, which, he wrote, was "increasingly overused on people such as Kalief, with heartbreak-

ing results." The President wrote that what had happened to Kalief was part of the reason he had decided to make changes to the use of solitary in the federal prison system, including banning it for juveniles, expanding treatment for incarcerated people with mental illness, and starting to implement more humane alternatives. Obama's reforms fell far short of ending long-term solitary in federal prisons (and they may not be carried out at all by President Donald Trump). Yet having a U.S. president acknowledge the harms caused by solitary confinement represented a significant step in itself.

Kalief has had an impact closer to home as well, helping to spur the campaign to close Rikers Island. His brother, Akeem Browder, said that Kalief's death left "not only a burden to our hearts, but also a legacy for us to live." Bronx City Council Member Ritchie Torres attributed the decision to close Rikers to the "moral force" of Kalief Browder's story.

Advocates continue to press for New York City to shorten the ten-year time frame for shutting down Rikers Island. Yet even the commitment to closure remains a victory. City Council Speaker Melissa Mark-Viverito, a longtime critic of the jail, said that at last, "the dream of closing Rikers will become a reality."

In May 2017, two months after Mayor de Blasio's announcement, a street in the Bronx was renamed "Kalief Browder Way." New York City Public Advocate Letitia James had also suggested another place that could bear his name. In its plan for closing Rikers, the commission stated that it would be necessary to find a new name for the island—one that does not immediately connote violence and injustice. James knew exactly what name they should choose: Kalief Browder Island.

About Solitary Watch

Solitary Watch, PO Box 11374, Washington, DC 20008 / info@solitarywatch.com / www.solitarywatch.com

Founded in 2009, Solitary Watch is a national watchdog group that investigates, reports on, and disseminates information on the use of solitary confinement in U.S. prisons and jails. In the past eight years, the work of Solitary Watch has significantly expanded public awareness and understanding of the once-invisible domestic human rights crisis of 80,000 people held in soul-destroying isolation and sensory deprivation for months, years, or decades. It has also stimulated media coverage, supported national and local advocacy campaigns, and informed government policymaking.

The print edition of Solitary Watch is available free of charge only to incarcerated individuals, who cannot access our work on the Internet. To receive future copies for yourself or a loved one in prison, please send a request to the address or email above. We also welcome accounts of life in solitary confinement, as well as stories, poems, essays, and artwork from people who have been held in isolation. Please send to “**Voices from Solitary**” at the address above, and tell us whether you would like us to use your name or would prefer to remain anonymous.

Note: We regret that we cannot offer legal assistance or advice and cannot respond to requests for this type of help. Legal materials sent to us cannot be returned to the sender. We also cannot forward mail to others. Thank you for your cooperation.

Voices from Solitary: Living in the SHU

By C.S. Villa

Nothing can really prepare you for entering the SHU. It's a world unto itself where cold, quiet and emptiness come together, seeping into your bones, then eventually the mind.

The first week I told myself: It isn't that bad, I could do this. The second week, I stood outside in my underwear shivering as I was pelted with hail and rain. By the third week, I found myself squatting in a corner of the yard, filing fingernails down over coarse concrete walls. My sense of human decency dissipating with each day. At the end of the first year, my feet and hands began to split open from the cold. I bled over my clothes, my food, between my sheets. Band-aids were not allowed, even confiscated if found.

My sense of normalcy began to wane after just three years of solitary. Now I was asking myself, can I do this? Not sure about anything anymore.

Though I didn't realize it at the time—looking back now—the unraveling must've begun then. My psyche had changed—I would never be the same. The ability to hold a single good thought left me, as easily as if it was a simple shift of wind sifting over tired, battered bones.

There's a definite split in personality turn. The deterioration is discernible, when good turns to evil. The darkness that looms above is thick, heavy and suffocating. A snap so sharp, the echo is deafening. A sound so loud you expect to find blood leaking from your ears at the bleakest moment.

The waking is the most traumatic. From the moment your bare feet graze the rugged stone floor, your face begins to sag, knuckles tighten—flashing pale in the pitch of early morning. The slightest slip in a quiet dawn can set a SHU personality into a tailspin: If the sink water is not warm enough, the toilet flushes too loud, the drop of a soap dish, a cup...In an instant you bare teeth, shake with rage. Your heart hammers against ribs, lodges in your throat...

This would be the time it's best to hold rigid. Take a deep breath. Try to convince yourself there's an ounce of good left in you. This is not a portrait you wish anyone to see. And then a gull screeches passing outside—another tailspin and you're checking your ears for blood.

And this is a good day.

Fourteen years has passed since I entered the SHU. My cognitive skills over this time have taken an odd

When I first arrived, I was attentive and, if you'll excuse the expression, bright-eyed. I thought I could beat "this thing" whatever "this thing" was. I confess—I was ignorant.

Today, I could be found at my cell front. My fingers stuffed through the perforated metal door—I hang limp—a mechanism forged of heavy gauge. My head angled in a daze. My mind lost in a dense fog of nothingness. I'm withering away—I know it—and I no longer care. Hopelessness is a virus I hide under my tongue like some magic pebble, as if the shiny stone could assist in organizing thoughts, decipher warbled language from convicts without tongues in a cellblock of grunts....

The truth is, we're all broken in our own way. We've been undone, unwound. The inside of our plastic skulls—raked and routed. A composition of cracks and fissures where nothing will ever be the same again.

C.S. Villa was recently released into general population after more than 15 years in the SHU at California's Pelican Bay prison. A longer version of his essay appears in the book Hell Is a Very Small Place: Voices from Solitary Confinement.

Aging Alone: Uncovering the Risk of Solitary for Older People

By Lucius Couloute

Policy & Communications Associate at the Prison Policy Initiative, which originally published this report.

Recently released research finds that thousands of older incarcerated people are being forced to live in some form of solitary confinement on any given day. The practice of cutting human beings off from human contact is widely condemned, but this practice is particularly troubling since it means we are subjecting a large number of older adults to living conditions that can cause or exacerbate serious medical conditions. As prisons continue to get grayer, policymakers must understand that denying older incarcerated people access to sunlight, exercise, and interaction with other people and spaces is both inhumane and fiscally irresponsible...

Whatever name it's given, and whatever the reasons for putting people there, the evidence is clear that solitary confinement causes undeniable harm and can create a host of negative psychological issues for all people, including anxiety, hallucinations, withdrawal, aggression, paranoia, depression, even suicidal behaviors...

Solitary confinement has drawn substantial criticism and is widely considered inhumane, especially for vulnerable groups such as the mentally ill and juveniles. But there's another group whose lives are put in danger when they are forced to live in extreme isolation—older incarcerated people.

Because older adults are more likely to have chronic health conditions such as heart disease, Alzheimer's disease, diabetes, and lower respiratory disease, solitary confinement puts their long-term physical and mental well-being in danger. For the 73% of incarcerated people over 50 who report experiencing at least one chronic health condition, solitary confinement is especially hazardous.

Until now it's been difficult to pin down exactly how many older adults are forced into solitary confinement each year, but a new report provides some answers. Based on survey data from

41 states, researchers from Yale and the Association of State Correctional Administrators find that over 6,400 men and women age 50 and older are living in some form of restrictive housing on any given day. (The survey's definition of restricted housing includes all individuals housed in their cells for 22 hours per day or more for at least 15 days.)

But while 6,400 people is substantial, this number is just a snapshot and doesn't reflect all of the older incarcerated people who have experienced the harm of solitary during a particular year. Using two Bureau of Justice Statistics reports, I estimate that more than 44,000 people 45 and older experience solitary in state prisons each year...The obvious conclusion is that solitary isn't some rarely used method of punishment, only used for younger, more threatening "offenders." It's the norm—even for older folks.

The effects of solitary on older people can be dangerous. According to Dr. Brie Williams of the University of California, solitary confinement increases the risk that older incarcerated people will develop or exacerbate chronic health conditions. For example, a lack of sunlight can cause vitamin D deficiencies and greater risk of fractured bones. Sensory deprivation from prolonged confinement in an empty room can worsen mental health and lead to memory loss. Limits on space hinder mobility, which is crucial for maintaining health through exercise...

Luckily, people are beginning to take notice. Last year, spurred by public campaigns against the practice, President Obama banned the use of solitary confinement for juveniles and people who commit low-level infractions in federal prisons. But these lim-

ited reforms have not translated into widespread changes in the way we treat incarcerated people who are older and thus more susceptible to health problems.

We know that around 2,000 people age 55 and over die in state prisons each year, and that upon release the formerly incarcerated are at greater risk of death due to cardiovascular disease and suicide compared to non-incarcerated individuals. Putting a population that is less likely to recidivate in conditions that contribute to these statistics is counterproductive at best. Going forward, it's crucial that we think about how practices such as solitary confinement contribute to mortality statistics and poor health outcomes both within prisons and during the reentry process.

For the 95% of incarcerated people who will eventually return to communities across the nation, solitary confinement almost guarantees that they do so as less healthy individuals. This affects state and local resources beyond the costs of incarceration; the health costs of older adults are expected to rise substantially in the coming years, most of which will be paid for through taxpayer-funded health programs. Viewed from a public health perspective, subjecting thousands of aging individuals to prolonged periods of immobility and isolation is dangerous and strains our medical infrastructure.

It's time that state prison officials consider abolishing solitary, especially for older incarcerated people...The people we imprison aren't lab rats (although treating animals this way is widely considered immoral); they are human beings who will be released back into society someday. Abandoning the practice of solitary is the next crucial step to chip away at the human and public health costs of mass incarceration.

MASSACHUSETTS—At the end of November, both houses of the state legislature approved a criminal justice bill that includes new restrictions on the use of solitary confinement in Massachusetts state prisons, where individuals could previously be held in isolation for up to 10 years. The bill requires the approval of a new “segregation review board and oversight committee” to keep people in solitary for more than 180 days or more than six time a year; mandates mental health assessments before placement in solitary and limits the time people with mental illness can be isolated; requires more “humane” conditions in solitary confinement cells, including light, ventilation, and toilets; and calls for greater reporting and transparency on the use of solitary. The bill will now go to the governor for approval.

COLORADO—The executive director of the Colorado Department of Corrections, Rick Raemisch, published an essay in the *New York Times* in October advocating for the abolition of long-term solitary confinement in U.S. prisons, which he called both unethical and a threat to public safety. Colorado has ended nearly all use of isolation beyond 14 days, making its prison system the first in the nation to come close to compliance with the UN’s Mandela Rules for the treatment of incarcerated persons. The piece was a follow-up on an earlier essay by Raemisch published in the *Times*, in 2014, in which he described spending a night in solitary in one of his own maximum security prisons. He said the experience strengthened his resolve to pursue reforms.

TEXAS—The Department of Criminal Justice announced in September that it was ending the use of punitive segregation in its facilities, and would instead rely on other restrictions—such as loss of good time, commissary, or phone privileges—to deal with bad behavior. Advocates pointed out that

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in fact, a minimal number of individuals had been held in punitive segregation, and the decision will not affect the 4,000 or so people currently held in administrative segregation in Texas. This includes about 200 individuals on death row, who are automatically placed in isolation upon arrival and remain there until they are executed.

NORTH DAKOTA—Several publications reported on recent changes to North Dakota’s prison practices, which were made following a 2015 trip to Norway by Department of Corrections Director Leann Bertsch and other staff. The group visited Norwegian prisons, widely considered the most humane in the world, on a tour organized by two U.S. advocacy groups. Since their return, North Dakota has increased education and work opportunities for incarcerated people and reduced the use of solitary confinement. The number of individuals in long-term solitary in the state’s prisons has dropped by close to 80 percent in the last two years, and those remaining in solitary receive more counseling. The warden of North Dakota’s largest prison said of solitary: “You literally get so used to it you think you can’t run a prison without it...Now I would never go back.”

NEW YORK—In September, the New York Civil Liberties Union (NYCLU) reported that the use of solitary confinement in state prisons had dropped as the result of a legal settlement between the NYCLU and the state’s Department of Corrections and Community Supervision. The NYCLU’s report found that the number of people held in disciplinary segregation on any given day had dropped by 24 percent, while the average length of time spent in solitary as punishment had declined by 16 percent. While acknowledging the significance of the reforms, other advocates in the state pointed out that

nearly 4,000 people remained in isolation in New York, and that the settlement does not affect those in administrative segregation, some of whom have been in solitary for 30 years or more. These advocates support passage of the Humane Alternatives to Long-Term (HALT) Solitary Confinement Act, which would bring about more sweeping changes. Some took part in a two-week, 150-mile March for Justice from Harlem to Albany to call attention to solitary and other abuses in New York’s prisons and jails.

FEDERAL—In July, U.S. Senators Cory Booker and Elizabeth Warren introduced the Dignity for Incarcerated Women Act, which would prohibit federal prisons from placing pregnant women in solitary confinement, ban the use of shackles during childbirth, and establish a range of other protections. While men still make up the bulk of America’s prison and jail population, the number of women behind bars has increased to more than 200,000, and women are the fastest-growing segment. The legislation is not expected to be passed by the current Republican-led Congress.

FEDERAL—A wave of hunger strikes has called attention to conditions faced by immigrants being held in private prisons under contract with U.S. Immigration and Customs Enforcement (ICE). About 750 men and women at the Northwest Detention Center in Washington State have periodically refused to eat in protest of the facility’s unpaid forced labor program. A report by a watchdog group found work programs that are called “voluntary” are typically enforced by the threat and use of solitary confinement. Hunger strikes have also sprung up in immigrant detention facilities in California, Georgia, and Oregon. In May, the American Civil Liberties Union (ACLU) sued ICE over its treatment of hunger strikers, who it says are routinely force-fed or placed in solitary for refusing to eat.