The NYC Jails Action Coalition & the #HALTsolitary Campaign present

A Blueprint for Addressing the Deadly Humanitarian Crises of NYC Jails

November 2025

Executive Summary

New York City jails have always been sites of racism, brutality, and abuse. Recent years have seen an escalating humanitarian catastrophe in conjunction with a near doubling of the number of people incarcerated. The jails are plagued by rampant staff brutality and sexual abuse against incarcerated people, the use of various forms of solitary confinement, extreme medical neglect sometimes leading to death, abuse of people with mental health needs and other disabilities, a dearth of program opportunities, mistreatment of people who come to visit their loved ones or clients, and a lack of basic services and operations. In addition to thousands of people suffering on a daily basis, over 70 people have died in New York City jails just since 2020, including at least 12 people in 2025. Meanwhile, the number of people incarcerated in New York City jails has dramatically increased from a low in 2020 of around 3,800 people on a daily basis to currently over 7,000 people on a daily basis. Moreover, people are being locked on Rikers Island for months and years at a time, the vast majority of whom are there pre-trial, legally innocent, and awaiting their day in court.

This document provides a Blueprint for how New York City can and must address the longstanding and acute humanitarian crises of its jails. This Blueprint reflects the experiences and expertise of people who have been locked on Rikers Island and other NYC jails, family members of people incarcerated, other mental health, legal, and human rights experts, public defender organizations that represent people locked in city jails, civil rights organizations, and other members of the Jails Action Coalition and the #HALTsolitary Campaign. It details key mechanisms for how New York City—the Mayor, City Council, Board of Correction, Department of Correction (DOC), Correctional Health Services (CHS), the Federal Monitor, and any eventual Federal Remediation Manager—can safely effectuate a significant reduction in the number of people who are incarcerated in the jails and better protect the human rights of people inside. Specifically, we are calling on these New York City officials to:

1. **Reduce Incarceration**: Significantly reduce the number of people incarcerated in the New York City jails, including through mayoral action and legislation.
2. **End Solitary Confinement**: Fully implement Local Law 42–2024 to end solitary confinement and replace it with alternative forms of separation that have been proven to reduce violence and better protect people's health and well-being.
3. **Ensure Medical and Mental Health Care**: Stop incarcerating people with mental health needs and other disabilities, ensure access to medical and mental health care, and enhance accountability of DOC and CHS for providing appropriate care.
4. **Divert People from Jail**: Support a significant expansion of diversion of people from jail, including people with mental and physical health needs, and provide greater community resources, services, and support.
5. **Close Rikers Island**: Immediately and permanently shut down Rikers Island.

6. **Expand Programs**: Expand programs in the jails, including peer-led programs and programs designed and operated by outside experts and community groups.
7. **Raise Minimum Standards**: Follow, enforce, and raise all minimum standards for people incarcerated, including related to visits, use of force, and other conditions.
8. **Reduce Incarceration of Young Adults & Ensure Age Appropriate Support**: Significantly reduce the number of young people (up to age 25) jailed, and ensure access to daily trauma-informed, age-appropriate programming and services.
9. **Reduce Jailing of Women and LGBTQIA+ People & Ensure Gender Appropriate Support**: Significantly reduce the number of women and LGBTQIA+ people jailed, and ensure gender appropriate housing, programming, care, and services.
10. **Support Statewide Efforts to Address Humanitarian Crises in Prisons & Jails Across the State**: Support state legislation to expand opportunities for consideration of potential release and transform environments inside, such as Elder Parole, Fair & Timely Parole, Second Look, Earned Time, and Rights Behind Bars.

The Blueprint

1. Reduce Incarceration

Recommendation: The Mayor must coordinate and lead a multi-pronged, multi-entity effort to significantly reduce the number of people incarcerated in New York City jails. Given the deadly humanitarian crises of the New York City jails, the Mayor must undertake an effort—building off of the type of effort undertaken during the height of the COVID-19 pandemic—to work with judges, public defenders, prosecutors, executive agencies, the Department of Correction, Board of Correction, service providers, and community leaders to coordinate a plan of action to safely release people from the jails, reduce the number of people entering the jails, and shorten the length of time people are spending in the jails.

The Mayor and DOC must also directly expand the use of their existing powers to release people under Article 6A of the Correction Law. Additionally, the Mayor and the Department of Probation should release eligible individuals through local conditional release under Article 12 of the Correction Law.

The City Council and Mayor must enact legislation to expand work release, education release, and other forms of release of people in DOC custody, including for people who are held pre-trial and people held for a sentence of a year or less. Such legislation should provide release mechanisms for groups of people particularly vulnerable to the harms of incarceration, and ensure that all people, including those held pre-trial, are not subject to extended lengths of incarceration.

Why It Is So Urgent: New York City's jails are plagued by rampant staff brutality against incarcerated people, the use of various forms of solitary confinement, extreme medical neglect, abuse of people with mental health needs and other disabilities, a dearth of

program opportunities, mistreatment of people who come to visit their detained loved ones or clients, and other abuses and lack of basic services and operations.

New York City jails are the site of immeasurable suffering on a daily basis. They are also the cause of death for many of those incarcerated. Over 70 people have died in New York City jails since 2020, including as many as 19 people in a single year (2022). During 2025, there have already been at least 12 deaths, despite the year not yet being over.

Over ten years ago, the city settled the *Nunez v. City of New York* litigation to address rampant staff brutality against incarcerated people. Yet, staff brutality against incarcerated people has not abated, and has in fact worsened.

Meanwhile, the number of people incarcerated in New York City jails has vastly increased from a low in 2020 of around 3,800 people on a daily basis to currently over 7,000 people on a daily basis.

Moreover, people are being locked on Rikers for months and years at a time, predominantly while awaiting their day in court.

The most effective way to stop people dying in the jails, alleviate suffering, and improve safety is to dramatically reduce the number of people in the jails and the lengths of time people are spending in the jails. History has shown that the City can significantly reduce the number of people incarcerated safely. Significantly reducing the jail population would save lives, improve safety and conditions on Rikers, and save hundreds of millions of dollars that could be spent on essential social services that would improve safety and ease reentry.

2. End Solitary Confinement

Recommendation: The next Mayoral administration must fully implement Local Law 42-2024 in order to end solitary confinement in all forms by all names beyond four hours, and replace solitary with alternative forms of separation that utilize full days of out-of-cell group programming and engagement proven to reduce violence and improve health, well-being, and safety for everyone.

The Mayoral administration and Department of Correction must withdraw their objections to Local Law 42 in the *Nunez v. City of New York* litigation and must finally and fully implement the law.

The Mayoral administration and DOC should also bring in outside experts to design and operate true, proven alternative forms of separation with real out-of-cell group programming, such as the Resolve to Stop Violence (RSVP) Program as originally operated in San Francisco jails, the Merle Cooper Program in New York prisons, and the CAPS and PACE Programs as originally operated in NYC jails, all of which are discussed further below in the section on programs.

Why It Is So Urgent: Solitary confinement is torture. It causes people to engage in self-mutilation and suicide. It causes heart disease. It causes anxiety, depression, and psychosis. Studies have indicated that people in solitary in New York and across the U.S. are up to seven times more likely to die by suicide and up to 15 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. A study of NYC jails themselves found people in solitary were nearly seven times more likely to harm themselves and more than six times more likely to commit potentially fatal self-harm. Even after release from jail or prison, 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 even only one or two days in solitary leads to significantly heightened risk of death by accident, suicide, violence, and overdose. Solitary confinement for periods of hours has been deadly.

Evidence also demonstrates that solitary makes jails 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 the Zgoba, Pizarro, and Salerno study of return to incarceration post-release and Wildeman and Andersen's research on return to incarceration outcomes, show that people who have spent time in any form of solitary are more likely to be re-arrested after release from incarceration.

Twenty-nine-year-old Carina Montes died in solitary confinement in the Rose M. Singer Center in 2003. In August 2012, 25-year-old Jason Echevarria died in solitary confinement after swallowing a soap ball to try to get out of solitary and was left by officers for hours without providing what would have been life saving care. When his family's lawsuit about the wrongful death was settled, their attorney said that "they're hopeful a consequence of this will be that it will not happen again." Instead, many have died since Jason.

Prior to his death in 2013, 39-year-old Bradley Ballard was locked in solitary confinement and **within hours** was already taking actions indicating significant harm and decompensation. Bradley was left in solitary confinement for several days – often denied recreation, showers, meals, water, and medications – until the point he was found naked in his cell covered in feces, and died shortly thereafter.

Solitary confinement in New York City jails killed Kalief Browder over ten and a half years ago and Layleen Polanco over six and a half years ago. Layleen Polanco was locked in a unit that was supposedly an alternative to solitary confinement where she was supposed to be receiving seven hours of daily out-of-cell time. On the day of her death in solitary confinement on Rikers Island, Layleen Polanco had been locked in her cell for two or three hours before she died.

Despite repeated promises over many years to end solitary – invoking Layleen's and Kalief's names – the city jails have continued to lock people in solitary by many different names, with torturous and deadly results.

In August 2021, Brandon Rodriguez was locked in solitary confinement in a tiny shower cage, where he was surrounded by caged walls without even the ability to sit down. Although he reportedly screamed for help, he was left in solitary in the shower cage. He was found unresponsive within hours of being locked in, and died.

In October 2021, DOC locked Anthony Scott – who was autistic and had mental health needs – in solitary in a holding pen. **After a little less than four hours**, Anthony "was discovered with a ligature around his neck." He was taken to an outside hospital in cardiac arrest, placed on a mechanical ventilator, and died in the hospital a few days later. It was subsequently reported that "correction officers falsified records to hide their failure to conduct required cell checks before detainee Anthony Scott hanged himself in a holding pen".

The following year, the city jails locked Elijah Muhammad in solitary in the same shower cages as Brandon Rodriguez to the point he was found with a ligature around his neck after being locked in solitary for **six and a half hours**. DOC subsequently locked Elijah in another form of solitary confinement that is supposed to be "de-escalation confinement". Then, on the day he died: while he was not locked in, officers "saw that he appeared to be disoriented and barely able to walk" and "needed medical attention." Yet, they locked him in his cell, and **within hours** Elijah died.

The NYC Department of Correction initiated yet another form of solitary in 2022 through automatic lockdowns in general population in George R. Vierno Center (GRVC), and that is where Erick Tavira died after being locked in solitary.

In May 2023, DOC locked Joshua Valles – who had "a history of schizophrenia, bipolar disorder, attention deficit hyperactivity disorder, and post-traumatic stress disorder" – in solitary in "DOC lock-in" to punish him for "exhibiting child-like behaviors and attention seeking and intrusive behaviors". Joshua repeatedly banged on his cell door, including potentially with his head. Joshua was let out of his cell just before 2 pm on the day he died, "walking with his head down and, at one point, clutching his head with both hands", taken to an outside hospital, and diagnosed with "extensive anoxic brain injury", and "the anoxic brain injury was irreversible, with already severe loss of grey matter in the basal ganglia and basal cortex only preserved at the vertex." He was released from DOC custody and subsequently died a few days later.

A Columbia University Center for Justice report in December 2023 documents how NYC jails have continued to lock people in solitary confinement in various units by various names, with devastating and deadly consequences. People in the city jails have continued to be locked in solitary in: (1) so-called de-escalation units and decontamination showers, (2) so-called structurally restrictive housing in North Infirmary Command (NIC) and West Facility that is nothing more than solitary confinement by another name for 23 to 24 hours a day, (3) Enhanced Supervision Housing (ESH), (4) Rose M. Singer ESH (RESH), (5) GRVC automatic lockdowns in supposed general population, (6) repeated lockdowns throughout

the jails, and more. People are still locked in solitary for 23 to 24 hours a day for days, weeks, months and more. There are people who have been in solitary for a year.

As discussed in this op-ed by Tamara Carter, while DOC has falsely claimed there's been no solitary in NYC since 2019, Tamara's son Brandon died in solitary in a shower cage in August 2021. Tamara talks about all of the continued various forms of solitary and their harmful impacts, and how her son would still be alive today if Local Law 42 had been in place. "I couldn't save my son's life, but if I can help save another person's life and make sure no other family has to go through what we have gone through, that is so important to me."

A supermajority of the City Council enacted Local Law 42 in 2024 to end solitary beyond four hours and utilize alternative forms of separation – involving access to a full day of group out-of-cell programming and activities – that have been proven to reduce violence and better protect people's health.

Despite Local Law 42's ban on solitary, Mayor Adams issued illegal emergency orders every five days in order to suspend core components of Local Law 42. The City Council filed a lawsuit in December 2024, with amicus support from the #HALTsolitary Campaign & Jails Action Coalition, public defender offices and the New York Civil Liberties Union, to challenge the Mayor's illegal orders purporting to suspend Local Law 42 and demand implementation of the law. In June 2025, a court found the Mayor's orders to be illegal and in violation of the democratic process. In *Nunez*, due to a request from the Mayor and DOC, a federal judge has temporarily stayed implementation of portions of the law pending ongoing litigation.

In the meantime, New York City has continued to impose solitary confinement by many different names, with devastating and deadly consequences.

In October 2024, a whistleblower social worker who worked on Rikers Island until the end of September 2024, Justyna Rzewinski, reported – consistent with what people in custody have long reported – longstanding horrific solitary confinement practices where people with severe mental health needs are unofficially "deadlocked." People are locked in solitary confinement in their cells for weeks and months without being given their medications, often until they completely decompensate, becoming unrecognizable. The whistleblower reported that medical staff were "prevented from giving them medication to stabilize their conditions, triggering behavior like relentless screaming, banging on cell doors and smearing their cells with their own feces."

The whistleblower testified before the Board of Correction that "I could not believe what I saw. I have never seen anyone living in these types of conditions. No human being deserves to be treated like this. … These individuals began to decompensate rapidly. Many would smear feces all over themselves and their cells. They would sit in their cells, almost

catatonic, with flies and maggots and feces all over." People are not only denied medication, but also water. The whistleblower testified that the people targeted for deadlocking were often the most vulnerable people, including people with significant developmental disabilities and people with severe mental health needs, especially individuals who had more difficulty advocating for themselves or who did not have people on the outside advocating for them. When asked about this cruel practice, Correctional Health Services representatives reported that these practices had been occurring for years. Indeed, these practices are longstanding and are eerily and heartbreakingly the same as what Bradley Ballard was subjected to eleven years prior.

In 2024, in the midst of several medical crises and DOC failures to provide appropriate medical care, Charizma Jones became yet another victim of DOC abuse and neglect. Related to solitary, officers refused to open Charizma's cell six times over two days to allow medical staff to check on her when the medical staff requested to do so. Charizma Jones was 23 years old when she died.

Meanwhile, the city DOC secretly opened yet another new solitary confinement unit, this time called a Special Management Unit ("SMU"), in February 2025, in direct violation of Local Law 42 and without prior notice to the jails oversight body.

In August 2025, Ardit Billa died and it was reported that "A jail source familiar with the death said Billa spent his last few days barely, if ever, leaving his cell. The source also said his body had feces on it."

3. Ensure Medical and Mental Health Care

Recommendation: The next administration must protect the health and safety of people in the City's custody. As emphasized above, decarceration should be the top priority and the main solution to the lack of jail medical and mental health care, and people with disabilities especially should not be incarcerated. The City needs to stop incarcerating people with mental health needs, people with physical, sensorial, cognitive, and other disabilities, and expand medical and mental health support in the community with significant investments and proven interventions.

At the same time, anyone who is in the City's custody must be provided with quality health care. The Department of Correction must produce people for their medical and mental health appointments consistently, which will require DOC to use technology and deploy staff appropriately. In addition, the long promised outposted therapeutic housing units (OTxHUs) should be opened right away and should operate as true therapeutic units with Correctional Health Services (CHS) at the helm and DOC's role limited to securing the perimeter. With significant decarceration and the opening of the OTxHUs, North Infirmary Command should be closed expeditiously and transferred from DOC to the Department of Citywide Administrative Services (DCAS). Finally, CHS should be given greater authority and responsibility for maintaining the health of people in DOC facilities and should be held

accountable for doing so. Health care decisions and access to patients and care, should be controlled by CHS medical staff, not DOC security staff. The DOC must be trained to follow CHS' determinations regarding individuals' treatment needs, as required, and there must be an entirely new culture around these requirements and stronger enforcement.

Why It Is So Urgent: A tremendous number of people with mental health and medical concerns are incarcerated in NYC jails. As of September 2025, 59% of people in custody were enrolled in mental health services, and 22% were diagnosed with a serious mental illness, 30% with alcohol use disorder, and 25% with opioid use disorder. In addition, many people in custody have chronic medical conditions, such as pulmonary (28%), cardiovascular (15%), and neurologic (8%) conditions. Tragically, these individuals are frequently deprived of adequate health care while in the City's custody.

The Department of Correction's failure to provide persons in its custody with access to health care is well-established. In December 2021 in *Matter of Joseph Agnew et al v. New York City Department of Correction*, the DOC was ordered to comply with its statutory duty to provide every person in its custody with access to health care without delay. Despite the court order, the Department persisted in its failure to ensure access to health care, and in August 2024, the Legal Aid Society and Brooklyn Defender Services documented that "the crisis of inaccessible health care in its jails continues unabated" and petitioned the court to hold DOC in contempt for its failure to comply with its obligation. Petitioners asserted that "incarcerated people continue to miss thousands of health care appointments every month, delaying or outright denying their care. Ripple effects abound; delays and denials beget more infections, more sickness, and more pain for Petitioners, resulting in chronic illness, permanent disability, and, in some cases, death." Notably, the New York State Commission of Correction (SCOC) which investigates deaths in custody found, in numerous mortality reports, repeated patterns of DOC failing to produce persons in custody for scheduled medical appointments and determined that it is "an unacceptable practice that is tantamount to denying incarcerated individuals access to health care."

Even when people in custody have access to care, the quality of that care is often inadequate. The most extreme consequences of that failure are documented in the SCOC reports about deaths in custody. For example, the SCOC Medical Review Board found that CHS failed to provide adequate mental health care by failing to refer Michael Nieves for hospitalization before his death by suicide, improperly diagnosing Ryan Wilson, failing to recognize and treat Wilson Diaz-Guzman's acute suicidal ideation, removing suicide watch prematurely for Javier Velasco without proper psychiatric consultation, improperly coordinating care of Anibal Carrasquillo, and failing to provide Antonio Bradley with acceptable levels of medical and mental health treatment during his incarceration. Moreover, the Medical Review Board determined that the deaths of Nieves, Diaz-Guzman, Velasco, and Bradley may have been prevented had these individuals received proper mental health care. Similarly, the Board found serious lapses in the medical care CHS provided to Edgardo Mejias (significant respiratory diseases undiagnosed and undertreated) and Marvin Pines (inadequate monitoring of blood pressure and lack of referral for MRI).

Furthermore, in some instances, DOC actively interferes with CHS' ability to provide health care. For instance, the New York City Board of Correction cited such interference in its December 2024 report on Charizma Jones' death and recommended that the Department remind its staff "not to interrupt, interfere, or deny a person in custody access to medical care" and that "all decisions involving a person in custody's health must come from CHS staff." In October 2024, as discussed above, former CHS social worker Justyna Rzewinski reported, and CHS leadership confirmed, DOC's practice in specialized mental health units of unilaterally locking some people in their cells for weeks or even months on end, depriving them of access to psychiatric medication and causing them to decompensate.

4. Divert People from Jail

Recommendation: The Mayor should champion and expand investment in alternatives to incarceration (ATIs) and community based organizations (CBOs). While the City has previously funded ATI programs with strong outcomes, these investments have not yet met the scale of need. Expanding these proven approaches would promote public health, reduce return to incarceration, and advance a more just and effective legal system.

To ensure successful diversion, individuals must have access to a strong continuum of care. New York City's mental health infrastructure must be strengthened to provide the necessary supports for people navigating behavioral health challenges—especially those with justice system involvement. CBOs play a critical role in this ecosystem and must receive sustained, adequate funding to meet the complex needs of the communities they serve.

In addition, the Mayor should support the creation of unified treatment courts citywide for individuals with mitigating circumstances—particularly those related to mental health and substance use disorders. While ad hoc mental health courts currently exist throughout the boroughs, they operate without a consistent governing statute, leading to uneven practices and admission standards across the City.

One way to address this gap includes supporting the Treatment Court Expansion Act (S4547/A4869), a state bill that would establish a legal framework for comprehensive, equitable access to treatment courts throughout New York State.

Why It Is So Urgent: Diversion from the criminal legal system is urgently needed because correctional facilities like Rikers Island have become the largest psychiatric facilities in New York, and in the country, with – as discussed above – a dangerously high and increasing percentage of incarcerated people suffering from mental health needs (59%) and designated serious mental health needs (now 22%, up from 16% in 2023), including people who have been deemed unfit to stand trial because of their mental health needs.

This situation is unsustainable as jails inflict traumatic harm, while providing abysmal care, which exacerbates mental health needs and significantly increases rates of return to incarceration after release, while also straining prison capacity and the mental health

system. The urgency is underscored by the fact that successful diversion programs, which address the root causes of justice system involvement, are proven to be highly effective, leading to significant reductions in rates of return to incarceration compared to jailing individuals who require treatment, not incarceration.

Diversion and alternatives to incarceration are also essential to close Rikers Island. People who could be safely and more effectively treated in the community must be given a clear offramp.

This will relieve overcrowding and improve safety and conditions inside. It will also support finally shuttering Rikers Island—ending decades of harm and utilizing a system of care and accountability.

5. Close Rikers Island

Recommendation: The Mayor must close Rikers Island, a jail-complex that has become synonymous with abuse, neglect, systemic failure, and death. It must be shut down.

Why It Is So Urgent: The urgency of closing Rikers Island stems from the daily harm inflicted on those detained. Every day that Rikers remains open inevitably leads to tragedy. The number of deaths at Rikers is only growing. As discussed above, as of October 2025, there have already been 12 deaths in 2025. This is not new. Conditions remain abusive and degrading. Rikers presents a crisis that has not slowed despite over a decade of federal oversight. Each additional day that it remains open leads to ongoing constitutional violations and avoidable human suffering.

For decades, it has been plagued by staff brutality, inadequate health care, and deteriorating infrastructure, leading it to become a well-documented humanitarian crisis. Individuals are kept in tortuous conditions that result in preventable deaths. As discussed throughout this Blueprint, since 2020, there have been 70 reported deaths in New York City jails. There may be even more deaths that have been unreported by the Department. Every one of these lives lost represents a preventable injustice, and a moral failure that continues so long as Rikers remains open.

As long as Rikers remains open, human rights violations will continue. Federal courts have repeatedly found constitutional violations inside Rikers, and after nearly a decade of oversight by a court-appointed monitor that has not improved conditions, a federal judge has agreed to appoint an independent “remediation manager” to address Rikers’ rampant, worsening, dysfunction and abuse.

The population at Rikers also exposes the inequities of the current system. As of September 2025, there were over 7,000 people detained in New York City jails on a given day, with 86% of those individuals being detained pretrial. Many are held solely because they cannot afford bail. Black individuals are incarcerated at Rikers at ten times the rate of

their white counterparts. The only humane and responsible course of action is to decarcerate and close Rikers Island once and for all.

Keeping Rikers open also carries massive fiscal costs. The City spends over $1 billion a year maintaining Rikers, largely due to staffing, overtime, and inefficiency. At the same time, prolonged detention, often for people who cannot afford bail, contributes to overcrowding and worsening conditions within the jail-complex. The money saved by closing Rikers can then be reinvested in housing, healthcare, education, economic development, youth services and more. Closing Rikers not only ends an inhumane chapter in our City's history, but also allows for community reinvestment that will bolster public safety.

6. Expand Programs

Recommendation: The Mayor and the DOC must work with outside partners and outside experts to expand program opportunities for people incarcerated in the city jails. As a minimal baseline, the DOC must reverse the 2023 budget cut of the current administration that removed outside organizations from providing programming in the jails. Among other programming priorities, the City must also expand access to college classes, expand and improve visiting opportunities for family and friends to see their loved ones, expand and make more accessible voter registration efforts, utilize proven rehabilitative and therapeutic programming, and prioritize peer-led programming.

As discussed above in the section on ending solitary confinement, the Mayoral administration and DOC must bring in outside experts to design and operate proven programs like the RSVP Program, Merle Cooper Program, and the CAPS and PACE Programs, as originally operated.

Why It Is So Urgent: Evidence has long shown that effective programs can help transform lives, help participants grow, prepare people to return to their communities, maintain ties with their families and communities, increase opportunities for employment and success upon release, allow people to become peer leaders while incarcerated and after release from jail, and dramatically reduce violence in jail and in outside communities.

For example, the Resolve to Stop the Violence Project (RSVP) in San Francisco jails involves 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 led to a precipitous drop in violence among participants to the point of having *zero incidents over a one year period.*

Similarly, the Merle Cooper program, which operated in New York State between 1977 and 2013, was meant for people at high risk of recidivism, and involved people being fully

separated from the rest of the prison population. Yet, it was operated as the opposite of solitary — with full days of out of cell programming, peer led programming, and even the ability to earn the right to not be locked in at night. The program had positive outcomes on violence, and was praised by staff, administrators, and participants over years and decades.

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 that is 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 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."

In addition, peer-led programs designed by people who are incarcerated have often proven to be the most effective interventions. One of many successful examples is the M.A.N. program developed by Jerome Wright, Co-Director of the HALT Solitary Campaign, while he was in solitary. M.A.N. is still operating in various facilities in New York State. M.A.N. stands for Mentoring And Nurturing. It is a peer-facilitated and peer-led program. Creators of the program took the population of elders, trained them to be facilitators, and let them run the programs. The primary goal is teaching people how to mentor and nurture themselves and others. Participants were able to learn from others they respected and saw going in the right direction. It was so successful at engaging young people and stabilizing the prison environment that Jerome was asked to bring it to other prisons across the state. The M.A.N. program changed all of the metrics wherever he ran it: violence went down, disciplinary tickets went down, and education went up.

Many European countries have an approach in adult correctional facilities that focuses on reducing the number of people incarcerated and lengths of incarceration using program-based approaches, and ensuring that incarceration is as close to the community as possible and best prepares people to return back to that 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, or for only days or weeks during the span of 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 preparing for return 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 has never used 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 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 $9 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 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."

7. Raise Minimum Standards

Recommendation: The Mayor, Department of Correction, and Board of Correction must ensure that all minimum standards are followed in the jails, and must raise the minimum standards to better protect everyone's health, stop abuses, and save lives.

The Mayor, the City Council, and the judiciary must appoint people to serve on the Board of Correction who are champions for human rights and reducing the reliance on incarceration.

The City Council's Charter Revision Commission should expand the oversight authority of the Board of Correction to enforce its minimum standards, including by providing authority to close jails, facilities, or units that fail to comply with the minimum standards and to release people from jails after extended periods of time incarcerated and/or if their rights have been significantly violated. Additionally, the Commission should place provisions on the ballot to enact its own staff recommendations regarding the Board's member and chair selection and removal processes, quorum requirements, and budget.

In addition, the Board should update its minimum standards, particularly as they relate to the lengths of time that people spend incarcerated in the jails and mechanisms of release.

Relatedly, given the horrific number of people dying while in custody, including people who had serious medical conditions and people in need of end-of-life care, the Board should strengthen the existing Health Care and Mental Health Minimum Standards and enact standards to establish a transparent process for medical and compassionate release. The Board should also strengthen regulations regarding the following:

- Registering to vote and voting in jail
- Programming, including education, especially for young adults
- Phone call privacy, specifically forbidding the default recording and retaining of data
- Quality of mattresses provided to persons in custody
- Access to food, mealtimes, and recreation
- Access to counsel

Why It Is So Urgent: The Board of Correction sets basic minimum standards for how people in the city's custody are treated. As discussed throughout this Blueprint, New York City jails routinely violate the standards set by the Board. From rampant staff brutality, to widespread use of solitary confinement, to denial of medical and mental health care, and more, existing minimum standards are routinely flouted.

While the Board of Correction often chastises DOC and CHS for violations of its minimum standards, it does not have authority to directly enforce its minimum standards. By contrast, the State Commission of Correction – which has failed in its responsibilities for years – has the authority to close prisons and jails that are unsafe, unsanitary, or do not comply with state regulations. The Board of Correction should have similar powers to enforce its minimum standards.

In addition to the lack of enforcement, existing minimum standards do not cover, and/or are not at a high enough level to properly address, many aspects of daily living in the city jails, and need to be strengthened.

The unconscionable and unprecedented rash of deaths in our jails is not a coincidence or tragic anomaly; it is the predictable result of systemic abuse and neglect and failure within the Department of Correction. The system is so horrific, it is only the 13th jail in U.S. history to go under federal control in a receivership. Under Correction Law § 47(1)(d) and City Charter § 3-10(c)(2), both the State Commission of Correction's Medical Review Board and the Board of Correction are required to investigate every death in custody and publish their findings. Across years of reports, one theme remains consistent: the DOC's dereliction of duty. In addition to rampant staff brutality against incarcerated people and the deadly use of solitary confinement, officers repeatedly fail to perform required rounds, monitor vulnerable individuals, or follow established safety procedures—failures that have proven deadly.

Gilberto Garcia, 26, died of acute fentanyl intoxication in 2022; proper rounds could have revealed his condition in time to save his life. Herman Diaz, 52, choked to death on an orange slice because no officer was present at his post to intervene. Kevin Bryan, 35, died by suicide when an officer failed to secure the housing unit's bathroom, in violation of state

regulations. Ricardo Cruciani, 68, had been deemed high risk for suicide by a judge, yet the intake supervisor ignored that directive. The Medical Review Board concluded that had proper suicide precautions been implemented, Cruciani's death might have been prevented. Dashawn Carter, 25 was similarly ignored. He hung himself and was left for four hours before finally he was discovered.

These examples are not isolated incidents but symptoms of a deeper, entrenched culture of apathy and abuse at Rikers Island—a culture that devalues human life and undermines accountability. The same indifference that prevents people from receiving medical care also drives the rising death toll. This is not an indictment of individual officers but of a broken system that cannot be repaired through incremental reform.

8. Reduce Incarceration of Young Adults & Ensure Age-Appropriate Support

Recommendation: New York City must significantly reduce the number of young people jailed, namely people aged 25 and younger, and ensure access to daily trauma-informed, age-appropriate programming and services for any young people who remain jailed. The Mayor must ensure that all youth 18-21 incarcerated at Rikers have access to high school education that they are legally entitled to, and address systematic denials of young people's requests to attend school. The City must fully fund ATI and diversion programs in each borough that incorporate youth development principles. The Mayor must push for Raise the Age legislation to be fully implemented and funded. This should include taking the necessary steps to apply for an undue hardship waiver so that New York City receives Raise the Age funding. The Mayor and the City Council must also support mechanisms for releasing and keeping young people up to the age of 26 out of jail, including through supporting state legislation such as the Youth Justice and Opportunities Act (A5293/S4330), and by enacting legislation and supporting budget initiatives at the city level.

Why It Is So Urgent: Emerging adults up to the age of 26 face particular harms from incarceration and also often engage in more impulsive behaviors without foreseeing the consequences of their actions. Neuroscience research shows that, as documented by Youth Represent, "during emerging adulthood, the prefrontal cortex of the brain, which regulates emotions, critical thinking, planning, and impulse control, is still developing… Brain development during this period means that individuals at this stage of life have significant capacity to make positive changes, but are also especially vulnerable to trauma."

Research shows, as documented by the Sentencing Project, "that incarceration most often increases young people's likelihood of returning to the justice system. Incarceration also damages young people's future success in education and employment. Further, it exposes young people, many of whom are already traumatized, to abuse, and it contradicts the clear lessons of adolescent development research. These harms of incarceration are inflicted disproportionately on Black youth and other youth of color."

As one example of the harms of incarcerating young people, the isolation of solitary confinement can have exacerbated negative neurological impacts in addition to psychological and other physical impacts. As a result, young people disproportionately die by suicide in solitary.

Meanwhile, interventions outside of incarceration have been proven to better address young people's needs, support young people in transforming their lives, and improve public safety. According to the Sentencing Project, alternatives to incarceration for young people "consistently produce better public safety outcomes than incarceration, with far less disruption to young people's healthy adolescent development at a fraction of the cost."

Within incarceration settings, having more empowerment-based interventions also can mitigate harm. For example, 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 this way, but instead 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 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. New York City must stop lagging behind, and should instead adopt a similar approach to address problems with our current jail system, especially when it comes to young people of all ages.

9. Reduce Jailing of Women and LGBTQIA+ People & Ensure Gender Appropriate Support

Recommendation: The Mayor, DOC, and City Council must significantly reduce the number of women and LGBTQIA+ people jailed, and ensure preferred gender appropriate housing, programming, care, and services.

For any women and gender expansive people who remain incarcerated, DOC must end all physical and sexual abuse. DOC must expand gender-appropriate programming. DOC must provide appropriate services for pregnant women, new mothers, and caregivers generally.

Such changes must include enhancing visits and communication opportunities with family and support systems.

The Mayor and City Council should also enact and implement Int. No 625 and support state legislation, S1049/A5478 (the GIRDS Act), to ensure people are housed in alignment with their gender identity.

Why It Is So Urgent: As of November 2025, there were 494 women incarcerated in New York City jails. Approximately 70% are caregivers. Many are survivors of domestic violence and have faced significant trauma in their lives.

As long documented, and as described in a John Jay College report, "a robust body of scholarship has outlined the adversity faced by women that leads to their involvement in the justice system. These pathways are driven by their experiences of violence, trauma, and poverty. Women of color, particularly those from low-income communities, are disproportionately arrested and incarcerated. Research has also increased our understanding of the types of gender-responsive programs that help women, demonstrating that women's rehabilitative and psychosocial needs are different from men's."

Women have particular life experiences and particular needs that must be addressed, including by keeping women out of incarceration and by providing appropriate programs and services for any cisgender and transgender women who are incarcerated.

Moreover, women and transgender, gender nonconforming, non-binary, and intersex people (TGNCNBI) people directly face rampant abuse by staff while incarcerated in New York City jails. During a one year window, over 700 women filed lawsuits against New York City and DOC for sexual abuse suffered in city jails by jail staff under the Adult Survivors Act. Gothamist described the "breathtaking scope of alleged abuse at the women's jail at Rikers. The allegations span decades and place New York City's jail system in the company of other powerful institutions that have recently been plagued by massive sexual abuse scandals, including Columbia University, USA Gymnastics and the Catholic Church."

In addition, according to numerous community organizations, "NYC DOC routinely forcibly transfers transgender women to men's jails without notice, often without justification and with no meaningful pathway for appeal. DOC also routinely denies requests for gender-aligned housing. In the first fiscal quarter of 2025, DOC denied half of the requests for gender aligned housing and, of those transferred, five were involuntarily forced to transfer from the women's jail back to a men's jail."

DOC's data over the past two years shows a disturbing average: 40% of gender-aligned housing requests are denied. These denials violate Human Rights Laws of both New York City and New York State. Furthermore, DOC openly discriminates against TGNCNBI individuals by determining housing placement using different criteria than is used for cisgender persons in custody, such as one's charges in their court case.

Particularly in this moment when the federal administration is directly targeting TGNCNBI people in a variety of ways, including directly targeting TGNCNBI people in custody, it is imperative for New York City to protect and uplift the rights of our TGNCNBI community.

10. Support Statewide Efforts to Address Humanitarian Crises in Prisons & Jails Across the State

Recommendation: While this Blueprint is primarily focused on addressing the humanitarian crises in New York City jails specifically, the Mayor, City Council, and other city representatives and officials should be supporting efforts at the state level to address similar humanitarian crises in prisons and jails statewide. New York City electeds and officials should pursue the following widely supported state bills that would begin to meaningfully address current prison and jail crises by expanding pathways to release for people who have demonstrated their readiness, and by transforming the environment inside:

1. **Parole Justice**, namely: Elder Parole (S454/A514) and Fair & Timely Parole (S159/A127)

2. **Sentencing reform**, including: the Second Look Act (S158/A1283), Earned Time Act (S342/A1085), Marvin Mayfield Act (S1209/A1297), Challenging Wrongful Conviction (S6319/A7422), and Youth Justice and Opportunities Act (A5293/S4330)

3. **Ending abuses inside**, including: Rights Behind Bars (S3763/A1261A), Ending Qualified Immunity (S176/A1402), CARE Act, (S4583/ A4879), GIRDS Act (S1049/A5478), and End Health Professionals' Complicity (S7865/A8286)

4. **Ensuring mental health care, not perpetual punishment**, including: Treatment Court Expansion Act (S4547/A4869) and the Forensic Rehabilitation Act (S8310/A8603)

In addition, as egregious attacks by the federal government on our immigrant communities surge, New York City electeds and officials must support New York for All (S2235/A3506), Dignity Not Detention (S316/A4181), Access to Representation Act (S141/A270), and the Clemency Justice Act (S394/A403), along with the full Justice Roadmap.

Why It Is So Urgent: The video of the unconscionable killing of Robert Brooks by at least 17 staff at Marcy Prison exposed the widespread and systemic staff brutality inflicted on incarcerated people across the state. 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 and torture 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,

Messiah Nantwi, and countless others – and yet the racist system of brutality continues unabated. There have been years and decades of reports of staff sexual assaults against incarcerated people, use of waterboarding against people, and physical brutality against incarcerated people that results in broken teeth, broken bones, and deaths followed by cover-ups of such abuse – including through the torture of solitary confinement. Less than three months after the killing of Robert Brooks, officers brutally beat Messiah Nantwi, age 22, to death. Governor Kathy Hochul described the officers' behavior as "extremely disturbing conduct" and 15 staff members were placed on leave. Officers intentionally turned off their body cameras during the attack and later a sergeant was recorded discussing a scheme to cover-up the killing by planting a false weapon.

In addition to rampant staff brutality, the state Department of Corrections and Community Supervision (DOCCS) has for years continued to torture people by systematically violating the HALT Solitary Confinement Law, enacted by a supemajority of the state legislature and Governor in 2021. Every day, DOCCS fails to provide people in its custody with the out-of-cell time and programming required by the law, locks people with disabilities in solitary confinement in violation of the law's prohibition, and doubles down on the use of solitary by a new name. At least three major lawsuits have found NY prisons in violation of the HALT Solitary law, yet the prisons continue to defy court orders and face potential contempt of court, while multiple additional lawsuits are still pending about violations in the prisons. Moreover, in recent years DOCCS initiated an inhumane and cruel 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 tests.

A recent report documents that 25 people died by suicide in New York State prisons in 2024, the highest absolute number and the highest rate of deaths by suicide since at least 2000. The rate of deaths by suicide in 2024 (74 deaths per 100,000 people) was triple the rate in New York prisons from 2000 to 2023 and more than four times the rate of deaths by suicide in state and federal prisons across the country from 2001 to 2019 (the latest available data). People in illegal solitary confinement in NY prisons were seven times more likely to die by suicide and 15 times more likely to commit acts of self-harm than people in the rest of the prison population.

Moreover, beyond directly beating and torturing people to death, extreme sentence lengths and repeated parole denials lead to people spending decades incarcerated, languishing, aging, and dying in prisons. All together, a person dies in a New York prison once every two and a half days. The average age of death in a New York state prison is 57 years old. At least 112 people have died in New York State prisons in 2025 alone as of November 1.

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). 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. 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 over 4,150 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. Even before the parole consideration process, 55% of people in New York State prisons are Black people and 77% are People of Color, yet 54% of New York State residents overall are white.

In addition to New York State prisons' and New York City jails' egregious abuse, other local jails across New York inflict systemic abuse, torture, and death. Outside of New York City, local jails across the state are also continuing to impose solitary confinement by different names, flouting the state HALT Solitary Law and covering up their violations with false reporting. Every month since HALT went into effect in 2022, nearly all jails across the state falsely report that they never have even one person in solitary confinement – in order to circumvent the provisions of the law while continuing to secretly use this deadly practice. There are pending lawsuits in multiple local jails, including New York City, for violating the HALT Solitary Law.

Roughly 80% of people in jails across New York are held pre-trial, meaning they are legally innocent and are awaiting their day in court. Overall, through a combination of isolation, medical neglect, lengthy pre-trial detention, and abuse, at least 82 people died in local jails in New York State outside of New York City between 2020 and July 2024.

Conclusion

As a city that aspires to be one of the most progressive in the country, New York City must lead the way in ending the humanitarian crises of its city jails by significantly reducing the number of people incarcerated, providing greater support in outside communities, and protecting the human rights of all New Yorkers. Taking the steps outlined in this Blueprint will save lives, reduce suffering, and improve safety in the jails and public safety as a whole.

Awaiting trial cannot constitute a death sentence. One death is too many. The numerous and repeated deaths in New York City jails show that it's time New York City leaders and

officials follow the steps of this Blueprint and take necessary action to reduce the number of people incarcerated and improve carceral conditions.

Public safety does not come from locking people away, torturing and abusing them, then returning them back to the outside community deeply traumatized, much worse off than when they went in – if they return alive at all. True public safety comes from recognizing every person as a human being, pursuing restoration and transformation rather than punishment and abuse, and providing real investments in healthcare, education, housing, violence prevention, and other measures known to reduce violence and uplift communities.