Medical Isolation, Quarantine, and Solitary Confinement in Correctional Facilities During COVID-19

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AMEND
CHANGING CORRECTIONAL CULTURE

Overpopulation in correctional facilities

leads to dehumanizing overcrowding

Photo: CA Department of Corrections and Rehabilitation Website

Overpopulation in correctional facilities
leads to dehumanizing isolation

Image from 6x9

Mr. S

68 yo man with HTN, DM, heart failure

He lives in a prison that is having a COVID19 outbreak

Spent 2 years as a young adult isolated in “administrative segregation” (solitary confinement)

He has spent many years working to get to the prison he resides in where he is involved in meaningful programming, has a cellie he gets along with, and he can see a sliver of the sunset from his cell window

Objectives

- Describe the harms of using solitary confinement, particularly in response to COVID-19
- Define quarantine and medical isolation, and how they should differ from solitary confinement
- Outline steps that departments of correction/correctional healthcare and public health agencies can take to enhance ethical prison and jail conditions during COVID-19

Solitary confinement

"close custody"
"the hole"
"ad-seg"
"restrictive housing"

- 22/7 in a cell roughly size of a parking spot
- Minimal access to showers, exercise
- Limited / no contact with loved ones

Image from 6x9

Use of Solitary Confinement in the US is Common

- ~60,000 in solitary confinement in US
- In 2017, 60,000 for >15 days

Association of State Correctional Administrators & Yale Law School, Arthur Liman Public Interest Program (2018). *Reforming restrictive housing: The 2018 ASCA-Liman nationwide survey of time-in-cell*. ASCA-Liman Rep., Yale Law Sch., New Haven, CT: Yale Law School

The harms of isolation – animal models

- **Increased blood pressure and heart rate** (Carlier, Crine, et al. 1988; Gardiner, Bennett 1977; Lawson, Churchill et. Al. 2000; Sharp, Zammit, et.al 2003)
- **Myocardial hypertrophy and heart failure** (Carlier, Crine, et.al, 1988)
- **Increased responsiveness to stress hormones → increased risk of myocardial infarction** (Parra, Alsasua 1994)
- **Weakened immunologic responses → increased risk of infections** (Baldwin, Wilcox and Baylosis 1995)
- **Development of deficits in sensory motor gating → abnormal ambulatory gait** (Roberts, Clarke and Greene 2001)

Harms of Solitary Confinement – in people

Psychological and physical symptoms

- Anxiety, depression, anger, paranoia, disturbed sleep and appetite, cognitive impairment, social withdrawal, hypertension, impaired vision

Suicide and Mortality

- NYC jail: fewer than 10% of population held in solitary confinement, accounted for over 50% of documented self-harm, and 45% of potentially fatal acts of self-harm.
- Higher post-prison mortality rates including deaths from suicide

Photograph: Giles Clarke/Getty Images

Haney, Ahalt, Williams et.al. Northwestern Law Review, In press; Kaba, F., Lewis, A., et al. (2014). *AJPH,* Brinkley-Rubinstein, L., Sivaraman, et al. (2019) *JAMA Network Open*

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…A few days into the COVID-19 outbreak, Mr. S develops a cough and fever … he hides his symptoms from prison healthcare staff and officers for fear of being sent to solitary confinement

RailroadedUnderground
@RailroadUnderg1

Many were sent to solitary confinement for being sick with #Covid_19. My friend finally got out after 45 days of being in a cage alone. "I started counting how many words I spoke in a day," he told me "One day I spoke only 6 words to myself."
If only yall saw the look on his face

7:01 PM · Aug 7, 2020 · Twitter for Android

- People who are exposed or infected cannot be in close proximity to others or COVID-19 will spread
- Fear of isolation and solitary confinement deters patients from reporting symptoms → worsening COVID-19 outbreaks in correctional facilities
- Use of punitive isolation for someone who is sick also contravenes medical ethics

The ethical use of quarantine and medical isolation in correctional facilities

What is Quarantine*?

Practice of separating a person (often asymptomatic) who *was exposed to, or is expected to have,* a contagious disease until it can be determined whether the person will develop the disease …

Basically, COVID-19 status is UNKNOWN so the patient must be SEPARATED from others until their status is known

*Requires facility have uninhabited cells so patients in dorm settings or areas with common airspace can be removed temporarily from their unit

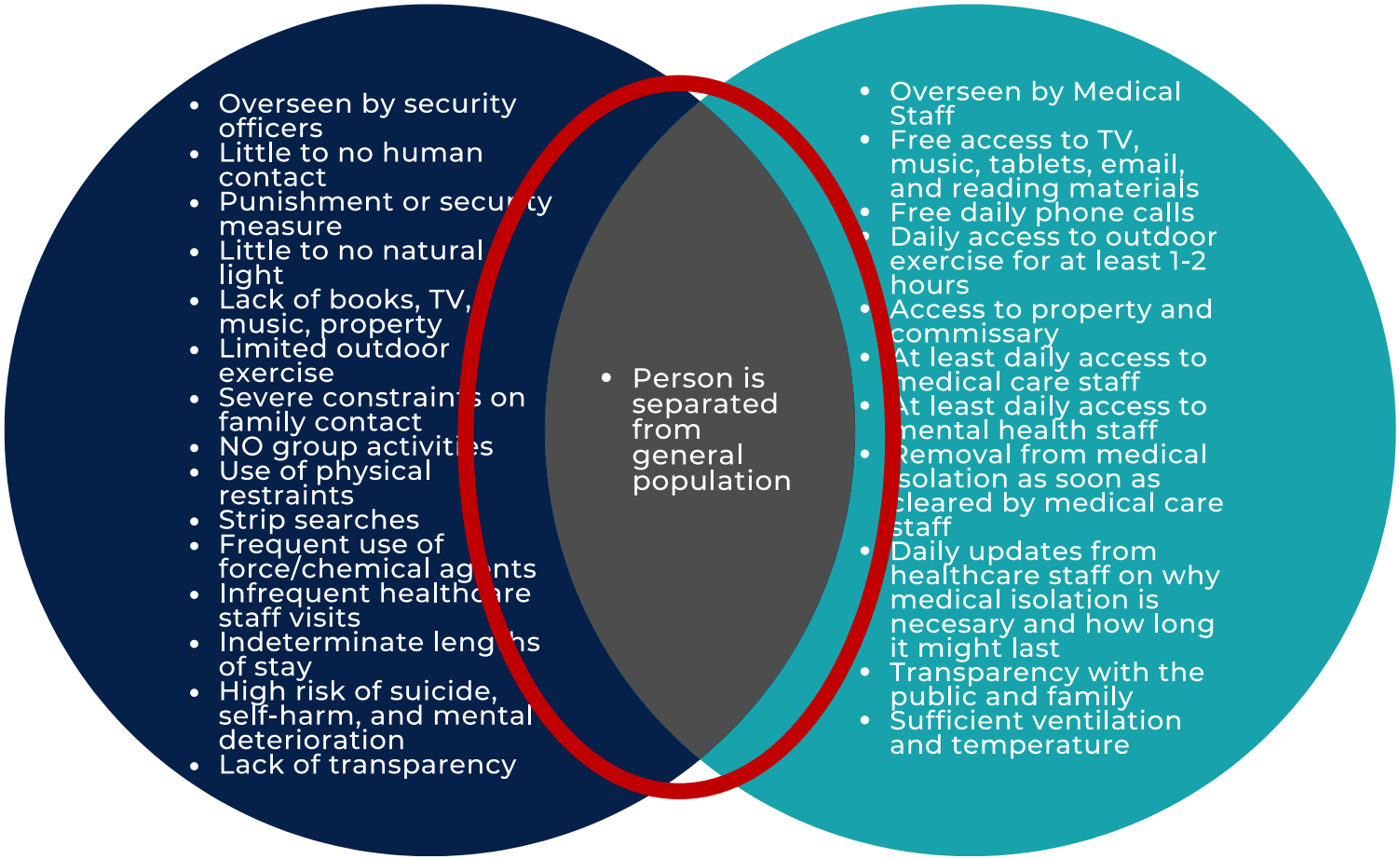
What is Medical Isolation*?

- Practice of separating a person with a confirmed or suspected contagious disease until they are no longer contagious
- People with confirmed diagnosis can be medically isolated alone or together with other patients who also have laboratory-confirmed diagnosis of COVID-19

*Also requires extra space – although well-ventilated common areas such as gyms, libraries, and chapels can be converted into shared medical isolation units

In what ways should medical isolation and quarantine be the same as solitary confinement?

Solitary Confinement v. Medical Isolation or Quarantine



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Cloud, Ahalt et.al. Medical Isolation and Solitary Confinement: Balancing Health and Humanity in US Jails and Prisons During COVID-19. J Gen Intern Med. 2020 Jul 06.

Examples of Conditions for Ethical Quarantine or Medical Isolation

- Care and conditions overseen by medical staff
- Daily visits from healthcare and mental health staff
- Clear and daily communication about duration of medical isolation and rationale from healthcare staff
- Opportunities for going outdoors and exercise
- **Enhanced** access to television, tablets, radio, reading materials
- Free and accessible means for communicating with loved ones

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What proactive steps can correctional healthcare & departments of correction take?

Make Space / Decarcerate	Ethical Quarantine and Medical Isolation require space Correctional facilities should not operate at (or even near) 100% capacity - must have room to respond to the demands of an infectious disease
Express Gratitude	Asymptomatic people with exposure or those with mild symptoms are doing a public service by reporting to staff – thank and incentivize them
Communicate	Engage "Inmate" / Family Advisory Councils - communication strategies, concerns, meaningful incentives Demonstrate how Q / MI are meaningfully different than solitary confinement, offer incentives - enhanced canteen, family visits (video /phone), return to same cell / cellie

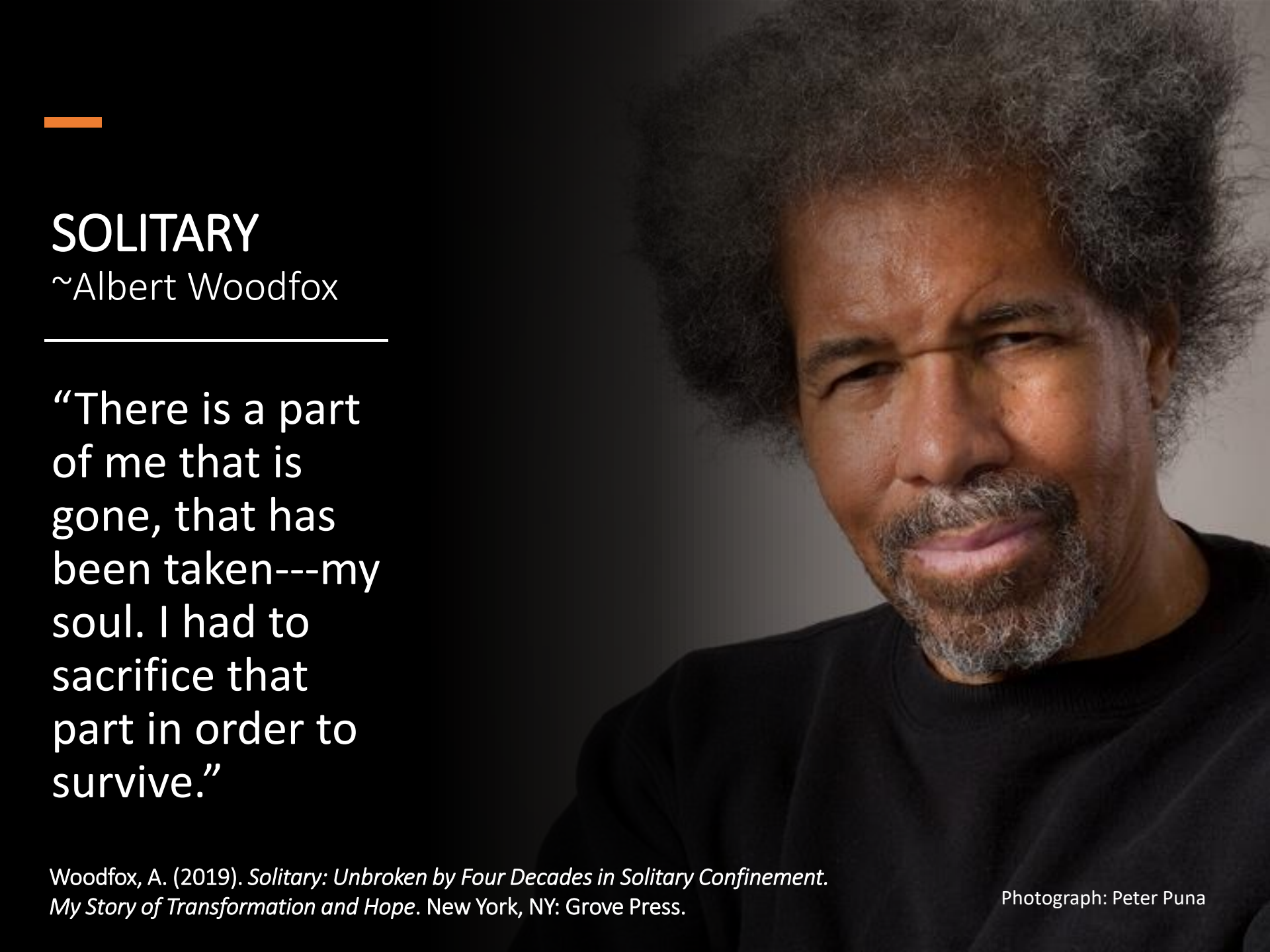
What proactive steps can departments of public health take?

Assess	Proactively provide thought partnership to nearby facilities for their quarantine/medical isolation capacity
Allocate	Allocate state rations of rapid testing and PPE to correctional facilities
Assist in	Assist tracking and reporting COVID-19 outcomes to plan for number future Quarantine / Medical Isolation beds needed
Support	Publicly support the need for public health rationale for decarceration

SOLITARY

~Albert Woodfox

"There is a part of me that is gone, that has been taken---my soul. I had to sacrifice that part in order to survive."



Woodfox, A. (2019). *Solitary: Unbroken by Four Decades in Solitary Confinement. My Story of Transformation and Hope*. New York, NY: Grove Press.

Photograph: Peter Puna

Learn more at
www.amend.us

Thanks to David Cloud, David Sears and Dallas Augustine who collaborated on the information presented in these slides