



**Testimony of the Unlock the Box Campaign
Before the Maryland House and Senate
Regarding HB1154 / SB908 and the Need to End Solitary Confinement
February 25, 2026**

Thank you to Maryland House and Senate Members who are holding this hearing and to the sponsors of HB1154 / SB908 for introducing this critical and urgent legislation restricting the use of solitary confinement in Maryland prisons. We are grateful for your leadership on this crucial subject. We are writing this testimony to support the legislature limiting the use of solitary confinement and other forms of restrictive housing, offer a suggested amendment to the legislation to ensure it achieves its goals, and urge the legislature to enact an amended version of HB1154/ SB 908 as soon as possible.

The Unlock the Box Campaign is a national coalition of organizations and movement leaders who partner with state and local campaigns across the United States with the common goal of ending the use of solitary confinement for all people and replacing it with alternatives proven to reduce violence and protect people's health and safety. We pursue this goal by working simultaneously on national, state, and local levels with people who survived solitary, family members, advocates, community and faith groups, legislators, and others dedicated to ending state torture.

In Support of Restricting the Use of Solitary Confinement

Decades of evidence have long shown that solitary confinement causes [devastating](#) and [deadly](#) harm, [worsens safety](#) for everyone, and is inflicted [disproportionately](#) on Black people, Latina/o/x people, Native people, other people of color, and LGBTQ people.

Solitary causes people to engage in [self-mutilation and suicide](#). It causes [heart disease](#), [anxiety](#), [depression](#), and [psychosis](#). [Research shows](#) even only one or two days in solitary leads to significantly heightened risk of death by accident, suicide, violence, overdose, and other causes. Even short periods of time in solitary measured in [hours](#) can cause devastating and deadly harm.

Evidence has long shown that people in solitary confinement are [five](#) to [six](#) to [seven times](#) more likely to die by suicide and [seven](#) to [12 times](#) to [15 times](#) more likely to engage in self-harm than the rest of the prison population – a population already at high risk of self-harm and death by suicide.

By making it more likely that people will act in a harmful way when solitary causes them to deteriorate, solitary also [worsens](#), rather than improves, safety for everyone: incarcerated people, staff, and outside communities. Numerous studies, such as [here](#) and [here](#), show people who have spent time in solitary or restrictive housing are more likely to be re-arrested after release from incarceration.

The evidence is clear: [what actually works to reduce violence](#) is the exact opposite of solitary: pro-social program-based interventions involving full days of out-of-cell group engagement, like the [CAPS/PACE programs](#) as originally operated in NYC jails, the [Merle Cooper Program in NYS](#), and [the RSVP program](#) in San Francisco jails. For example, the RSVP program included people who had carried out acts of assault, sexual assault, and other violent acts, involved 12 hours of daily out-of-cell time with programming and engagement, and led to a precipitous drop in violence among participants to the point of having zero in-jail incidents over a one year period and reducing re-arrests for violence in the community by 83%. Best practices in [youth](#) and [mental health](#) facilities limit isolation to minutes or hours at most, with positive impacts on safety and people’s health and well-being.

Suggesting a Limited Amendment to the Legislation

We respectfully suggest one amendment to the legislation’s definition of “restrictive housing.” We recommend revising the definition to read:

“Restrictive housing” means any form of physical separation, in which the incarcerated individual is placed in a locked room or cell for 17 hours or more out of a 24-hour period.

Based on our experience in working in dozens of states across the country, it is critical that the threshold be set at 17 hours or more, rather than 20 hours or more, out of a 24-hour period. Being confined for 20 hours a day is still extremely isolating and still inflicts the same devastating physical and psychological impacts as described above. In addition, even when the official number of hours required is 20 hours, in practice, jurisdictions frequently allow much fewer hours.

Jurisdictions [across the country](#), [from Virginia](#) to [New York City](#) to [Massachusetts](#) to [New Jersey](#) to [Connecticut](#), have repeatedly asserted that they restricted or ended solitary confinement while they continued to lock people in their cells for 20 hours a day or more and failed to provide

meaningful out-of-cell group programming, activities, or engagement. This has particularly been the case when the definition of solitary or restrictive housing wasn't strong enough and still allowed solitary by another name. The consequences of locking people in solitary confinement 20 hours a day continue to be harmful and deadly. For example, in New York State prisons, so-called alternatives to solitary confinement continued to lock people in solitary for around 20 hours per day, and people in those units had [significantly higher rates](#) of self-harm and deaths by suicide as people in other units of the prisons.

We believe it is imperative to ensure that the definition does more to prevent the use of solitary by another name. With the language as it is, someone can still be locked in solitary confinement for 19 and a half hours a day, without any of the bill's protections. For example, a person could be locked in solitary 19 and a half hours a day beyond the 15 day limit, including for months, years, and decades. We recommend that the legislature change the definition to include at least any form of confinement for 17 hours or more a day within a 24 hour period. Other jurisdictions have gone farther than such a protection. For instance, in response to the repeated uses of solitary by another name, New York City enacted a law that bans solitary confinement beyond four consecutive *hours*, and otherwise requires that people have access to at least 14 hours of group daily out-of-cell time.

While based on our experience we believe there are additional components of the legislation that could be strengthened to improve the safety and health of incarcerated people and staff alike, and would be more than interested in discussing those further, we believe it is crucial that this change to the definition is made in order to ensure the legislation actually places real and effective limits on solitary.

Conclusion

As people continue to suffer and die in solitary confinement in Maryland's prisons, we believe it is urgent for the Maryland House and Senate to amend HB1154 / SB908 and then pass it into law as soon as possible.

For the above reasons, we strongly urge adoption of the proposed amendment to ensure the legislation fully captures the forms of isolation it is intended to regulate. With the amendment, enacting the amended bill will stop torture, save lives, and improve safety for incarcerated people, staff, and outside communities.

Thank you very much for your consideration and we at the Unlock the Box team are available to discuss further, based on our experiences working on solitary confinement policy across the country.