

## Making Your Voice Count: Incarceration and COVID-19

While millions of Americans are ordered to shelter in place and practice social distancing, the prison population is left to die from COVID-19. Overcrowded facilities across the nation lack the necessary space and supplies needed to keep all inmates safe. Sadly, many individuals in the prison system have already lost their battle with this virus. If immediate action is not taken, thousands of prisoners in the United States will die as a result of their treatment during the COVID-19 pandemic.

Prior to this global pandemic, the quality of health care in most U.S. prisons was very low. In most cases, there are simply too many inmates and not enough medical staff. [Mark Jay, writing in \*Monthly Review\*](#), noted that prison populations in the United States have risen sharply between the 1960s and today. Additionally, [a workshop summary addressing health and incarceration](#), published by the National research Council and the Institute of Medicine discusses how “at far higher rates than the general population, those in or entering U.S. jails and prisons are prone to many health problems.” Often times we think of those in prison as strong and healthy physically, but that clearly is not the reality. Not only do prisons have a high volume of patients, they also have majority high-risk patients with preexisting conditions. Mark Jay’s article also sheds light on the realities of health care in prison: “Private prison companies have slashed funds for inmate care; reduced food costs and subjected prisoners to unhealthy and often disgusting meals; relied on overcrowded, unsafe, and unsanitary facilities; combated unions, slashed wages and benefits; and so on.” Historically, prisons have not been beneficial for the health of most inmates.

Now, in the midst of a global pandemic, adequate access to health care in U.S. prisons is even more essential, but prison health care has not been improved enough to keep inmates safe. Kristen Jordan Shamus, in an article for the [Detroit Free Press](#), explains the story of Susan Farrell, a 74 year old woman serving a life sentence for killing her abusive husband, despite her plea of innocence. Susan was found unresponsive in her cell on April 8, and testing later confirmed she had died from COVID-19. People often argue that inmates don’t deserve quality health care because they committed a crime. However, health care is a universal right, and there are many people in prison who do not deserve to be there, like those who have been wrongly accused or those who acted in self-defense. In a [CBS News article](#), Clare Hymes describes a similar scene at Terminal Island, where 600 inmates and ten staffers have tested positive, in addition to five inmates dying after testing positive. When it comes to medical care, the [Prison Policy Initiative](#) estimates that inmates “are expected to pay \$2-\$5 co-pays for physician visits, medications, and testing. Because incarcerated people typically earn 14 to 63 cents per hour, these charges are the equivalent of charging a free-world worker \$200 or \$500 for a medical visit.” This discourages inmates from seeking treatment and puts public health at risk. As the [Prison Policy Initiative](#) points

out, “prisons and jails are amplifiers of infectious diseases such as the coronavirus, because social distancing is impossible inside and movement in and out of facilities is common. But criminal justice officials have the power to prevent coronavirus deaths.” Officials have had the power for months now but have yet to take bold action.

The four suggestions put forth by the Prison Policy Initiative (release vulnerable people, reduce inmate intake, reduce face-to-face contact for people on parole/probation, and eliminate medical co-pays) need to be implemented at every prison facility in the country. Releasing older inmates and those with preexisting medical conditions protects the most vulnerable members of the community. The Prison Policy Initiative reports that despite the prevalence of preexisting medical conditions and increased risk of COVID-19 complications, few prisoners have been released. The first priority needs to be releasing these defenseless individuals so they have a fighting chance against COVID-19. Additionally, as [a different article](#) from the Prison Policy Initiative shows, protecting those most vulnerable to COVID-19 elicits trickle-down effects too, by also reducing the spread among staff, health care workers, and the general public. This is important because people often have the mindset that helping these inmates is of no benefit to them, but that couldn’t be further from the truth. The next step is to slow the flow of people entering and exiting, which entails reducing inmate intake per facility. Following this, there needs to be a reduction in unnecessary face-to-face contact for people on parole and probation. Essential communication can be done through technology and monitoring can be done with ankle monitors, if necessary. Finally, all medical co-pays in prison need to be eliminated. Inmates cannot be expected to pay to keep themselves safe.

As we continue to forge through unprecedented times, it’s important to advocate for those who are suffering. Individuals in the U.S. prison system deserve to be protected from this deadly virus, and they can’t protect themselves. Many inmates have lost their lives to COVID-19, and many more will continue to die if drastic change does not take place. As Dominique DuBois Gilliard reflects in his text, [Rethinking Incarceration: Advocating for Justice That Restores](#): “mass incarceration is decimating communities, and yet I felt—at times—as if it is not the most urgent issue facing us today.” Thus, I draw your attention to this problem amid the COVID-19 pandemic in hopes of demonstrating its urgency. We all have a social responsibility to help others who cannot help themselves, even more so during a national health crisis. Our beliefs and values in this country must align to show compassion for all.