



Support for LD 1611 – An Act to Ensure Humane Treatment for Special Management Prisoners

“It’s an awful thing, solitary... It crushes your spirit and weakens your resistance more effectively than any other form of mistreatment.”

– Senator John McCain

What is solitary confinement?

Inmates placed in solitary confinement live in 23-hour-a-day isolation (24 on weekends), allowed out only a few times per week to shower, make a brief phone call, or exercise, alone, in a cage. Solitary confinement goes by many names, including segregation, supermax, the hole, and special management unit (SMU).

Why do we care?

Prolonged solitary confinement is torture. There is growing consensus that prolonged isolation is torture, and therefore, violates basic human rights, international treaties, and the principles of the 8th Amendment, which prohibits cruel and unusual punishment.

Solitary confinement is an extreme sanction with the potential to cause severe harm, both physically and psychologically. Research shows the practice exacerbates existing mental illness, induces mental illness in otherwise healthy individuals and causes measurable slowing of brainwaves.

The overuse and abuse of solitary confinement makes us all less safe by thwarting rehabilitation in prison and successful re-entry into our communities. Most prisoners are released, and the type of person they are when they return to our communities is strongly influenced by the treatment they receive in prison.

Problems in Maine’s segregation units indicate a need for reform. Three deaths in the past five years, inmate hunger strikes, and reports of oversight agencies of low morale, high turnover, and a culture unsupportive of those seeking to enforce prisoners’ rights reveal a need for oversight and reform.

Solitary Confinement is a bad investment – there are safer, more economical and more humane alternatives. The price per prisoner in high security segregation units like the SMU is 2-3 times higher than in ordinary prison units.

Why support LD 1611?

LD 1611 establishes oversight, accountability and due process for prisoners subjected to solitary confinement in Maine’s prisons by establishing that:

- Prisoners with serious mental illness will not be sent to the SMU.
- Prisoners will not be placed in the SMU for more than 45 days unless it has been established that they have injured (or attempt to injured) guards or other prisoners, escaped (or attempted to escape) from custody, or are otherwise determined to be an imminent safety risk.
- Prisoners kept in solitary confinement for more than 45 days must be told why they are being sent to solitary, given a fair hearing, and told what they must do gain their release.

LD 1611 is supported by over 17 groups – including mental health advocates, faith groups, and civil and human rights institutions such as the Maine Civil Liberties Union, the Maine Assoc. of Psychiatric Physicians, Portland NAACP, Maine Prisoner Advocacy Coalition, Maine Council of Churches, Maine Psychological Assoc., and the National Religious Campaign Against Torture



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“There is a noise that comes from the air vents. The sounds start to seem like voices. I have built imaginary relationships with those white noises.”
— Maine prisoner M.C

Isolation Causes Psychiatric Problems

Prisoners develop and act on social pathologies stemming from isolation:

Supermax prisoners are literally at risk of losing their grasp on who they are, of how and whether they are connected to a larger social world. Some prisoners act out literally as a way of getting a reaction from their environment, proving to themselves that they are still alive and capable of eliciting a genuine response—however hostile—from other human beings.

— Haney, C. (2003) “Mental Health Issues in Long-Term Solitary and ‘Supermax’ Confinement” *Crime & Delinquency*. 49(1), (124-56).

Solitary confinement induces or exacerbates acute mental illness:

In my opinion, solitary confinement - that is confinement of a prisoner alone in a cell for all or nearly all of the day, with minimal environmental stimulation and minimal opportunity for social interaction - can cause severe psychiatric harm. In addition, solitary confinement often results in severe exacerbation of a previously existing mental condition or in the appearance of a mental illness where none had been observed before.

— Stuart Grassian, MD, Psychiatric Effects of Solitary Confinement, Commission on Safety and Abuse in America’s Prisons (June 2006).

Prisoners in isolated confinement do what they can to cope.... It is in this context of near-total isolation and idleness that psychiatric symptoms emerge in previously healthy prisoners. In less healthy ones, there is psychosis, mania, or compulsive acts of self-abuse or suicide.

— Terry Kupers, M.D., U.S. District Court for the Southern District of Illinois, East St. Louis Division, No. 00-528-DRH (2001)

Prolonged isolation induces harmful physiological responses:

Prolonged isolation has been demonstrated to result in increased stress, abnormal neuro-endocrine function, changes in blood pressure and inflammatory stress responses. Additional effects include depression, anxiety, difficulties with concentration and memory, hypersensitivity to external stimuli, hallucination and perceptual distortions, paranoia, suicidal thoughts and behavior, and problems with impulse control...

—Break Them Down: Systematic Use of Psychological Torture by US Forces, Physicians for Human Rights, 2005.

Psychiatric effects of prolonged isolation can be permanent:

[A]lthough many of the acute symptoms suffered by these inmates are likely to subside upon termination of solitary confinement, many -- including some who did not become overtly psychiatrically ill during their confinement in solitary -- will likely suffer permanent harm as a result of such confinement. This harm is most commonly manifested by a continued intolerance of social interaction, a handicap which often prevents the inmate from successfully readjusting to the broader social environment of general population in prison and, perhaps more significantly, often severely impairs the inmate's capacity to reintegrate into the broader community upon release from imprisonment.

—Stuart Grassian, MD, Psychiatric Effects of Solitary Confinement, Commission on Safety and Abuse in America’s Prisons (June 2006).