Testimony to the Charles Colson Task Force on Federal Corrections
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My name is Robert G. Dellelo and I was invited to testify today by the National Religious Campaign Against Torture, an interfaith coalition of more than 300 religious organizations working for an end to torture in U.S. policy, practice and culture. I serve as Program Assistant at the Criminal Justice Program of the American Friends Service Committee. My recommendations to the Charles Colson Task Force on Federal Corrections are informed by my experiences as a 73 year old who has spent over two-thirds of my life in some form of confinement, from reform schools to Massachusetts state prisons, to federal prisons in Marion, Illinois and the Lewisburg federal penitentiary in Pennsylvania.

In April of 1964, I entered Walpole State Prison with a natural life sentence and a seventh grade education. In November of 2003, having overturned my life sentence, I was released after having served more than 50 years behind bars, more than a decade of which was spent in conditions of solitary confinement, or segregation. Many studies have documented the detrimental psychological and physiological effects of long-term isolation. Illustrating the level of psychological devastation induced by my solitary confinement, after several months in isolation in the Massachusetts Department Disciplinary Unit (DDU), I became incapable of having a conversation. During a legal visit with an attorney, I was unable to remember what had just been said. As the months progressed, the whining noise of a vent motor began to sound as though it was calling my name, and it told me to kill myself. My T.V. began to talk to me. I
ended up turning it off and putting it away. From my isolation cell, I could hear other prisoners in isolation suddenly call out “Yeah! What” “Who called me?” responding to voices they were hearing that were not there. I witnessed a degree of despair that is hard to comprehend for those who have not experienced long-term isolation first-hand. I heard men crying at night. Anger, hate, and rage totally consumed me. My greatest fear was losing my mind and disconnecting from reality. My mind would dwell in panic and violent fantasies completely uncharacteristic of my personality. I watched other men snap. Many would just start screaming, others self-mutilated and took their own lives. It’s still quite difficult recalling the experience and the terror I experienced in my mind day in and day out. To this day, I experience panic attacks when in large crowds.

I witnessed large numbers of mentally ill prisoners end up in segregation, or solitary confinement, simply because they could not function in the prison environment. The UN Special Rapporteur on Torture, Prof. Juan Mendez, stated in a 2011 report that solitary confinement in excess of 15 days should “be subject to an absolute prohibition” based on scientific evidence of its psychological damage, noting that some of the psychological effects caused by isolation become irreversible after 15 days. Further, he called for an absolute prohibition against the use of solitary confinement for the most vulnerable, including individuals with mental illness and youth. Yet incarcerated adults and youth in the federal Bureau of Prisons are held in these conditions for months, years, even decades.

In May 2013, a U.S. Government Accountability Office report on the use of segregation concluded that the federal Bureau of Prisons has failed to evaluate the impact of solitary confinement on institutional safety and the well-being of incarcerated persons despite a 17 percent increase in its use of solitary confinement between 2008 and 2013. In addition, the use
of solitary confinement is economically costly while its toll on the human psyche is devastating. “Supermaxes [which are comprised exclusively of isolation cells] typically cost two to three times more to build and operate than traditional maximum-security prisons.”

Over the past four decades the United States has engaged in a sentencing and corrections approach that has yielded the largest prison system in the world, with the U.S. holding more prisoners in solitary confinement than any other democratic nation. Such “dramatic expansion of solitary confinement is a human rights issue we can't ignore.”

After more than fifty years of witnessing the devastating and violent impact of our prisons on those who are incarcerated, I encourage this Taskforce to prioritize best practices in rehabilitation at all levels of the federal Bureau of Prisons. Shifting from a punitive approach to one that prioritizes restorative and rehabilitative ends with the goal of dramatically reducing recidivism is critical. A matrix of punishment must be replaced by access to meaningful social interaction, job training, and educational opportunity. Alternative strategies for staff training in violence reduction, pro-social behavior, and alternative responses rooted in de-escalation techniques are being adopted by some departments of correction; these alternatives are accompanied by reductions in isolation, use of force and incidence of violence. Further, rather than placement in solitary confinement, the creation of alternative treatments and community settings for incarcerated people with mental illness and addiction are also critical.

Chairman J.C. Watts, Jr., Vice-Chair Alan Mollohan, and members of the Charles Colson Task Force, I urge you to take active steps to end our nation’s reliance on incarceration and isolation, and focus scarce resources on rehabilitative alternatives that recognize the enormous potential and human dignity of all people. To that end, I offer the following:
Key Recommendations for the Charles Colson Task Force on Corrections

1. Work with the BOP to develop and implement policy to ban the solitary confinement of juveniles, persons with mental illness, and pregnant women held in federal custody.

2. Work with the BOP to develop and implement policy to eliminate long-term isolation for persons in federal custody beyond 15 days, drawing upon data-driven policies that promote alternatives to isolation which are already being implemented by state departments of correction.¹

3. Work with the BOP to develop and implement regular public reporting of who is held in solitary confinement, for what reason, and how long, as well as the impact of the practice on cost, facility safety, incidents of self-harm, and recidivism.

4. Develop a mechanism for the Taskforce to consult regularly with formerly incarcerated persons about the impact of current federal prosecution, sentencing, release, and supervision policies and practices, and suggestions for reform.

5. Host a public hearing to collect recommendations of those formerly incarcerated to speak to the current consequences of overcrowding in the Bureau of Prisons, current Bureau of Prisons policies governing the use of restricted housing (including Special Management Units, Special Housing Units, and Administrative Maximum), and reentry programming.

I thank the Taskforce for this opportunity to contribute to your important work.

¹ See e.g., Stuart Grassian & Nancy Friedman, Effects of Sensory Deprivation in Psychiatric Seclusion and Solitary Confinement, 8 INT'L J.L. & PSYCHIATRY 49 (1986); Craig Haney & Mona Lynch, Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement, 23 NEW YORK UNIVERSITY REVIEW OF


4 Ibid., summary page (p. 2 of PDF).


