

# Myth Busters: Separating Fact from Fiction in S.B. 459, the PROTECT Act



Last month, the Joint Subcommittee on the Judiciary held a hearing on S.B. 459, also known as the PROTECT Act. During that hearing, several false claims were made about the nature of solitary confinement in Connecticut. This one pager debunks some of those claims and sets the record straight about S.B. 459 and the use of solitary confinement in Connecticut.

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*Myth 1: The PROTECT Act would put correctional officers and the incarcerated population's safety at risk.*

**Fact: The PROTECT Act would end prolonged solitary confinement, making prisons safer and more humane.**

By enacting S.B. 459, Connecticut would join the growing number of states that have codified bans or imposed limitations on the use of long-term solitary confinement. These states – Colorado, Georgia, Nebraska, New Jersey, New Mexico, and New York – recognize that long-term use of solitary confinement cause psychological and physiological harm. Solitary confinement has been associated with an increased risk of: post-release mortality, new diagnosis of hypertension, cancer, long-term impulse control disorder, PTSD and self-harm.

*Myth 2: Connecticut does not use solitary confinement.*

**Fact: Under current practices, DOC isolates people on “disciplinary status” for 22 hours/day for up to 15 days in a row or 30 days in a 60-day period.**

Government Lamont’s Executive Order 21-1 reduces the number of days that a person can be isolated, but it does not entirely eliminate solitary confinement. People in the Restrictive Housing Unit (RHU) are locked in their cells for 22 hours per day. Prison staff, mental health counselors, and other prison personnel can only communicate to incarcerated people held in RHUs through cell doors. In turn, those held in RHUs can only communicate with each other through vents or pipes. Time out of cell is spent in an outdoor “recreation” cage or shackled in a dayroom with no meaningful exercise or communication.

*Myth 3: DOC practices and policy comply with the Mandela Rules.*

**Fact: DOC practices and policies observe neither the spirit nor the letter of the Mandela Rules.**

The United Nations Standard Minimum Rules for the Treatment of Prisoners, named for Nelson Mandela and known as the “Mandela Rules,” expressly require independent oversight of prisons to ensure humane treatment and prevent torture. As Juan Méndez, former UN Special Rapporteur on Torture stated, “the Mandela Rules affirm the essential role that independent external monitoring and oversight of prisons – functioning independently but in tandem with internal monitoring systems – has as an effective means to prevent or detect torture and other ill-treatment.”

Under current law, Connecticut only has an ombudsperson to monitor treatment of minors in Connecticut prisons. If enacted, S.B. 459 would change that and provide necessary independent, civilian oversight of Connecticut prisons.