

Testimony of Lani Graham, MD, MPH

IN Support of LD 696

An Act to Ban Solitary Confinement

Presented by Representative Grayson Lookner

Before the Criminal Justice and Public Safety Committee, February 9, 2022

Senator Deschambault, Representative Warren and Members of the Criminal Justice and Public Safety Committee, my name is Lani Graham. I am a former Chief Public health Officer for Maine. I live in Freeport. I am here on behalf of the Maine Medical Association in support of LD 696.

Given that time is short, and this topic is large, I will focus on only three issues—how we got to where we are, the challenges posed to the staff within the Maine Department of Corrections (MDOC), and finish with why now the time is right to move forward with this legislation.

High incarceration rates across the US and in Maine ¹ have resulted in more people with mental illness and substance use disorders incarcerated. Solitary confinement is sometimes a desperate and reflexive response to such problems. While all this is completely understandable from the point of view of the MDOC, it is important that as a state, we work together to assure that the Maine prison system is the most humane, cost effective and safest in the country. LD 696 offers steps needed to move toward that goal.

You are certain to hear from many others about the adverse effects of solitary confinement on those kept in in isolation, but when we think about that environment, we must think about all the people behind the wall. Working in an environment with people who are mentally ill, have substance use disorders and may be violent is extremely stressful. It is made even more stressful when you must observe or take part in some procedures for which you have limited training and others which you suspect are dangerous, or cruel for those on the receiving end.

¹ <https://worldpopulationreview.com/country-rankings/incarceration-rates-by-country> The United States has the highest per capita incarceration rate in the world at 693/100,000 people. Maine's incarceration rate is 370/100,000, which is lower but still higher than Mexico at 177/100,000 or Sweden at 73/100,000

Research into the impacts of working in prisons is relatively new, but evidence is emerging that these professionals have shorter life expectancies and are more prone to depression, anxiety and post traumatic stress disorders. Those of us who support LD 696 believe that the changes proposed will be as helpful to staff as to residents. All studies show that violence is reduced, and safety increased when there are clear limits on use of isolation with a strong focus on rehabilitation. It's heartening to be part of improving the fitness of someone else as well as getting them ready to reenter what may be your own community. We must move toward models based on restorative justice and rehabilitation, which will enhance the health of staff and residents alike.

Last, I want to address why now is the time for Maine to move forward with these changes. We currently have exceptionally hard working, knowledgeable and forward-thinking leadership in the MDOC. As evidence, the MDOC has been in the process of adopting the Norwegian Correctional philosophy, policies, and practices, which are known internationally as being among the best in the world. Therefore, this is exactly the right time for Maine people to partner with the MDOC in developing evidenced-based alternatives for all forms of isolation. While you may hear that the MDOC no longer uses solitary confinement, this assertion depends on how solitary is defined. At present there is no clear definition of solitary confinement and no standards at all for how people are treated in isolation. LD 696 shows the way to get us all working together by providing clear definitions and standards for the practice of isolation as well as putting a priority on rapid transition to residential rehabilitation.

Thank you for your attention. I would be glad to answer any questions you may have.