

Policy Blueprint

A MOMENT OF RECKONING:

**A BLUEPRINT FOR RESOLVING
THE ONGOING CRISIS AND
TRANSFORMING NEW YORK
STATE'S PRISON SYSTEM**

ABOUT THE REPORT

Developed in collaboration with local experts, this policy blueprint draws on successful models from New York and other jurisdictions across the country and world. It establishes a framework for a safer, more just prison system that upholds dignity and accountability.

ABOUT JUSTICE POLICY INSTITUTE

Founded in 1997, the Justice Policy Institute (JPI) is a national nonprofit organization developing workable solutions to problems plaguing juvenile and criminal justice systems. Our research and analyses identify effective programs and policies and we disseminate our findings to the media, policymakers and advocates, and provide training and technical assistance to people working for justice reform.

EXECUTIVE SUMMARY

New York State's prisons are facing a critical moment of reckoning. Robert Brooks was a 43-year-old Black man with a family and community who cared deeply about him. On December 9, 2024 state employees at Marcy prison in New York State brutally beat, tortured, and killed 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. At least 17 staff, including correction officers, sergeants, and medical staff, 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. 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. Less than three months after the killing of Robert Brooks, and amid heightened attention to brutality by officers, on March 1, 2025 officers reportedly brutally beat [Messiah Nantwi](#), age 22, to death in a manner Governor Kathy Hochul referred to as "extremely disturbing conduct", resulting in 15 staff being placed on leave.

The unconscionable killing of Robert Brooks led to a massive public outcry and demands for fundamental change. Community members, including people who have lived through incarceration, family members of people inside, allied organizations, and lawmakers alike have all called for dramatic changes to New York State's prison system in the wake of what many have called the lynching of Robert Brooks. Even the Governor [stated](#) that the prison system required "significant culture change", and the DOCCS Commissioner [stated](#) that "seeing that video makes me have to question everything. How do we make sure we're creating a culture focusing on humanity, dignity, and respect?"

To distract from the increased scrutiny of rampant officer brutality across the system, on the week that officers were facing indictment for the killing of Robert Brooks, fellow officers across the state orchestrated an illegal work stoppage that saw nine out of 10 officers abdicate their basic responsibilities for the approximately 34,000 people under the state's custody in New York prisons. This illegal action led to massive lockdowns across the state prison system, leaving tens of thousands of New Yorkers locked in solitary confinement with restricted or no access to food, medicine, medical and mental health care, family and attorney visits, communication with loved ones and attorneys, out-of-cell time, recreation, outdoor time, programs, or other essential

services. Fully predictably and horrifically, it is reported that just during the illegal work stoppage at least nine people died. It is possible, if not likely, that more people have died yet their deaths have not yet been reported.

1. At least one individual, Anthony Douglas, reportedly died by suicide, an all too common result of solitary confinement, like the lockdown conditions endured by people across the system during the illegal work stoppage. Anthony Douglas was 67 years old and had already spent nearly 50 years in prison.
2. At least two individuals died after reportedly not receiving timely medical care, including Jonathan Grant, 61, who had a history of strokes and, despite his medical condition, was left in his cell after being denied requested medical care.
3. At least two individuals, Franklin Dominguez, 35, and Jeffery Bair, 40, were reportedly found unresponsive in their cells during these lockdowns.
4. At least two individuals had previously been admitted to a prison regional medical unit, meaning they had significant medical needs, Robert St. Ives, 71 and Zion Gregory, 25.
5. As noted above, officers beat Messiah Nantwi to death.

While DOCCS may have declared the work stoppage over on March 11, 2025, incarcerated people and their loved ones report that many officers who have officially returned to their posts are hardly doing their jobs — or even wielding their power to instigate violence by incarcerated people to help justify their political ends.

Staff who carried out this illegal work stoppage raised two overarching concerns as the purported reasons for their action and for their named demands. First, they raised safety concerns they say are based on the current number of staff and current number of people incarcerated. Second, they raised safety concerns they say are based on their reports of purported violence against staff in the prisons. Everyone deserves a safe work environment. Given the seemingly calculated timing of the illegal work stoppage to distract from accountability of staff brutality, and given the lack of evidence to support their assertions related to violence (as discussed further below), there are serious questions as to the validity of these concerns.

Taking the officers' concerns at face value, however, the interests of staff and incarcerated people align. Indeed, while officers' concerns may seem at odds with concerns noted above by incarcerated people about lockdowns, lack of basic care, and staff brutality against incarcerated people, they are all interrelated. As violence prevention expert Dr. James Gilligan wrote in his 2001 book *Preventing Violence*, the repression and deprivation faced by people in prison often leads to a "mutually self-defeating vicious circle keep[ing] both people incarcerated and prison officers in a chronic state of war with each other – which was the opposite of what they both said they wanted."

Indeed, while the state may have declared the strike officially over, the crisis of brutality, torture, and abuse by officers continues unabated.

While there may not be any fully effective solution to the racist brutality and killings being carried out against people in New York prisons short of dismantling the entire incarceration system and developing alternative mechanisms for achieving true public safety, accountability, prevention, healing, and care, there *are* clear and effective immediate solutions that meaningfully address all of these interconnected concerns in a comprehensive and holistic way. This Blueprint offers two overarching sets of recommendations to address the interconnected concerns of people incarcerated and staff: (1) reduce the number of people incarcerated and (2) transform the environment for people who remain incarcerated and staff.

First, the Blueprint offers recommendations for relieving the staff safety concerns stemming from the current levels of staffing and incarceration (what we will term "over-incarceration") in both the immediate and medium terms, while also relieving concerns about urgent rights deprivations in the immediate and medium term. Reducing the number of people incarcerated in New York's prisons, both immediately and in a sustained way over time, will help protect people most vulnerable to the current lockdowns, allow people who have demonstrated their community readiness to safely be released, promote real hope, utilize the possibility of release as a positive incentive for positive engagement and personal transformation, match levels of staffing and incarceration in a way that prevents double and triple shifts and other reported challenges, consolidate staff in a smaller number of prisons, and overall reduce needless warehousing of people while ensuring that — so long as people remain incarcerated in the state — people incarcerated and staff can operate in a transformed environment. Specifically on this first set of recommendations, this Blueprint recommends the following.

- 1. The Governor and DOCCS Should Immediately, and Repeatedly, Carry Out an Expansive Use of Existing Executive Release Mechanisms:** In the present moment, use existing mechanisms to release a large number of people who are either particularly vulnerable or have demonstrated their readiness for release, including through expansive use of executive clemency, medical parole, compassionate release, the temporary release program (work release, educational release, community service leave, and medical treatment leave), home confinement, and other release mechanisms. The Governor and DOCCS should also create a system of regular and expansive periodic executive clemency, medical parole, and other mechanisms of release.
- 2. The State Legislature and Governor Should Enact Legislation for Consideration of Release and Community Supervision:** Enact legislation to create meaningful opportunities for consideration of release on a case by case basis for people who have demonstrated their community readiness, including Elder Parole (S.454/A.514), Fair & Timely Parole (S.307/A.162), and the Second-Look Act (S.158/A.1283).
- 3. The State Legislature and Governor Should Enact Legislation to Change Sentencing Laws:** Enact legislation to address excessive sentences, including the Marvin Mayfield Act (S.1209/A.1297) to eliminate mandatory minimum sentences.
- 4. The State Legislature and the Governor Should Enact Legislation and Budget Initiatives to Divert People from Incarceration:** Enact legislation and budget initiatives to ensure people with mental health needs and other needs receive community-based support and treatment rather than incarceration in prisons that are abusive and not equipped to meet their needs, beginning with the Treatment Court Expansion Act, (S.4547/A.4869) as a first step.
- 5. The Governor Should Close Underutilized Facilities:** Begin by closing facilities farthest from the majority of incarcerated people’s families and those with the worst records of abuse by officers, so that staff may be more efficiently apportioned. [DOCCS’ own data](#) shows that New York State prisons are among the most richly staffed in the country, yet officers report working double and triple shifts. This is not a matter of staffing, but of management. Relatedly, the state should further investigate, as Inspector General Lucy Lang has done, [widespread workers comp fraud by prison officers](#) – an issue she [brought up again](#) amidst the illegal work stoppage.

Second, the Blueprint offers recommendations for addressing concerns related to violence, including concerns about rampant staff brutality against incarcerated people and staff concerns about violence. To address both sets of concerns, the state prison system must bring in outside experts to operationalize violence prevention initiatives proven to transform the prison environment and reduce violence carried out by staff and incarcerated people. While officers make unsubstantiated claims about the HALT Solitary Confinement Law and violence, all evidence demonstrates that solitary confinement not only causes devastating harm and death but also worsens violence, and at the same time there are clear, proven mechanisms that do not involve solitary to reduce violence – by staff and incarcerated people – in the prisons. DOCCS must take steps to implement the HALT Solitary Law including by, as the law requires, operating real, proven alternatives. Specifically, the Blueprint recommends the following.

- 6. Fully Implement the HALT Solitary Confinement Law:** Ensure every component of the HALT Solitary Law is fully implemented, including ensuring no individuals with disabilities are in solitary confinement, following the strict criteria for what conduct can result in solitary or alternatives, providing everyone in alternatives and everyone not in solitary with access to at least seven hours of daily out-of-cell group programs and activities, ending the use of excessive disciplinary confinement sanctions, following the release mechanisms and time frames for release from alternative units, and ensuring alternative units provide a real therapeutic and rehabilitative environment.
- 7. Design and Operate True Violence Prevention Mechanisms:** Bring in outside violence prevention experts Dr. Bandy Lee and Dr. James Gilligan and a team they put together to design and operate real comprehensive violence-prevention alternative forms of separation that have been proven to reduce violence and better protect incarcerated people and staff's health and well-being, such as the Merle Cooper, RSVP, and CAPS/PACE programs.
- 8. Allow Peer-Led and Community-Led Programs in Alternatives:** Make the alternative forms of separation effective at reducing violence and supporting people to do well and transform their lives by expanding the use of real, peer-led and community-led programs developed by incarcerated people, formerly incarcerated people, family members, and allies, such as the M.A.N. program and [DC's Young Men Emerging Unit](#).
- 9. Create Incentives for Positive Action:** Provide hope and create incentives for people incarcerated to transform their lives, including through the Earned Time Act

(S.342/A.1085) to expand the ability of people to earn time off their sentences for taking positive action, as well as through reversing the ban on family care packages, ending restrictions on family visits, and expanding contact visits and the family reunion program, including through passage of Rights Behind Bars (S.3763/A.1261A).

10. Ensure Real Accountability for Prison Abuse: End Qualified Immunity (S.176/A.1402) for staff who engage in abusive actions and close prisons with long histories of abuse.

Other systems in other states and other countries have faced such reckonings in the past and have made fundamental changes that have transformed their systems for the better. For example, Missouri's youth facilities transformed from being plagued by staff abuse to becoming the leading and renowned Missouri model focused on a holistic rehabilitative approach and replicated across the country. Similarly, the Norwegian prison system only recently made a dramatic shift in its approach in the late 1990s/early 2000s from one similar to that currently in the United States, with punitive and abusive practices, to one focused on rehabilitation and reintegration. For Robert Brooks and others who have been killed or lost their lives, and for the sake of everyone who is incarcerated in or works in New York's prisons, New York State lawmakers and officials must take this moment to radically shrink and transform its prison system.

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BACKGROUND

The Current Culture of Brutality and Downward Cycles of Violence Are Steeped in Racism

Physical Brutality and Sexual Violence Committed by Officers Against Incarcerated People

As seen by the business-as-usual manner in which officers and medical staff tortured and killed Robert Brooks in the videos of his unconscionable killing, his brutalization was not an anomaly but emblematic of routine racist brutality inflicted throughout New York's prisons and jails. People incarcerated in New York prisons are disproportionately Black and Latinx, while in many prisons across the state staff are predominantly, and in some prisons nearly exclusively, white. Specifically, Black people make up roughly 18% of New York State's total population but 49.5% of people incarcerated in New York State [prisons](#), with the remaining prison population is 23.7% Latinx, 22.7% white, 1% Native, .9% Asian, and 2.2% categorized as other. Meanwhile, only [approximately 17%](#) of security staff are Black or Latinx and, as the [New York Times](#) has reported, many of the state's maximum security prisons are "in rural areas where the population is almost entirely white and nearly every officer is too." 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. On March 1, 2025, officers reportedly 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.

For example, 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.’”

On March 1, 2025, officers reportedly brutally beat Messiah Nantwi – a 22-year-old with mental health needs – to death at Mid-State prison. According to people incarcerated at the prison, officers repeatedly beat Messiah, including with batons. “After the beating...the man, who had been handcuffed and shackled, was dragged down the hall and down a flight of stairs, his face bloodied and swollen...‘not recognizable.’”

Indeed, staff brutality against incarcerated people has been repeatedly documented over many years, with recent reports of DOCCS’ use of waterboarding against people as well as staff carrying out sexual assaults and physical brutality against incarcerated people. 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 physically assault incarcerated people, they then issue false tickets for “assaults on staff” as cover-up. 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.

In addition to the aforementioned forms of physical brutality, innumerable people across New York’s prisons, and particularly both cis- and transgender women, have reported detailed accounts of staff sexual assaults. Thousands of people have filed claims under the Adult Survivors Act for sexual abuse in NY prisons over decades. In a 2020 survey at Bedford Hills prison for women conducted by the Correctional Association of New York, 74% of survey respondents identified that they had witnessed some form of violence or abuse by staff, including physical, sexual, and verbal abuse, while 53% of respondents reported they themselves experienced such acts of violence by staff.

Solitary Confinement

Solitary confinement is government torture that inflicts devastating and deadly harm. Solitary causes people to engage in self-mutilation. It causes heart disease. It causes anxiety, depression, and psychosis. Evidence has long shown that people in solitary confinement are five to six times more likely to die by suicide and seven to 12 times more likely to engage in self-harm than the

rest of the prison, jail, or detention population – a population already at high risk of self-harm and death by suicide.

Even after release from incarceration, a [study](#) of hundreds of thousands of people released from prison in North Carolina over a 15 year period found that people who had spent time in solitary were significantly more likely to die by suicide and other causes. [Research shows](#) that even only one or two days in solitary leads to significantly heightened risk of death by accident, suicide, violence, overdose, and other causes. Solitary confinement has taken the lives of [Benjamin Van Zandt](#), [Cachin Anderson](#), [Kalief Browder](#), [Layleen Polanco](#), and countless other New Yorkers.

Contrary to claims by those carrying out the unlawful work stoppage, evidence demonstrates that solitary also makes prisons and outside communities [less](#) safe for everyone by causing people to deteriorate and in turn increasing the risk of harmful acts. Numerous studies, such as [here](#) and [here](#) show that people who have spent time in any form of solitary are more likely to be re-arrested after release from incarceration.

Dr. James Gilligan, who helped create and operate the RSVP program discussed below, who was also the former director of Massachusetts prison mental health services, and who has studied violence for decades, wrote in his 2001 book *Preventing Violence*: “Far from preventing violence, punishment is the most powerful stimulus to violent behavior that we have yet discovered. Punishment does not prevent violence, it causes it, in addition to being a form of it.” Recalling his experience observing an incarceration setting, Dr. Gilligan wrote: “The more violent a person was, the more severely he would be punished, and the more severely he was punished, the more violent he would become. This endless, mutually self-defeating vicious circle kept both people incarcerated and prison officers in a chronic state of war with each other – which was the opposite of what they both said they wanted.”

On the other hand, as discussed further below, the evidence is clear: If a system is trying to reduce violence what works much better than solitary is the exact opposite of solitary, namely pro-social program-based interventions that involve full days of out-of-cell group programming and engagement, like the [Merle Cooper Program in New York State](#), the [CAPS and PACE programs](#) in New York City jails, [the RSVP program](#) in San Francisco jails, and the [M.A.N. program](#) and other peer-led programs developed by people incarcerated in New York prisons.

The Department's Systemic Violations of the HALT Solitary Law

The HALT Solitary Confinement Law was enacted by a supermajority of both houses of the New York State legislature in 2021 and has been in effect since April 2022. 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.

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 in 23 to 24 hours a day in a cell);
3. Significant 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 now DOCCS at least officially reports 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. The government's own Justice Center and state Inspector General, as well as the independent oversight body, the Correctional Association of New York, and numerous reporters have documented systemic violations of HALT. For example, DOCCS is:

1. Locking many people in solitary in violation of 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 purported [alternatives](#) to solitary confinement 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, 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. In practice, many people in alternative units and in general population continue to be locked in their cells in solitary confinement upwards of 20 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. 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.
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. Absurdly [mis-labeling](#) people being locked alone in a recreation 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, several individuals have died in solitary confinement in what are supposed to be alternative units but are solitary by another name.
5. Sending people to solitary and alternatives for minor [conduct](#) that, under the law, cannot result in this extreme punishment. 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.

- a. 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.

6. Even more [disproportionately](#) sending Black people to solitary and alternatives. In 2019, Black people made up [57% of people in SHU](#) (a common form of solitary confinement) on a given day, so the egregious racial disparities are getting *worse*. [Racial disparities](#) in the infliction of disciplinary confinement of incarcerated people – already at [egregious levels](#) for years – have *increased* in recent years. On December 1, 2024, Black people made up 66% of people in SHU and 62% of people in RRU (an alternative to solitary created by HALT and illegally misused by DOCCS), despite making up [49% of people](#) in the whole prison system and only 18% of New York State’s population.

Other Interrelated Rights Abuses

Beyond direct staff abuse and systemically violating the HALT Solitary Law, DOCCS has increased its repression of incarcerated people by agency policy, including initiating a [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 testing of mail. 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. 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 powder keg conditions akin to those in the lead up to the Attica rebellion.

False Claims about Violence, Staffing, and the HALT Solitary Confinement Law

While the focus of this Blueprint is not on the validity of the claims made by officers carrying out the illegal work stoppage, it is worth noting the false nature of several claims related to violence, staffing, and the HALT Solitary Confinement Law.

First, it must be repeated that staff brutality against incarcerated people is rampant, pervasive, and well-documented, and has led to numerous people being killed.

In addition, as discussed above, evidence demonstrates that the use of solitary confinement causes people to deteriorate physically and psychologically and in turn makes it more likely, not less, that a person may engage in harmful conduct, thereby worsening, rather than improving, safety. Meanwhile, program-based interventions that are the opposite of solitary confinement have been proven to dramatically reduce violence while better protecting people's health.

Moreover, officers fully control the data and what gets reported as assaults. In fact, officers will often use false reports of purported violence by incarcerated people as a cover-up for brutality by staff on incarcerated people. For example, as noted above, when officers beat up incarcerated people like they did to Robert Brooks, they routinely write the person up for an assault on staff and send them to solitary confinement as a cover-up. Officers have been reporting a purported increase in violence each year for at least over the past dozen years – long before the HALT Solitary Confinement Law. The officers and their union, NYSCOPBA, then attempt to tout purported increases for whatever political objectives they have at the moment, such as opposing

prison closures since the early 2010s, pursuing pay increases or staffing increases, or opposing restrictions on the use of solitary confinement.

Indeed, approximately 98% of so-called assaults on staff in the last three months of available data (Nov. 2024 through Jan. 2025) resulted in no injury (73%) or minor injury (25%) to staff, where minor injury is defined as “injuries that require either no treatment, minimal treatment (scratch, bruise, aches/pain) or precautionary treatment.” Similarly, 99.7% of assaults between incarcerated people resulted in no injury (97%) or minor injury (2.7%) to staff. That injury data has remained relatively the same over the last several years (In contrast, New York State’s penal law requires a physical injury for an action to be categorized as any form of assault).

A district court judge in the Northern District of New York dismissed a lawsuit NYSCOPBA brought in an unsuccessful attempt to block implementation of the HALT Solitary Law, finding these same arguments unpersuasive. In speaking about the data NYSCOPBA put forward alleging an increase in violence by incarcerated people, the judge found that an “upward trend beginning in 2012, when changes to solitary confinement practices did not begin until 2016, offers little persuasive value.” The judge also said: “it is difficult for the Court to assume that the increase in violence in New York prisons is attributable to any one factor. ... It is particularly difficult for the Court to attribute the increase in violence solely to solitary confinement reform.”

Of note, the trend in the purported increase in violence coincides with a 212% increase in staff use of force between 2011 and 2020 (the latest available data), including a 3400% increase in the use of chemical agents. The trend in purported increase in violence over more than a dozen years also 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 *increased* significantly, from one security staff for every 3.29 incarcerated people in 1999 to one security staff for every 2.8 incarcerated people in 2011 to one security staff for every 2.4 incarcerated people in 2024. While the staff to incarcerated person ratio has slightly reduced since its historical high in 2021 of one security staff per 1.8 incarcerated people, the ratio is still much higher than it generally has historically been in New York prisons.

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 more than double 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).

While officers who have engaged in the illegal work stoppage often claim that there are no longer any consequences for violence carried out by incarcerated people, those statements are false. People can still be, and are being, subjected to disciplinary confinement sanctions of months and years in the Residential Rehabilitation Units (RRUs) and Residential Mental Health Treatment Units (RMHTUs). DOCCS continues to send people to these punitive units for months and years (often in violation of the law). Moreover, officers often brutalize people and then falsely charge them with assaults on staff and throw them in solitary as a cover-up. If Robert Brooks had survived, it is possible he would have been charged with assaulting staff and thrown in solitary. Also, of course if an incarcerated person carries out actual violence that results in a physical injury, that person can also be charged in criminal court. Finally, for those serving indeterminate sentences, such actions will count against them during parole interviews, while others face loss of “good time” credits. Moreover, as discussed, what actually reduces violence is not punishment, isolation, and torture, but proven alternative interventions where there can be separation without isolation.

It is clear, DOCCS has not been implementing the HALT Solitary Law and has continued to carry out solitary confinement by another name. If HALT has not been implemented, it cannot be the cause of any purported increase in violence. Moreover, DOCCS has failed to utilize the type of true alternatives that HALT envisions and requires and that will be discussed in the Blueprint recommendations.

THE BLUEPRINT RECOMMENDATIONS

The Governor, DOCCS, and the state legislature have the authority to curtail rampant staff brutality against incarcerated people, better match staffing and incarceration levels, and reduce violence among incarcerated people by releasing people from prison in the immediate and longer term and by utilizing proven violence-prevention interventions to transform the environment in the prisons.

Utilizing and Expanding Mechanisms of Release from Prison

This Blueprint offers recommendations for relieving staff claimed safety concerns stemming from the current levels of staffing and incarceration (i.e. “over-incarceration”) in both the immediate term and medium term, while also relieving concerns about urgent rights deprivations in the immediate and medium term. Reducing the number of people incarcerated in New York’s prisons, both immediately and in a sustained way over time, will help protect some of the incarcerated people most vulnerable to the current lockdowns, allow people who have demonstrated their community readiness to safely be released, match levels of staffing and incarceration in a way that prevents double and triple shifts and other reported challenges, consolidate staff in a smaller number of prisons, and overall reduce needless warehousing of people while ensuring so long as people remain incarcerated in the state, people incarcerated and staff can operate in a transformed environment. Specifically, this Blueprint recommends the following.

- 1. The Governor and DOCCS Should Immediately, and Repeatedly, Carry Out an Expansive Use of Existing Executive Release Mechanisms:** In the present moment, use existing mechanisms to release a large number of people who are either particularly vulnerable or have demonstrated their readiness for release, including through expansive use of executive clemency, medical parole, compassionate release, the temporary release program (work release, educational release, community service leave, and medical treatment leave), home confinement, and other release mechanisms. The Governor and DOCCS should also create a system of regular and expansive periodic executive clemency, medical parole, and other mechanisms of release.
- 2. The State Legislature and Governor Should Enact Legislation for Consideration of Release and Community Supervision:** Enact legislation to create meaningful opportunities for consideration of release on a case by case basis for people who have demonstrated their community readiness, including Elder Parole (S.454/A.514), Fair & Timely Parole (S.307/A.162), and the Second-Look Act (S.158/A.1283).
- 3. The State Legislature and Governor Should Enact Legislation to Change Sentencing Laws:** Enact legislation to address excessive sentences, including the Marvin Mayfield Act (S.1209/A.1297) to eliminate mandatory minimum sentences.
- 4. The State Legislature and the Governor Should Enact Legislation and Budget Initiatives to Divert People from Incarceration:** Enact legislation and budget initiatives

to ensure people with mental health needs and other needs receive community-based support and treatment rather than incarceration in prisons that are abusive and not equipped to meet their needs, beginning with the Treatment Court Expansion Act, (S.4547/A.4869) as a first step.

- 5. The Governor Should Close Underutilized Facilities:** Begin by closing facilities farthest from the majority of incarcerated people's families and those with the worst records of abuse by officers, so that staff may be more efficiently apportioned. [DOCCS' own data](#) shows that New York State prisons are among the most richly staffed in the country, yet officers report working double and triple shifts. This is not a matter of staffing, but of management. Relatedly, the state should further investigate, as Inspector General Lucy Lang has done, [widespread workers comp fraud by prison officers](#) – an issue she [brought up again](#) amidst the illegal work stoppage.

The Immediate Need for Expansive Use of Existing Release Mechanisms to Save Lives

The illegal work stoppage put tens of thousands of New Yorkers' lives at risk. People across the system have been locked down in solitary confinement, with no access to family visits, out-of-cell time, recreation, programming, and meaningful human interaction and limited access to food, medications, medical and mental health care, parole board hearings, and other services and basic needs. At least nine people are reported to have died during the lockdowns and restrictions caused by the illegal work stoppage, and likely many others have died that have not yet been reported.

The lockdown conditions can be particularly life-threatening for older individuals, people with critical medical conditions, people with pre-existing mental health needs, young people, and other vulnerable groups. Evidence has long shown that solitary confinement causes devastating harm to all people, and causes particularly devastating harm to these groups of people.

Numerous studies have shown the deadly effects of solitary on older people. According to [one recent study](#):

The sensory deprivation of isolation – reductions in auditory or visual stimuli – can worsen mental health in all ages. For older adults, these deprivations can also worsen confusion and memory loss. Locked behind doors, some hearing-impaired individuals cannot engage even in the informal

human contact that sometimes occurs in solitary confinement units by yelling through doors and vents. This exaggerates their isolation, which studies show worsens heart disease and hastens death. Others have described a profound visual depth disturbance – the sense that they don't know where the floor is – and the worry that at any minute, they could fall.

Similarly, another [report](#) documented:

Because older adults are more likely to have chronic health conditions such as heart disease, Alzheimer's disease, diabetes, and lower respiratory disease, solitary confinement puts their long-term physical and mental wellbeing in danger. For the 73% of incarcerated people over 50 who report experiencing at least one chronic health condition, solitary confinement is especially hazardous....The effects of solitary on older people can be dangerous. According to Dr. Brie Williams of the University of California, solitary confinement increases the risk that older incarcerated people will develop or exacerbate chronic health conditions:

- *Sensory deprivation from prolonged confinement in an empty room can worsen mental health and lead to memory loss*
- *Limits on space hinder mobility, which is crucial for maintaining health through exercise.*
- *A lack of sunlight can cause vitamin D deficiencies and greater risk of fractured bones*

We know that, nationally, around 2,000 people age 55 and over die in state prisons each year and that upon release the formerly incarcerated are at greater risk of death due to cardiovascular disease and suicide compared to non-incarcerated individuals.

Even before this crisis, a person [died](#) in a New York prison more than once every three days. The average age of death by “natural causes” in New York State prisons is [approximately 57](#), according to DOCCS data. If New York State's prison system were a country, a life expectancy of 57 would rank it among the bottom 10 in the world. Yet, [roughly 15% of people](#) in NY State prisons are age 55 or older and nearly a quarter are age 50 or older, including nearly one in five women (19%). Many were locked up as young people but lack pathways to be fairly considered for release, no matter how much they have matured and transformed themselves.

For people with [preexisting mental health needs](#), solitary confinement can also be particularly harmful. As discussed above, solitary can increase rates of self-harm and death by suicide, both while someone is in solitary confinement and after a person is released to the community. Approximately one quarter of people in prison are on the Office of Mental Health (OMH) caseload.

For young people, people's brains are still developing even up to the age of 25, and the isolation of solitary can actually have negative neurological impacts in addition to psychological and other physical impacts. Young people disproportionately die by suicide in solitary. As one tragic example, Ben van Zandt died by suicide at the age of 21 after only 10 days in solitary confinement.

With people not able to have their basic needs met and with people vulnerable to the devastating physical and psychological impacts of solitary confinement, it is imperative that action be taken to immediately utilize an expansive use of executive clemency, medical parole, work release, and other available mechanisms for release.

The Medium-Term Need for Expanded Mechanisms for Consideration of Release

In order to save lives, create hope and thus help transform the environment within prisons, address "over-incarceration," and reunite families, it is critical that the Governor and legislature create meaningful pathways for case-by-case consideration of release for those who have demonstrated their readiness.

There are roughly 34,000 people incarcerated in New York State prisons, the large majority of whom are Black and Latinx people, and including approximately 1,400 cis- and transgender women and just over 100 people who identify as non-binary. Surveys show 95% of cis- and transgender women are survivors of trauma and abuse, often including sexual violence and intimate partner violence. Over 80,000 children have a parent who is incarcerated in a DOCCS facility.

Due to sentencing laws and an ineffective parole release process, people are serving longer sentences with fewer opportunities for release. One in four New Yorkers in prison is serving a life sentence, which includes 1,000 people serving life without the possibility of parole and other equivalent sentences (for example, a sentence of 75 years to life).

According to DOCCS data obtained through the Freedom of Information Law, more than 3,500 people have already served over 20 years in prison and 830 have served more than 30 years. Most of these individuals have long ago transformed their lives and demonstrated their low risk and readiness for release.

While nearly 8,000 people are serving parole-eligible sentences and are eligible for release during their natural lives, including roughly 46% of all incarcerated women (roughly 100 of whom are currently eligible for parole), the NY State Parole Board denies release to the majority of incarcerated people who appear before them, thus prolonging incarceration and compounding its adverse effects.

Racism permeates the sentencing and parole processes, meaning that Black and Latinx New Yorkers are far more likely to be sentenced to lengthy terms of imprisonment and less likely to be released than their similarly situated white counterparts. A recent report by the NYU Center on Race, Inequality, and the Law documents how there would have been nearly 3,800 more grants of release for people of color since 2016 had people of color been released by the Parole Board at the same rates as their white counterparts. The report also documented how the last three years saw the sharpest racial disparities in parole releases since the state began collecting this data in 2016.

The proposed initiatives – clemency, parole reform, and sentencing reform – will not only help to rightsize the levels of incarceration and staffing, they will also save lives and address the aging and death crisis in New York’s prisons.

Decades of research shows that incarceration has devastating impacts on a person’s physical and mental health. These impacts include the compounding of existing health problems and creating new ones. Most disturbingly, research shows that incarceration causes people to physically age at a much faster rate than the public at large due to:

- Environmental stressors, including unhealthy living conditions and poor nutrition,
- Lack of access to quality, holistic healthcare, and
- The emotional and psychological impacts of family separation.

Each additional year in prison takes two years off a person’s life expectancy.

From 2010-2020, 1,278 people died in custody of New York State prisons. That is more than the 1,130 who were executed in New York State between 1608 and 1972, when New York State had the death penalty.

According to the Brookdale Center for Healthy Aging, “while 31 percent of people living in the community have had a chronic condition (e.g., asthma, hypertension, heart disease, arthritis,

liver problems), 44 percent of incarcerated people do. For incarcerated people aged 50 or above that number skyrockets to over 72 percent. People in federal and state prisons are much more likely to contract serious infectious diseases like tuberculosis and hepatitis, with a prevalence rate of 21 percent among people in prison compared to 5 percent among community-dwelling people.” The prevalence of HIV/AIDS is also three times higher among people in prison compared to those outside. Incarcerated people nationally died of COVID-19 at twice the rate of the general U.S. population, after adjusting for age and sex, in the year between April 2020 and April 2021. Older incarcerated people also experience higher rates of cognitive impairments, depression, anxiety, and trauma. Medical care in prison is often atrocious.

For example, in 2019, the longest-serving woman in New York State prisons, Valerie Gaiter, died of a misdiagnosed illness at Bedford Hills Correctional Facility at age 61 after 40 years in prison. She would not have been eligible for parole consideration for another decade, despite having completely transformed and turned her life around many years prior. She was repeatedly denied clemency by former Governor Cuomo. In 2020, Lulu Benson-Saey, a survivor of abuse, became the first woman to die of COVID-19 behind bars in New York, also at age 61. She also was repeatedly denied clemency by former Governor Cuomo.

Most prisons are not accessible to people using wheelchairs, walkers, and other assistive devices, and the whims of prison staff dictate when and whether incarcerated people can use them. People experiencing sensory and cognitive decline have a harder time following orders from prison officers, completing work assignments, and navigating the physical environment of a prison, which sometimes trigger rule infractions and solitary confinement or other sanctions. Moreover, the officers, in general, are not professionally suited to working with older adults, having spent years and sometimes decades in a work environment that promotes dehumanization and the use or threat of routine violence to exert maximal control.

Of note, it costs New York between \$100,000 and \$240,000 annually to incarcerate one older person (compared to an average of \$60,000 for all people in NYS prisons) – money that should instead be spent on meeting the needs of people in prisons and communities harmed by violence and mass incarceration to promote real health and safety.

For all of the proposed initiatives in this part of the Blueprint – executive release mechanisms, parole reform, and sentencing reform – no one would be automatically released. The Governor, Parole Board, and judges would retain discretion to evaluate individuals on a case-by-case basis to determine their readiness for release and grant or deny release. For Elder Parole and Fair and

Timely Parole, the Vera Institute of Justice estimates a drop in the overall state prison population by approximately 2,000 people by the year 2030 – not an immediate mass release.

Moreover, releasing more of these individuals will have a positive impact on public safety. Older people and people who have served decades in prison, especially those who have been convicted of serious crimes, have the lowest recidivism rates of any age cohort, posing little, if any risk to public safety. A recent peer-reviewed article in the Journal of Quantitative Criminology found: “We conservatively estimate that the Board could have more than doubled the release rate without increasing the total or violent felony arrest rate, and that they could have achieved these gains while simultaneously eliminating racial disparities in release rates.” Among people released from New York prisons in 2018, less than five percent of people aged 50–64, and less than one percent of people aged 65 or older, returned to prison on new convictions. Even more compellingly, less than one percent of people aged 50–64, and less than one half of one percent of people aged 65 or older, were reincarcerated on violent convictions. Nationally, the recidivism rate for people over 50 is just two percent, and it’s near zero for people over 65. These numbers clearly show that the overwhelming majority of elderly incarcerated people pose no public safety risk.

Many people who have transformed their lives in prison and return to the outside community have made important contributions to the communities they once harmed, including by interrupting gun violence, mentoring young people, and ultimately promoting community safety.

Utilizing Proven Violence-Prevention Interventions to Transform the Environment

In addition to calling for significant reductions of the number of people in New York’s prisons through the above release mechanisms, the Blueprint offers recommendations for addressing concerns related to violence, including staff concerns about violence by incarcerated people and concerns about rampant staff brutality against incarcerated people. To address both sets of concerns, the state prison system must bring in outside experts to operationalize new violence prevention initiatives proven to transform the prison environment and reduce violence carried out by staff and incarcerated people. While officers make unsubstantiated claims about the HALT Solitary Confinement Law leading to violence, all evidence demonstrates that solitary confinement not only causes devastating harm and death but also worsens violence, and at the same time there are clear, proven mechanisms that do not involve solitary to reduce staff

brutality and reduce violence generally in the prisons. DOCCS must take steps to implement HALT as the law requires, including by operating real, proven alternatives. Specifically, the Blueprint recommends the following.

- 1. Fully Implement the HALT Solitary Confinement Law:** Ensure every component of the HALT Solitary Law is fully implemented, including ensuring no individuals with disabilities are in solitary confinement, following the strict criteria for what conduct can result in solitary or alternatives, providing everyone in alternatives and everyone not in solitary with access to at least seven hours of daily out-of-cell group programs and activities, ending the use of excessive disciplinary confinement sanctions, following the release mechanisms and time frames for release from alternative units, and ensuring alternative units provide a real therapeutic and rehabilitative environment.
- 2. Design and Operate True Violence Prevention Mechanisms:** Bring in outside violence prevention experts Dr. Bandy Lee and Dr. James Gilligan and a team they put together to design and operate real comprehensive violence-prevention alternative forms of separation that have been proven to reduce violence and better protect incarcerated people and staff's health and well-being, such as the Merle Cooper, RSVP, and CAPS/PACE programs.
- 3. Allow Peer-Led and Community-Led Programs in Alternatives:** Make the alternative forms of separation effective at reducing violence and supporting people to do well and transform their lives by expanding the use of real, peer-led and community-led programs developed by incarcerated people, formerly incarcerated people, family members, and allies, such as the M.A.N. program and [DC's Young Men Emerging Unit](#).
- 4. Create Incentives for Positive Action:** Provide hope and create incentives for people incarcerated to transform their lives, including through the Earned Time Act (S.342/A.1085) to expand the ability of people to earn time off their sentences for taking positive action, as well as through reversing the ban on family care packages, ending restrictions on family visits, and expanding contact visits and the family reunion program, including through passage of Rights Behind Bars (S.3763/A.1261A).
- 5. Ensure Real Accountability for Prison Abuse:** End Qualified Immunity (S.176/A.1402) for staff who engage in abusive actions and close prisons with long histories of abuse.

Proven Interventions in Adult Correctional Settings in the United States

There are proven interventions in adult prisons and jails in the United States that can transform the environment, curtail staff brutality against incarcerated people, and reduce violence overall inside of prisons. These interventions are focused on engagement and empowerment, rather than punishment, isolation, and abuse. The HALT Solitary Confinement Law itself was based, in part, on utilizing these types of interventions, although to date DOCCS has failed to embrace and utilize this type of intervention. Indeed, under HALT, the department is able to continue to separate people from the general population if they pose a risk of harm to others. The question is the nature of that separation. Rather than isolation and torture known to harm people and worsen safety, the law requires that people who are separated have access to engagement and programming aimed at addressing the reasons why they are being separated. There is no evidence that shows that restricting people's out of cell time or access to group programming does anything positive for safety; as noted above evidence shows the opposite is true that isolating people causes grave harm and makes people more likely, not less, to engage in harmful conduct, whereas there are proven program-based interventions that have dramatically reduced violence. If a system is trying to reduce violence what works much better than solitary is the exact opposite of solitary: pro-social program-based interventions that involve full days of out-of-cell group programming and engagement.

For example, the former [Merle Cooper program](#) at Clinton Correctional Facility 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. Rather than rely on brutality, isolation, punishment, and abuse, Merle Cooper was focused much more on empowerment of incarcerated people, program-based interventions, peer-led programming, and autonomy and responsibility.

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. 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."

As another example, outside of New York State prisons, the Resolve to Stop the Violence Project (RSVP) as originally operated in San Francisco jails involved full days of 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.

Similarly, 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. CAPS was 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.”

The M.A.N. (Mentoring And Nurturing) Program, is a peer-designed and peer-led program, and has five core pillars: change, responsibility, empathy, accountability, and maturation (CREAM). The primary goal is teaching people how to mentor, be mentored while learning how to nurture themselves and others, as well as allow people 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, alternatives to violence and interviewing. M.A.N. was highly successful at engaging young people and stabilizing the prison environment. It has operated in prisons across the state. The M.A.N. program led to decreases in violence and disciplinary tickets, and increases in education participation.

This type of intervention – embodied by Merle Cooper, RSVP, CAPS/PACE, and M.A.N. – with additional afforded freedom and empowerment helped people to grow and mature and be accountable, and in turn improved safety for everyone – incarcerated people and staff alike. The type of program-based interventions 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.

Proven Interventions in Youth and Mental Health Settings in the United States

Looking beyond adult carceral settings in the United States, we see the benefits on reducing staff brutality and violence generally by utilizing program-based interventions rather than punishment, isolation, and abuse.

In youth facilities, there has been growing efforts in recent years to focus on 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](#) 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 one 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 Pennsylvania 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.

Proven Interventions in Other Countries

Many European countries have much better outcomes regarding staff brutality and violence more generally by utilizing an approach more rooted in recognizing the actual humanity of people incarcerated and focusing incarceration on preparing people to successfully return 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 never uses 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 nine dollars 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.”

CONCLUSION

In the wake of the brutal killing of Robert Brooks and the illegal work stoppage that placed tens of thousands of New Yorkers in life-threatening conditions, New York’s prison system must undergo a serious moment of reckoning and make fundamental changes to how it functions. The world saw a video of the system kill Robert Brooks and then blamed, harmed, and punished thousands of others in the aftermath, perpetuating the dehumanization, brutality, torture, and killing of predominately Black, Latinx, and poor people. What the world saw, then, was a system that should no longer exist.

So long as it does exist, it must fully implement the HALT Solitary Law and undergo a fundamental transformation that centers around creating meaningful opportunities for release and transforming the environment in which people live and work in the prisons. Other systems have successfully undertaken such dramatic changes, such as the Missouri youth justice system and the Norwegian adult incarceration system. New York must right now do the same to dramatically reduce the number of people incarcerated, both in the immediate term and the medium term, and to bring in outside experts with operational autonomy to design and carry out violence prevention interventions, like Merle Cooper, RSVP, CAPS and PACE, and M.A.N., that have been proven to reduce staff and incarcerated person violence and better protect everyone’s health and safety.



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