

**Amanda Klonsky\***

*An Epicenter of the Pandemic Will Be Jails and Prisons, if Inaction Continues .*

*The conditions inside, which are inhumane, are now a threat to any American with a jail in their county — meaning just about everyone.*

[www.nytimes.com/](http://www.nytimes.com/) March 16, 2020

If you think a cruise ship is a dangerous place to be during a pandemic, consider America's jails and prisons. The new coronavirus spreads at its quickest in closed environments. And places like nursing homes in affected areas have begun to take precautions at the behest of families and experts. As this new disease spreads, it has become equally important for all of us to ask what steps are being taken to protect the health of people in jails and prisons, and the staff who work in them.

The American criminal legal system holds almost 2.3 million people in prisons, jails, detention centers and psychiatric hospitals. And they do not live under quarantine: jails experience a daily influx of correctional staff, vendors, health care workers, educators and visitors — all of whom carry viral conditions at the prison back to their homes and communities and return the next day packing the germs from back home. How will we prevent incarcerated people and those who work in these institutions from becoming ill and spreading the virus?

This week, the Harris County Juvenile Court in Houston announced that the court wing will be fully closed to all until further notice, after officials reported that a person who had been in the court may test positive for coronavirus. And an employee at a correctional facility in Pennsylvania also tested positive for Covid-19. Thirty-four inmates and staffers there are now in quarantine. On Friday, the Federal Department of Correction announced that incarcerated people at all 122 federal correctional facilities across the country will not be allowed visits from family, friends or attorneys for 30 days, in response to the threat of the coronavirus. But this ethical sacrifice raises more questions than it answers about the broader set of changes that will be required to limit this contagion while protecting the rights of incarcerated people.

In America's jails and prisons, people share bathrooms, laundry and eating areas. The toilets in their cells rarely have lids. The toilet tank doubles as the sink for hand washing, tooth brushing and other hygiene. People bunked in the same cell — often as many as four — share these toilets and sinks. Meanwhile, hand sanitizer is not allowed in most prisons because of its alcohol content. Air circulation is nearly always poor. Windows rarely open; soap may only be available if you can pay for it from the commissary.

These deficiencies, inhumane in and of themselves, now represent a threat to anyone with a jail in their community — and there is a jail in almost every county in the United States. According to health experts, it is not a matter of if, but when, this virus breaks out in jails and prisons. People are constantly churning through jail and prison facilities, being ushered to court hearings, and then being released to their communities — nearly 11 million every year.

“We should recall that we have 5,000 jails and prisons full of people with high rates of health problems, and where health services are often inadequate and disconnected from the community systems directing the coronavirus response,” said Dr. Homer Venters, former chief medical officer of the New York City jail system. “Coronavirus in these settings will dramatically increase the epidemic curve, not flatten it, and disproportionately for people of color.”

Jails are particularly frightening in this pandemic because of their massive turnover. While over 600,000 people enter prison gates annually, there are about 612,000 people in jail on any given day. More than half of the people in jail are only in there for two to three days. In some communities, the county jail or prison is a major employer. Jail staff members are also notoriously underpaid, may

not have paid sick leave and are more likely to live in apartments, in close and frequent contact with neighbors. They return home daily to aging parents, pregnant partners or family members with chronic conditions.

Our penal system should have received more comprehensive guidance and material support from the Department of Justice, far earlier in this crisis. Like much of the federal level response, it is falling short.

Encouragingly, others have taken the lead. The San Francisco district attorney, Chesa Boudin, together with the public defender, Manohar Raju, were the first to take proactive steps to release as many people as safely possible who are at heightened risk from coronavirus. Mr. Boudin directed his prosecutors not to oppose release motions for misdemeanor or nonviolent felony pretrial detainees where the person poses no threat to public safety.

“We are trying to absorb information from countries who have experienced the Covid-19 pandemic before us,” said Dr. Alysse Wurcel, an infectious diseases physician at Tufts Medical Center and at six county jails in eastern Massachusetts. “But since the United States has the highest incarceration rate in the world, it is difficult to extrapolate the potential impact.”

American officials can learn from the harrowing story of South Korea’s Daenam Hospital. In late February, South Korea had already reported more than 3,150 confirmed cases, and of these, 101 were from patients in the Daenam psychiatric ward. Seven of these patients have now died. All but two patients in the ward contracted Covid-19. The ward was put on lockdown, in an attempt to confine the spread of the virus. Instead, the lockdown issued was a death sentence to many inside.

Across the United States, activists for prisoners’ rights have repeatedly requested plans to protect against an outbreak in prisons. Still, only a few jurisdictions have released plans. Some make good sense — one from the New York City Department of Correction includes screening people for flulike symptoms before placing them in group holding cells, and sending people who have flulike symptoms to a communicable diseases unit for treatment.

But those steps do not go far enough, nor do they affirmatively indicate an understanding of the ways this virus spreads: Will the incarcerated laborers now creating “NYS Clean,” the New York State government-manufactured hand sanitizer, be wearing N95 masks and gloves? The plan indicates that people incarcerated in dormitories on Rikers Island are being asked to sleep head to toe and three feet apart in the bunks, as if this short distance could prevent the spread of the virus if it’s present. It won’t.

There are yet more reasons to be concerned. With about 40 percent of incarcerated people suffering from a chronic health condition, the overall health profile of people in jails and prisons is abysmal. And the older prison population is among the most vulnerable to severe complications from Covid-19. There are 274,000 people aged 50 or older in state and federal prisons in the United States. If this group were separated from the rest of the U.S. prison population, they would be the seventh-largest prison system in the world.

Aging people who are released after serving long sentences have a recidivism rate close to zero. Governors and other public officials should consider a one-time review of all elderly or infirm people in prisons, providing immediate medical furloughs or compassionate release to as many of them as possible.

It is also critical that jails take swift action to reduce the number of people in confinement. Local law enforcement can safely reduce these numbers in several ways: These include reclassifying

misdemeanor and lower-level felony offenses that do not threaten public safety into non-jailable offenses, using citations instead of arrests for all low-level crime and indefinitely postponing all parole and probation office visits.

This crisis demands that prison and jail staff members be trained in methods to prevent transmission. And the diagnostic tests for the virus, which have been extremely slow to roll out, should make their way to jails and prisons too. Incarcerated people who test positive for the coronavirus should be offered immediate access to free, high-quality health care. And anyone in jail in pretrial detention (which means they haven't been convicted of anything and most likely just cannot afford bail), who can be safely released, should be released. To do anything less than all of this — out of hate, apathy or spite — will endanger us all.

\* Dr. Amanda Klonsky (@amandaklonsky1), a scholar of education and mass incarceration, is the chief program officer for a prison education organization.