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 stated that during COVID-19, the use of solitary confinement expanded by 500 percent, from around 146,000 people in solitary to 700,000. Americans across the country who are sheltering in place in their homes may carefully 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 state’s correctional facilities.

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 was effectively solitary confinement. “Indeed, I have seen effectively solitary confinement,” he wrote.

In an interview with The Intercept, one local advocate said of the all-solitary Camp J, “This is not a medical facility anymore. It is a dungeon that has 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 BOP said that people would be transported from Camp J to local hospitals if they become 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 immediate deaths of states,” 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 further the form of extreme solitary confinement. “Indeed, I have seen precisely this form of social distancing utilized throughout the country, where medical quarantines are conducted in prisons and 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 throughout the U.S.

In early April, Aaron Campbell posted a desperate 20-minute video, showing sick people gasping and coughing on his cell floor, surrounded by trash and filled with feces. “It is quickly closing,” 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.
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 such as wearing masks to prevent the spread of the coronavirus among those isolated in solitary confinement, and some were even deported.

Physical isolation and abuse, as well as punitive solitary confinement, are visited upon incarcerated people when they protest or even seek medical treatment. In 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 medical needs from disciplinary needs, and to move away from punitive solitary confinement, even though clear guidelines for doing so have been available for many months.

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 them, Louis Glickman, based at UC San Francisco, whose mission is to reduce the harmful public health effects of incarceration, public health effects of incarceration.

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

In April, Amera 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 are sick or suspected of being infected is a necessary public health challenge, particularly in prisons and jails.” But it warns that “the punitive practice of solitary confinement in response to the COVID-19 crisis will only make things worse.”

Amera 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 re-habilitation programs.” They prevent 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, Amera argues, is 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 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 the law.

California: After reporting zero cases of the coronavirus until May 30, San Quentin 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 solitude, solitary confinement. Among 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 solitude in lieu of medical help.

Over the months ahead, California’s New York State prison system faced the highest suicide rate in the nation. Throughout the year, eighteen incarcerated people died by suicide, at a rate of one per 100,000. In 2019, 33 percent of the suicides occurred in solitary confinement, at an alarming rate. In a piece published in the Appeal, Senator Bill de Blasio has announced that he will end solitary across New York City jails. In a piece published in the Appeal, Governor Andrew Cuomo has proposed ending the use of solitary for pregnant women and youth.

Washington: Governor Jay Inslee signed into law a bill that prohibits the placement of children in solitary confinement, except in “extraordinary circumstances.” Senator Clinton Moore, the sponsor of the Senate bill, said, “Studies show that using solitary confinement to improve facility conditions accomplishes nothing but壮志凌云。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.”

Virginia: People in Virginia state prisons have reported being held in solitary confinement 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 light out of cell time, no recreation, and limited family communication. She said, They were lucky I didn’t have a child outside perhaps once every three days for one hour.”

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 Alabama Department of Corrections (DOC) failed to take steps to distinguish medical needs from disciplinary needs when people are locked down in their cells, covered the cameras, and set fires in protest of the conditions.

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