

An Act to Collect Data Regarding the Use of Solitary Confinement in Massachusetts Prisons and Jails

Senator Sonia Chang-Diaz and Representative
Chris Markey (S.1286 / H.3092)

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Solitary confinement (or segregation) is the practice of housing prisoners separately from the general population, usually twenty-three hours a day in their cell. **The short time prisoners spend outside of the cell is also spent in isolation from fellow prisoners and often occurs indoors or in an enclosed, outdoor cage known as a “dog run.”** A typical solitary cell is 6 by 8 feet, contains a small metal toilet and sink, and a concrete slab to hold a prison-issued mattress.

This is the reality for more than 80,000 incarcerated individuals on any given day in the United States. And Massachusetts prisoners who commit disciplinary infractions can be sentenced to these conditions for ten-year terms. **Yet there is a growing consensus in the scientific community that individuals with mental illness rapidly decompensate in solitary confinement, and that solitary confinement can create mental illness in persons who had no such illness before.** Equally troubling are findings across the country that persons of color are overrepresented in solitary confinement, and that prisoners released directly to society from solitary confinement are statistically more likely to reoffend. Citing this developing body of evidence, doctors, public health experts, and advocates around the world are calling for meaningful reform of our solitary confinement practices. The United Nation’s Special Rapporteur on Torture now seeks to ban all indefinite or prolonged solitary confinement, which he defines as lasting longer than fifteen days.

No law currently requires that Massachusetts correctional facilities publicly report the critical information regarding our state’s solitary confinement practices that this data bill identifies. This bill would require quarterly reporting from prisons and jails on data including the number of Massachusetts prisoners in solitary confinement; the length of time spent in solitary confinement; the number of Massachusetts prisoners with serious mental illness who are in solitary confinement; the number of prisoners 21 years or younger in solitary confinement, the number of suicides of Massachusetts prisoners in solitary confinement; instances of force used against Massachusetts prisoners in solitary confinement; the number of Massachusetts prisoners released directly from solitary to the community; and the racial composition of Massachusetts’ solitary confinement units.

It is past time for Massachusetts to carefully examine its solitary confinement practices. Having public access to this information will help us better understand who is being impacted by solitary confinement and how it is being used in our correctional facilities.