Incarceration & COVID-19 in the U.S.

More than 2.1 million people are incarcerated in the U.S.; this is more people than in any other country and over half of these individuals are incarcerated for non-violent offenses. Incarcerated populations, correctional staff, and their families are at an especially increased risk to become infected with COVID-19, as the prison environment does not lend itself to be protective against illness. There have been over 46,000 cases of COVID-19 in the prison population. As of June 22, 2020, 548 prisoners have died because of COVID-19. Juveniles in detention centers are also contracting COVID-19; as of June 15, 2020, 634 juveniles have tested positive in youth facilities and 716 staff in these facilities have tested positive.

Risks for justice-involved populations during COVID-19 are well-documented. For example:

1) Jails and prisons are not equipped for social distancing due to overcrowding and shared ventilation.
2) Justice-involved populations experience poor sanitation, substandard health care, and a lack of adequate health care supplies, including hand sanitizer due to its alcohol content.

Despite calls for reducing the number of persons who are incarcerated during COVID-19, the release of individuals from prisons has lagged behind the pace of release from jails. COVID-19 compounds existing sanitation and health concerns in detention centers, jails, and prisons, making the need for action more critical than ever.

Recommendations for Policymakers to Consider

- Promote the collection and release of COVID-19 results of staff working in detention centers, jails, and prisons. 68% of states are not currently releasing staff COVID-19 rates. Correctional staff enter and exit facilities every day, which heightens the risk of transmitting COVID-19 to their families and the individuals they work with in the centers. As of June 16, 2020 there were at least 9,995 positive COVID-19 cases among prison staff and 41 reported deaths among staff in states disclosing this data.
- Consider expanding the criteria required for transfer to home confinement to reduce the risk of virus transmission in correctional facilities. Examples include the requirements to have completed at least 50% of one’s sentence and reside in a low- or minimum-security facility.
- Support legislation to improve wait times on sentences court ordered to be reviewed (e.g., “juvenile lifers”) and regulate movement within institutions.
- Reduce costs of inmate medical services during COVID-19, such as suspending co-payments.
- Encourage institutions to apply for supplemental funds to improve responses to COVID-19.
- Create distinct, high-quality, quarantine areas separate from solitary confinement.
- Improve access to PPE and personal hygiene items, such as soap.
- Support bail reform during COVID-19 to ensure those awaiting trial are not incarcerated and placed at increased risk for COVID-19 solely due to their inability to pay bail.
- Encourage institutions to provide persons released with additional support to navigate resources.

Authors: Cathryn Richmond and Kristina McGuire