



#HALTsolitary Campaign
TESTIMONY BEFORE NYS SENATE AND ASSEMBLY
PUBLIC PROTECTION BUDGET HEARING

February 12, 2026

Executive Summary

Thank you to Chair Krueger, Chair Pretlow, Chair Salazar, Chair Dilan and the Senate and Assembly for holding this public protection budget hearing at this urgent and critical time.

Often in the name of “public protection,” federal, state, and local officials are subjecting New Yorkers to multiple interconnected crises of racist brutality, torture, sexual abuse, cover-ups with false charges and solitary confinement, and death. From ICE ravaging families and communities, to correction officers killing incarcerated people on camera, to jails and prisons flouting the HALT Solitary Confinement Law in order to torture and kill people, to elders languishing behind bars, the levels of inhumanity and abuse are at an all time high.

New York State lawmakers have an obligation to act immediately to protect New Yorkers, save lives, stop human rights atrocities, and improve safety for everyone. As urgent initial steps to meaningfully address these interconnected public protection crises, the Governor and the legislature must take the following executive and legislative action to expand pathways of release from incarceration for people who have demonstrated their readiness, transform the environment inside New York’s prisons and jails, and protect our immigrant communities.

Legislative Action

1. **Parole Justice**, namely: Elder Parole (S454/A514) and Fair & Timely Parole (S159/A127)
2. **Sentencing reform**, including: the Second Look Act (S158/A1283), Earned Time Act (S342/A1085), Marvin Mayfield Act (S1209/A1297), Challenging Wrongful Conviction (S6319/A7422), and Youth Justice and Opportunities Act (A5293/S4330)

3. **Ending abuses inside**, including: Rights Behind Bars (S3763/A1261A), Ending Qualified Immunity (S176/A1402), CARE Act, (S4583/ A4879), GIRDS Act (S1049/A5478), and End Health Professionals' Complicity (S7865/A8286)
4. **Ensuring mental health care, not perpetual punishment**, including: Treatment Court Expansion Act (S4547/A4869) and the Forensic Rehabilitation Act (S8310/A8603)
5. **Protecting our immigrant communities**, including: New York for All (S2235/A3506), Dignity Not Detention (S316/A4181), Access to Representation Act (S141/A270), and the Clemency Justice Act (S394/A403), along with the [full Justice Roadmap](#).

Executive Action

1. **Expand the use of executive clemency**, as well as medical parole, compassionate release, the temporary release program (work release, educational release, community service leave, and medical treatment leave), home confinement, and other release mechanisms.
2. **Finally and fully implement the HALT Solitary Confinement Law** to stop torture, save lives, and improve safety for everyone by replacing solitary with proven alternatives.
3. **Appoint people to the Parole Board** who believe in redemption and recognize the ability of people to change.
4. **Remove the DOCCS Commissioner** in light of his overseeing and directing a horrific period of racist brutality, torture, sexual assault, repression, and abuse of people incarcerated in New York prisons, and replace him with a transformative Commissioner who is fully committed to following the HALT Solitary Law, rooting out staff brutality and abuse of incarcerated people, and expanding mechanisms of release.
5. **Appoint people to the State Commission of Correction** who have been incarcerated and allies who are fully committed to implementing the HALT Solitary Law, rooting out staff brutality and abuse of incarcerated people, and expanding mechanisms of release.

The longstanding and acute crises of brutality, torture, and death plaguing New York's incarceration system have clear, straightforward ready solutions: reduce the number of people incarcerated through expanded pathways of release and utilize proven evidence-based interventions for the smaller population of people who remain incarcerated. The evidence is clear and the right policy choices are clear. The question only remains whether New York's lawmakers have the political will to act to stop torture, save lives, free people who have long ago demonstrated their readiness, reunite families, and improve the safety and health of everyone.

This document provides the testimony of the HALT Solitary Campaign. Led by people who have survived solitary confinement and had family members inside, the HALT Solitary Campaign is a New York statewide campaign comprised of more than 400 organizational supporters. The HALT Solitary Campaign aims to end the torture of solitary confinement for all people, create more humane and effective alternatives, and build on these changes to dismantle the racial injustices and punishment paradigm that underpin the entire incarceration system. The HALT Solitary Campaign led the movement of people, organizations, and groups across the state that resulted in a supermajority of both houses of the legislature passing, and the Governor signing, the HALT Solitary Confinement Law, which was signed in March 2021 and went into effect in April 2022. The HALT Solitary Campaign has also led the efforts since the law was enacted in 2021 to push for the law to be fully implemented in order to stop torture, save lives, and improve safety for everyone.

Rampant Officer Brutality Against Incarcerated People in New York Prisons

It has now been more than a year since officers brutally tortured and killed Robert Brooks and nearly a year since officers brutally killed Messiah Nantwi. Robert Brooks' killing was inadvertently caught on video tape for the entire world to see the types of rampant racist brutality that systematically occurs across New York prisons and jails and which has been repeatedly documented for years and decades. Since the time of that unconscionable atrocity, there has been only more documentation of the horrific abuse that takes place in New York prisons. The following provide but a few examples of the documented atrocities.

The New York Times released multiple articles documenting recent [brutal killings of people incarcerated](#) by staff in New York prisons, the decades-long [rampant staff brutality against people incarcerated](#) in NY prisons, how solitary confinement is used to cover-up such abuse, and how such [staff brutality has been rising for the past decade](#)

For example, in [one of the articles](#), the Times documented more than 120 instances of extreme officer brutality against incarcerated people *while they were already restrained*. As the Times described:

*Drawing on thousands of pages of court records, disciplinary data and interviews with dozens of current and former [incarcerated people], The Times identified **more than 120 instances** in the past decade in which guards were described as having **punched, kicked or stomped on [incarcerated people], smashed their fingers in cell doors, held their legs apart and struck their genitals with batons, and even waterboarded them — all while the [incarcerated people] were handcuffed or otherwise restrained**. Across the prison system, the rate at which staff members have used force against [incarcerated people] has been [climbing steadily](#) for the past decade.*

As just one of countless examples documented in the article, at Clinton C.F.:

“In interviews and lawsuits, nine [incarcerated people] have described being handcuffed, beaten and then nearly suffocated by guards who held plastic bags over their heads...

Mr. McCalla ... was pulled out of the line for the recreation yard in March 2022 and ordered to put his hands on a wall. When Mr. McCalla, who had a history of filing grievances against guards, did not immediately comply, officers threw him to the floor and piled on top of him, according to Mr. McCalla and video of the incident.



Tyrone McCalla said guards used a racial slur while attacking him at Clinton.

They pulled him into the infirmary, where they continued beating him before pulling a plastic bag over his head, he said. One guard kicked him in the genitals and said he was rendering him incapable of fathering Black children, whom he described with a racial slur; Mr. McCalla said. Others punched him in the face, stripped him to his underwear and pulled another bag over his head, he said. He recalled seeing blood and feeling his nose breaking.

Afterward, Mr. McCalla, who was set to be released that July, was sent to solitary confinement and falsely accused of attacking guards, he said. He was charged with assault, convicted and sentenced to another seven years in prison.

In another article, the New York Times provided a [scathing and deeply disturbing exposé](#) about the previously unreported brutal beatings to death of three people in New York prisons – Ladale Kennedy, Clement Lowe, and Aamek Nixson – and the interconnection of those beatings with the infliction of solitary confinement.

According to the article, Ladale Kennedy was in a unit operating as illegal solitary confinement in violation of the HALT Solitary Law. Ladale had mental health needs, including suffering from paranoia and hallucinations. While in solitary, he wrote “to state officials that the guards at Upstate prison were torturing him and that he needed to be transferred ‘before an officer murders me.’” According to the Times, “because he had failed to return some food trays and cups that had been handed to him in his cell,” a cell extraction team removed him from his cell he was “pepper sprayed by guards, beaten, handcuffed, held face-first under running water and fitted with a ‘spit hood’ ... He had said, ‘I’m sorry’ at least eight times as they pulled him from his cell, video shows. He had told the officers he could not breathe at least 20 times during the entire encounter.”

The article also describes how for Clement Lowe, another incarcerated person, guards “stomped on him and lashed his head with batons before he deteriorated and died of a massive brain bleed.” Rather than being provided medical care after being mercilessly beaten, he was driven 300 miles to Upstate prison so he could be thrown in solitary confinement to cover up the abuse. His daughter “recalled her desperate efforts to get him medical care. She said he was complaining of splitting headaches. That he could not hold a pen or feed himself. Then vomiting, slurring and an unsteady gait. She went to visit him, and a guard pushed him out in wheelchair. He was emaciated and drooling. Still, despite pleas ..., the prison medical staff offered him no additional care. They did not even ensure that he was getting his medication for diabetes and other ailments.”

For Aameek Nixon, witnesses who are incarcerated reported that following a fight with another incarcerated person: “After Mr. Nixon and the other man were handcuffed and separated, the guards began to beat them...They slammed Mr. Nixon onto a stove top...They slammed Mr. Nixon onto a stove top...the guards kicked and punched them in the head, stomach and groin. When the man looked over at Mr. Nixon, he said, Mr. Nixon’s eyes were fixed, his head lolled and it appeared he could not stand. ... Soon after, a nurse reported that Mr. Nixon was cold and clammy and had no pulse.”

Beyond the New York Times, the [Marshall Project](#) and Times Union recently reported how medical security staff left Jason “Poppy” Phillips to choke to death while trapped in his cell. Poppy was trapped in his cell in what is supposed to be an alternative to solitary under the HALT Solitary Law but operates as solitary by another name. He was having a medical crisis, and despite his family and other people incarcerated demanding staff provide him urgent medical care, security staff and medical staff stood at his cell and left him to choke to death. According to the article, Poppy “had an infected epiglottis, the flap of cartilage in a person’s throat that directs air to the lungs and food and liquid to the stomach. The infection is rare — about 3 out of every 100,000 adults contract it annually — and treatable: 99% of patients recover. But the infection is a medical emergency that, left untreated, can swell the epiglottis and choke a person to death.”

This article documented in excruciating detail how security and medical staff refused to provide Poppy treatment and left him to die. Medical staff briefly saw him, refused to believe him that his airway was constricted or treat him, and left him to die.

His cellmate Riley said Poppy “paced the cell, craning his neck up, trying to breathe. He wrote down a phone number and asked Riley to call his wife and two daughters to tell them that he loved them. Those would be his last words. Panic-eyed, Phillips stopped talking, and began bouncing up and down on his toes, hanging on to Riley’s shirt and arm. . . . Riley began kicking the cell door and screaming for medical assistance, that his cellmate couldn’t breathe. During the next 30 minutes, he yelled for help 40 times.”

The article also documented 30 other instances that the Marshall Project investigated of people dying because of untreated treatable medical emergencies in NY prisons. The level of racism and dehumanization is beyond the pale, exacerbated by people locked in isolation. We were literally crying reading the article. Poppy should be alive today.

It was even [reported](#) that officers beat up witness Michael Peacock and threw him in solitary confinement as retaliation for testifying against officers in the Robert Brooks murder case, and then refused to allow a reporter to visit him. As Michael himself [described](#), Robert Brooks was originally beaten at the direction of an officer at Mohawk before being transferred to Marcy because he was sick and threw up in his dorm cube, on his bed, and on the floor and then passed out. The lawlessness, brutality, and torture of New York’s prisons knows no bounds. Not only did officers lynch Robert Brooks on video, but then fellow officers beat up a witness in the prosecution of that lynching and threw him in solitary confinement as retaliation for testifying about it. But this is par for the course: officers beat up people who raise complaints and then write false reports of “assaults on staff” and throw people in solitary to cover up their own abuse. The HALT Solitary Law was enacted by supermajorities of the legislature and the Governor after a years-long campaign in order to prevent this exact type of abuse.

Senator Salazar issued a comprehensive [report entitled Built on Brutality](#) documenting the longstanding and acute crisis of brutality, torture, sexual assault, cover-ups with solitary confinement and false charges, and death of NY prisons (with press coverage in the [Times Union](#) and [local news outlets](#) across the state). In addition to calling for the HALT Solitary Confinement Law to finally be fully implemented, the report lays out a very clear and specific path forward for the legislature this session to at least begin to address this humanitarian catastrophe, including the following urgent measures with widespread support, among others:

- Expanding pathways for consideration of release:
 - Fair and Timely Parole (S.159 Salazar/A.127 Weprin)
 - Elder Parole (S.454 Hoylman-Sigal/S.514 Davila).
 - The Earned Time Act (S.342 Cooney/A.1085 Kelles)

- The Second Look Act (S.158 Salazar/A.1283 Walker)
- The Marvin Mayfield Act (S.1209 Myrie/A.1297 Meeks)
- Challenging Wrongful Convictions (S.6319 Myrie/A.7422A Walker)
- Transforming conditions inside the prisons
 - Rights Behind Bars Bill (S.3763 Salazar/A.1261A Forrest)
 - The Compassion and Reproductive Equity (CARE) Act (S.4583A Salazar/A.4879A Kelles)
- Increasing accountability
 - Healthcare Anti-Torture Bill (S.7865 Salazar/A.8286 Kelles)
 - End Qualified Immunity (S.176 Jackson/A.1402 Hunter)

All of the above reports, and others, continue to document the unconscionable brutality that has long been embedded in New York’s incarceration system.

It must continue to be documented that on December 9, 2024 state employees at Marcy prison in New York State brutally beat, tortured, and killed Robert Roberts – a 43-year-old Black man – while he was handcuffed behind his back. Although the guards did not turn on their body cameras, “passively recorded” video extracted from the cameras showed the brutalization in horrific detail. At least 17 staff, including correction officers, sergeants, and medical staff, have been implicated in the unconscionable attack.

The very week that officers were facing indictment for the killing of Robert Brooks, correctional officers across the state orchestrated an illegal work stoppage in an attempt to distract the public from the increased scrutiny of officer misconduct. During the illegal work stoppage, *nine out of 10 officers* abdicated their basic responsibilities for the approximately 34,000 people under the state’s custody in New York prisons. This illegal action led to massive lockdowns across the state prison system, leaving tens of thousands of New Yorkers locked in solitary confinement in life threatening conditions with restricted or no access to food, medicine, medical and mental health care, family and attorney visits, communication with loved ones and attorneys, out-of-cell time, recreation, outdoor time, programs, or other essential services. Fully predictably and horrifically, it is reported that just during the height of the illegal work stoppage at least 12 people died. For example:

1. At least one individual, Anthony Douglas, reportedly died by suicide, an all too common result of solitary confinement, like the lockdown conditions endured by people across the system during the illegal work stoppage. Anthony was 67 years old and had already spent nearly 50 years in prison.
2. At least two individuals died after reportedly not receiving timely medical care, including Jonathan Grant, 61, who had a history of strokes and, despite his medical condition, was left in his cell after being denied requested medical care.

3. At least two individuals, Franklin Dominguez, 35, and Jeffery Bair, 40, were reportedly found unresponsive in their cells during these lockdowns.
4. At least two individuals had previously been admitted to a prison regional medical unit, meaning they had significant medical needs, Robert St. Ives, 71, and Zion Gregory, 25.

While DOCCS officially declared the work stoppage over on March 11, 2025, incarcerated people and their loved ones, along with legal representatives and organizations, [reported](#) that many officers who officially returned to their posts continued to not perform their job functions, with devastating and deadly results, and to this day lockdowns in solitary confinement, with restrictions on out-of-cell time, programming, visits, and other essential services, remain (as discussed further below).

On March 1, 2025, less than three months after the killing of Robert Brooks, officers brutally beat [Messiah Nantwi](#), age 22, to death. Governor Kathy Hochul described the officers' behavior as "extremely disturbing conduct" and 15 staff members were placed on leave. Officers [intentionally](#) turned off their body cameras during the attack and later a sergeant was recorded discussing a scheme to cover-up the killing by planting a false weapon.

Family members and community members have been sounding the alarm about New York prisons' racism, brutality, torture, killings, and cover-ups for decades. From [Leonard Strickland](#) to [Samuel Harrell](#) to [Karl Taylor](#) to [Terry Cooper](#) to [John McMillon](#) to [Robert Brooks](#) to [Messiah Nantwi](#), to countless others, there is a long pattern of brutal and deadly beatings, interconnected with the infliction of solitary confinement and falsified records.

As many as 20 officers reportedly repeatedly kicked and punched Samuel Harrell while shouting racial slurs at him, and then threw Samuel down a staircase. Officers similarly reportedly punched, kicked, choked, and stomped John McMillon to death. Jurors awarded \$9.25 million to Terry Cooper's family, after officers reportedly beat him to death with a baton. The state settled a lawsuit with Karl Taylor's family for \$5 million after officers reportedly beat, jumped on, and choked him to death.

Witnesses to Leonard Strickland's death reportedly said "the guards got away with murder, ganging up on Mr. Strickland and beating him so viciously that he could barely move." Video then shows Leonard, who had schizophrenia, "in handcuffs, barely conscious and being dragged along the floor by officers, while a prison nurse standing close by does nothing. Even as he lies face down on the floor, near death, guards can be heard shouting, 'Stop resisting.'"

Innumerable people across prisons and jails for years and decades have reported detailed accounts of staff [physical](#) and [sexual](#) assaults, use of [waterboarding](#) against people, and false

tickets for “assaults on staff” as cover-up of such abuses. [Thousands of people](#) have filed claims under the Adult Survivors Act for sexual abuse in NY prisons over decades.

There have been countless investigative reports of a “[scourge of racial bias](#)” and [routine and frequent brutal beatings covered up](#) by locking people in solitary confinement on false charges. “Shattered teeth. Punctured lungs. Broken bones. Over a dozen years, New York State officials have documented the results of attacks by hundreds of prison guards on the people in their custody.” After [officers beat Chad Stanbro](#) to the point he was paralyzed, he was thrown in solitary as part of a broader effort at cover-up. When officers [brutally beat Samuel Harrell to death](#), they then locked witnesses in solitary – including at least nine people who had seen what had happened. [This report](#) by the Correctional Association of NY about the former supermax prison dedicated to solitary with a long history of abuse that was closed as a result of the HALT Solitary Law shares additional examples of these practices. As one individual reported, “I came to Southport with a multiple year SHU sentence after being brutalized by staff at another prison. Although I was beaten so badly that I was hospitalized for multiple days, had a fractured bone, and continue to suffer medical effects, I was sent to the box for multiple years for allegedly assaulting staff.” Multiple officers involved in the killing of Robert Brooks have [themselves](#) been accused in lawsuits of brutally beating other people in various prisons, falsifying records, and locking those beaten in solitary confinement on false charges.

In addition to physical brutality, DOCCS has for years continued to torture people by systematically violating the HALT Solitary Confinement Law (described below) and in recent years initiated an inhumane and cruel [ban on family care packages](#), [sweeping restrictions on people’s visits](#) with their family members, and restrictions on mail based in part on what have now been proven to be [false](#) drug tests of mail.

Systematic Violations of the HALT Solitary Confinement Law

Prisons and jails across New York State have been systematically violating the HALT Solitary Law since it went into effect in March 2022, after being enacted by a supermajority of both houses of the state legislature and signed by the former Governor in 2021. Nearly every core component has been violated from day one, including by:

- Illegally locking people with disabilities in solitary
- Illegally operating supposed alternatives as solitary by another name by denying people legally required out-of-cell time
- Illegally and falsely claiming that being locked alone in an extended part of a cell is “out-of-cell” time and “congregate out-of-cell” time
- Illegally locking people in solitary for reasons prohibited by the law, and more.

The HALT Solitary Confinement Law itself has had tremendous positive impacts on people's lives, and at the same time prisons and jails across the state continue to systematically violate the law. On the positive side, the HALT Law has already led to:

1. The closure of Southport Correctional Facility (which was one of New York's two supermax prisons dedicated to solitary confinement, with a long history of abuse);
2. Drastic reductions in the use and length of SHU (another form of solitary where people had been locked in 23 to 24 hours a day for months, years, and decades before HALT). The number of people locked in SHU on a given day has dropped from thousands of people to under 250 people. DOCCS at least officially reports that people generally are no longer held in SHU for more than 15 consecutive days;
3. The removal of people who had spent years and decades in solitary, including individuals who have now come home from prison and are being successful in the outside community;
4. The official opportunity for people to be represented by an attorney, paralegal, law student, or fellow incarcerated person at disciplinary hearings; and
5. The operation of some alternatives with opportunities for at least some meaningful human engagement.

At the same time, tragically, since day one DOCCS has been systematically [violating](#) nearly every [core component](#) of the HALT Law. For example, DOCCS has been:

1. Locking people in solitary despite bans on [protected populations](#), including people with mental health needs and physical and cognitive disabilities, as fully documented in a [class action lawsuit](#) by people incarcerated in NY prisons represented by the Legal Aid Society and Disability Rights Advocates.
2. Operating [alternatives](#) as solitary by another name by failing to provide required out-of-cell time or programming in units that were previously solitary units and [chaining](#) people to desks during their limited out-of-cell time. The law requires people in alternatives to have access to at least seven hours of daily out-of-cell group programming and activities. Instead, even before the illegal "suspension", people at some prisons are officially getting at most three hours of out-of-cell time and many people are not receiving any and are instead locked in solitary confinement 24 hours a day.
3. Operating various other solitary-by-another name [units](#) as if HALT doesn't apply, such as step-down units, protective custody, and residential mental health treatment units.
4. Sending people to solitary and alternatives for [conduct](#) banned by the law. DOCCS data shows they have issued SHU sanctions at a higher rate after HALT than before, and between 18% to two-thirds of SHU sanctions are for reasons not allowed under the law. People in NY prisons, represented by PLS and NYCLU [won a lawsuit](#), with a New York

Supreme Court judge finding DOCCS has violated HALT by sending people to solitary and alternatives without following the law's sanctions criteria.

5. Even more [disproportionately](#) sending Black people to solitary and alternatives. [Racial disparities](#) in the infliction of punishment of incarcerated people / solitary confinement – already at [egregious levels](#) for years – have *increased* in recent years. On February 1, 2026, [DOCCS data](#) shows that 86% of people in solitary confinement in SHU and RRU are Black people or what DOCCS labels Hispanic people, including around 60% are Black people. Meanwhile, only approximately 10% of people in these disciplinary units are white, even though over 53% of New York State's 20 million people are white.

At least [three major lawsuits](#) have found NY prisons in violation of the HALT Solitary law, yet the prisons [continue](#) to [defy](#) court orders and face potential contempt of court, while multiple additional lawsuits are still pending about violations in the [prisons](#) and in [multiple local jails](#). These violations have had devastating and deadly consequences. A new [report](#) documented a surge of people dying by suicide in 2024, with people in illegal solitary confinement in NY prisons seven times more likely to die by suicide and 15 times more likely to commit acts of self-harm than people in the rest of the prison population.

In 2025, DOCCS doubled down on its violations of the HALT Solitary Law through its [illegal suspension of the law](#). This illegal suspension came in response to the illegal work stoppage that aimed to distract from officer brutality following the killing of Robert Brooks and that killed at least 12 people just during the height of the illegal strike and put tens of thousands of people in solitary confinement in life threatening conditions. As documented in [this recent complaint](#) filed with the UN Special Rapporteurs on Torture and on Extrajudicial Executions, the consequences have been devastating for people incarcerated across the state, with people locked down in solitary up to 24 hours a day, with limited or not access to out-of-cell time, programming, recreation, visits with loved ones, or basic medical, mental health, or other services.

More specifically related to the illegal suspension of the HALT Solitary Law, [this report by the Legal Aid Society](#) documented people incarcerated all across the state describing the horrific, life-threatening conditions that people are enduring in New York's prisons, during the height of the strike and still today. People have been locked down in solitary confinement, with restricted or no access to out of cell time, recreation, medications, showers, food and more. People have been locked in these conditions for weeks and now months. One person with a known epilepsy condition describes having multiple seizures induced by being solitary during the strike and receiving no treatment or care. Another individual, who had open heart surgery in 2020, reported having Afib and feeling he was having a heart attack and just being trapped in his cell without medical care.

People quoted in the report also debunk the false claims by officers about HALT. For example, as one individual stated, “Corrections officers seem to have switched the narrative to their dissatisfaction with the HALT Act, and what they’re essentially saying is that their dissatisfaction justifies them taking drastic actions that plunges the state into darkness and chaos. Blaming the HALT Act is disingenuous. This is about the murder of Robert Brooks. What happened to him was only a glimpse of something I know all too well, of what happens behind the prison gates of DOCCS. It’s terrible that brutality is such common knowledge here. The normality of it is what is so dangerous. What’s going on right now is a sense of indignation on behalf of the officers: ‘How dare you attempt to prosecute the officers for murdering Robert Brooks on camera.’ That’s really what’s going on, let’s not make a mistake.”

People incarcerated across the state, represented by the Legal Aid Society, filed a [lawsuit](#) challenging the illegal so-called “suspension” of the HALT Solitary Confinement Law, and filed for a [preliminary injunction](#) because of the irreversible harm being inflicted every day that the illegal suspension remains in effect, including psychological, neurological, and physical deterioration and death.

According to the lawsuit, “The HALT Suspension has inflicted serious harm on incarcerated individuals across DOCCS facilities. The consequences have been fatal. At least seven incarcerated people have died, including 66-year-old Anthony Douglas, who was found hanging in his cell at Sing Sing after being locked in it 24 hours a day for a week.” The harm is ongoing and grave. Just as one example documented in the lawsuit, one of the plaintiffs, Michael Williams “is typically locked in his cell 24 hours a day. His only ‘recreation’ occurs in a small portion of his cell known as a ‘rec pen,’ where he is surrounded by brick walls on three sides with a caged wall at the rear, cutting off all human interaction. He can access this pen for one hour a day at most. Mr. Williams has been offered no programming. He is diagnosed with PTSD, depression, and anxiety, and the isolation has caused his mental health to deteriorate to the point of selfharm and suicidal ideation.”

The court [granted a preliminary injunction](#) to end the illegal suspension of HALT. Despite this decision and order, and in direct violation of the court’s order, DOCCS continues to [refuse to implement the HALT Solitary Law](#), leaving people locked in solitary across the prison system upwards of 24 hours a day for days, weeks, months, and beyond. As Antony Gemmell, supervising attorney with The Prisoners’ Rights Project at The Legal Aid Society, said, “DOCCS’s defiance of the preliminary injunction harms our clients and reflects a disregard for judicial oversight...Every day DOCCS remains out of compliance, thousands of New Yorkers are subject to unlawful confinement.”

DOCCS even made [false statements](#) in open court about their violations of the HALT Solitary Law. On October 22, DOCCS stated in open court that other than in seven RRU units, the HALT

Solitary Law was in full effect in the dozens of other prisons across the state. **Legal Aid Society subsequently filed [this submission to the court](#), along with affidavits from 35 people currently incarcerated at a dozen prisons.** The submission and the affidavits documented how DOCCS, despite their false statements to the contrary, continues to lock people in solitary confinement in direct violation of the HALT Solitary Law all across the state, including being locked in up to 23.5 hours a day *in general population* and being locked in up to 24 hours a day in what are supposed to be alternative units. People have spent months in solitary confinement in violation of the HALT Solitary Law and in defiance of a court order.

Some examples from Legal Aid's filing include:

- “Twenty-year-old Donavin Taveras, who remains in 24-hour cell confinement with no access to programming (see affirmation of Taveras ¶ 8 [“Being cooped up in a cell where you’re not able to move at all messes with you. I sit in one spot all day. I don’t talk to my family much and I can’t even explain what it’s like being with my thoughts all day”]);
- Ronnie Diggs, who is locked in his cell between 21–24 hours a day (see affirmation of Diggs ¶¶ 6, 8 [“I feel like a caged animal and I feel trapped. It’s very small and depressing. It’s traumatizing These conditions mean that even if I am suicidal, it is not believed. I’m told I’m trying to pull a stunt.”]);
- Ronald Alston, who is locked in his cell at Attica for at least 21 hours a day (see affirmation of Alston ¶ 7 [“It feels like I’m in SHU. I don’t get to socialize. I have no human contact; we’re yelling at one another all day. I feel frustrated. I feel taxed and tired – really tired]);
- Alfonso Smalls, who is locked in his cell at Coxsackie CF for at least 21.5 hours every day (see affirmation of Smalls, ¶ 11 [“I feel very upset and depressed. Every time I want to do something, I am instead stuck in my cell the majority of the day. It is impossible for me to accomplish my goals and my rehabilitation under these circumstances.”]);
- Bismark Lithgow, who is deaf and housed in the Sensorially Disabled Unit at Eastern Correctional Facility and locked in his cell for 19.5–21.5 hours a day (see affirmation of Lithgow ¶ 8 [“I’m by myself most of the day with no one to talk to. Because I am deaf and use [American Sign Language], I can’t call people on the tablet in my cell or use a regular phone in the yard . . . so I’m left to choose between going outside during rec time or being able to talk to other people [using assistive technology available]in the [Sensorially Disabled Unit room.”])).”

The filing ultimately concludes: “As the record now before the Court makes clear, some nine months into the HALT suspension, Defendant has continued to shield DOCCS’s actions from meaningful judicial review, defying the Court’s preliminary injunction at a profound cost to thousands of class members who remain in unlawfully restrictive confinement.”

DOCCS even made the [ridiculous claim](#) that HALT somehow does not apply to general population, even though the law is very explicit that it applies to all people in the prison system regardless of location or name of a unit. Senator Salazar called this so-called interpretation of the law “demonstrably false. No one who is licensed to practice law in New York should be giving such terrible legal advice.” Prisoners Legal Services attorneys similarly called DOCCS’ claim “absurd. There’s no reason why it wouldn’t apply” to general population units.

Beyond the recent illegal suspension, multiple other courts have found DOCCS in violation of the HALT Solitary Law. This court [decision](#) in *Fields v. Martuscello*, a class action lawsuit filed by incarcerated people represented by the New York Civil Liberties Union (NYCLU) and Prisoners Legal Services (PLS), found NY prisons violating the HALT Solitary Law by sending people to solitary and alternatives without following the law’s criteria for what conduct can result in such placements. Please see the brief in the case [here](#), other related materials [here](#), and a NY Times article about the lawsuit [here](#). In August 2025, as reported by the New York Times, the plaintiffs filed a [motion for contempt](#) because DOCCS has failed to comply with the court's order to stop locking people in solitary for reasons prohibited by the law.

In September 2025, as reported [here](#) and [here](#), Disability Rights New York and Prisoners’ Legal Services (PLS) filed yet another [class action lawsuit](#) documenting how people in the Marcy RMHU – meant to be an alternative to solitary for people with serious mental illness – are being subjected to cruel and unusual punishment in violation of the Eighth Amendment to the U.S. Constitution by being locked in their cells 24 hours a day and denied legally required out-of-cell time and group programming and therapy. The lawsuit documented that at least two people in the RMHU have attempted suicide since February 2025 due to the torturous conditions of isolation and at least three people have gone on a hunger strike to protest the horrific conditions, including for months at a time. Shortly after it was filed, a federal court [granted a preliminary injunction](#) requiring DOCCS to provide access to at least seven hours of daily group out-of-cell programming and activities, as required by the HALT Solitary Law.

In addition to the already successful lawsuits, there are innumerable other pending lawsuits regarding systemic violations of the HALT Solitary Law. For example, in a class action lawsuit filed by people in prison represented by Legal Aid Society, Disability Rights Advocates, and a law firm, *Anthony v. DOCCS*, plaintiffs have documented how DOCCS is systematically and illegally locking people with mental health needs and disabilities in solitary confinement (both in SHU and in purported alternatives that amount to solitary by another name). Please see the

complaint [here](#) and reporting by the NY Times [here](#). There have also been lawsuits regarding local jails systematically violating the HALT Solitary Law, including pending [litigation](#) about Jefferson County jail's violations of the HALT Solitary Law and other abuses, and pending [litigation](#) regarding NYC jails' violations of the HALT Solitary Law by locking people in solitary confinement up to 24 hours a day for months at a time.

Devastating and Deadly Impacts of Illegal Solitary Confinement

This illegal use of solitary confinement in prisons and jails across the state is not just wrong because it is illegal; it is also causing devastating harm and death and worsening safety for everyone.

A [report](#) issued this fall documents that people in illegal solitary confinement in NY prisons were seven times more likely to die by suicide and 15 times more likely to commit acts of self-harm than people in the rest of the prison population. More specifically, 25 people died by suicide in New York State prisons in 2024, the highest absolute number and the highest rate of deaths by suicide since at least 2000. The rate of deaths by suicide in 2024 (74 deaths per 100,000 people) was triple the rate in New York prisons from 2000 to 2023 and more than four times the rate of deaths by suicide in state and federal prisons across the country from 2001 to 2019 (the latest available data). At least nine out of the 25 people who died by suicide in 2024, or 36%, were in official isolation units – namely three in Special Housing Units (SHUs), three in Residential Rehabilitation Units (RRUs), and three in Residential Mental Health Units (RMHUs).

People died by suicide in these isolation units at a rate more than seven times higher than people in non-isolation settings, including nearly 23 times higher in SHU, three times higher in RRU, and nearly 32 times higher in RMHU than in non-isolation settings. While the HALT Solitary Confinement Law requires that RRUs and RMHUs be alternatives to solitary confinement, DOCCS has been operating these isolation units as solitary by another name by not providing people in the units the legally required group out-of-cell time and programming.

Looking at self-harm more broadly, over 60% of self-harm incidents took place in isolation settings. These isolation units had rates of self harm over 15 times the rates of self harm in non-isolation settings, with the rates in SHU 19 times higher, in the RMHU 35 times higher, in the Behavioral Health Unit/Therapeutic Behavioral Unit (BHU/TBU) 316 times higher, in the combined disciplinary Residential Mental Health Treatment Units (RMHTUs) of nearly 50 times higher, and in the Residential Crisis Treatment Program (RCTP) 162 times higher than in non-isolation settings.

This report's findings are consistent with decades of evidence that show that solitary confinement is torture. It causes devastating harm and death, and worsens safety for everyone.

Solitary causes psychosis, heart disease, hallucinations, paranoia, anxiety, depression, self-harm, and death including by suicide. Solitary has been used as a form of repression, to retaliate against people incarcerated who raise complaints and as a cover-up after officers brutalize a person and then give the person a false “assault on staff” charge

The torture of solitary confinement has long been known to cause devastating [harm](#). Solitary derives from, and helps perpetuate, a horrific and brutal incarceration system that is rooted in racism and focuses on extreme punishment and abuse, rather than on providing opportunities for growth, healing, redemption, and transformation. Decades of evidence show that solitary leads people to deteriorate mentally and physically. It causes people to engage in [self-mutilation and suicide](#). It causes [heart disease](#). It causes [anxiety, depression, and psychosis](#). Many studies have indicated that people in solitary in New York and across the U.S. are [five](#) to [six](#) to [seven](#) times more likely to die by suicide and [seven](#) to [12 times](#) to [15 times](#) more likely to engage in self-harm than the rest of the prison, jail, or detention population – a population already at high risk of self-harm and death by suicide.

Even after release from jail or prison, a [study](#) of hundreds of thousands of people released from prison in North Carolina over a 15-year period found that people who had spent time in solitary were significantly more likely to die by suicide and other causes. [Research shows](#) even only one or two days in solitary leads to significantly heightened risk of death by accident, suicide, violence, and overdose. On the day of her death in solitary, Layleen Polanco had been locked in her cell for [two or three hours](#) before she died.

Solitary has taken the lives of countless New Yorkers, including [Ben van Zandt](#), [Cachin Anderson](#), [Jason “Poppy” Phillips](#), [Anthony Douglas](#), [Franklyn Dominguez](#), [Kalief Browder](#), [Layleen Polanco](#), [Carina Montes](#), [Jason Echevarria](#), [Bradley Ballard](#), [Brandon Rodriguez](#), [Anthony Scott](#), [Elijah Muhammad](#), [Erick Tavira](#), and countless others.

Franklyn Dominguez died while illegally locked in solitary confinement because of officers’ illegal strike in 2025. As his family conveyed in a [published piece](#):

The grief feels like it’s swallowing us whole. During sleepless nights, my family and I replay his last days over and over. My mother cries until there’s nothing left, and then cries again the next day....Franklyn was not sentenced to die. He had been scheduled to appear before a parole board this summer [of 2025], with plans for a conditional release to a halfway house by the fall. He eagerly anticipated returning home, embracing a second chance, and showing up for his four children. His life still held promise and purpose. And the state of New York cannot be allowed to treat his death, and others, as collateral damage.

Some days, we carry guilt for being on the outside, safe, while he was trapped inside, in danger. Some days, the sadness is so heavy it's hard to breathe. Other days, the anger is so fierce it feels like it could burn everything down. Losing Franklyn has left a hole in our family we don't know how to fill — and the worst part is not knowing if we ever will.

Evidence also demonstrates that solitary also makes prisons and outside communities [less](#) safe for everyone by causing people to deteriorate and in turn increasing the risk of harmful acts. Numerous studies, such as the [Zgoba, Pizarro, and Salerno study](#) of recidivism post prison release and Wildeman and Andersen's [research on recidivism outcomes](#), show that people who have spent time in any form of solitary are more likely to be re-arrested after release from incarceration.

Effective Program-Based Interventions that are the Opposite of Solitary Confinement

Releasing people from New York's racist, brutal, and torturous prisons is the most effective way of stopping people from being subjected to brutality and torture. In addition, transforming the environment inside utilizing proven interventions can also help reduce staff brutality and torture while improving safety for everyone within these facilities. In fact, evidence shows that the opposite of solitary confinement—providing people full days out-of-cell with pro-social engagement and programming—actually increases safety as well as people's well-being.

Corrections administrators and officials, including former New York State DOCCS Commissioner Brian Fisher and former New York City DOC Commissioner Martin Horn, as well as officials from Texas, Nebraska, Illinois, Colorado, Massachusetts, and elsewhere recently issued [this letter](#) documenting how solitary confinement worsens safety and should be limited to hours at a time, while alternatives involving full days of out-of-cell group programming and engagement reduce violence. The letter discusses successful [alternative interventions](#) discussed below (including the: [Clinical Alternatives to Punitive Segregation](#) (CAPS) in NYC jails, [Merle Cooper program](#) in NYS DOCCS prison, and [Resolve to Stop the Violence](#) (RSVP) in San Francisco jails - as well as several others).

There are countless proven, evidence-based models of alternatives to solitary, including those found in adult correctional settings in the U.S., youth and mental health settings in the U.S., and adult correctional settings in other countries. DOCCS must bring in outside experts to design and operate these types of interventions.

a. Adult correctional settings in the United States

Within New York and the United States, there are models focused on reducing incarceration and transforming the environment for the smaller number of people who remain incarcerated that

have reduced torture and harm. The Resolve to Stop the Violence Project (RSVP) as originally operated in San Francisco jails involved full days of out-of-cell congregate programming and engagement, including “an intensive, 12-hours-a-day, 6-days-a-week programme, that teaches male role reconstitution, accountability, empathy, alcohol and drug recovery, creative expression, and awareness of one’s contribution to the community.” It led to dramatic reductions in violence [in jails](#) and [outside communities](#) after people returned home, all while achieving financial savings. The RSVP program included people who had carried out acts of assault, sexual assault, other violent acts, and repeatedly carried out “heinous” acts, and again led to a precipitous drop in violence among participants to the point of having *zero incidents over a one-year period*. This well-studied and documented project immerses residents in an intensive program including most of the day out-of-cell, group discussions, classes, counseling, and meetings with victims of violence. During the time period reported on, RSVP resulted in a 25-fold reduction in violent incidents, five-fold reduction in rearrests for violent crimes, six-fold reduction in jail time, and cost savings.

Similarly, the [Merle Cooper program](#) in New York State was meant for people at high risk of recidivism, and involved people being fully separated from the rest of the prison population. Yet, it was operated as the opposite of solitary—with full days out of cell, programming, peer-led programming, even the ability to earn the right to not be locked in at night. The program had positive outcomes on violence, and was praised by staff, administrators, and participants.

According to the [Correctional Association of NY](#), at the time the program was still operating with over 200 participants in 2012, “*participants in the program live in a therapeutic community completely separate from the general population and live in double cells, dorms, or single cells. When people first enter the program, they begin living in the doubles, then work their way into the dorms, and finally into the single cells. The doors to the cells are not locked at night, and the living areas have kitchens with stoves and refrigerators, creating an environment that provides for more freedom and more personal responsibility....*

...The core components of the Merle Cooper program are therapy and group discussion aimed at helping participants to address their past problematic behavior and develop new skills and abilities to be successful in general population and back home in their communities upon release....Apart from the Merle Cooper-specific programmatic components, like the small groups and community meetings, Merle Cooper participants have access to the core programs available in general population, including academic classes, vocational courses, ASAT, and transitional services....In addition to the DOCCS-run programs, Merle Cooper provides much greater opportunities for peer-led classes...At the time of our visit, participants in the program ran the following classes: 12 steps, anger management, assertiveness training, change group, family and parenting, houses of healing, life skills, Stop the Abuse Cycle (STAC), understanding addiction, work ethics, and GED reviews in both English and math.”

The [CAPS \(Clinical Alternatives to Punitive Segregation\) program](#), as it originally operated in the New York City jails, was an alternative to solitary for people with significant mental health needs that is based on therapeutic approaches rather than punitive ones or isolation, and involved full 14-hour days out of cell with programming and engagement. “CAPS is designed to offer a full range of therapeutic activities and interventions for these patients, including individual and group therapy, art therapy, medication counseling and community meetings.” CAPS as originally operated showed significant reductions in violence and self-injury. Similarly, the PACE (Program to Accelerate Clinical Effectiveness) program, while not a disciplinary unit, as originally operated, was an intervention involving full 14-hour days out of cell with group programming and engagement that more successfully treated people with serious mental health concerns and reduced violence. The [NYC DOC website](#) states that incarcerated individuals “in CAPS and PACE are involved in fewer Use of Force incidents and show lower rates of self-harm than similar [incarcerated individuals] in other housing” and that there “has been a 72% decrease in assaults on staff in CAPS; and a 63% decrease in assaults on staff in PACE.”

Peer-led programs designed by people who are incarcerated have often proven to be the most effective interventions. One of many successful examples is the [M.A.N. program](#) developed by Jerome Wright, Co-Director of the HALT Solitary Campaign, while he was in solitary and still operating in various facilities in New York State. M.A.N. stands for Mentoring And Nurturing. M.A.N. is a peer-facilitated and peer-led program. Creators of the program took the population of elders, trained them to be facilitators, and let them run the programs. The primary goal is teaching people how to mentor and nurture themselves and others, and people were able to learn from others they respected and saw going in the right direction. It was so successful at engaging young people and stabilizing the prison environment that Jerome was asked to bring it to other prisons across the state. The M.A.N. program changed all of the metrics wherever it operated: violence went down, disciplinary tickets went down, and education went up.

b. Adult institutional mental health settings and youth correctional settings

Outside of adult correctional settings, best practices in adult mental health care and youth justice systems are to provide care and support in the community rather than in an institutional setting and within any institutions limit isolation to be measured in minutes or hours rather than days, weeks, months, or years. In adult mental health institutional settings, over the last few decades there has been growing and now accelerated movement completely away from what was once a very widespread practice of solitary confinement or what is often called “seclusion” because of the recognized harm of isolation. For example, in Pennsylvania, in the 1990s, the state’s mental health hospitals [dramatically restricted the use of seclusion to very few incidents with an average length of just over 1 hour](#), and in the 2000s they reduced it even further to the point of fully eliminating it, with reporting that there has been [no use of seclusion in PA hospitals since 2013](#).

The reductions in the use of seclusion (as well as reductions in the use of restraints) were correlated with *fewer* assaults by patients.

In youth facilities, there has been growing efforts in recent years to focus on reducing the use of incarceration and if young people are incarcerated using program-based interventions while restricting or ending the use of solitary confinement – often termed “room confinement” or “seclusion” in that context – to minutes or hours at a time. As an example, the federal [First Step Act](#) fully banned the use of solitary/room confinement in youth facilities (defined as the “involuntary placement ... alone in a cell, room, or other area for any reason”) in all circumstances other than for up to a maximum of 30 *minutes* in instances where there is a risk of self-harm and up to a maximum of three hours in instances where there is a risk of harm to others. This law follows best practices among leading experts and other jurisdictions. For example, the [American Bar Association has urged an absolute maximum of four hours](#) of such confinement for young people. Similarly, the leading expert on youth facility monitoring and assessments, the Juvenile Detention Alternatives Initiative (supported by the Annie E. Casey Foundation and in more than 250 sites in 39 states), has also said for a number of years that there should be an [absolute maximum of 4 hours](#) (p. 192) on such confinement because of the harm solitary/isolation can cause. Various jurisdictions have limited solitary in youth settings to time measured in hours or less. For [example](#), Colorado has reduced room confinement to the point of having an average duration of roughly one hour (with a dramatic reduction in the number of times a person is placed in room confinement) and Massachusetts has an average duration of less than 40 minutes, with positive impacts on safety and well-being.

The renowned [Missouri model](#) in youth facilities focuses on a holistic rehabilitative approach, and any use of solitary confinement is [limited in practice](#) to – at most – one to two hours. According to the 17-year former [director](#) of the Missouri Division of Youth Services, Mark Steward, “The Missouri Approach works. In my state, there are lower levels of violence and better recidivism rates than in most juvenile justice systems in the country. More than 90% of the youth who have been served through Missouri’s juvenile justice system do not re-enter the juvenile system or enter adult prisons.... Since Missouri adopted this model — which is still used today — youth are 4 ½ times less likely to be assaulted and staff are 13 times less likely to be assaulted, compared with other states.”

Of note, like with the Norwegian prison system discussed below, the system in Missouri was not always the way that it was, but required a dramatically re-invented approach to bring about change. As the former director stated, Missouri’s system “was plagued by violence and suicides in a horrific prison-like environment. The conditions were so bad that in the 1960s, a juvenile judge in St. Louis refused to send youth into Missouri’s juvenile justice system.” Because Missouri’s approach has been [proven](#) to better support people, and to drastically reduce violence both within facilities and after people return home, various jurisdictions around the country have replicated it.

c. Adult correctional settings in other countries

Many European countries have an approach in adult correctional facilities that focuses on reducing the number of people incarcerated and lengths of incarceration, using program-based approaches, and ensuring that incarceration is as close to the community as possible and best prepares people to return back to the outside community. Many such countries rarely utilize solitary confinement, and when they do, it is only for very short periods, including for only hours at a time and for only days or weeks total during an entire year. For [example](#), the Netherlands legislatively prohibits anyone from being placed in solitary confinement for more than two weeks total in an entire year; Germany has a similar limit of four weeks annually; and in practice prisons in both countries rarely utilize any solitary confinement and most often use it for hours at a time.

Relatedly, the restrictions on solitary are part of an overall approach that attempts to create an environment more akin to the outside community, and rather than isolation or punishment focuses on more respectful and productive treatment by well-trained staff; abundant programming; connections to family and community; granting people autonomy and responsibility; creating conditions akin to life outside of incarceration; and preparation for returning home. Looking again at [Germany and the Netherlands](#), their systems are reportedly focused primarily on “resocialization and rehabilitation,” with German law for instance indicating that “the sole aim of incarceration is to enable [incarcerated people] to lead a life of social responsibility free of crime upon release, requiring that prison life be as similar as possible to life in the community.” As a result, incarceration is used far less as a punishment for crime with much greater diversion to non-custodial alternatives even for serious crimes; prison sentences are far shorter (with 75% of sentences in Germany being one year or less and 92% two years or less); the primary focus of incarceration is to prepare people to successfully return to the outside community; people retain their right to vote and receive social welfare while incarcerated; and people maintain greater connections with family through home leaves from prison.

As another example, in the Norwegian prison system there are no life sentences, a maximum sentence of 21 years (which can be extended in some cases for stated purposes of preventing serious danger to society), and a relatively recently adopted focus on rehabilitation and reintegration. [Norway’s Halden Prison](#) has never used its solitary confinement cell. Instead, the purpose of incarceration is “wholly focused on helping to prepare [people] for a life after they get out.” People incarcerated at Halden have freedom of movement without officer escorts, and officers socialize with incarcerated people every day, including sharing meals together. The Norwegian Correctional Service ensures people going home have housing, employment, and a supportive social network prior to release; and Norway provides formerly incarcerated persons—as it does for all citizens—health care, education, and a pension.

Similarly, at [Norway's Bastoy prison](#), incarcerated people have their own rooms and share kitchen facilities, are provided only one meal a day in a dining hall, earn around \$9 a day (for jobs including farming, bicycle repair shop, timber workshop, horse stables), are additionally given a \$107 food allowance per month to buy groceries to make their own meals; and have opportunities for weekly visits in private living areas with their families. The intent, according to an officer, is for people to “get used to living as they will live when they are released.”

People incarcerated in prisons like Halden and Bastoy include people convicted of the most serious crimes. Nearly half of the people incarcerated at Halden were convicted of violent crimes such as murder, assault, or rape. Yet, these individuals live under conditions aimed primarily at rehabilitation and promoting autonomy and responsibility rather than punishment, control, torture, and abuse. In the end, Norway is documented to have the lowest rates of people returning to prison after release across Europe, and rates far lower than in the United States.

Additionally of note, around 40% of the people incarcerated in Norway's prisons are people who have immigrated and who are not Norwegian citizens and come from more than 30 other countries (primarily Eastern Europe, Africa, and the Middle East), debunking arguments that there is something unique with respect to homogeneity of people in Norway's prisons that would allow for its practices to somehow be more successful.

It is also important to note that the Norwegian prison system only [recently made a dramatic shift](#) in its approach from one similar to that in the United States – with punitive and abusive practices. In the late 1990s, the system shifted to a focus on rehabilitation, and the intense focus on reintegration did not begin until the 2000s.

Similarly, in [Sweden](#), there are “open prisons,” where incarcerated people serving time for anything from drug trafficking to murder wear their own clothes, eat together with officers, and are allowed to leave the prison to spend time with their family in the community. According to the [head of the prison system in Sweden](#), “Our role is not to punish. The punishment is the prison sentence: they have been deprived of their freedom. The punishment is that they are with us. . . It has to do with whether you decide to use prison as your first option or as a last resort . . . It has to be a goal to get [incarcerated people] back out into society in better shape than they were when they came in.”

Crisis of Extreme Sentence Lengths, Parole Denials, Aging, and Death

Beyond directly beating people to death and torturing people in illegal solitary confinement, extreme sentence lengths and repeated parole denials lead to people spending decades incarcerated and people aging and dying in prisons. All together, a person dies in a New York

prison once every two and a half days and the average age of death is 57 years old. At least 130 people died in New York State prisons in 2025 alone.

This is beyond a crisis. Contributing to this crisis, the Parole Board denies release to thousands of people every year, often repeatedly, causing people to spend years and decades in prison longer than the minimum sentence imposed by the judiciary and the legislature. Yet, far too often the Board inflicts those denials – in a [racially biased manner](#) – based on the person’s crime of conviction or past criminal history, rather than making determinations based on who the person is today who appears before them, what current risk to public safety they pose, what accomplishments and transformation they have achieved, or whether they have demonstrated their current readiness for release. At the same time, draconian prison sentences mean that many people who spend decades behind bars will never even have an opportunity to appear before the Parole Board and are sentenced to die in prison.

The recent and ongoing lockdown conditions can be particularly life-threatening for older individuals, people with critical medical conditions, people with pre-existing mental health needs, young people, and other vulnerable groups. Evidence has long shown that solitary confinement causes devastating harm to all people, and causes particularly devastating harm to these groups of people.

Numerous studies have shown the deadly effects of solitary on older people. According to [one recent study](#):

The sensory deprivation of isolation – reductions in auditory or visual stimuli – can worsen mental health in all ages. For older adults, these deprivations can also worsen confusion and memory loss. Locked behind doors, some hearing-impaired individuals cannot engage even in the informal human contact that sometimes occurs in solitary confinement units by yelling through doors and vents. This exaggerates their isolation, which studies show worsens heart disease and hastens death. Others have described a profound visual depth disturbance – the sense that they don’t know where the floor is – and the worry that at any minute, they could fall.

Similarly, another [report](#) documented:

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 wellbeing in danger. For the 73% of incarcerated people over 50 who report experiencing at least one chronic health condition, solitary confinement is especially hazardous....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:

- *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.*
- *A lack of sunlight can cause vitamin D deficiencies and greater risk of fractured bones*

We know that, nationally, 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.

Racism permeates the sentencing and parole processes, meaning that Black and Latinx New Yorkers are far more likely to be sentenced to lengthy terms of imprisonment and less likely to be released than their similarly situated white counterparts. A [recent report](#) by the NYU Center on Race, Inequality, and the Law documents how there would have been over 4,150 more grants of release for people of color since 2016 had people of color been released by the Parole Board at the same rates as their white counterparts. The report also documented how the last three years saw the sharpest racial disparities in parole releases since the state began collecting this data in 2016. Even before the parole consideration process, 55% of people in New York State prisons are Black people and 77% are People of Color, yet 54% of New York State residents overall are white.

Older people and people who have served decades in prison, especially those who have been convicted of serious crimes, have the lowest recidivism rates of any age cohort, posing little, if any risk to public safety. A recent peer-reviewed article in the [Journal of Quantitative Criminology](#) found: “We conservatively estimate that the Board could have more than doubled the release rate without increasing the total or violent felony arrest rate, and that they could have achieved these gains while simultaneously eliminating racial disparities in release rates.”

Moreover, many people who have transformed their lives in prison are doing incredible things after release to the community, including through mentoring young people, supporting other people who are coming home from incarceration, participating in gun violence prevention efforts, and improving public safety for everyone.

Conclusion

The unconscionable levels of extreme staff brutality, torture, abuse, illegal solitary confinement, staff lawlessness, and death is widespread and pervasive in New York’s prisons. If people were suffering such racist and horrific abuse in any other state institution, the outrage would be

immeasurable, people would have long ago been released from these hellholes, these facilities would have long ago been shuttered, the Commissioner would have long ago been fired, and a new approach would have been implemented. The Governor and the legislature must act now.

Among other critical steps, the legislature must immediately bring to a vote Elder Parole, Fair and Timely Parole, Second Look, Earned Time, Rights Behind Bars, and other urgent legislation to expand pathways of release from incarceration and transform the environment inside. The Governor must publicly get behind and sign those bills into law, must finally make prisons and jails fully implement the HALT Solitary Law, must replace the DOCCS Commissioner with someone committed to upholding the law and protecting the rights of incarcerated people, must appoint Parole Board Commissioners who believe in redemption and SCOC Commissioners who will enforce the HALT Solitary Law and close down abusive prisons and jails, and must expand the use of clemency and other mechanisms of release.

Legislative Action

6. **Parole Justice**, namely: Elder Parole (S454/A514) and Fair & Timely Parole (S159/A127)
7. **Sentencing reform**, including: the Second Look Act (S158/A1283), Earned Time Act (S342/A1085), Marvin Mayfield Act (S1209/A1297), Challenging Wrongful Conviction (S6319/A7422), and Youth Justice and Opportunities Act (A5293/S4330)
8. **Ending abuses inside**, including: Rights Behind Bars (S3763/A1261A), Ending Qualified Immunity (S176/A1402), CARE Act, (S4583/ A4879), GIRDS Act (S1049/A5478), and End Health Professionals' Complicity (S7865/A8286)
9. **Ensuring mental health care, not perpetual punishment**, including: Treatment Court Expansion Act (S4547/A4869) and the Forensic Rehabilitation Act (S8310/A8603)
10. **Protecting our immigrant communities**, including: New York for All (S2235/A3506), Dignity Not Detention (S316/A4181), Access to Representation Act (S141/A270), and the Clemency Justice Act (S394/A403), along with the [full Justice Roadmap](#).

Executive Action

6. **Expand the use of executive clemency**, as well as medical parole, compassionate release, the temporary release program (work release, educational release, community service leave, and medical treatment leave), home confinement, and other release mechanisms.

7. **Finally and fully implement the HALT Solitary Confinement Law** to stop torture, save lives, and improve safety for everyone by replacing solitary with proven alternatives.
8. **Appoint people to the Parole Board** who believe in redemption and recognize the ability of people to change.
9. **Remove the DOCCS Commissioner** in light of his overseeing and directing a horrific period of racist brutality, torture, sexual assault, repression, and abuse of people incarcerated in New York prisons, and replace him with a transformative Commissioner who is fully committed to following the HALT Solitary Law, rooting out staff brutality and abuse of incarcerated people, and expanding mechanisms of release.
10. **Appoint people to the State Commission of Correction** who have been incarcerated and allies who are fully committed to implementing the HALT Solitary Law, rooting out staff brutality and abuse of incarcerated people, and expanding mechanisms of release.

The longstanding and acute crises of brutality, torture, and death plaguing New York's incarceration system in particular have clear, straightforward ready solutions: reduce the number of people incarcerated through expanded pathways of release and utilize proven evidence-based interventions for the smaller population of people who remain incarcerated. The evidence is clear and the right policy choices are clear. The question only remains whether New York's lawmakers have the political will to act to stop torture, save lives, free people who have long ago demonstrated their readiness, reunite families, and improve safety and health for everyone.