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#HALTsolitary Campaign

TESTIMONY BEFORE NYS SENATE AND ASSEMBLY JOINT PUBLIC HEARING

Regarding Safety of Persons in Custody, Transparency, and Accountability

within State Correctional Facilities

May 14, 2025

Introduction: The Legislature and Governor Must Meet this Moment of Reckoning with Transformational Policy Change that Includes Meaningful Pathways Out of Prison, An End to Human Rights Abuses Inside, and Greater Accountability

Thank you to Chair Salazar, Chair Dilan and the Senate and Assembly for holding this hearing on the racist brutality of New York’s incarceration system and for this opportunity to present testimony on behalf of the #HALTsolitary Campaign.

Led by people who have survived solitary confinement and had family members inside, the #HALTsolitary Campaign is a New York statewide campaign comprised of more than 400 organizational supporters. The #HALTsolitary 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 #HALTsolitary 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 #HALTsolitary 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.

Today’s hearing is critically important. We are at a pivotal moment of reckoning for New York’s incarceration system. New York’s prisons are killing, torturing, and brutalizing people and have a long history of doing so. I personally have been subjected to this racist brutality (*See Santiago v Miles* discussed below). The unconscionable killings of Robert Brooks and Messiah Nantwi have brought to light the type of abuses taking place every single day in prisons across the state and that are part and parcel of a racist system inflicting grave harm. Officers’ illegal work stoppage was orchestrated to try to distract from increased scrutiny of officer brutality and abuse. These officers’ abdication of their basic duties led to at least 12 people dying and put, and continues to

put, tens of thousands of people in life threatening conditions, many locked in solitary confinement with restricted access to medical care, mental health care, food, out-of-cell time, programming, family and legal visits, communication, and other essential services. Compounding the crisis, the Department of Corrections and Community Supervision (DOCCS) illegally claimed to “suspend” portions of the HALT Solitary Confinement Law, which since DOCCS has no authority to suspend the law was an announcement of their plans to violate this law enacted by a supermajority of New York’s legislature and the former Governor. The Legal Aid Society and their clients have filed a [lawsuit](#) challenging this illegal “suspension” and have [sought a preliminary injunction](#) to end it.

Even before this acute crisis created by illegal officer actions, staff brutality against incarcerated people has remained rampant and the violence of the prison system itself has caused grave harm and death. Due to extreme sentence lengths and repeated parole denials, people spend decades incarcerated, people are aging and dying in prisons, and a person dies in a New York prison once every two and a half days. There have been years and decades of reports of [staff sexual assaults](#) against incarcerated people, use of [waterboarding](#) against people, and [physical brutality](#) against incarcerated people that results in broken teeth, broken bones, and deaths. In addition, DOCCS continues to torture people by systematically violating the HALT Solitary Confinement Law, failing to provide people with the required out-of-cell time and programming required by the law, locking people with disabilities in solitary, and doubling down on the use of solitary by another name for everyone. Moreover, DOCCS continues its 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.

We are hopeful that the legislature will meet this moment by passing urgent legislation that creates meaningful pathways of release in order to subject less people to the racism, trauma, torture, brutality and death of the incarceration system and makes fundamental changes to the prison environment to end all brutality and abuse inside, including most urgently:

- **Elder Parole** (S454/A514) and **Fair & Timely Parole** (S159/A127) to provide meaningful opportunities for individual, case-by-case consideration of release for people incarcerated for years and decades;
- **Rights Behind Bars** (S3763/A1261A) to address rampant brutality, systemic violations of the HALT Solitary Law, and sweeping restrictions on visits, packages, and mail;
- The **Second Look Act** (S.158/A.1283), **Earned Time Act** (S.342/A.1085), and **Marvin Mayfield Act** (S.1209/A.1297) to create critical sentencing reform and incentivize people to transform their lives;
- **Challenging Wrongful Conviction** (S6319/A7422), **Treatment Court Expansion Act** (S4547/A4869), and **Ending Qualified Immunity** (S176/A1402), **Restructure the State Commission of Correction** (S856/A2315), and **Give State and Local legislators Full**

Access to Local Jails (S1892B/A2119) and more, to address wrongful convictions, divert people with mental health and substance abuse needs from the incarceration system, and increase accountability for officer abuse.

In this current moment with the egregious attacks of the federal government on our immigrant communities, the legislature must also urgently pass:

- **New York for All** (S.2235/A3506), **Dignity Not Detention** (S316/A4181), **Access to Representation Act** (S141/A270), and the **Clemency Justice Act** (S394/A403) to help protect our immigrant communities; and
- Adopt [the full Justice Roadmap](#) in order to address the various forms of repression and abuse through the incarceration, immigration, and deportation systems.

The Killing of Robert Brooks and Messiah Nantwi are Part of a Long History of Racist Brutality, Abuse, and Cover-Ups with Solitary Confinement

Robert Brooks was a 43-year-old Black man with a family and community who cared deeply about him. On December 9, prison guards and medical staff at Marcy prison in New York State brutally beat, tortured, and lynched Robert Brooks 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. Thirteen guards and a nurse have been implicated in the unconscionable attack.

As seen by the business-as-usual manner in which officers and medical staff tortured and killed Robert Brooks in the videos, his murder was not an anomaly but emblematic of routine racist brutality inflicted throughout New York’s prisons and jails.

Less than three months after the killing of Robert Brooks, while the whole world is watching and after DOCCS said it would be rethinking the entire system, a large number of officers brutally beat [Messiah Nantwi](#), age 22, to death in a manner Governor Hochul referred to as “extremely disturbing conduct”, resulting in 15 staff being placed on leave. Recordings of a subsequent attempt to falsely justify their murder of Mr. Nantwi, guards (and a sergeant) are overheard conspiring to cover up and lie about what happened and why deadly force was used.

For years and decades, officers have beaten and killed Black people in New York’s prisons – including [Leonard Strickland](#), [Samuel Harrell](#), [Karl Taylor](#), [Terry Cooper](#), [John McMillon](#), and countless others – and yet the racist system of brutality continues unabated.

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 have reported detailed accounts of staff [physical](#) and [sexual](#) assaults, then false tickets for "assaults on staff" as cover-up. [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.

The Illegal Work Stoppage and DOCCS' Response Put Tens of Thousands of People's Lives at Risk, including by Locking People in Solitary and Purporting to "Suspend" HALT

To try to distract from increased scrutiny of rampant officer brutality following the unconscionable lynching of Robert Brooks, officers across the state orchestrated an illegal work stoppage the week that fellow officers faced indictment for killing Robert Brooks. That illegal abdication of officers' basic duties left tens of thousands of people in life threatening conditions, locked down in solitary confinement with limited or no access to food, medications, medical and

mental health care, family and legal visits and communication, out-of-cell time, programs, or other essential services. Many of those conditions persist in prisons across the state. Fully predictably and horrifically, it is reported that at least 12 people died just during the height of the official illegal work stoppage, and likely others have died that have not yet been reported.

Compounding the crisis, DOCCS illegally purported to suspend portions of the HALT Solitary Confinement Law, enacted by a supermajority of New York's legislature and the former Governor. This purported suspension is illegal – as the DOCCS Commissioner does not have authority to suspend parts of a duly enacted law and nothing in HALT itself provides such authority – and has and will cause grave harm and death, and worsen safety for everyone.

[This recent report by the Legal Aid Society](#) documented the experiences of 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 illegal work stoppage 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.”

The report concludes by calling on DOCCS to comply with the HALT Solitary Law, as well as provide people with basic access to medical care, mental health care, and other basic needs.

People incarcerated in New York prisons, represented by the Legal Aid Society, just filed a [new class action lawsuit](#) outlining how DOCCS has no authority to suspend the HALT Solitary Law, and how DOCCS is flagrantly violating the plain language of the HALT Law and the constitutional separation of powers between the executive and legislative branches. As a result, people have been locked in solitary confinement upwards of 24 hours a day for weeks and

months, with devastating and deadly consequences for people in New York’s custody. Examples of press coverage of the lawsuit can be found [here](#) and [here](#). Legal Aid and their clients have now also [filed for a preliminary injunction](#) in the lawsuit to stop the illegal so-called “suspension” of HALT. As the brief in support of the preliminary injunction lays out:

The consequences [of the illegal suspension] have been devastating. Plaintiffs and putative class members are experiencing a constellation of acute psychological, neurological, and physical symptoms that are the inevitable result of the profound isolation to which DOCCS is subjecting them. Those harms will continue as the suspension of HALT drags on. And they may linger indefinitely, inflicting lifelong damage across the classes. Already, Defendant’s suspension of HALT has had tragic and intolerable results: Anthony Douglas, a 66-year-old man, was found hanging in his cell at Sing Sing in late February after being locked inside for a week straight. Unless this Court intervenes, these harms will persist and intensify for thousands of incarcerated New Yorkers. More suffering and death will surely follow.

Before the Current Illegal So-Called “Suspension”, Prisons and Jails have been Systematically Violating the HALT Solitary Law, with Devastating and Deadly Consequences

Long before the illegal so-called “suspension” of HALT, prisons and jails across New York State have been systematically violating the HALT Solitary Law.

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. Solitary confinement is [torture](#). It causes [devastating](#) and [deadly harm](#). It also [worsens safety](#) for all, while alternative forms of separation – like the [Merle Cooper program](#), [RSVP program](#), and [CAPS/PACE programs](#) – have been [proven](#) to reduce violence.

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. The official end of keeplock (one form of solitary confinement where people were locked 23 to 24 hours a day in a cell);
3. 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) and finally prior to the illegal “suspension”, DOCCS at least officially reported that people generally are no longer held in SHU for more than 15 consecutive days;

4. 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;
5. The official opportunity for people to be represented by an attorney, paralegal, law student, or fellow incarcerated person at disciplinary hearings; and
6. The operation of some alternatives with opportunities for at least some meaningful human engagement.

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

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 the 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, 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 December 1, 2024, Black people made up 66% of people in SHU (solitary confinement) and 62% of people in RRU (supposed to be alternative to solitary under HALT), despite making up [49% of people](#) in the whole prison system and only 18% of New York State’s population. By comparison, in 2019, Black people made up [57% of people in SHU](#) on a given day, so the egregious racial disparities are getting *worse*.

One of the core ways DOCCS is flagrantly violating the law is by failing to provide people with the required out-of-cell time and programming required under the law. Instead as a result DOCCS has continued to inflict solitary confinement by another name. HALT requires that all people in alternative units – RRUs and RMHTUs – and in general population have access to at least seven hours of daily out-of-cell time in group settings with programming opportunities. In practice, many people in alternative units and in general population continue to be locked in their cells upwards of 23 to 24 hours a day, without meaningful human contact or programming, leading to all of the same devastating effects of other forms of solitary – psychosis, heart disease, depression, anxiety, and death by suicide and other causes.

Absurdly, DOCCS is mis-labeling people being locked alone in a rec pen at the back of their cell as “out-of-cell” time and “congregate out-of-cell” time. That is not out-of-cell time and it is not congregate out-of-cell time. Since HALT went into effect, we tragically have heard from several families whose loved ones have died in solitary confinement in what are supposed to be alternative units but are solitary by another name. This is beyond unacceptable. DOCCS is breaking the law and not only causing grave harm and worsening violence, but also leading to people’s deaths.

The following provides some additional information regarding some of the ongoing key violations of the law.

1. Out of Cell Time and Programming in the RRUs, Including Core Programs

The HALT Law is very explicit that people in the RRUs generally must have access to at least seven hours of daily out-of-cell group programming and activities, including access to core programs comparable to those in general population, like education, ASAT, and ART. We have received innumerable reports from prisons and jails all across the state that people do not receive access to the required out-of-cell time or programming. Many people report that they do not receive any out-of-cell time, while others receive up to at most three hours to – rarely – six hours of group out-of-cell time, often only during weekdays. For example, at Upstate C.F., which has by far the largest RRU in the state, the official policy at the facility is that people at most get access to one module of three hours per day of out-of-cell time (and many people do not receive any out of cell time).

Based on surveys from over 800 people in New York prisons, the government’s own [Justice Center documented](#) that 99% of survey respondents in 2023 and 2024 reported receiving less than the legally required seven hours of daily out-of-cell group programming and activities, and 97% of survey respondents in 2023 and 93% in 2024 reported receiving between zero and four hours. DOCCS claims people being locked *alone* in a rec pen in the back of their cell is *group*

out of cell time. It clearly is not out of cell time and most definitely not group out of cell time required by the law.

DOCCS also has failed to provide people in RRUs with access to core programs as required by HALT, including ASAT, ART, academic programs, vocational programs, sex offense programming, and transitional services. DOCCS [refuses](#) to provide access to the core programs, even though these are the programs DOCCS says people need to take and even though the HALT Law requires access to such programs. DOCCS' response to this issue that providing access to programming would incentivize bad behavior – is archaic, counterproductive, out of line with the entire purpose of HALT, and cruel. It is also nonsensical for DOCCS to say that the programming should be aimed at addressing the reasons why a person may need to be separated from the general population and thus can't be the core programs that DOCCS has mandated a person to take when the reason those programs are mandated by DOCCS is purportedly to address people's needs and behaviors.

2. Residential Mental Health Treatment Units

The HALT Law requires that all of the Residential Mental Health Treatment Units (RMHTUs - RMHUs, BHU, TBU) not only continue to follow the requirements under the SHU Exclusion Law, but also follow all of the requirements for the RRUs. Those requirements include the issues discussed throughout this testimony, including access to seven hours of daily out-of-cell group programming, the criteria of conduct for placement in the units, the use of shackles, and the mechanisms of release. We have received numerous complaints across the RMHTUs that out-of-cell time and programming has not changed after HALT was enacted, and that people are not being provided access to the required seven hours of daily group out-of-cell programs and activities. People also continue to be sent to the RMHTUs and given more disciplinary confinement time while in the RMHTUs for reasons banned by the HALT law. Coupled with the failure to follow the release mechanisms, people continue to be warehoused in these units for months and years at a time.

3. Rehabilitation Plans, Reviews, and Releases from RRUs

The HALT Law requires that every person in an RRU and RMHTU have a rehabilitation plan. In turn, every person is supposed to have a review every 60 days in the RRU and RMHTU to determine if they should be discharged from the unit. If a person is not released, the law requires that the person be told what they have to do to be released, provided access to whatever is required, and then be released if it is completed. In addition the law requires that people who substantially complete their rehabilitation plan have their good time restored. DOCCS does not appear to be doing, or at least meaningfully doing, any of those processes required by the law. DOCCS has a very large number of people in the RRUs – more than the number of people in

SHU prior to HALT's implementation. Part of that large number stems from the failure to implement HALT's sanctions criteria discussed in this testimony, and part of it is a failure to follow the reviews and release mechanisms under HALT, as people spent months and longer in the RRUs and RMHTUs.

4. One Year Limit

The HALT Law provides generally for a one year time limit on placement in RRUs and RMHTUs, with very narrowly tailored exceptions. We have received multiple complaints about people being held in such units past the one year limit, and DOCCS carrying out objectionable practices to try to circumvent the one year limit. This time limit is of paramount importance because of the long history of DOCCS warehousing people in solitary confinement and alternative units, including people spending many years in RMHTUs.

5. Protective Custody

Similarly, the HALT Law is explicit that no person can be placed in segregated confinement for purposes of protective custody (PC) and explicitly requires that all protective custody units comply with the requirements of the RRUs, including access to at least seven hours of daily out-of-cell group programming and activities. We have received numerous complaints about people in protective custody not receiving the out-of-cell time, programming, and other requirements of the RRUs, as well as complaints that DOCCS denies people the ability to be in protective custody, despite real safety issues. In addition, DOCCS has been denying protective custody to numerous people for years and decades, putting people at grave risk of harm, and many staff repeatedly falsely tell people that there is no protective custody because of the HALT Law, which is a blatant lie. HALT continues to allow for protective custody and does nothing to restrict its use.

6. Out of Cell Time and Programming in SHU

The HALT Law requires that all people in segregated confinement, up to the 15-day limit, have access to at least four hours of daily out-of-cell programming. The state's own Justice Center has repeatedly [reports](#) how people in SHU are not receiving required out-of-cell time / programming, that DOCCS uses empty tiers to carry out programming, that DOCCS forces people to choose between using a tablet to contact their loved ones and out-of-cell time and programming, and that DOCCS does not offer people access to mandated programs, such as ART, ASAT, and educational programming. People also report that DOCCS staff often deny people the ability to leave their cell or participate in programming. Also, the space DOCCS is utilizing for programming in SHU is not in any way conducive to actual programming or meaningful

interaction with each other, since people are just in a single file line of rest chairs where people are chained to the chair.

7. Other Units that are Not SHU, RRUs, RMHTUs, or PC

DOCCS is operating numerous units across the state in violation of the law, with prison administrators or staff falsely telling people that HALT does not apply to those units. Such units include step-down units, reception, administrative segregation, close supervision unit, I-ASAT, and other units. The step-down unit at Midstate is of particular concern as many people seem to be warehoused there for extended periods of time for either past disciplinary infractions or as a form of administrative segregation, while being illegally denied the protections of HALT discussed throughout this testimony, including the 15-day limit on segregated confinement and ban on special populations, and the requirements to have access to seven hours of daily out-of-cell group programming and activities if not in segregated confinement. People are kept in the step-down program for months or years, and are often only provided a few hours of out-of-cell group programming time, and only four days a week.

8. Restraints

HALT has a presumption against the use of restraints during out-of-cell programming in alternative units and a required individualized determination before restraints could be utilized. For approximately one year, it was DOCCS' official policy – in direct violation of the HALT Law – that every person in RRU programming be chained to their desk. Now, even after that is no longer the official policy, in practice people continue to be automatically shackled across the state without justifiable reasons or any reason.

9. Special Populations in Segregated Confinement

The HALT Solitary Law, by incorporating a very explicit definition of disability in New York's human rights law, has a clear and precise ban on the use of segregated confinement for all people with any diagnosed mental health need and any diagnosed physical, sensorial, cognitive, intellectual, developmental, or other disability. This definitely clearly and unequivocally includes any person on the state's own Office of Mental Health (OMH) caseload. However, DOCCS continues to lock [hundreds](#) of people on the OMH caseload, as well as people with disabilities, in segregated confinement in Special Housing Units (SHU) and locks people in conditions that are segregated confinement in other units because they are locked in cell confinement more than 17 hours a day, such as Residential Rehabilitation Units (RRUs) and Residential Mental Health Treatment Units (RMHTUs).

10. Criteria of Conduct Resulting in Segregated Confinement and RRUs

The HALT Solitary Law has very explicit requirements for what conduct can result in placement in either segregated confinement, RRUs, or RMHTUs. The law requires individualized determinations at a hearing - where representation is supposed to be allowed under the law - that any particular incident of conduct both fits within the very explicit list of acts in the law and that such act(s) were so heinous or destructive that remaining in general population poses a significant risk of *imminent serious physical injury* to staff or other incarcerated persons *and* an unreasonable risk to the security of the facility. As noted above, there was a successful class action lawsuit about DOCCS' violations of this provision of the HALT law, including their failure to even assess individual conduct against the HALT criteria. Yet, people continue to be sent to solitary confinement and alternatives for reasons banned by the law and DOCCS' own data continues to show that thousands of sentences to segregated confinement have been for conduct that is not permissible under HALT.

For example, the Justice Center reported the following example of DOCCS sending people to solitary and alternatives for reasons prohibited under the law:

Per the records received, the individual, a Mental Health Service Level 3, was in a group of individuals returning from chow. Per the Misbehavior Report, upon returning to A-Lobby, "attempted to go towards an on-going incident with staff and other [incarcerated individuals]." It continues with "responding staff was giving direct orders to all [incarcerated individuals] that were in the group returning from chow to keep moving forward." The individual "refused the direct orders and stood and watched the incident occurring in the lobby." After several direct orders, it is documented that the individual "followed staff direction." The misbehavior report does not include any narrative description of the individual making a threat or engaging in the on-going incident outside of watching it occur. As a result of the incident, they received 300 days of SHU Time. Based on the evidence provided, the actions of the individual during this on-going incident does not meet the HALT law requirements for a Tier 3 infraction. Furthermore, in reviewing the incarcerated individual's disciplinary history, the sanctioned length of SHU time should be considered excessive.

11. Deaths

We have tragically heard from family members and people inside about several deaths in RRUs and RMHTUs. These deaths are directly related to the failure to implement HALT and to continue to operate these units as solitary by another name.

The Violence of the Incarceration System Itself, Including Long Sentences and Parole Denials, Is Also Killing People and Causing Grave Harm

Beyond direct officer brutality and killing of incarcerated people, there is a crisis of aging, medical neglect, and death behind prison walls. The combination of extreme prison sentences with the failures of the New York State Parole Board mean that people are aging and dying at alarming rates. A person dies in a New York prison every two and a half days. 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.

There is no price that can be placed on all of the lives who continue to be lost without legislative action. At the same time, New York spends an average of \$60,000 annually to incarcerate just one person, and between \$100,000 and \$240,000 annually per older adult in prison.

The Senate and Assembly must pass and the Governor must sign the Fair & Timely Parole Act (S.159-Salazar / A.127-Weprin) to ensure that people who appear before the Parole Board are assessed for who they are today and their current readiness for release, and Elder Parole (S.454-Hoylman / A.514-Davila) to ensure that people who are at least 55 years old and have served at last 15 years in prison have an opportunity to at least appear before the Parole Board. Passing these bills could save the state \$522 million per year, critical resources that could be used to actually provide the supports and resources needed to improve public safety, while also providing opportunities for amazing community leaders to return from prison, be with their families, and support their communities.

The legislature must also pass the Second Look Act (S.158/A.1283), Earned Time Act (S.342/A.1085), and Marvin Mayfield Act (S.1209/A.1297) to create critical sentencing reform and incentivize people to transform their lives

DOCCS has been Inflicting Various Other Interconnected Forms of Repression and Abuse

In addition to rampant racist staff brutality, sexual violence, and infliction of the torture of solitary confinement, DOCCS has also increased its repression of incarcerated people by agency policy. DOCCS has been moving in the opposite direction of rehabilitation and empowerment by intentionally weakening ties between people incarcerated and their family members and

communities, including by taking away people's packages, visits with their family members, and mail.

Specifically, DOCCS has inflicted a ban on family care packages and a ban on direct mail. At the same time, [DOCCS' regulations](#) also vastly expanded the ability of DOCCS to take away people's visits with their loved ones. Visits, care packages, and mail from family, friends, and loved ones serve as a critical form of connection and community, help relieve stress and tension, provide hope and care, provide people with essential food and nutrition, provide access to religious materials, and more.

DOCCS has been continuously repressing people more and more to their breaking points. The HALT campaign and allies at various campaigns and legal organizations continue to receive innumerable complaints from people in the state prisons reporting staff brutality against themselves and others, as well as false tickets, retaliation, and other abuse. Staff misconduct and medical issues remain [the most common](#) issues raised by people incarcerated in NY prisons through the formal grievance process, a process that continues to act as a barrier to relief rather than a conduit, and for which incarcerated people face retaliation and abuse.

The combination of staff brutality, systemic violations of the HALT law, and the restrictions on packages, mail, and visits are creating an abusive and repressive environment and increasing tensions. Many people across the state have said that DOCCS is creating conditions akin to those in the lead up to the Attica rebellion. In addition to implementing the HALT Solitary Law and enacting the bills above, the legislature must pass Rights Behind Bars (S3763/A1261A) to address rampant brutality, systemic violations of the HALT Solitary Law, and sweeping restrictions on visits, packages, and mail.

Officers have been Waging a Misinformation Campaign about HALT, Staffing, and Violence

Despite the very concrete evidence of rampant staff brutality, abuse, violations of the HALT Solitary Law, and other forms of repression, officers have been waging an intentional misinformation campaign about HALT, staffing, and violence.

First, HALT has not led to an increase in violence by incarcerated people. As documented throughout this testimony, there is a crisis of officer brutality and killing of incarcerated people. Officers and the system are inflicting and waging grave violence and that is the true crisis. In addition, as discussed below, all evidence indicates that reducing the use of solitary reduces violence and that alternative forms of separation that do not involve solitary but instead involve full days of out-of-cell group programming and engagement dramatically reduce violence.

Moreover, there has been no evidence presented at all to tie any reported increase in violence to the use of HALT. Indeed, *reported* “assaults on staff” have increased each year for more than the last decade well before HALT or any solitary changes. A Northern District judge threw out a NYSCOPBA lawsuit challenging HALT saying an “upward trend beginning in 2012, when changes to solitary confinement practices did not begin until 2016, offers little persuasive value.” If there has been an increase in reported assaults since at least 2012 – ten years before the HALT Solitary Law went into effect, clearly the HALT Law is not the cause of any reported increase in assaults. Indeed, as discussed above, DOCCS has not even fully implemented the HALT Law. How could HALT be the cause of an increase in violence if it hasn’t even been implemented yet and the increase in assaults has been happening well before HALT went into effect? If they were to implement HALT fully and properly, there would be a decrease in violence. Moreover, despite the claimed increase in violence, [DOCCS data](#) shows that more than 97% of *reported* “assaults on staff” have resulted in no injury (70%) or minor injury (27%) to staff, where minor injuries are defined by DOCCS as “injuries that require either no treatment, minimal treatment (scratch, bruise, aches/pain) or precautionary treatment.” As discussed above, officers often falsely write up “assaults on staff” after staff have brutalized an incarcerated person.

Second, there has been no staffing crisis as officers and DOCCS claim. The above trend in reported increases in assaults coincides with a significant *increase* in the number of security staff for each incarcerated person. Since 1999, the security staff to incarcerated person ratio has nearly doubled, including a 38% increase since 2011. The trend also coincides with a 212% increase in staff use of force since 2011, including a 3400% increase in the use of chemical agents.

Indeed, New York State continues to have significantly higher numbers of officers per incarcerated person than the rest of the country. Specifically, with a [current ratio](#) of one security staff per 2.4 incarcerated people, New York prisons [have nearly](#) two and half times as many officers per incarcerated person than the average of all state prisons across the country (ratio of one security staff to every 5 incarcerated people) and nearly five times as many officers per incarcerated person as federal prisons (ration of one staff per 10 incarcerated people).

Effective Program-Based Interventions that are the Opposite of Solitary Confinement Can Reduce Officer Abuse, Transform Lives, and Improve Safety for Everyone

I really want to emphasize how instrumental effective interventions, programming, and separation without isolation, is to reducing staff abuse and to the rehabilitation, and in some cases habilitation, but in all cases the betterment, of the men, women, and gender non-conforming people incarcerated in New York prisons. Programs change lives. Effective programming that is focused on empowerment is also the key for how to promote safety and how to ensure people do not return to prison after release. Real public safety is when people have the supports, services, and programming models that help them deal with the issues that led them to

be inside. People who participate in college programming have a less than 1% recidivism rate. Other programming can have that same type of impact when carried out in an effective manner and with the proper time, energy, and approach.

Programs can come in myriad forms – including community-led programming, peer-led programming, and core programming like education, anger management, substance use treatment, and more. All can be helpful when prioritized, but I have lived and worked in these facilities and I know that sadly programming is not a priority in New York’s prisons and there are nowhere near enough programs operating. As importantly, programs work most effectively when the message given will resonate with the audience. When we have peer educators provided the support to lead programs, that’s when lives can be changed.

I am a product of programming I received. Core programming is good and necessary. I learned from it. I learned more from peer-led programs. And peer-led programs spurred me to create one that I led and it impacted people’s lives in the most effective ways.

In this testimony, I want to share my experiences with programs that were incredibly effective at transforming my and other people’s lives. And I want to contrast those effective interventions with DOCCS’ current approach that has doubled down on its use of solitary confinement by various names, isolation, torture, and degradation. To better people’s lives, improve safety, and save lives, DOCCS must move away from its approach focused on punishment and isolation and embrace true program-based models involving full days of out-of-cell group engagement, with peer-led and community-led programming at the center.

When done well, programming can transform lives and improve safety in prisons and after people return home. I spent over half of my life inside New York prisons. Two of the most effective programs I witnessed and experienced were the M.A.N. program and the Merle Cooper programs.

I helped create the [M.A.N. program](#) while I was in solitary and it still operates in various facilities. M.A.N. stands for Mentoring And Nurturing, which is what people are born to do: help each other to grow. M.A.N. is a peer-facilitated and peer-led program. We took the population of elders and trained them to be facilitators and let them run the programs. There are five core pillars to M.A.N.: change, responsibility, empathy, accountability, and maturation. Change: we are all always adapting and growing. Responsibility: we must all take responsibility for our actions and act in a responsible way. Empathy is the most fundamental human characteristic we all have; when one baby cries, all babies cry. Accountability: a person has to be accountable for your actions and your actions can’t be blamed on anyone else – you always have the last choice. Maturation: we foster people growing in every aspect of their mental, physical, and spiritual lives.

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. The curriculum addresses issues like HIV and sexual health; parenting and child development; emotional issues; math, reading, and writing development; public speaking, how to be an entrepreneur, honing skills in business planning, resume and cover letter writing, and interviewing. It was so successful at engaging young people and stabilizing the prison environment that I was asked to bring it to other prisons across the state. DOCCS let me run it in every facility I was in. I was even drafted to move to another prison in order to run the M.A.N. program there to help address issues related to gangs and violence. The M.A.N. program changed all of the metrics wherever I ran it: violence went down, disciplinary tickets went down, and education went up.

As another example of a successful program, I participated in the former [Merle Cooper program](#) at Clinton Correctional Facility – first as a participant and then as a program coordinator and counselor. The criteria for going to Merle Cooper was to be a person considered one of the “worst of the worst”, with a history of violence. Basically, DOCCS said people needed to be there because others couldn’t handle them. The first thing I noticed was we weren’t locked in cells. We were in rooms that were unlocked all day. It essentially operated as the opposite of solitary — people were separated from the general prison population but had full days out of cell, with programming, peer-led programming, and even the ability to earn the right not to be locked in at night.

Merle Cooper had positive outcomes on violence, and was praised by staff, administrators, and participants throughout its 36 years in operation from 1977 to 2013. As a former Merle Cooper participant and program counselor, I can tell you it was an effective and staff-supported program that helped others like myself deal honestly with some of the issues that brought us to prison and kept getting us in trouble while there.

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.”

Outside of New York State prisons, I want to highlight two other program-based interventions: the Resolve to Stop the Violence Project (RSVP) in San Francisco jails and the CAPS and PACE programs, as originally operated in New York City jails.

RSVP involves full days 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 has shown 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.

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.”

This type of intervention – embodied by M.A.N, Merle Cooper, RSVP, and CAPS/PACE – with additional afforded freedom and empowerment helped people to grow and mature and be accountable. That is how you get public safety. Not by locking someone deeper and deeper into a cage where they feel like an animal and react off that feeling. Not locking people up 24 hours a day. Not chaining people to desks while they are looking at an out-of-date workbook if they do get out of cell, and then worrying about their own physical safety because they are chained rather than whatever lessons are in the program. The type of program-based interventions of M.A.N, Merle Cooper, RSVP, and CAPS/PACE where people are out of their cells all day with peer-led, community-led, and other effective programming are shining examples of what real programs are and how to improve safety. They can change the dynamics of a block and a whole prison.

Practices Outside of Adult Carceral Settings in the United States Provide Lessons to Draw From in Transforming New York’s Incarceration System

Looking beyond adult carceral settings in the United States, we see an even more successful approach rooted in reducing the number of people incarcerated and lengths of incarceration, ensuring greater ties to the community, creating an environment as close to the community as possible, and utilizing effective programming without the use of solitary confinement or other forms of isolation.

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 was a risk of self-harm and up to a maximum of three hours in instances where there was 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, 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.

Similarly, in adult mental health 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.

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 – like the Missouri youth confinement system – 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.”

Rather than embrace the type of programs described above, DOCCS has not prioritized effective programming, there is far more need for programming than is offered, people are penalized for not having completed programming that DOCCS hasn't even made available to them, and there is a lack of effective programming. The epitome of this failed approach is DOCCS' failure to provide effective programming in supposed alternatives to solitary confinement and DOCCS' continued use of solitary confinement by other names. Overall, DOCCS' approach of punishment and isolation, coupled with the state's lengthy sentences, parole denials, and death by incarceration, causes grave harm, worsens safety, and creates the conditions that lead to rampant staff brutality against incarcerated people and the repeated killings of incarcerated people by state employees.

Conclusion and Recommendations for Change to Stop Racist Brutality, Abuse, and Death in New York's Prisons

I lived more than half my life in DOCCS' prisons and I have gone back in as a civilian. With respect to programming and overall repression, abuse, and killings, the status today is at a very low point. DOCCS, the Governor, and the legislature need to meet this current moment of

reckoning with transformative changes that have been proven to address the issues New York faces today. The legislature must fully embrace an approach that is rooted in evidence, ends all staff abuse, and is centered on human rights, empowerment of people incarcerated, and a recognition of the ability of people incarcerated to transform their lives.

If the legislature and Governor are truly concerned about public safety, then they will stop using a racist, repressive, violence-creating, and deadly system of incarceration. The legislature must provide meaningful pathways for release from these brutal prisons, end all abuse inside and transform the prison environment, following models like M.A.N, Merle Cooper, RSVP, and CAPS/PACE, in order to stop torture, improve safety for everyone, and save lives. Taking that approach outside of prisons as well, the legislature must instead make real investments in housing, healthcare, education, and employment opportunities, as well as provide real support to survivors of violence and utilize interventions in the community as well as inside of prisons and jails (so long as they exist) that actually support people's health, well-being, and safety.

As initial urgent and critical first steps *this legislative session* to create meaningful pathways of release and end all brutality and abuse inside, the legislature must immediately pass:

- **Elder Parole** (S454/A514) and **Fair & Timely Parole** (S159/A127) to provide meaningful opportunities for individual, case-by-case consideration of release for people incarcerated for years and decades;
- **Rights Behind Bars** (S3763/A1261A) to address rampant brutality, systemic violations of the HALT Solitary Law, and sweeping restrictions on visits, packages, and mail;
- The **Second Look Act** (S.158/A.1283), **Earned Time Act** (S.342/A.1085), and **Marvin Mayfield Act** (S.1209/A.1297) to create critical sentencing reform and incentivize people to transform their lives;
- **Challenging Wrongful Conviction** (S6319/A7422), **Treatment Court Expansion Act** (S4547/A4869), and **Ending Qualified Immunity** (S176/A1402), **Restructure the State Commission of Correction** (S856/A2315), and **Give State and Local legislators Full Access to Local Jails** (S1892B/A2119) and more, to address wrongful convictions, divert people with mental health needs from the incarceration system, and increase accountability for officer abuse.

In this current moment with the egregious attacks of the federal government on our immigrant communities, the legislature must also urgently pass this legislative session:

- **New York for All** (S.2235/A3506), **Dignity Not Detention** (S316/A4181), **Access to Representation Act** (S141/A270), and the **Clemency Justice Act** (S394/A403) to help protect our immigrant communities

- Adopt [the full Justice Roadmap](#) in order to address the various forms of repression and abuse through the incarceration, immigration, and deportation systems.

Thank you for your consideration and for your urgent action to save lives, stop abuse, and improve safety for everyone inside of prisons and jails and in our outside communities.