

Maine PRISONER ADVOCACY Coalition



April 5, 2021

Senator Deschambault, Rep Warren and honorable members of the criminal justice and public safety committees. My names is Jan Collins and I am assistant director for Maine Prisoner Advocacy Coalition. I am here today to speak neither for nor against [LD 696](#) **An Act To Prohibit Solitary Confinement in Maine's Corrections System**. MPAC is fully in favor of prohibiting solitary confinement, but believe that this bill needs additional safeguards.

MPAC's mission is to support Maine's incarcerated citizens, their families, and friends in their struggle with Maine's criminal justice system. Our purpose is to reduce Maine's use of incarceration by creating a criminal justice system that is ethical, humane, and restorative in nature.

According to an article in the [Journal of the American Academy of Psychiatry and the Law](#), isolation can be as distressing as physical torture. We do not need journal articles to tell us this. Covid has taught all this lesson. Still we continue to use isolation as the "go to" discipline in prisons. Cloaked in new terminology, segregation, special management units, it continues to cause irreversible physical and mental harm, even death.

The DOC has provided us with statistics that at best minimize the true impact of this practice of isolation, for instance, the graph showing average length of completed stay. An average means that people who have been in segregation 1 day are averaged with those that have been there for over a year. It also fails to capture those who may have been there 30 days, then out for 5 days and back in for two months. What we need to

know is the cumulative stay for individuals. We need to know if an individual has spent 4 of the last six years in solitary.

We need to have data on self-harm. How many attempted suicides? How many episodes of cutting? How many ended in blood transfusions? How many self mutilated? How many banged their heads against a wall repeatedly? How many smeared feces and their own blood throughout the cell? Each of these is an extreme cry for help. Why are these men and women being returned to isolation after being rushed to the hospital? Why is medical advice being dismissed in favor of continued torture.

Every condition in the DOC policy intended to insure the safety of an individual in solitary can be overturned by some level of administration. There are no safeguards that are absolute and definitive. This needs to change.

Research indicates that both living alone and feelings of loneliness are strongly associated with suicide attempts and suicidal ideation. Additionally, many individuals who experience confinement become incapable of living around other people. Isolation causes anxiety and stress, depression and hopelessness, anger, irritability, and hostility, panic attacks, worsened preexisting mental health issues, hypersensitivity to sounds and smells, problems with attention, concentration, and memory, hallucinations that affect all of the senses, paranoia, poor impulse control, social withdrawal, outbursts of violence, psychosis, and fear of death. All of these are in direct opposition to the Departments directive to rehabilitate and return inmates to the community successfully.

There is a critical need for an ombudsman to evaluate the DOCs compliance with Americans with Disabilities Act and to insure that health care needs are being met, especially in the area of mental health.

In short, we need the same policy in corrections as in health care, "Do no harm."

I urge the committee to strengthen this bill and eliminate isolation in prisons.

Sincerely,

Jan M. Collins janmariecollins57@gmail.com

Jan Collins
East Wilton/Maine Prisoner Advocacy Coalition

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