June 2020

SOLITARY CONFINEMENT IS NEVER THE ANSWER

A Special Report on the COVID-19 Pandemic in Prisons and Jails, the Use of Solitary Confinement, and Best Practices for Saving the Lives of Incarcerated People and Correctional Staff

A report by Unlock the Box
Based on research and analysis by Solitary Watch
Presented by The Raben Group

THE NATIONAL CAMPAIGN

UNLOCK THE BOX

TO END SOLITARY CONFINEMENT

The Unlock the Box campaign is a coalition of organizations and movement leaders who partner with state and local campaigns across the United States working to end the use of solitary confinement for all people.

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SOLITARY WATCH

Solitary Watch is a national watchdog group that investigates, documents, and disseminates information on the widespread use of solitary confinement in U.S. prisons and jails.

solitarywatch.org | @solitarywatch

Key Findings

- COVID-19 has led to an explosion in the use of solitary confinement in U.S. prisons, jails, and detention centers. At least 300,000 people have reportedly been placed in solitary since the advent of the pandemic, an increase of close to 500 percent over previous levels.

- While COVID-19 presents a grave and growing threat to incarcerated people and correctional staff, the use of solitary confinement will increase, rather than curb, the spread of the virus. In addition, solitary itself causes serious physical and psychological harm.

- Significantly reducing prison and jail populations remains the best way to protect the health and safety of incarcerated people, correctional staff, and communities from COVID-19. Reducing populations lowers the risk, not only for people who are released, but also for those who remain incarcerated.

- For people left within prisons, COVID-19 can be contained without the dangerous use of solitary confinement through universal testing, the safe separation of positive and non-positive residents and staff, and high-quality personal protective equipment (PPE) for all people living and working in facilities.

- Quarantine and medical isolation in prisons do not need to resemble solitary confinement, which is an internationally recognized form of torture. More humane and effective alternatives do exist and are supported by experts in prison health care.

Unlock the Box, a national campaign to end the use of solitary confinement, is issuing this special report in response to a dramatic growth in the use of solitary confinement in U.S. prisons, jails, and detention centers since the advent of the COVID-19 pandemic. Based on research and analysis by the national watchdog group Solitary Watch, the report's findings demonstrate the urgency for federal, state, and local officials to immediately reduce the number of people behind bars, where the coronavirus infection rate is three times higher than in the population at large, and to use safe and effective alternatives to solitary to prevent the spread of the virus among incarcerated people and correctional staff, as well as their communities.

As they shelter in place to impede the spread of COVID-19, Americans across the country have been given just a glimpse of the isolation, idleness, and deprivation faced by tens of thousands of incarcerated men, women, and children held in solitary confinement. Unlike those held in solitary, individuals under stay-at-home orders are often confined along with loved ones, and with access to multiple sources of entertainment, outdoor exercise, and electronic communications with the outside world. Nonetheless, their confinement is expected to produce "substantial increases in anxiety and depression, substance use, loneliness, and domestic violence," according to the *Journal of the American Medical Association.*[1]

For individuals in solitary confinement, both the conditions and the effects are far more extreme. Most spend 22 to 24 hours a day confined in cells that measure about 6 x 9 feet (smaller than the average parking space) without work, education, or treatment. Frequently used to punish minor violations of prison rules, solitary deprives people of meaningful human contact, often including phone calls or visits with loved ones. An overwhelming body of evidence now shows that solitary produces profound and often permanent psychological,[2] neurological,[3] and physical damage.[4]

Various studies have shown suicide rates to be at least five times higher in solitary than in the general prison population, and rates of self-harm to be seven times higher.[5] New research has found that the devastating effects of solitary confinement follow people even after they are released back into the community, where they continue to face higher risks of suicide and drug overdoses, as well as heart attacks and stroke.[6]

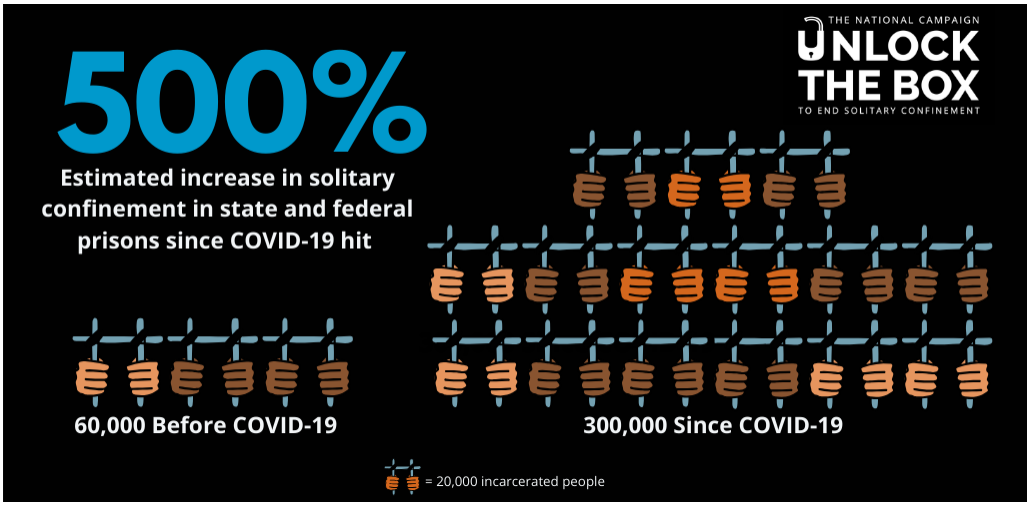
The United Nations Revised Standard Minimum Rules for the Treatment Incarcerated People "Mandela Rules" identify solitary beyond 15 days as a form of cruel, inhumane, and degrading treatment that often rises to the level of torture.[7]

"SOCIETY IS IN AN UPROAR OVER HAVING TO ISOLATE THEMSELVES IN THEIR HOMES FOR [A FEW WEEKS OR MONTHS]. I WONDER, AFTER THIS IS ALL OVER WITH, WILL THEY TAKE INTO CONSIDERATION THAT INMATES HAVE BEEN IN ADMINISTRATIVE SEGREGATION (ISOLATION) FOR YEARS, IF NOT DECADES, IN ROOMS THE SIZE OF THEIR CLOSETS? WILL THEY CRY FOR CHANGE?"

S, held in solitary confinement in the Estelle High Security Unit in Huntsville, Texas, for 21 years [8]

Solitary Confinement Should Not Be the Response to COVID-19

Federal and state prisons, local jails, and juvenile and immigration detention facilities in the United States hold nearly 2.3 million people—more than all but four American cities.[9] As these enclosed, crowded, and often unsanitary facilities become "petri dishes" for the spread of the coronavirus, many officials are responding by simply placing them on "lockdown"—in effect, putting everyone there in prolonged and sometimes indefinite solitary confinement. On April 1,[10] the Federal Bureau of Prisons (BOP), in its first system-wide lockdown since 1995, locked down more than 160,000 people. Many state prison systems, including California, Florida, Illinois, Massachusetts, Pennsylvania, and Texas, also instituted full or partial lockdowns.[11]



In mid-April, both Solitary Watch and The Marshall Project estimated that overall, virus-related lockdowns had increased the prison population held in some form of solitary from approximately 60,000[12] to well over 300,000[13] in a matter of weeks. On June 1, the BOP instituted an even stricter "total lockdown" at all federal prisons "in light of extensive protest activity occurring around the country," according to a spokesperson. In many cases, this has included cutting off telephone communications and video visits with loved ones. The BOP acknowledged that this is a "precautionary" measure, put in place despite an absence of any significant unrest in its prisons.[14]

In addition to lockdowns, some facilities are using cells built for punitive solitary confinement,[15] with little or no modification, to house people who have been exposed to the virus and require quarantine, people who have tested positive, and even individuals who are ill.

In Louisiana, for example, people are being sent from prisons and jails around the state to quarantine at Camp J, a notorious isolation facility at the Louisiana State Penitentiary at Angola that had been closed down as part of efforts to reform solitary confinement. Similarly, Connecticut has isolated people with COVID-19 at Northern State Prison, a supermax prison that had previously seen its population reduced as the state curtailed its use of solitary.[16]

"ON MARCH 29, I OVERHEARD SOME PRISONERS SAYING H-UNIT WAS QUARANTINED, BECAUSE THERE MAY HAVE BEEN A PRISONER EXPOSED TO THE CORONAVIRUS. WE ALL UNDERSTOOD WHAT THAT MEANT: WE WOULD BE QUARANTINED, TOO. THE VERY NEXT MORNING, WE AWOKE TO BREAKFAST IN BED. I WAS FLOODED WITH THOUGHTS: WHAT NEXT? HOW LONG WILL WE BE WITHOUT ANY PHYSICAL CONTACT VISITS? WHEN WILL WE BE ABLE TO GET A FRESH BREATH OF AIR? LASTLY, AM I REALLY SAFE? THE STAFF HAVE HAND SANITIZER, BUT WE'RE BEING TOLD, BECAUSE OF THE ALCOHOL CONTENT, WE CAN'T OBTAIN SOME."

J, in solitary confinement in the State Correctional Institution Phoenix in Pennsylvania as part of a statewide lockdown that began March 30[17]

And now, according to lawsuits filed in five states since the outbreak of the COVID-19 pandemic, more and more children are being placed in conditions that qualify as solitary confinement – more often, and for longer periods of time. This is happening despite extensive legal, policy and legislative successes to ban the practice of putting kids in solitary confinement for any period of time, and the broad acknowledgment that solitary is extremely harmful to kids and may have life-long impacts on their healthy development.[18]

The investigation found that "some facilities are only keeping kids in isolation who have COVID-19 or were exposed to someone who was infected, in some cases using euphemistic terms for solitary conditions such as 'medical isolation' or 'soft quarantine,'" but at the same time, "many youth have been held in isolation cells, or confined in their rooms alone for virtually the entire day, because guards have called in sick and there is no one to supervise youth in common areas."[19]

Regardless of the reason for their isolation, these young people—most of whom have suffered childhood traumas— are denied normal educational, recreational, and rehabilitative activities, and often mental health treatment as well. These conditions have been shown to cause grievous damage to developing brains, and the United Nations and other health and human rights organizations have called for a total ban on the use of solitary confinement for minors.[20]

Placing people of any age in these isolated and deprived conditions can exacerbate both the spread and the intensity of COVID-19 in several significant ways. To begin with, the fear of being placed in solitary has been shown to discourage incarcerated people from reporting exposure or symptoms of illness, increasing the danger to all.[21]

In addition, time in solitary can weaken the immune system and cause underlying physical conditions like hypertension that increase the risk of contracting and suffering serious health effects from COVID-19. Units built for isolation are usually cramped, dismal, and unsanitary, and feel like torture chambers even to otherwise healthy individuals.

Most lack any means for sick residents to call for help, and render confidential medical and mental health consultations—which are traditionally conducted through a "food slot" in a solid metal door—all but impossible.

Dr. Homer Venters, former chief medical officer for New York City Jails, wrote in a March 2020 commentary: "Outbreaks often stir a desire to lock people away in cells, with the notion that germs won't spread if people are sealed in individual cells. Nothing could be farther from the truth.

Lockdown units often require more staff than regular units, because of the need to handcuff and physically escort people to and from the shower, in and out of the cell for health care, and numerous other basic operations. All of this means more staff and more physical contact. Also, being placed in solitary confinement causes extreme distress, and inside the brutal and filthy solitary units I've observed around the nation, this practice drives violence and fractures engagement between health staff and people who are sick just when we need it most." [22]

Solitary confinement plays yet another destructive function during the pandemic, as well: Across the country, incarcerated people report that they have been threatened with solitary or placed in solitary for refusing to follow rules that put them at risk, protesting unsafe conditions, or speaking out to the public or the press. In one incident, a man at the Federal Correctional Institution Elkton, which had an early outbreak of the virus, was sent to solitary for a month for releasing a cell phone video that begged viewers to "spread the word on what's going on to people in prison."

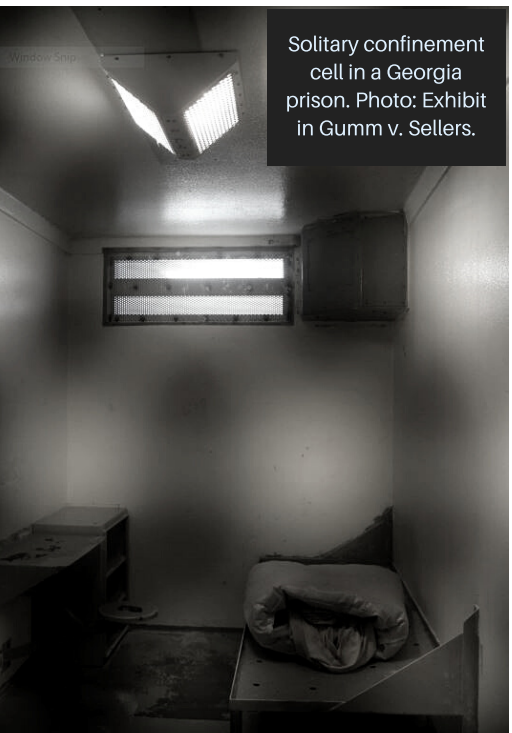
"IF AN INMATE HAS A FEVER, THEY PUT THEM IN SEGREGATION INSTEAD OF THE HEALTH CARE UNIT. THEY ARE NOT TESTING US FOR COVID, SO I'M NOT EVEN SURE IF THOSE GUYS HAVE THE VIRUS OR NOT. WE ARE ON 24-HOUR LOCKDOWN, NO MOVEMENT."

B, held in solitary confinement during lockdown of a state prison in Illinois [23]

Solitary confinement cell in an Alabama prison. Photo: Southern Poverty Law Center.

"Suicide watch" cell in a California prison. Photo: Exhibit in Plata v. Brown.

Solitary confinement cell in a Georgia prison. Photo: Exhibit in Gumm v. Sellers.



Solitary confinement cell in a Georgia prison. Photo: Exhibit in Gumm v. Sellers.

Image from 6x9: A Virtual Experience of Solitary Confinement, produced by The Guardian.

In another, two men were sent to solitary in a San Diego jail after they made a banner from a sheet that read "We don't deserve 2 die," which was subsequently published by the media. They were charged with "breaking facility rules, including misusing a bed sheet." [24]

Taken together, these factors provide federal, state, and local facilities with powerful reasons to reduce their use of solitary confinement below previous levels, for the duration of the coronavirus pandemic and beyond.

As Prisons and Jails Become Deadly Hot Spots, Decarceration Is the Most Effective Public Health Response

Advocates across the country, as well as some prison administrators, sheriffs, and corrections officers, have united to urge public officials to immediately and dramatically reduce the number of people held in jails, prisons, and detention centers, in response to the grave danger the coronavirus poses in these environments.

Data compiled by The Marshall Project showed that, by June 4, despite vastly inadequate testing, more than 40,000 cases of the virus had been confirmed among incarcerated people in state and federal prisons alone, with an infection rate three times higher than the U.S. population at large.[25] At facilities in Arkansas, North Carolina, and Ohio, where mass testing has taken place, infection rates have run a shocking 40 to 80 percent.[26] At the beginning of June, fifteen of the twenty biggest "hot spots" for the coronavirus were prisons or jails.[27] Most chilling of all is a recently released epidemiological study, conducted by researchers at three universities in conjunction with the ACLU, which shows that failure to take bold action to stem the spread of the virus in correctional institutions could double the total U.S. death toll from COVID-19, causing an additional 100,000 deaths.[28]

Across the country, the numbers of people held in city and county jails have been reduced by anywhere from a few dozen individuals to close to half of their total populations, by scaling back arrests and prosecutions, diverting people from the

criminal justice system to social services, choosing not to incarcerate people for probation violations and misdemeanor offences, waiving bail for pre-trial detainees (who make up the majority of most jail populations), and releasing people who are nearing the ends of their sentences, as well as older and medically vulnerable individuals.[29]

A survey of juvenile justice agencies in 30 states also found that the number of youth held pre-trial in local juvenile detention centers fell by 24 percent in March 2020 alone—a reduction equal to the total national decline in juvenile detention from 2010 to2017. Lisa Hamilton, president of the Annie E. Casey Foundation, which conducted the survey, said that the COVID-19 "crisis teaches us that jurisdictions can safely reduce detention even more dramatically than many already have and keep young people who have been in trouble with the law safely in their communities."[30]

However, as an analysis by the Prison Policy Initiative shows, the trend is far from universal even among jails, and with few exceptions, has yet to be embraced by state and federal prisons.[31] In these facilities, the number of both infections and deaths from COVID-19 continues to grow daily. The same is true for youth in juvenile facilities who are sentenced (rather than pre-trial) and those held in adult facilities.

Releasing people from correctional facilities before the virus spreads further is also the swiftest and surest way of protecting the wider communities to which both incarcerated people and staff will return. The short stays and high turnover rates in local jails, in particular, mean infections that begin behind bars do not stay there. Officers working in jails and prisons, who return to their families and communities daily, are at even greater risk of carrying the virus home — just as they are often the origin of infections inside closed facilities. The epidemiological report that warned of a doubling of death rates due to COVID-19 in jails and prisons projected that more than two-thirds of those additional casualties would not be incarcerated individuals or staff, but rather people in their communities.

Finally, a dramatic reduction in the number of people in prisons and jails at this time could also save lives among those who remain behind bars,

by creating more of the space necessary for social distancing and the health care resources necessary for containing and treating COVID-19.

Quality Care, Adequate Protection, Mass Testing, and Humane Medical Isolation Are Far Better Alternatives Than Solitary Confinement

While freeing people from the virus incubators found in all correctional settings is by far the most effective means of limiting the spread of COVID-19, prisons and jails must also implement sweeping changes to reduce the risk for those who remain incarcerated. Amend, a group of leading experts on public health and corrections based at University of California San Francisco and a member of the Unlock the Box campaign, has produced detailed guidelines on how this can be accomplished.

Prisons, jails, and detention centers are, with few exceptions, not equipped to deal with seriously ill people, who must be moved to health care facilities. Most also need immediate improvements made to both health care and sanitary standards, and because of their acute risk levels, should be prioritized to receive hygiene products and the most effective personal protective equipment (PPE).

Amend points to the "absolutely critical" role of testing and screening for infections and of subsequent contact tracing as "a feasible means of mitigating the spread of disease in a closed institution."[32] By the end of April 2020, however, the three largest state prison systems, which together account 25 percent of the nation's state prison population (Texas, California, and Florida) have tested less than 1 percent of the people held there.[33]

Rapid testing would limit the time people need after being exposed and before receiving results. Once test results are received, both incarcerated people and staff can be separated into what Amend calls "cohorts" or "mini-communities" based on their infection status. All this would not only greatly reduce the risk of transmission, but also diminish the need to isolate individuals from all human contact.[34]

For individuals who must be isolated temporarily— limited to those who have been exposed and are awaiting test results, or those who have COVID-19 and are placed in medical isolation—conditions should never resemble those used for punitive solitary confinement. As Amend outlines, individuals placed in medical isolation should be in the care of medical rather than security staff, and should remain there only as long as is medically necessary. They must have frequent contact with medical and mental health staff; access to reading materials, television, free tablets with email and free phone calls; remote opportunities for rehabilitative and recreational programming; and healthy outdoor exercise. And they should receive frequent updates regarding their condition and the projected length of their isolation.[35]

Youth require additional special care and consideration when isolated for even brief periods. Most incarcerated children have significant histories of trauma, and the fear and uncertainty created by the pandemic affect children in custody perhaps even more acutely than children who are at home with their families. The anxiety caused by isolation—and by removal from regular treatment and educational activities—must be limited and mitigated in every way possible.

These same best practices must apply for correctional staff. A joint letter to the CDC from One Voice and ACOIN, two organizations representing people working in prisons, pointed out that, "Except for medical professionals, no other first responders face a higher level of exposure to contagions." The groups called for high-quality PPE, including N95 masks and gloves, for "all people living or working in prisons and jails," as well as universal testing to prevent infections from being spread, not only through prisons but also across prison walls and into families and communities.[36]

"[THE PRISON] HAS SHUT DOWN ITS MEDICAL FACILITY...SO NO ONE IS GETTING MEDICAL CARE BECAUSE OF LOCKDOWN. COS [CORRECTIONAL OFFICERS] ARE STARTING TO STOP COMING TO WORK, EVERYDAY NOW IT SEEMS THEY ARE SHORT OF STAFF. BATTERIES ON STAFF AND INMATES ARE AT AN ALL TIME HIGH BECAUSE OF THE STRESS LEVEL HERE. PEOPLE ARE JUST GIVING UP HOPE. ME, I'M SCARED BECAUSE I CAME INTO PRISON WHEN I WAS YOUNG AND NOW IT'S STARTING TO LOOK LIKE THE END FOR ME. TO ALL READERS, THANK YOU AND MUCH LOVE TO YOU AND YOUR FAMILY!"

L, held in solitary confinement during lockdown of Pendleton Correctional Facility in Indiana [37]

Solitary Confinement VS Medical Isolation

☒	☑ Overseen by medical staff
☒	☑ Free access to TV, music, tablets, email, etc.
☒	☑ Free daily phone calls
☒	☑ Daily access to outdoor exercise
☒	☑ Access to property and commissary
☒	☑ At least daily access to medical care staff
☒	☑ Removal from medical isolation when cleared by medical staff
☒	☑ Daily updates from healthcare staff on why medical isolation is necessary
☒	☑ Transparency with the public and family
☒	☑ Sufficient ventilation and temperature
☑	☑ Person is separated from general population
☑	☑ Person is housed in a single cell with a toilet, sink, bed and desk (and possibly a shower)

Guidelines

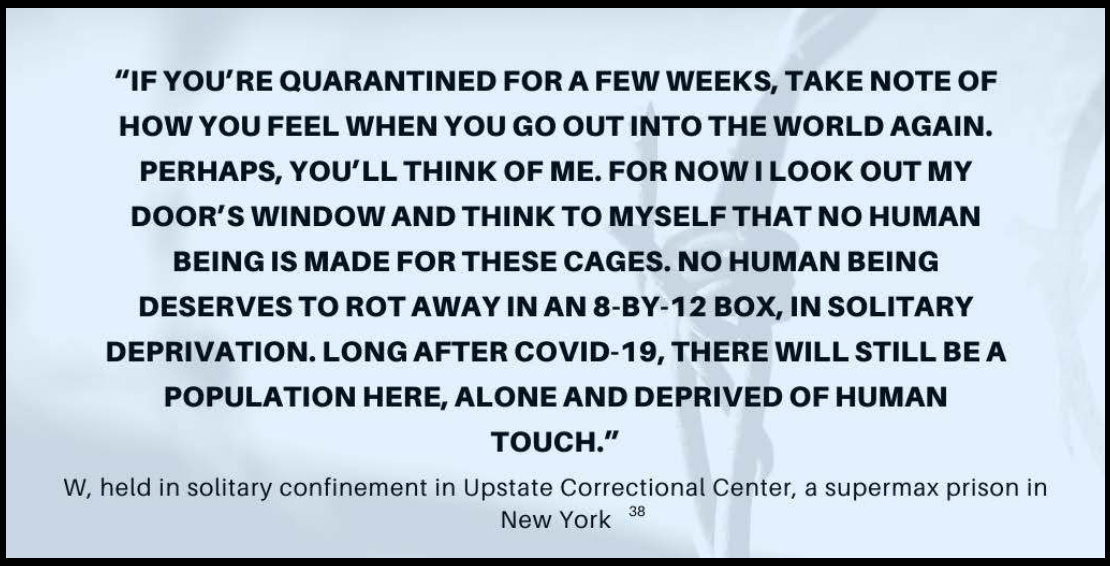
- ☑ Medical patients need medical isolation NOT solitary confinement.
- ☑ Temporarily separating at-risk or symptomatic people in medical isolation while they await testing results is an important tool to minimize the spread of infection.
- ☑ Placing people in solitary confinement to combat COVID-19 will undermine reporting of symptoms, worsen the spread of infection, and increase risk for residents and staff.

Source: Amend at UCSF, amend.us/covid/

Positive Changes Should Extend Beyond the Current Pandemic

In many ways, the COVID-19 pandemic has served to highlight the pre-existing crisis created by mass incarceration in the United States, where overcrowded prisons and jails cause deep psychological, physical, and social harm to millions of Americans, and where the torture of solitary confinement is a substitute for humane and effective treatment and rehabilitation.

The choices made now by correctional leaders, elected officials, and the public to whom they answer will determine whether the current pandemic yields horrific levels of suffering and death, or productive policy changes—such as decarceration, improvements to correctional health care, and the elimination of solitary confinement—that could far outlast the pandemic. Unlock the Box calls upon them to heed the findings of this report and make the right choices now, before it is too late.



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