The Many Faces of Solitary Confinement in Washington Prisons
Solitary Confinement in Prison

This report provides a general overview of the many different forms of solitary confinement in Washington prisons. Solitary confinement is the practice of prisons isolating people in their cells for 22 to 24 hours per day in harsh conditions. International standards prohibit solitary confinement of more than 15 consecutive days, calling this practice torture.¹

Washington’s Department of Corrections (DOC) mainly places people in solitary confinement in Intensive Management Units (IMUs). Most people think of solitary confinement as a punishment for people who have been designated as Maximum custody—those who pose a significant risk to the safety and security of the facility. However, this practice has many other forms in Washington's prison system.

People in administrative segregation, Maximum custody mental health units, long-term infirmaries, suicide watch, and medical isolation units are all living in conditions the same as, or worse than, solitary confinement. Some of these settings are not considered "solitary confinement" or "restrictive housing" by DOC and are therefore not included by DOC in data about the use of solitary confinement in our prisons.

But the thousands of people who have experienced these isolated settings will tell you unequivocally: these are just other faces of solitary confinement.

Johnny was placed in solitary at age 19; in general population his time in isolation continues to impact him.

Sterling testified about the harms of solitary during the 2022 legislative session; he remains in solitary.

Joshua spent almost seven years in solitary before finally being transferred to mental health housing.

Joe spent years bouncing from solitary to suicide watch, before being moved to mental health housing.
Solitary in Administrative Segregation

Perhaps the most common form of solitary confinement in Washington prisons is Administrative Segregation (Ad-seg). On an average day, more than 400 people are in Ad-seg in our prisons. Notably, while the overall prison population has decreased by 27% since 2018, DOC’s use of Ad-seg has remained relatively stable, decreasing by only 3% over that same period.

DOC describes Ad-seg as a temporary removal of an individual from general population into solitary confinement until a timely and informed decision can be made about appropriate housing based on behavior. Under DOC policy, this “temporary” removal is supposed to be no longer than 30 days.

However, a 2020 report by the Vera Institute of Justice found that in the prior two years many people spent far longer in Ad-seg than the 30 days permitted by DOC policy and that the average length of time in that setting had actually increased.

A 2021 report by the Office of the Corrections Ombuds found that trend continuing, with numerous examples of people being held in Ad-seg for hundreds of days in just one DOC facility, far in excess of DOC policy.

Based on those findings the Ombuds recommended that DOC make their 30-day Ad-seg limit a hard deadline. DOC refused and the most recent data shows that hundreds of people continue to be held in Ad-seg well past 30 days.

In fact, DOC does not even try to track adherence to the 30-day timeframe in its public data, focusing instead on a 60-day timeframe unrelated to policy and far more than what is allowed by both policy and international standards.

One of the only opportunities to leave your cell in solitary is to go to the "yard"

DOC data from October 2022 regarding length of stay in Ad-seg for people exceeding 60 days.
Solitary in Mental Health Units

Though there is largely scientific consensus that people with serious mental illness should not be placed in solitary confinement, Washington continues to isolate many members of this group in Maximum custody mental health units.

In these units, people with serious mental health needs are locked down in solitary-like conditions known to exacerbate mental illness. Just like other Maximum custody units, these individuals have very little access to out-of-cell time or human contact, making self-injury and other "disruptive" behaviors routine.

While DOC does not provide public data about these units, when this program was evaluated in 2015 by Dr. Jeffrey Metzner, an outside expert, the median length of stay in these units was estimated to be nine to 12 months. At the time, Dr. Metzner recommended that people in these units receive ten hours of structured out-of-cell time per week, as well as increased unstructured out-of-cell time, such as dayroom and yard access, and an opportunity to have recreation with others.

Almost eight years later, these recommendations have not been fully implemented and DOC continues to irreparably harm people with mental illness housed in these units.

Tragically, many people with serious mental health needs have been removed from even these restrictive mental health units and placed in regular solitary for being "disruptive" despite, or even due to, their disability.

In order to divert these individuals from solitary, the 2015 expert recommended a specialized behavior management unit. A similar recommendation was made in 2020 by the experts with the Vera Institute of Justice during their consultation with DOC. This reform, first suggested more than eight years ago, has never been implemented.\textsuperscript{vi}
Solitary confinement is not limited to units that are officially classified as Maximum custody. Some units are simply run like solitary for convenience. The Health Services Building (HSB) at Washington State Penitentiary is a long-term infirmary that is run like a Maximum custody unit and many of the patients on the unit will tell you they are in “the hole.”

In April 2022, Disability Rights Washington (DRW) conducted a review of the people living in the HSB and found that almost half of the 24 people in this unit were Minimum custody. Six of those individuals were identified as having significant mental health needs, including one person with Alzheimer's disease.

But because the HSB was never intended for long-term living, there is no regular programming on the unit and patients are frequently locked down for 22 to 24 hours per day, just as they would be in solitary, irrespective of their individual custody level.

While this medical unit is not considered a living unit, and many people will be there for only a few days, others have been there for weeks.

Some people have been there for years and may be there indefinitely, with people who were admitted in 2013, 2017, and 2019 still living on the unit at the time of DRW's investigation.
Solitary in Close Observation

When people in prison experience a mental health crisis, they are sometimes moved to a "close observation area" which is intended to help treat and move the person back to a living unit as quickly as possible. However, these units are often more restrictive than solitary, with some people spending days or weeks in suicide smocks (a gown made specifically to make it difficult to use for self-injury), eating without utensils, and with little access to mental health care, despite the reason for their placement.

Many people describe these conditions as being punitive, and not conducive to recovery. Indeed, the same expert who evaluated the DOC's mental health units in 2015 also visited one of these close observation areas, noting there "appeared to be a conscious decision to not make the... environment too comfortable for the inmate in order to discourage a continued stay and/or further admissions."

In 2021, the Corrections Ombuds released a systemic report on DOC's mental health services, including the close observation areas, noting that people continue to report remaining in these restrictive units for extended periods.

Solitary in Medical Isolation

During the height of the COVID-19 pandemic, more than half the prison population was in quarantine or isolation. As the world knows first-hand, COVID lockdown is lonely and has a negative impact on mental health. CDC guidelines for correctional facilities direct that medical isolation and quarantine for COVID should be operationally distinct from solitary confinement, but for the thousands of people who have survived it, COVID isolation in DOC has been largely akin to solitary, if not worse.

Indeed, throughout the pandemic, the Corrections Ombuds repeatedly issued reports about the abysmal conditions in isolation and quarantine and DOC's response to the pandemic. While DOC is finally moving away from large scale quarantining, there is no assurance that similarly restrictive measures will not be imposed during epidemics or pandemics in the future, again subjecting huge swaths of the population to extended isolation with little oversight.
The Need for Solitary Reform in Washington's Prisons

As highlighted throughout this report, over the past decade DOC has worked with outside experts and consultants in an effort to reform its solitary units, including both national and international organizations like Amend and Vera, as well as local organizations like the Corrections Ombuds and Disability Rights Washington itself.

While DOC has received years of technical assistance and expert recommendations, many of their promised reforms have never been implemented and hundreds of people remain in various forms of isolation across the system, often for months or years at a time.

Indeed, a 2021 survey of restrictive housing practices from 35 states found that 3.4% of the combined prison populations in those states is in restrictive housing. In September 2022, more than 5% of Washington’s prison population was in restrictive housing. Also notable is that in that survey, 21 out of 28 states were reducing the percentage of people in solitary, while Washington’s was rising.

Prison systems across the country are seeing the damage done by long-term solitary confinement, with Connecticut, New York, and New Jersey all passing legislation that eliminates the use of long-term solitary, and looking instead at increasing access to specialized housing, as well as increased programming to get people out-of-cell even in higher security settings. Colorado has done similar work without legislation, instead simply changing prison policy to eliminate the option of long-term solitary. These changes are possible in Washington and DOC must follow through on its commitment to reforming restrictive housing and finally end the use of long-term solitary in our state prisons.


vi Vera Inst. of Justice, supra note iii, at 12.
