

Disability Rights Nebraska

Protection and Advocacy for People with Disabilities

**Testimony on LB 739
Before the Judiciary Committee
Nebraska Legislature
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Good afternoon Senator Lathrop and members of the Judiciary Committee. For the record my name is Brad B-R-A-D Meurrens M-E-U-R-R-E-N-S and I am the Public Policy Director at Disability Rights Nebraska, the designated Protection and Advocacy organization for Nebraskans with disabilities. I am here today in full support of LB 739.

In 2014, we produced a report¹ outlining the psychological and physical impacts of solitary confinement on inmates as well as discussing the literature on the importance of adequate re-entry/discharge planning and community supports for released inmates with mental illness. The use of solitary confinement often has drastic and deleterious effects on inmates: "Once in segregation (whether long-term or short-term), their psychiatric symptoms and mental condition generally worsen (which can then be used to justify keeping them in segregation longer)."² Specifically, psychologist Stuart Grassian has identified a cluster of symptoms commonly expressed by inmates exposed to solitary confinement: "social withdrawal, anxiety, panic attacks, irrational anger and rage, loss of impulse control, paranoia, hypersensitivity to external stimuli, chronic depression, difficulties with concentration and memory, perceptual distortions and hallucinations."³ It does not require much of a stretch to understand that solitary confinement could create additional or exacerbate underlying mental health conditions

¹ "Selected Issues in Mental Health and Corrections - A Collection and Summary of Research", 2014, available at: http://www.disabilityrightsnebraska.org/file_download/2a01f60d-448a-4e69-a7ac-ef439085ec49

² Ibid, p. 1

³ Ibid, p. 5; see also Stuart Grassian, 2006, "[Psychiatric Effects of Solitary Confinement](#)", *Washington University Journal of Law and Policy*, v. 22, pp. 325-383

for inmates who are in one or more of the vulnerable populations listed in LB 739. We support prohibiting use of solitary confinement with these individuals.

Additionally, we support the limit of 90 calendar days if solitary confinement is used and a vigorous hearing process to determine if this limit is to be surpassed. Given the significant effects of solitary confinement, it should not be a practice that is applied without rigorous and sufficient examination.

We recommend LB 739 be advanced.