MPHA
Maine Public Health Association

Testimony of Maine Public Health Association In Support of:
LD 696: An Act To Prohibit Solitary Confinement in Maine's Corrections System

Joint Standing Committee on Criminal Justice and Public Safety
State House, Room 436
Wednesday, February 9, 2022

Good morning, Senator Deschambault, Representative Warren, and distinguished members of the Joint Standing Committee on Criminal Justice and Public Safety. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. MPHA is in support of LD 696: "An Act To Prohibit Solitary Confinement in Maine's Corrections System."

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 550 individual members and 50 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities, and we take that responsibility seriously.

This bill prohibits solitary confinement in Maine jails and prisons, establishes limits on cell isolation, requires basic health and safety needs are met, provides staff training, and defines "solitary confinement."

While MPHA is likely best known for taking strong stands on issues such as vaccines and tobacco use prevention, our organization supports policies that advance public health and health equity for all people in Maine, including people who are incarcerated.

Jails are constitutionally required to provide health care to those in their custody, a principle established by a 1976 Supreme Court decision that found that deliberate indifference to the serious medical needs of incarcerated people violates the Eighth Amendment, which prohibits cruel and unusual punishment.[1] But providing care to the jailed population is a challenge: People with jail stays are more likely than the general population to have diabetes, infectious diseases such as HIV/AIDS and tuberculosis, mental illnesses, and substance use disorders.[2] For many individuals, the services provided in jail are the first care they have received in quite some time.[3] Given this constellation of factors, jails across the U.S. have inadvertently become providers of health care – including mental health care – for inmates.[4]

The consequences of solitary confinement on physical and mental health and wellbeing are significant, including increasing risk of heart disease[5] and depression.[6] One recent study (2021) found that "prisoners with mental illness, especially bipolar disorder, severe depression and schizophrenia, were up to 170% more likely to be placed in solitary for extended periods."[7]

While "only" 1% of Maine's incarcerated population is placed in solitary confinement, that translates to 15-20 inmates who come back with worsened mental and physical health, causing a damaging cascade of effects on others, including other inmates, medical and social service providers, jail guards, and family and friends. The impact on the individual extends beyond their time in prison: A 2020 study found that solitary confinement increases risk of premature death, including by suicide, homicide, and opioid overdose during community reentry.[8]

The duty of public health professionals is to prevent disease morbidity and premature mortality in all populations. The social determinants of health (SDOH) perspective recognizes the role of housing, transportation, business, community planning and other issues in health outcomes.[9] Increasingly, there is greater understanding of incarceration as a major SDOH of individuals and the wider population.[10]

In closing, I want to highlight two portions of the bill that we are particularly supportive of:

- Better data collection and reporting: A, 4, Sections N 6 (monthly reports) & 7 (annual report) will improve informed decision-making.
- Increased transparency: Part A, 4 N 9, "Confinement Ombudsman" strengthens the working relationship for Maine people with Maine Department of Corrections.

MPHA supports legislation that improves health equity and reduces health disparities among underserved populations, including people who are incarcerated. We respectfully request you vote LD 696 "Ought to Pass." Thank you for your consideration.

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[1]Anno BJ. 2001. Correctional health care: Guidelines for the management of an adequate delivery system. Washington: National Institute of Corrections, U.S. Department of Justice. http://static.nicic.gov/Library/017521.pdf.
[2]Marks JS & Turner N. 2014. The critical link between health care and jails. *Health Affairs*;33(3): 443–447.
[3]Interviews with people in a Massachusetts jail revealed that a third of them had not seen a primary care physician in the past year, mainly because of cost. Conklin TJ, Lincoln T & Tuthill RW. 2000. Self-reported health and prior health behaviors of newly admitted correctional inmates. *American Journal of Public Health;*90(12): 1939–1941.
[4]Huh K, Boucher A, McGaffey F, McKillop M, Schiff M. Jails: Inadvertent health care providers – How county correctional facilities are playing a role in the safety net. The Pew Charitable Trusts. Jan 2018.
[5]Strong JD, Reiter K, Gonzalez G, et al. The body in isolation: The physical health impacts of incarceration in solitary confinement. *PLoS One*. 2020;15(10):e0238510.
[6]Reiter K, Ventura J, Lovell D, et al. Psychological distress in solitary confinement: Symptoms, severity, and prevalence in the United States, 2017-2018. *Am J Public Health*. 2020;110(S1):S56-S62.
[7]Siennick SE, Picon M, Brown JM & Mears DP. (2021) Revisiting and unpacking the mental illness and solitary confinement relationship. *Justice Quarterly*
[8]Brinkley-Rubinstein L, Sivaraman J, Rosen DL, et al. Association of restrictive housing during incarceration with mortality after release. *JAMA Netw Open.* 2019;2(10):e1912516.
[9]Gostin LO, editor. *Public Health Law and Ethics: A Reader.* Vol 4. Berkeley, CA: University of California Press; 2002.
[10]Braveman P, Gruskin S. Defining equity in health. *J Epidemiol Community Health.* 2003;57(4):254–258.