



*"Mourning Our Losses," a series of portraits by incarcerated artist, Elisabeth "EJ" Joyner, drawn to honor the lives of people who died of COVID-19 while incarcerated. <sup>1</sup>*

# COVID-19 IN PRISONS & JAILS

## THE LIVED EXPERIENCE OF INCARCERATED PEOPLE DURING THE PANDEMIC

RESULTS FROM THE RADX INTERVIEW PROJECT

# ABOUT THE INTERVIEWS

People who live and work in carceral settings are at high risk of COVID-19. As of September 2022, there had been more than 850,000 COVID cases and over 3000 deaths among those who live and work in carceral institutions.<sup>2</sup> (Footnote to COVID Prison Project).

Despite higher risk of COVID, public health responses have not fully integrated prisons and jails. The World Health Organization's recommends that COVID responses be informed by "meaningful participation, collaboration, and consultation" with vulnerable populations.<sup>3</sup>

Yet, the bulk of recommendations for mitigating COVID in prison has been based on an external "expert" perspective, not grounded in the perspective of people who live and work in these environments.

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## This report highlights findings from interviews with incarcerated people about their experience being in prison or jail during the **COVID-19** pandemic

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Between April 2021 and April 2022, as part of a project funded by the National Institute of Health, we conducted 100 interviews with incarcerated people, correctional staff, and medical staff about what it was like to live and work in correctional settings during the COVID-19 pandemic. Our team included people with a history of incarceration, who provided valuable insight into the day-to-day experience of incarceration.

We talked online through zoom, and we asked about people's opinions of the virus and the response to the virus. People shared their concerns, suggestions for improving the response, and the impact the pandemic has had on their mental health. We discussed testing, vaccinations, physical and mental health, isolation, quarantine, lockdown, and other aspects of life during the pandemic.





# THE FINDINGS

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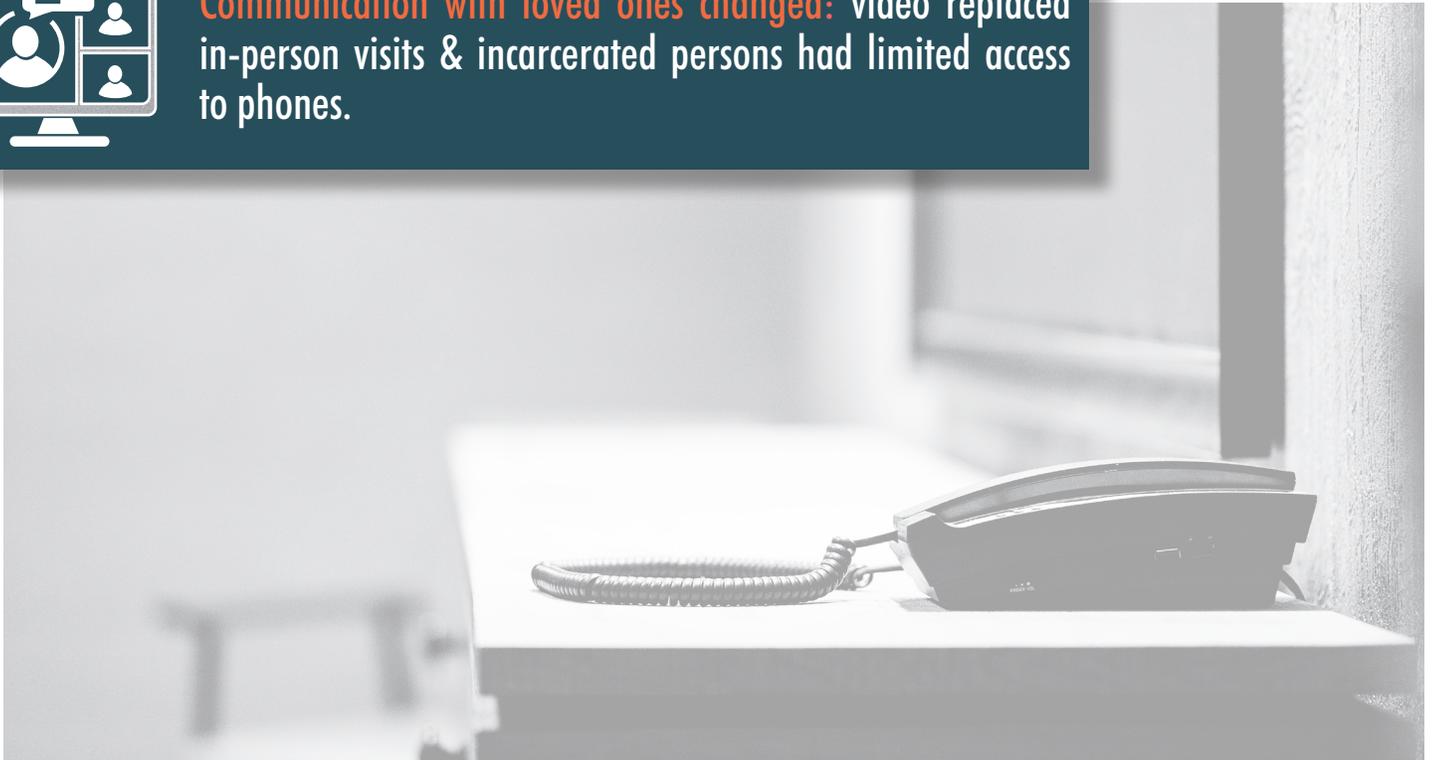
## Information & Communication

**Information about COVID-19 was scarce.** Incarcerated people spoke about their need for information, especially at the beginning of the pandemic, when knowledge about the virus was changing rapidly. There was little access to information from outside the facilities and what was shared inside was left up to correctional workers. One participant described first hearing about a COVID outbreak at their facility while watching the local news.

“ I can't pick up my phone and do Google right here. I can't pick up the paper and read...I can't find out information I wanna find out in here ”



**Communication with loved ones changed:** video replaced in-person visits & incarcerated persons had limited access to phones.



**Vaccination campaigns were a success**, with many choosing to get vaccinated. However, incarcerated people wanted more information about the vaccine from multiple sources and trusted people. Everyone agreed they should have the choice and not be forced to get the vaccine.

WHY DID YOU  
GET THE VACCINE?

*"I got the vaccination because in the prison it helps to be able to open up the programs more"*

*"That's really what pushed me into accepting the shot...I wouldn't want to pass it & hurt anybody"*

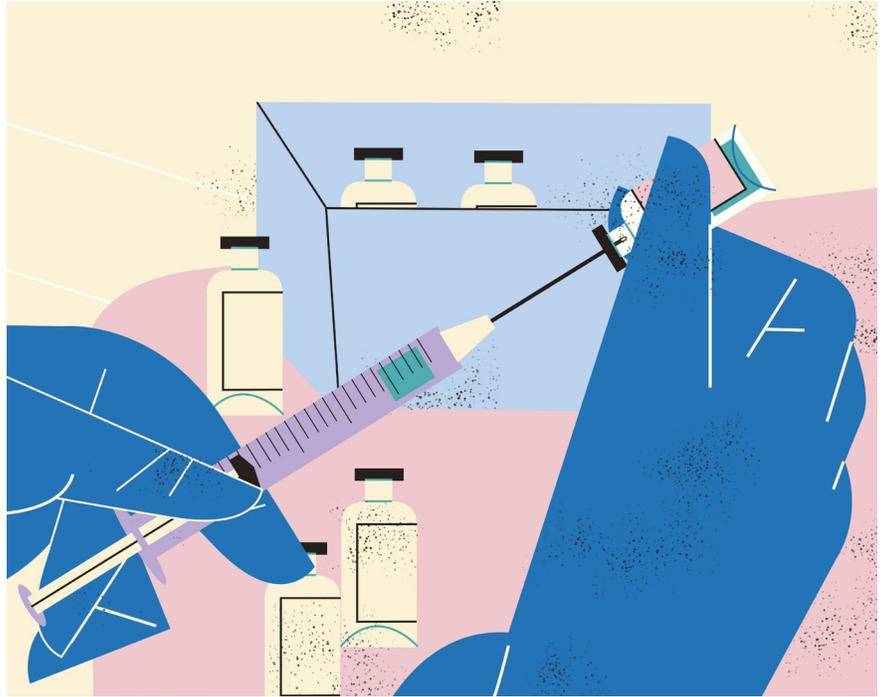


Illustration | Antonio Rodriguez

Many incarcerated people chose to get vaccinated. Reasons included wanting:



#### HEALTH

To stay healthy & keep others healthy



#### NORMALCY

Facilities to return to normal operations



#### INCENTIVES

To receive the state's financial incentive (offered at one study site)

*"It was a choice..."*

Social isolation took its toll. During periods of lockdown, incarcerated people were in their cells for up to 23 hours a day. They had a short amount of time out of cell to use a telephone and take a shower.

One person explained:

*"It was a choice. Do I call a loved one and say, 'Hey, I'm okay,' or do I go and, you know, and, uh, wash up, uh, practice my hygiene, you know, to stay – remain healthy."*



Illustration | Antonio Rodriguez

## All forms of isolation were often experienced as punitive & inhumane



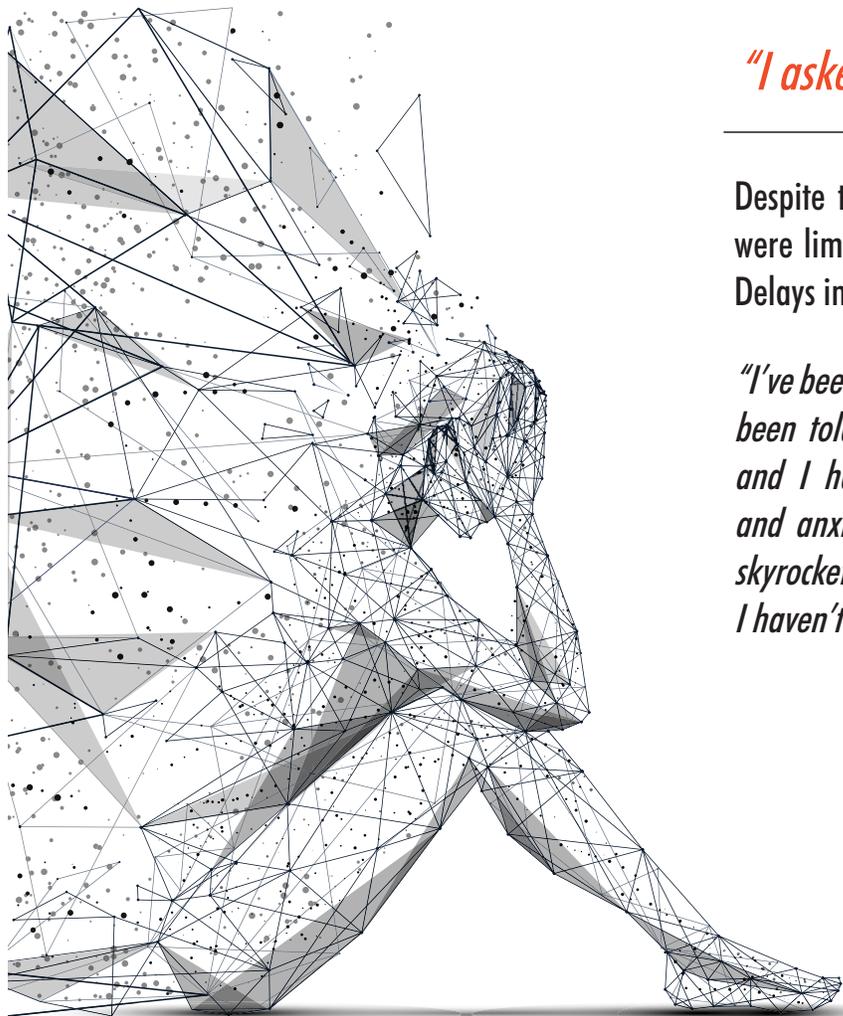
Illustration | Antonio Rodriguez

*"I felt like I was... infested with something so disgusting that nobody wanted to touch me."*

*"...they shouldn't feel like they're in a punishment."*

While incarceration is an isolating experience normally, people experienced even greater isolation during the pandemic. There was medical isolation when sick with COVID, quarantine if possibly exposed, and lockdown due to COVID rates surging or operational concerns. Movements to isolation quarantine units was disruptive and provoked anxiety. As one person observed:

*"People that test positive shouldn't feel like they're being punished when they're just sick. They shouldn't be locked away in a room by themselves with no TV, no way to contact the outside other than mail... They shouldn't feel like they're in a punishment. They should be able to watch TV, be able to shower, be able to have a coffee if they want it, be able to make themselves a soup..."*



*“...what do you do with all these emotions when you’re in a six-by-six cell?”*

Being incarcerated during the pandemic made mental health issues worse, or led to new problems. Fear of the virus, lack of information, changes in routine, and isolation contributed to anxiety and stress.

*“You can go from being in a state of comfort and completeness and feeling whole, to have the rug pulled right out from underneath you within a blink of an eye... Then it’s worry and it’s stress and it’s anxiety and what do you do with all these emotions when you’re in a six-by-six cell?”*

*“I asked for help & I haven’t received any...”*

Despite the increased need for mental health care, services were limited by operational challenges during the pandemic. Delays in care were common.

*“I’ve been having issues with anxiety and sleeping lately... I’ve been told I’ve had an appointment for the last two months and I haven’t seen anybody... I’ve always had depression and anxiety and bipolar disorder, but my anxiety has been skyrocketing for whatever reasons, and I’ve asked for help and I haven’t received any.”*

## Common Coping Mechanisms

1 Talking with family

2 Exercise

3 Prayer

4 Focusing on things they can control, like cleaning

## 5

## Healthcare: COVID-19 Care

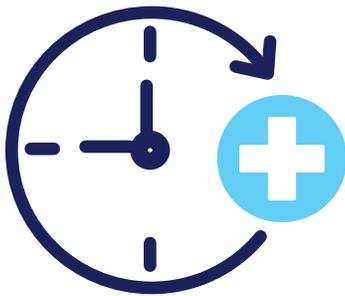
“ You just go through it... you’re either gonna live or you’re going to die ”

**COVID-19 care felt minimal.** Incarcerated people diagnosed with COVID-19 had their temperatures checked, were given pain medication, fluids, and vitamins, and in some cases, blood oxygen monitors.

Some reported feeling cared for, while others felt neglected when sick. Likewise, some considered medical staff uncaring, while others thought they didn’t receive care because there was a lack of available treatment options for COVID-19.

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## Healthcare: Other Medical Needs

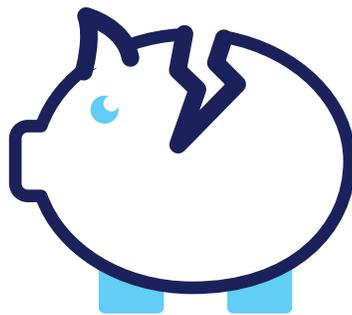


## Delays

Incarcerated people experienced delays in healthcare during the pandemic

## Fees

People appreciated that fees for medical visits and medication were waived at the beginning of the pandemic, but disappointed when fees returned



*“I can’t even go to medical...I used to be able to go to the dentist ‘cause I have teeth that are rotting out & they hurt & I can’t go to the dentist because of the pandemic.”*

We interviewed leaders and staff at facilities as well, to better understand the challenges they faced during the pandemic.

- **Correctional Staff** were burdened by COVID-19 and struggled with illness, staff shortages, delayed access to vaccines, lack of facility space, laborious COVID-19 protocols, and mental health concerns.
- **Medical Staff** had to develop and implement complex and ever-changing COVID protocols. These were based on guidelines from the Centers for Disease Control that did not always take into account the challenges of correctional settings.



Illustration | Antonio Rodriguez



## PREPARING FOR A PANDEMIC IN PRISONS & JAILS: Lesson from those directly impacted

- 1 **Collaborations are essential for effective responses.** Medical and correctional leaders must work together. Facilities must work with public health and other government authorities.
- 2 **The “business of prison” gets in the way of the public health response.** As an incarcerated person told us: *“Everything’s a numbers game...they’ve got to keep the population steady, that way... they don’t lose their jobs...Without us, there’s no them.”*
- 3 **To advance public health goals, facilities must adopt approaches that foster unity (instead of conflict) between staff and incarcerated people.** One incarcerated person observed, *“We [staff and residents] were all in a similar boat.”*
- 4 **Standards for prevention, care and quality of life outside of prison should guide standards inside of prison.** Vaccine availability, end of lockdown, and return to normalcy should be equitable for those in and out of prison.
- 5 **Everyone deserves a seat at the table.** Including incarcerated people and correctional officers in decision-making is important to identify ways to stop the spread of the virus while ensuring human rights are protected.

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## SHARING OUR RESULTS

Findings from our interviews were shared at the annual meeting of the Academic Consortium on Correctional Health.<sup>4</sup> An article with our main lessons from the study will be published in the American Journal of Public Health.<sup>5</sup> We are producing a video that highlights the voices of our participants conveying their experience being incarcerated during the pandemic. Our team continues to write up our findings for those working to improve the pandemic response in prisons and jails.

## ACKNOWLEDGMENTS

We are deeply grateful to all of our study participants for sharing their time and experience with us; to facility leadership and partners who allowed and facilitated this research; and to our Community Advisory Board for their guidance.

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