

COVID-19 and Mass Incarceration

Crisis at a Glance

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FJP's COVID-19 and Mass Incarceration resources offer insights into trends and promising practices among reform-minded prosecutors responding to COVID-19, as well as answers to frequently asked questions. COVID-19 outbreaks in jails and prisons don't just threaten those inside; the wildfire spread of this infection also endangers staff and personnel who come and go from these facilities, as well as their families and the broader community. Immediate action is necessary to halt the rising death toll in correctional and detention facilities across the U.S.

This “Crisis at a Glance” resource provides an overview of the scale and nature of the crisis within custodial facilities, and answers frequently asked questions about why COVID-19 outbreaks in these densely populated settings are so dangerous. For more information on needed reforms and actions by criminal justice leaders in response to this crisis, see our [“COVID-19 and Mass Incarceration: Innovations and Solutions at a Glance”](#) resource.

Why is it critical that leaders take immediate action to address the COVID-19 pandemic within jails, prisons, and detention centers?

Rapid action is essential because of the enormous number of people behind bars in the United States.

- The U.S. has the [highest incarceration rate](#) in the world. There are approximately [2.3 million people](#) confined nationwide, including over 170,000 in federal custody.
- There are more than [48,000 children incarcerated](#) in the United States on any given day, [some as young as 8](#).
- Meanwhile, jails are a revolving door. So, while 2.3 million people are incarcerated or detained on a given day, far more come into contact with the justice system over the course of a year due to “jail churn.” People cycle in and out of jail – whether for a few hours before arraignment or for months post-sentence – [10.6 million times](#) each year.

Immediate action is necessary because the clock is *already ticking* – infection is already spreading rapidly throughout these facilities, and the death toll is mounting.

- As of the end of August, 2020, there were more than 150,000 confirmed cases and 980 deaths [reported](#) among incarcerated individuals and staff in correctional facilities. However, many correctional facilities are testing few, if any, people for COVID-19, so this figure is likely vastly lower than the number of individuals actually infected.

- For example, the Oakdale Federal Correctional Center in Louisiana, which holds 980 individuals and already reported [seven COVID-19 related deaths](#), announced it would [stop testing incarcerated individuals for COVID-19](#) and instead assume that all individuals within the facility have the virus.
- While COVID-19 has yet to infiltrate all facilities, it is not a question of *if* the virus will spread to these places, but *when*. Low or nonexistent numbers of infection give policymakers a small window to get ahead of the inevitable crisis by taking immediate steps to reduce incarcerated populations and implement safety and health protocols.

Outbreaks in jails, prisons, and detention centers threaten the entire community.

- Jails, prisons, and detention centers are not closed environments. Outbreaks in these places have the most severe impact on the individuals housed inside, but they also put guards, medical professionals, and others who come and go daily from these facilities [at risk](#) of transmitting COVID-19 to their families and communities.

Jails, prisons, and detention centers accelerate transmission of COVID-19.

- Because of poor sanitation and crowded conditions in jails, prisons, and detention centers, there is a heightened rate of transmission within these facilities. [As of July 8, an analysis](#) led by researchers at Johns Hopkins Bloomberg School of Public Health found that positive test results are *5.5 times higher* for incarcerated people compared to the general US population, and the death rates in correctional facilities are 3 times higher. For example, in April, Cook County Jail in Chicago reported [a rate of infection fifty times higher](#) than the state of Illinois. In March, Rikers Island, New York's largest jail, reported a rate of transmission [six times higher](#) than New York City's average and forty five times higher than the U.S. as a whole.
- As of the end of July, 2020, based on [data gathered by The New York Times](#), jails and prisons were responsible for 88 of the 100 largest outbreaks in the country and 99% of the total infections in those outbreaks. As of August 28, [the largest cluster of COVID-19 cases in the United States](#) is associated with, with over [2,612 cases](#). A mid-May transfer from a facility already battling rising COVID-19 case numbers caused the ongoing and deadly outbreak.
- Ohio Marion Correctional Institution is home to the second largest cluster with over [2,433 associated cases](#). The institution tested all individuals after one confirmed case. The results were devastating: more than [70% of the 1,828 individuals](#) housed in the Marion prison were infected.
- And as of June 15, [in Texas state prisons](#), 7,445 incarcerated people and 1,116 staff members had tested positive for coronavirus. The state's incarcerated population [totals 250,000](#), and a reported 138,000 tests have been conducted. At least 62 people connected with Texas state prisons have died from complications related to the virus.
- As of May 15, 2020, [a survey conducted by the Center for Disease Control](#) asking facilities to report COVID-19 transmission rates found that 420 facilities throughout the United States reported confirmed cases. [A recent report from the Journal of Urban Health](#) created a model of the impact COVID-19 will have on ICE detention facilities. The report predicts infections at 30-, 60-, and 90-day time horizons. They project that at the

90-day mark, 72% of people in ICE detention will be infected under an optimistic scenario, with the worst-case scenario being everyone becoming infected.

Why are people in correctional and detention facilities particularly vulnerable to COVID-19?

Essential COVID-19 safety precautions like washing hands, clean living quarters, and social distancing are often impossible while incarcerated.

- Hand sanitizer is considered contraband due to the alcohol content. If soap is available, it often must be purchased and is of poor quality, and stronger disinfectants are unavailable. Incarcerated people are typically responsible for cleaning, regardless of their medical vulnerability. The most basic supplies are often unavailable; for example, people incarcerated in California have described resorting to [tearing up socks and shirts](#) to make masks and [bedsheets](#) to make toilet paper.
- Additionally, people in prisons and jails live every minute of the day in close proximity to each other, often in dormitories with beds spaced three feet apart, sharing the same living space, toilets, showers, and sinks. Even where people are housed in individual cells, ventilation is often inadequate. Furthermore, facilities do not have the resources to truly isolate sick individuals. (For a rare glimpse at the reality of what prison dormitories look like, see the striking [photos from this lawsuit](#)).

Additionally, a disproportionate number of people behind bars are medically vulnerable to COVID-19.

- Health conditions – such as asthma, tuberculosis, and heart-related problems, that make diseases like COVID-19 more dangerous – are far [more common](#) in the incarcerated population than in the general US population. For example, 20% of people in jails have asthma, compared to 10% of the general population. About [40 percent](#) of incarcerated people suffer from a chronic health condition that makes COVID-19 more dangerous.
- Additionally, the percentage of people in state prisons nationwide who are 55 and older [more than tripled between 2000 and 2016](#); as of 2016, more than 150,000 people over 55 were in state correctional facilities. Meanwhile, the stress, disease, and poor medical care behind bars [accelerate aging](#); research shows that the health profile of people who have been incarcerated is often consistent with people 10 years older than their chronological age.

What are jails, prisons, and detention facilities doing to curb transmission and treat COVID-19?

Responses to COVID-19 [vary among institutions](#). Far too many have done nothing more than eliminate visits and implement [lengthy lockdowns](#) – a cruel and ineffective attempt at social distancing and quarantine that will simply increase stress and anxiety and potentially lead to [riots](#) or [hunger strikes](#).

Some jurisdictions have implemented policies likely to accelerate deaths. In California, experts report that the [widespread use of solitary confinement](#) is not only inhumane, but also likely contributing to the rapid spread of the virus throughout CA's prison system. In Louisiana, state officials have announced that rather than releasing people, they will [concentrate those who test positive](#) for the virus in two maximum-security state facilities – Louisiana State Penitentiary, commonly known as Angola, and the Allen Correctional Center. Given the state's high infection and incarceration rates, and these facilities' disturbing [reputation for medical neglect](#), this plan could lead to *de facto* death camps.

What should justice system leaders and other policymakers be doing to curb transmission and treat COVID-19?

Individuals who remain incarcerated should receive free and frequent means of communication with their loved ones and attorneys, free and effective masks, sanitation supplies, and hygiene products, and quality medical care – and lockdowns should be minimized to the greatest extent possible.

But to save lives, it is critical that prosecutors, correctional leaders, and other stakeholders work together to rapidly decrease the population of people behind bars – to remove the vulnerable from harm's way and reduce crowding. To do so, we need to **shrink the number of people entering the justice system** as well as **release as many individuals as possible**, provided that they do not currently pose a serious threat to the physical safety of others.

For more information on needed reforms and innovations already being implemented across the country, please see our [“COVID-19 and Mass Incarceration: Innovations and Solutions at a Glance”](#) resource, as well as this [joint statement from elected prosecutors on COVID-19](#).

Is it safer to keep people behind bars – for their sake or for the community?

NO! Jails and prisons typically [fail to provide adequate services and healthcare](#) in the best of times – and they are ill-equipped to respond to COVID-19 given the need for social distancing and the medical vulnerability of many people who are incarcerated. Meanwhile, the risk of releasing individuals who may have been exposed to COVID-19 into the community can be mitigated by working with service providers to ensure that individuals have a location to safely quarantine after leaving jail or prison and other social supports. [A recent report](#) by the ACLU, Washington State University, and the University of Pennsylvania found that estimates of COVID-19 related deaths in the country may be underestimated by 100,000 cases if states continue to incarcerate individuals at the current rate.

Where can I find additional resources on these issues?

- *To hear more about this crisis in the words of people behind bars and their families, see our [“Voices from the Inside”](#) document.*
- *For more information on needed reforms and innovations already being implemented across the country, please see our [“Innovations and Solutions at a Glance”](#) resource.*

- *For resources with more detailed policy recommendations for correctional facilities, detention centers, and community corrections, as well as comprehensive spreadsheets continually updated with data on the outbreak and justice system responses, consult our [“Key Resources”](#) document.*