

## Prisons' Use of Solitary Confinement Explodes with the COVID-19 Pandemic; Advocates Push for Alternatives

By Katie Rose Quandt and  
Valerie Kiebala

A recently released report from the national Unlock the Box Campaign to end solitary confinement found that during COVID-19, the use of solitary expanded by 500 percent, from around 60,000 people in solitary to 300,000.

Americans across the country who are sheltering in place in their homes may casually refer to being "in solitary confinement" or "locked down," even when they are with loved ones and have unlimited entertainment and digital communications at their fingertips. While these conditions are genuinely challenging to both physical and mental health, they are something quite different from what is experienced by people held in solitary in the nation's prisons and jails.

The extreme isolation of solitary has been proven so psychologically damaging that it has been widely denounced as torture. But now, just as a decade of advocacy had begun to significantly reduce the use of the practice, the COVID-19 pandemic has forced thousands of incarcerated people into new forms of solitary that differ very little from the old.

On April 1, the federal Bureau of Prisons activated its first nationwide lockdown in nearly 25 years. In an effort to limit the spread of the coronavirus, the nearly 146,000 men and women held in BOP facilities spent 14 days confined to their cells for up to 24 hours a day, in what is effectively solitary confinement.

The BOP press release announcing the lockdown said that programs and services "such as mental health treatment and education" would be provided "to the extent practicable"—which, according to anecdotal accounts from the inside, is hardly at all. All visits were banned weeks before, and with longstanding staffing shortages made worse by the virus, there were no guarantees of showers, clean laundry, or phone calls.

In addition to the feds, some of the nation's largest state prisons systems—including Texas, California, Florida, Pennsylvania, and Illinois—instituted statewide or partial lockdowns. And throughout U.S. prisons, jails, and detention centers, solitary confinement became the first-line response when incarcerated people show symptoms of COVID-19, test positive, or are thought to have been exposed to the virus.

In a particularly grim illustration of this trend, the Louisiana State Penitentiary at Angola re-opened the notorious isolation unit known as Camp J, which it had closed two years ago as part of a widely publicized reduction in the state's use of solitary confinement. The Louisiana Department of Corrections (LDOC) shipped incarcerated people from around the state who test positive for the coronavirus, including pre-trial detainees at local jails, to Camp J or to one other designated prison unit for quarantine.

In an interview with The Intercept, one local advocate said of the all-solitary Camp J, "This is not a medical facility. This is a dungeon that has had some beds and a mop thrown into it." Another called the unit "not suitable for living. People think of Camp J and... they basically think, you're going to send me there to die." Medical care at Angola is already so poor that in February a federal judge declared parts of it unconstitutional, and while the LDOC said that people would be transported from Camp J to local hospitals if they became seriously ill, there are no ventilators or fully equipped ICUs anywhere within miles of the remote prison.

An emergency motion for a temporary restraining order to block the transfers to Angola, which was described as "an action that will likely result in the death of dozens if not hundreds," was denied by a federal judge. It was only one of dozens of motions and lawsuits filed around the country in recent months by prisoners rights lawyers

desperate to reduce what they fear will be mass casualties.

In a declaration filed in support of an emergency motion for a mass release of people from California's prisons, Dr. Craig Haney, leading expert on the psychological effects of solitary, warned that attempts to stop the spread of the virus will in many cases take the form of extreme solitary confinement. "Indeed, I have seen precisely this form of social distancing utilized as a matter of course in numerous correctional institutions throughout the country, where medical quarantines are conducted in prison infirmaries or other housing units by effectively placing prisoners in solitary confinement," he wrote.

During the spread of COVID-19, solitary confinement was also used to punish incarcerated people who expressed their fears to the public, refused to follow rules that put them at risk, or protested unsafe conditions in prisons, jails, and detention centers around the U.S.

In early April, Aaron Campbell posted a desperate 20-minute video, showing sick people gasping and coughing on his unit in the low-security federal FCI Elkton in Ohio, and one of the small bottles of soap that was supposed to last each person two weeks.

Campbell said that three people he knew had died in the facility, and that a prison nurse told them to prepare for more deaths on the unit. He claimed that people who met the criteria for home confinement, including himself, were being refused release. Staring into the camera, he said, "We're people. People shouldn't have to die like this."

The video went viral. Four days later, Campbell's brother Adrian heard from another incarcerated person's family that Aaron had been sent to solitary confinement as punishment, where he was locked down 23 hours a day with no access to facility phones. Nearly a month later, Adrian said, Aaron was still in solitary, with no end date.

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prison rules. As a result, the fellow incarcerated men he spoke with went to great lengths to hide their symptoms. "When it's flu season, I say to myself, 'Here comes a lockdown,'" one man told Haines. He described filling his mouth with cold water when he had a fever and a nurse came to take his temperature. "Anything to stay out of The Hole," he said.

To counter this risk, Amend urges facilities to do everything possible to make the experience of medical isolation feel nonpunitive, including providing those in short-term medical quarantine with access to regular amenities, canteen, personal hygiene supplies and other personal property, and communication with family and friends outside.

Amend is not alone in its concern that COVID-19 will lead to an increase in the use of solitary confinement. In its coronavirus guidelines for correctional facilities, the Vera Institute of Justice, which has worked for years to reduce the use of solitary, states: "Using cells designated for solitary confinement is not acceptable. Rather, separate spaces for people with coronavirus should be prepared with access to comfortable furnishings

and personal belongings, a telephone, and programming, even if that programming is done via video-conference or another technology."

The United Nations Subcommittee on Prevention of Torture (SPT) also issued similar advice in a coronavirus document, stating that correctional facilities must "prevent the use of medical isolation taking the form of disciplinary solitary confinement." It continues: "Medical isolation must be on the basis of an independent medical evaluation, proportionate, limited in time and subject to procedural safeguards."

In addition to humanely quarantining those with the virus, facilities need to reduce the need for medical quarantine by limiting its spread. Amend recommends organizing those remaining into "mini-communities," who live near each other, recreate together, and practice "absolute social distancing" from other groups. This means serving meals in-cell, and allowing everyone the option of remaining in-cell if they want to, without losing other privileges and amenities. It also means issuing everyone—both in and out of quarantine—cell phones or tablets

that are pre-programmed with approved numbers and email addresses, to allow people to maintain crucial contact with loved ones without using communal phones.

Amend, Vera, and the CDC each recommend a host of other preventative measures in correctional facilities, including the regular disinfection of communal surfaces, increased laundry services, staggered visits to recreation spaces and dining areas, increased distance between bunks, and free soap and sanitizer. Other recommendations include limiting contact between officers, prioritizing testing and contact tracing, and limiting transfer between facilities. Educating incarcerated people about COVID-19 and the medical reasons behind any new housing arrangements both shows respect and increases likelihood of compliance.

One belief shared by all advocates is that governments and facilities have to act quickly. Amend warns: "As the epidemic rapidly worsens, the narrow window of opportunity to implement effective prevention and mitigation strategies on behalf of people living and working in U.S. jails and prisons is quickly closing."

In March, more than 300 detained immigrants engaged in a hunger strike at Northwest Detention Center in Tacoma, Washington, demanding that ICE (Immigration and Customs Enforcement) follow necessary health protocols. The participants were isolated in solitary confinement, and some were even deported.

Physical intimidation and abuse, as well as solitary confinement, are visited upon incarcerated people when they protest or even seek medical help. On New York City's Rikers Island, correctional officers pepper sprayed eight people without warning in March after they asked to have their temperatures checked at a jail clinic, which was considered defiance of a "lock in" order.

Of course, the majority of incarcerated people living in isolation as a result of the coronavirus pandemic are not facing retaliation, but experiencing quarantine or medical segregation behind bars. Many facilities have failed to take steps to distinguish medically necessary separation from punitive solitary confinement, although clear guidelines for doing so have been developed.

An emerging group of advocates is confronting the challenge of how jails and prisons can limit the spread of the virus without the widespread use of solitary confinement, and the devastating physical and psychological damage that would cause. One leader among these groups is Amend, based at UC San Francisco, whose mission is to reduce the harmful public health effects of incarceration.

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While encouraging release as a first response to the virus, Amend also recognizes that "decarceration alone will fall profoundly short of what is needed to effectively safeguard the health and well-being of those living and working in correctional facilities over the months ahead."

In April, Amend released a briefing paper titled "The Ethical Use of Medical Isolation—Not Solitary Confinement—to Reduce COVID-19 Transmission in Correctional Settings." The paper asserts: "Separating people who become infected is a necessary public health challenge, particularly in prisons and jails. But turning to the punitive practice of solitary confinement in response to the COVID-19 crisis will only make things worse."

Amend acknowledges that the only spaces where quarantine is possible in some facilities are cells intended for prolonged solitary confinement. These cells are designed to "keep people socially isolated in a closed cell without a meaningful opportunity to communicate with family, friends, and loved ones or to participate in exercise, educational, and rehabilitative programming." They present barriers to communication with health care staff, so that "people with symptoms may go undetected." Even when people are locked down in their own cells, some of the same risks apply.

Equally dangerous, Amend argues, is



YOU CANNOT HOLD MY MIND

the likelihood that "fear of being placed in solitary will deter people from reporting symptoms to correctional staff." Because most incarcerated people are painfully aware of the torturous effects of isolation, some undoubtedly did not come forward when they felt ill, or delayed speaking up until the disease is advanced. "This avoidance of reporting symptoms or illness will not only accelerate the spread of infection within facilities but also increase the likelihood of prisoner deaths due to lack of treatment."

This warning is borne out by accounts from inside prisons. Even before the COVID-19 pandemic took hold, San Quentin News editor Juan Moreno Haines wrote that men who caught the regular seasonal flu were "punished for getting sick" by being placed in conditions no different from the solitary confinement doled out as "disciplinary segregation" for breaking

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## About Solitary Watch

Solitary Watch, PO Box 11374, Washington, DC 20008

Email: [info@solitarywatch.org](mailto:info@solitarywatch.org)

Founded in 2009, Solitary Watch ([www.solitarywatch.org](http://www.solitarywatch.org)) is a national watchdog group that investigates, reports on, and disseminates information on the use of solitary confinement in U.S. prisons and jails. Over the past nine years, we have helped to expand public awareness and understanding of this once-invisible domestic human rights crisis. We have also stimulated mainstream media coverage, supported advocacy campaigns, and informed government policymaking.

The print edition of Solitary Watch is available free of charge to currently and formerly incarcerated people. To receive future copies, please send a request to the address or email above. We also welcome stories, essays, poems, and drawings about life in solitary confinement, for publication in the Voices from Solitary series on our website.

**SPECIAL CALL FOR WRITING AND ARTWORK:** We are currently seeking submissions from people currently or formerly held in solitary confinement on their experiences in isolation during COVID-19. Please send to the address above, and tell us whether you want us to use your name or prefer to remain anonymous.

**Note: We regret that we cannot offer legal assistance or advice and cannot respond to requests for this type of help. Legal materials sent to us cannot be returned to the sender. We also cannot forward mail to others. Thank you for your cooperation.**

**CALIFORNIA:** After reporting zero cases of the coronavirus until May 30, San Quentin State Prison faced a massive COVID-19 outbreak when a number of untested people were transferred from the California Institution for Men. The virus spread quickly, once behind the prison's walls. In a piece published in the Appeal, incarcerated journalist Juan Haines described the punishment of sick people and the reluctance to reporting symptoms when people know they will be sent to solitary, simply for being sick. While the official number of positive cases at the prison has surpassed 2,000, many still refuse to be tested for fear of being sent to solitary. In less than two months, 22 incarcerated people have died at the facility.

**NEW YORK:** The New York State prison system faced the highest suicide rate in 2019 in over a decade. Throughout the year, eighteen incarcerated people died by suicide, at a rate of 39 per 100,000. In 2019, 33 percent of the suicides occurred in solitary confinement, at an alarming rate of 201 per 100,000 incarcerated people. Over a year after the death of transgender woman Layleen Polanco in solitary at Rikers Island Jail, Mayor Bill de Blasio has announced that he will end solitary across New York City jails and has created a task force to do so.

**FEDERAL:** The International Consortium of Investigative Journalists released the conclusion of a study, finding that African and Caribbean immigrants are held in solitary confinement six times more often than their non-Black counterparts in Immigration and Customs Enforcement (ICE) facilities. Black immigrants represent four percent of all ICE detainees but make up 24 percent of stays in solitary confinement. Based on thousands of incident reports, people from African nations are 22 percent more likely to receive a disciplinary infraction, and people from the Middle East spent five days longer in isolation than the overall population.

**ALABAMA:** The families of four men who committed suicide in Alabama prisons in the past two years have filed a wrongful death lawsuit, claiming that they faced cruel and unusual punishment. The Southern Poverty Law Center says that the

## News Briefs

By Valerie Kiebala

Alabama Department of Corrections (ADOC) fails to conduct routine checks on people in solitary, where most of the recent suicides have taken place. One man named in the suit, Paul Ford, had a history of suicide attempts in prison. But after two days on suicide watch, Ford was allegedly sent back to his previous cell with the noose still hanging in it. Ford ultimately died by suicide in solitary, after being transferred to a facility that was not informed of his psychiatric history. The lawsuit claims that Alabama fails to adhere to the national standard of 20 hours out-of-cell time a week for people with serious mental illness, as ADOC only allows them five hours out.

**WASHINGTON STATE:** Governor Jay Inslee signed into law a bill that prohibits the placement of children in solitary confinement, except in "extraordinary circumstances." Senator Claire Wilson, the sponsor of the Senate bill, said, "Studies show that using solitary confinement to improve behavior accomplishes exactly the opposite. Instead of reducing violence and assaults on staff and youth, solitary confinement makes things worse. It is an outdated and misguided practice that inflicts serious, lasting harm." So far this year, Florida, Nebraska, New Jersey, Louisiana, and Virginia also passed laws restricting the use of solitary for pregnant women and/or youth.

**VIRGINIA:** People in Virginia state prisons have reportedly been held on lockdown for the duration of the coronavirus pandemic. The wife of a man held at Buckingham Correctional Center said that fights had broken out because incarcerated people "were getting on each other's nerves" with so little out of cell time, no recreation, and limited family communication. She said, "They were lucky to average going outside perhaps once every three days for one hour." A relative of another man, at Greensville Correctional Center, reported that two men held in solitary had broken out of their cells, covered the cameras, and set fires in protest of the conditions. Other groups of

incarcerated men at Dillwyn, River North, and Sussex I staged protests as well, according to incarcerated man Sydney Martin. "Being in a cell all day, Martin said, that's like caging an animal. You lose that sense of reality."

**NEW JERSEY:** In 2019, Governor Phil Murphy signed into law a ban on solitary confinement for longer than fifteen days, but the law—supposed to have taken effect on August 1—has yet to be implemented. Additionally, advocates express concern about the regression of a 2015 law that had banned placement of youth in solitary for more than five days. A spokeswoman for the Juvenile Justice Commission said youth are being held in medical isolation in the state, but she did not specify the conditions and advocates have been denied access to see how youth are being treated.

**WASHINGTON, DC:** In March, the ACLU of DC and the Public Defenders Service filed a lawsuit, claiming that the DC Department of Corrections and the Bureau of Prisons (BOP) showed deliberate indifference to the rapid spread of the coronavirus at the DC Jail. The lawsuit includes statements from both incarcerated people and correctional officers, describing filthy conditions, lack of medical care, and excessive use of isolation. In the lawsuit, an anonymous man held at the jail said, "I was coughing up blood for two days this week. I have not seen a doctor. I have been telling sick call but they just walk past me...I am locked in my cell 23 hours a day." A federal judge ordered an injunction for the DC DOC and the BOP to propose a plan to release people and improve the conditions of the jail by July 1, but as of yet, no steps have been taken publicly.

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