



April 19, 2016

Solitary Confinement

Solitary confinement continues to be used ineffectively in the Illinois Department of Corrections. According to Vera Institute of Justice, in 2011 there were 2,300 inmates in solitary confinement in prisons in Illinois, or 5% of the total prison population. Inmates could be isolated for years. 30% have been in solitary confinement for more than a year, and 10% have been in solitary confinement for more than 10 years. In a 2008 study, Vera Institute of Justice found that the top four reasons for placing detainees into solitary confinement made up 60% of the violations. These top four reasons were: violation of rules, disobeying a direct order, unauthorized movement and insolence. Vera Institute of Justice concluded that the detainee's conduct may warrant sanctions, but it was not clear that the types of placement and lengths of stay are proportionate to the prisoner's past and current negative behavior. They also found in their study that prisoners who spent less time in segregation were not more likely to commit new violations during the first 12 months of release into the general population.

I have also heard from ex-offenders who had been placed in solitary confinement and the effect it has had on their mental health. One prisoner, in segregation for 2 ½ years said in his letter, "(d)ay after day I would pace back and forth inside these cells, not knowing these seg. cells were design (sic) to have a psychological breakdown." Another woman returning citizen, who was in solitary confinement for a year, noted continuing problems with nightmares, panic attacks and depression after she was released from prison, related to the length of her solitary confinement. I also heard from the Department of Corrections that someone was put in solitary confinement for refusing to cut their dreadlocks.

Given these facts, and working with Uptown People's Law Center Executive Director Alan Mills, I introduced House Bill 5417, which creates the Isolated Confinement Restriction Act and restricts the use of isolated confinement in correctional facilities in the State. This bill provides that a committed person shall not be placed in isolated confinement unless there is reasonable cause to believe that the committed person would create a substantial risk of immediate serious harm to himself, herself, or another, and a less restrictive intervention would be insufficient to reduce this risk and the correctional facility shall bear the burden of establishing this standard. It also provides that a committed person shall not be placed in isolated confinement before receiving a personal and comprehensive medical and mental health examination conducted by a licensed psychiatrist or clinical psychologist. The legislation provides that a committed person held in emergency confinement shall receive an initial medical and mental health evaluation within 2 hours and establishes conditions in which a committed person may be placed in protective custody.

This bill will be heard by the Restorative Justice Committee this week. As Chair of the Restorative Justice Committee, I, along with my colleagues on the committee, look forward to hearing testimony from those who have been affected by solitary confinement and from those who study the issue. We want to determine the best practices to make our prisons places of rehabilitation and not places that cause a worsening of medical and mental health issues for detainees, which make it more difficult for their reintegration into society once they leave the Department of Corrections. We will continue to fight to undo this wrong in our criminal justice system.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Ford', with a stylized flourish at the end.

La Shawn K. Ford
State Representative-Eighth District