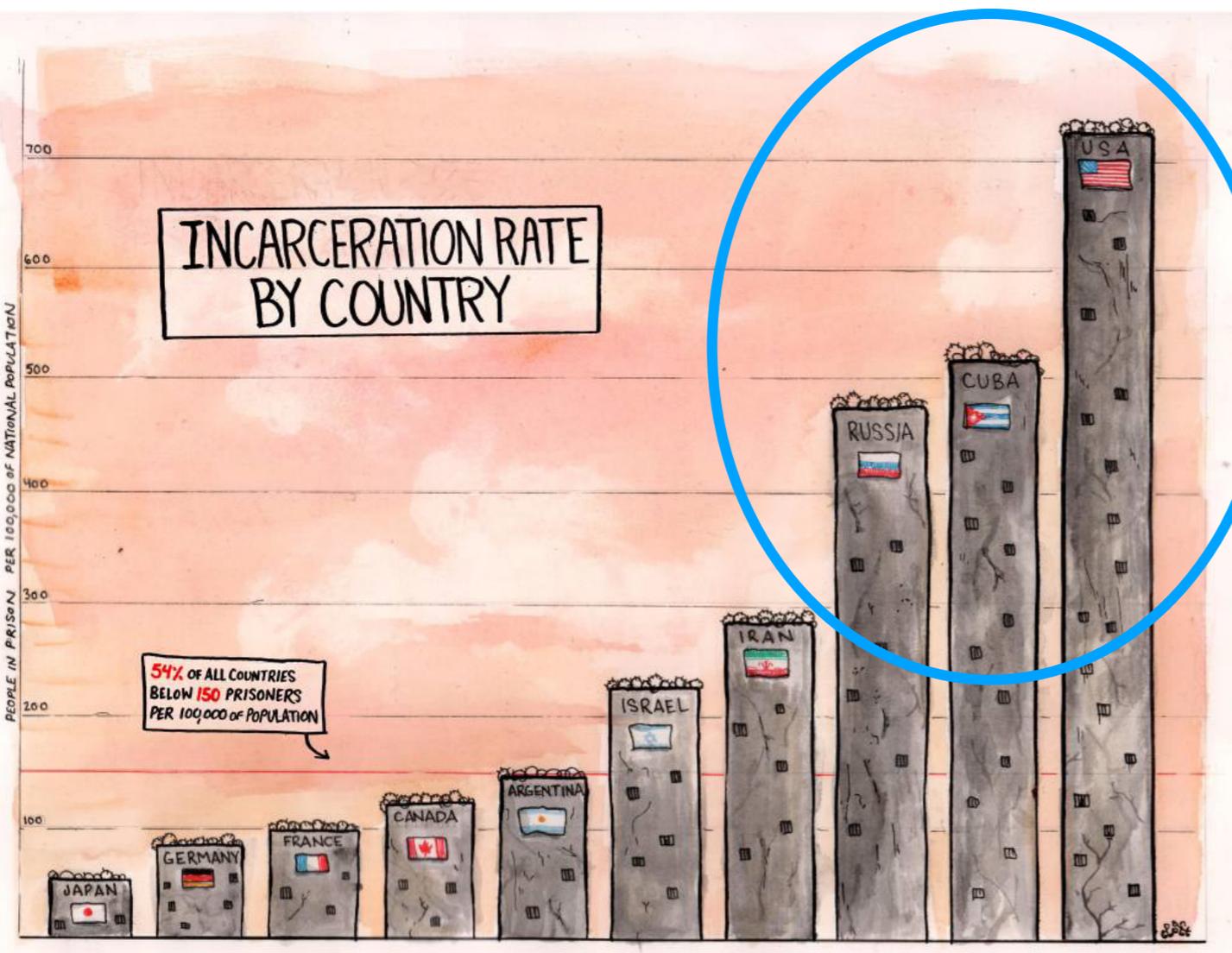


***MASS INCARCERATION
and Health Disparities:
Pre-COVID, COVID and Post-COVID***



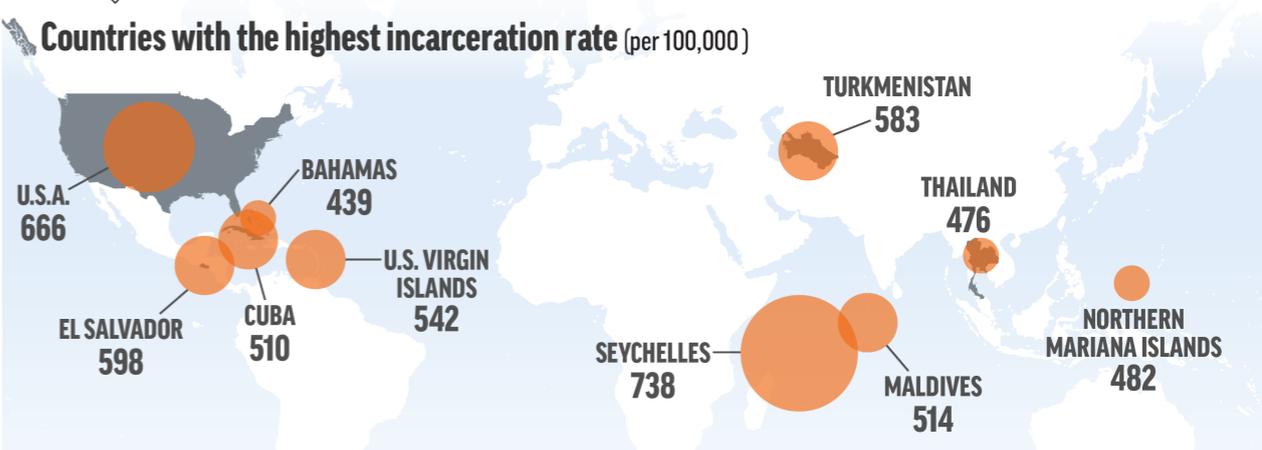
***PRESTON REYNOLDS, MD, PHD, MACP
Professor of Medicine
University of Virginia***

Medical Director, Albemarle Charlottesville Regional Jail

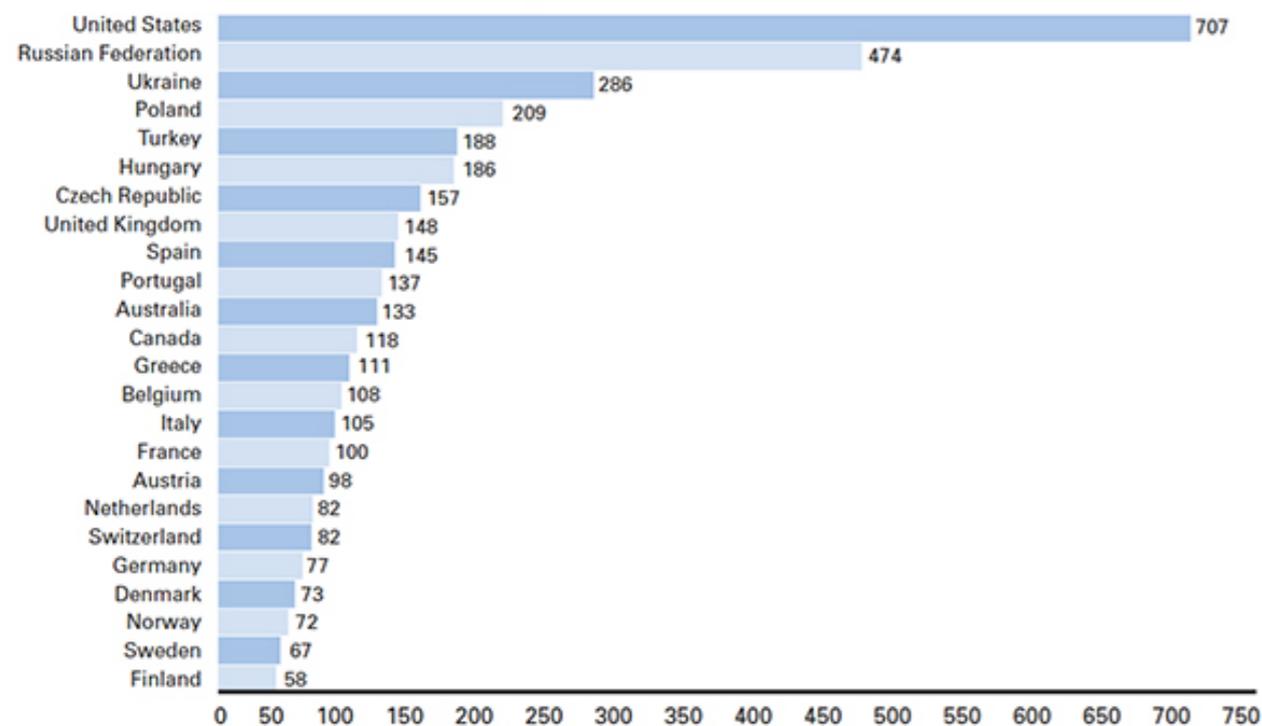


Which Country Has The Most Prisoners?

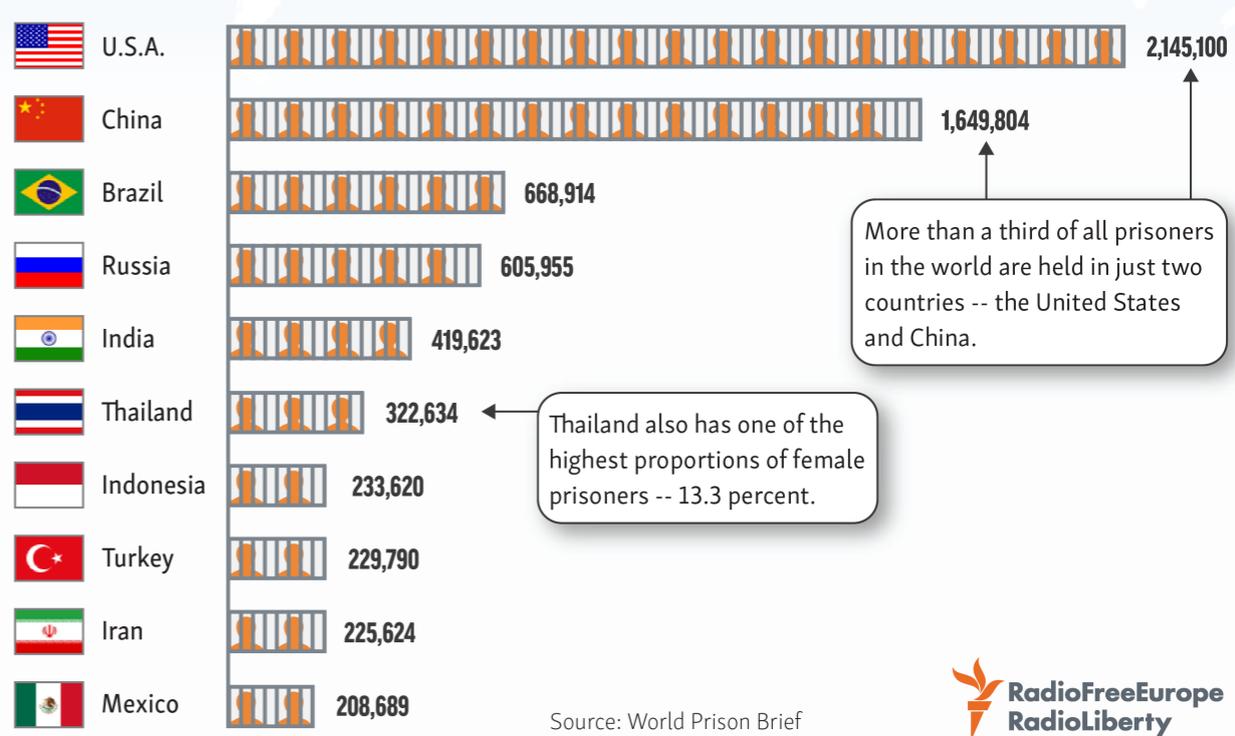
With more than 2 million people behind bars, the United States has the world's largest prison population. It also has the second-highest rate of incarceration.



Incarceration rates per 100,000



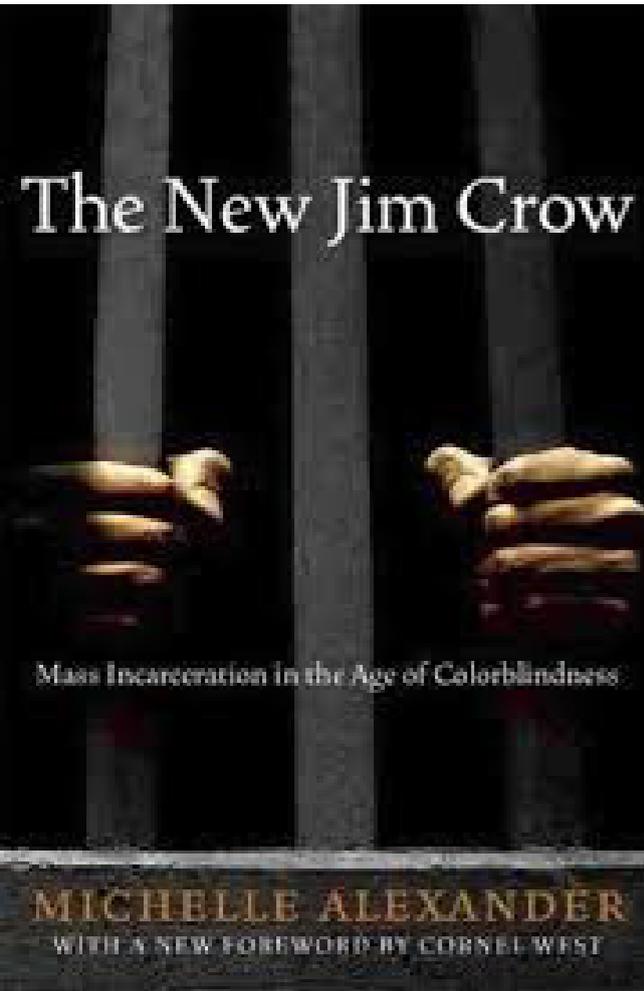
Countries with the largest prison populations



Source: World Prison Brief

13th





Mass Incarceration in the U.S.

Based on the documentary **13TH**



The United States holds only **5%** of the world's population, but **25%** of the world's prisoners



97% of people who are locked up have a plea bargain



President Obama was the first sitting president to **never** visit a prison



Black men account for only **6.5%** of the U.S. population, but **40.2%** of the U.S. prison population



Almost **30% of African American men** in Alabama have permanently lost their right to vote due to incarceration



During the Ferguson uprisings, there was an average of **3 warrants per household** in Ferguson, Missouri

INCARCERATED POPULATION IN THE U.S. OVER TIME

2010
2.28
MILLION
PEOPLE

1990
1.15
MILLION
PEOPLE

1970
352
THOUSAND
PEOPLE

1994: VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT.

1988: NEW ANTI-DRUG ABUSE ACT.

1986: ANTI-DRUG ABUSE ACT.

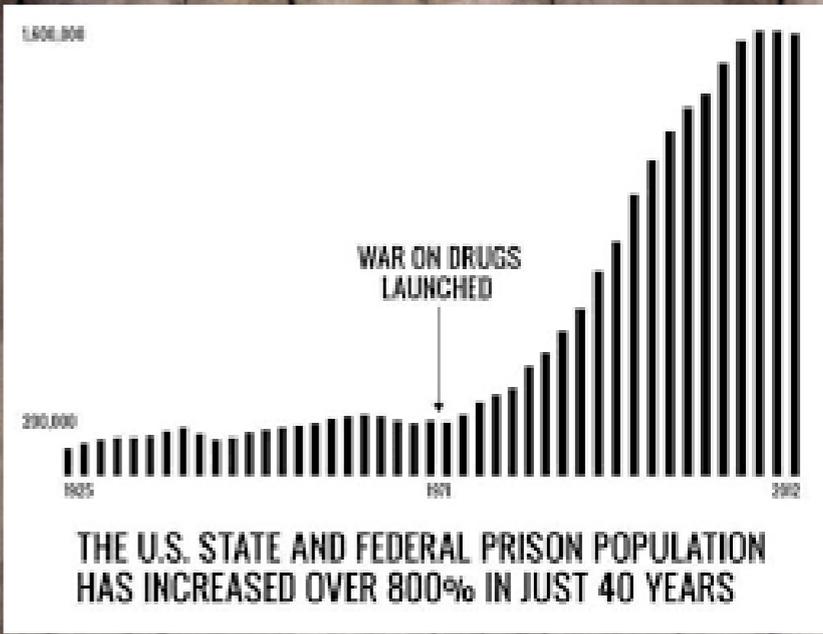
1982: REAGAN DECLARES "WAR ON DRUGS."

1971: NIXON CALLS DRUG ABUSE "PUBLIC ENEMY #1."

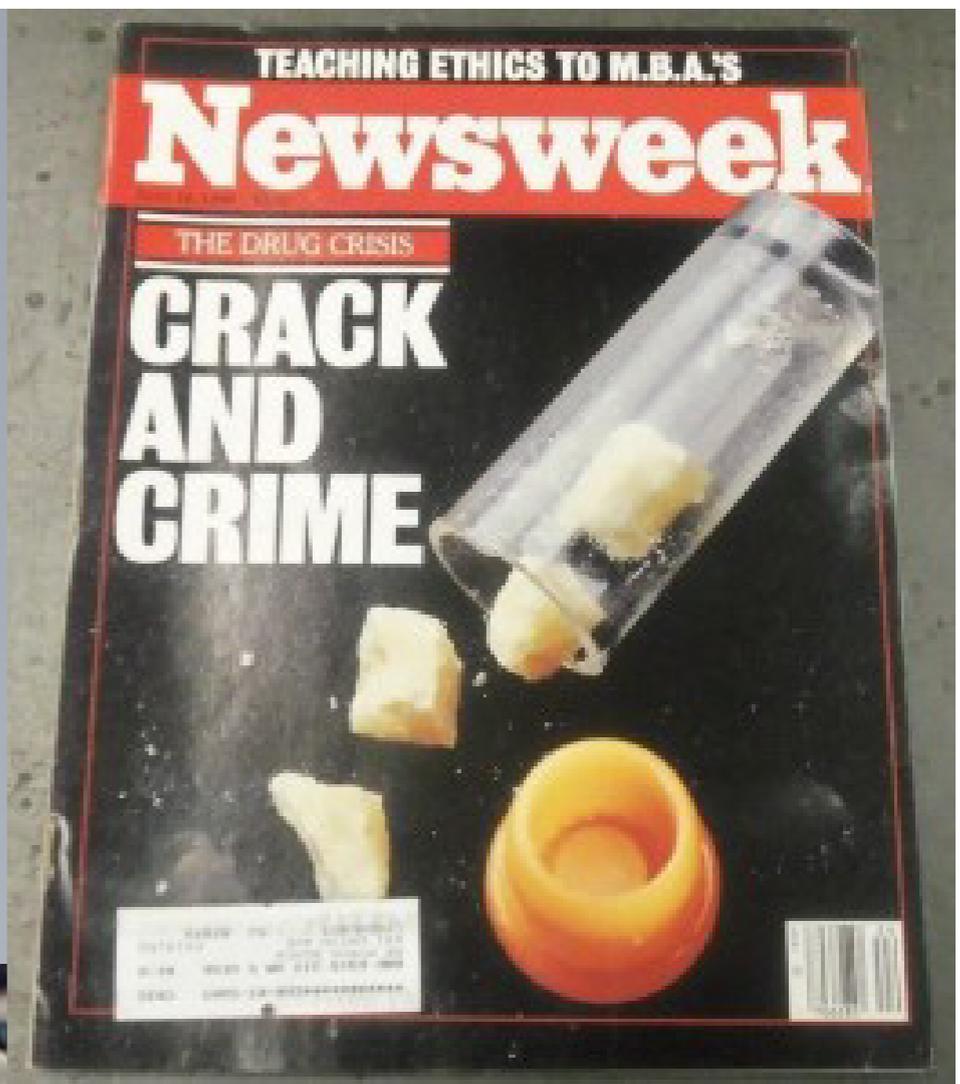
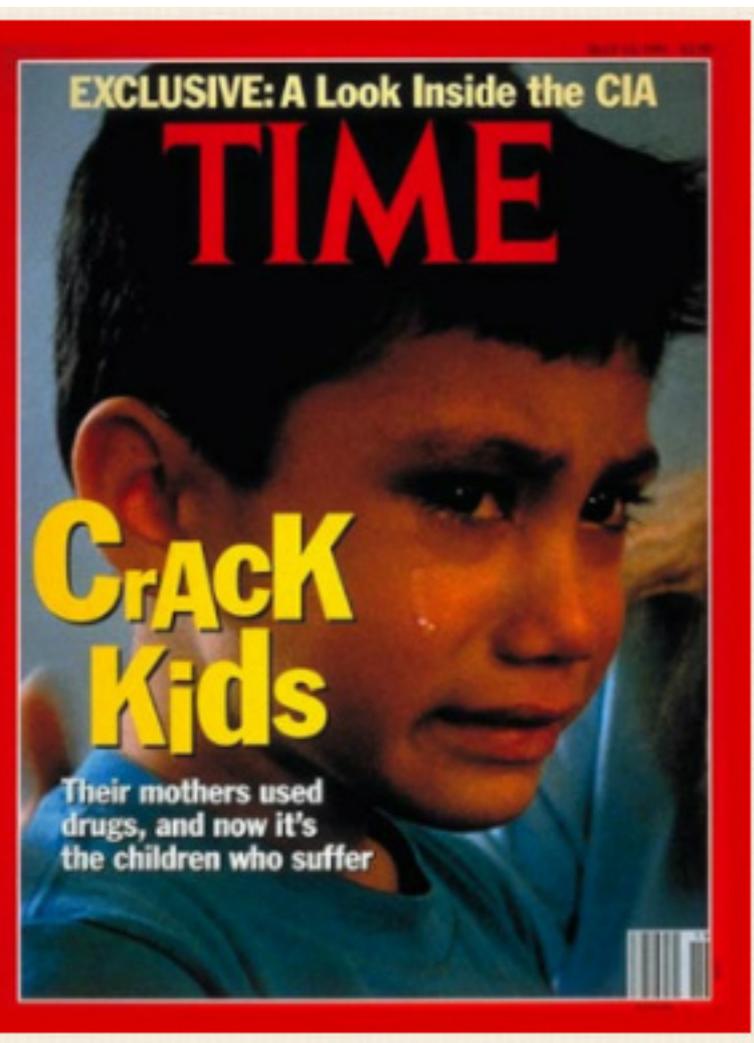
TOTAL INCARCERATED POPULATION IN THE U.S.

2,500,000
2,000,000
1,500,000
1,000,000
500,000

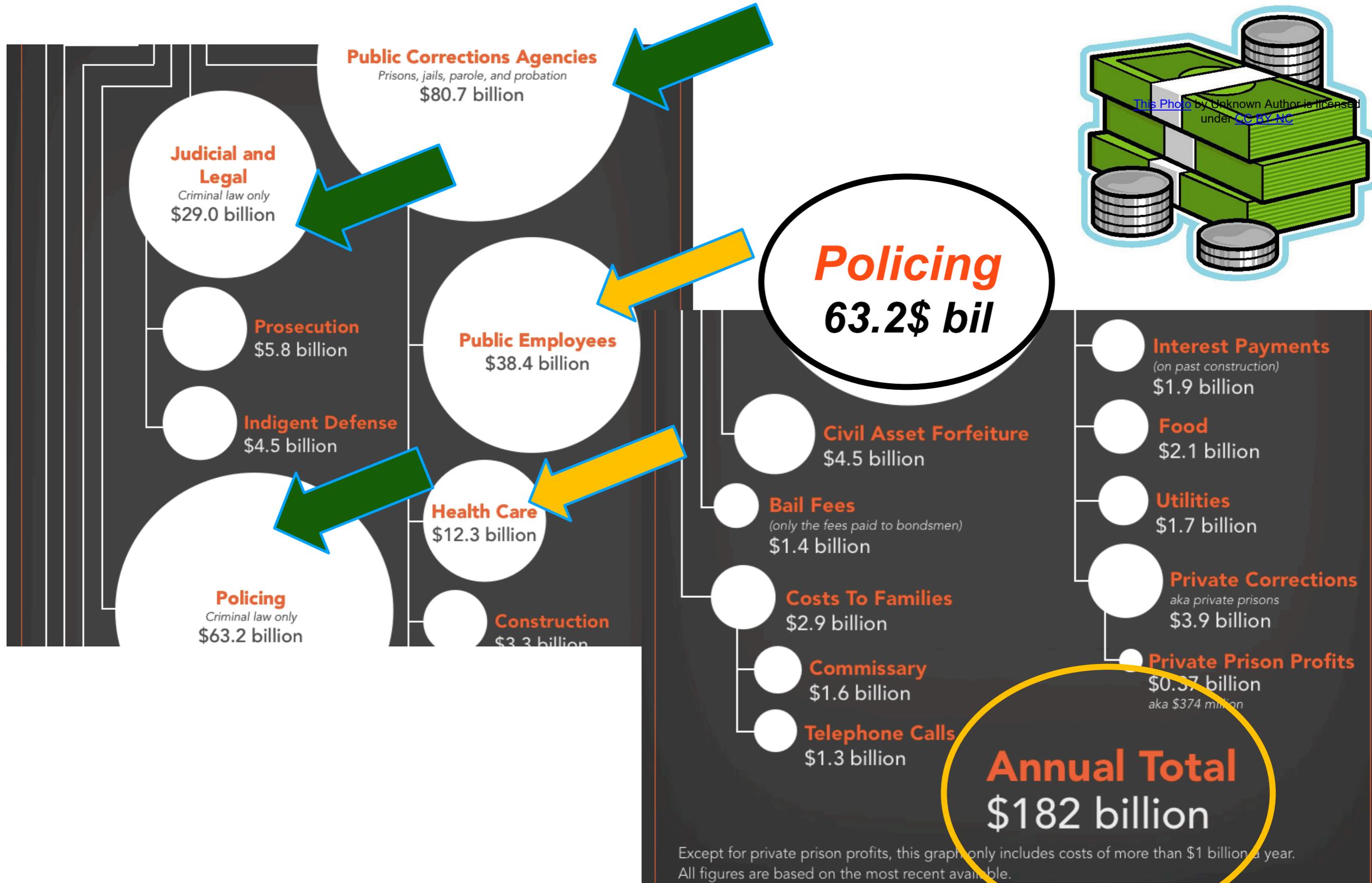
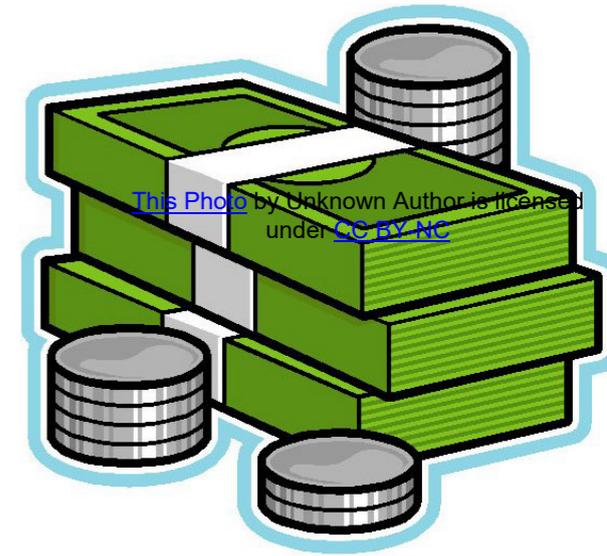
1930 1940 1950 1960 1970 1980 1990 2000 2010



PAN
CLOTT



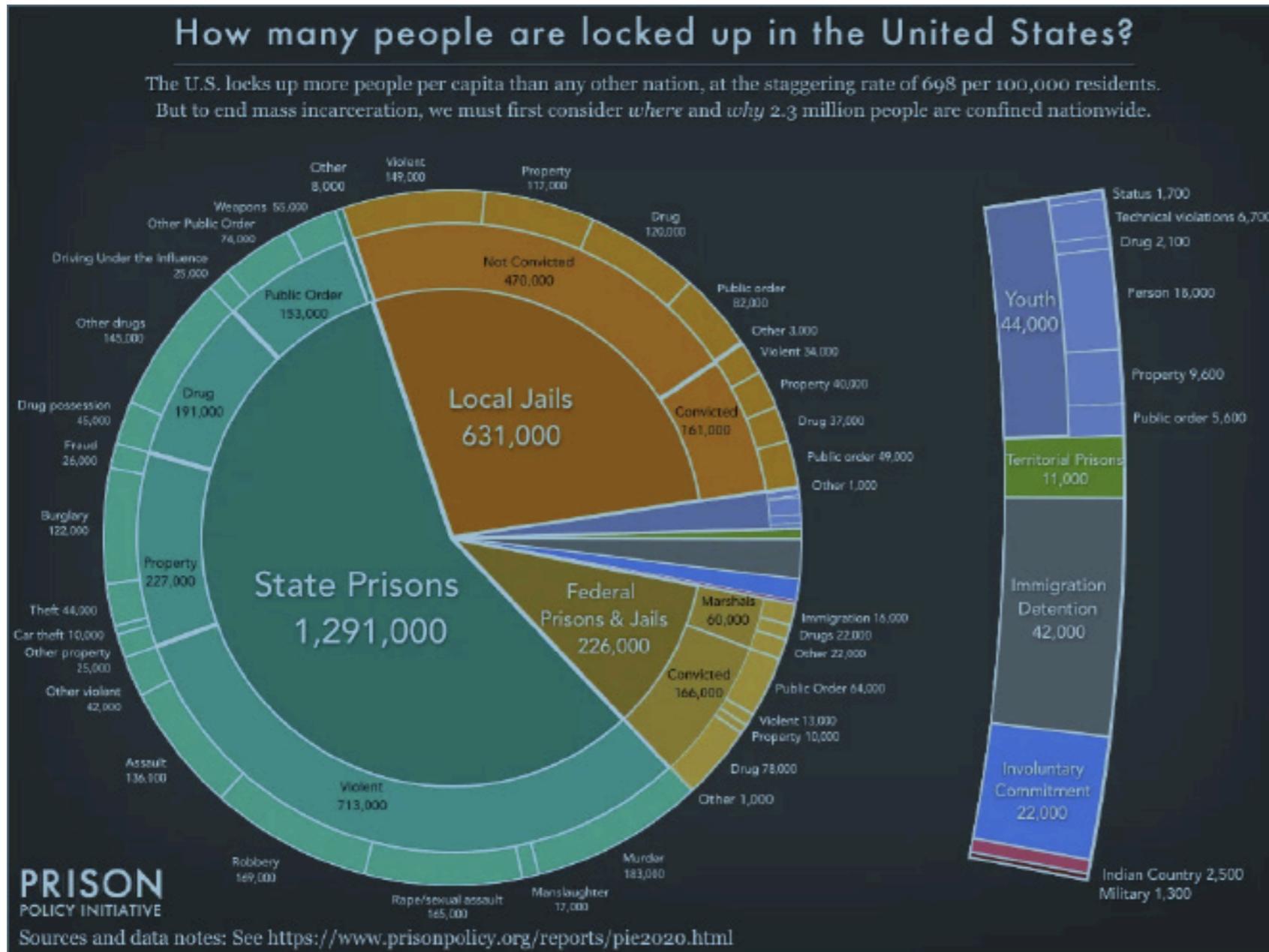
Follow the Money of Mass Incarceration



Except for private prison profits, this graph only includes costs of more than \$1 billion a year. All figures are based on the most recent available.

The Institutional Infrastructure of Incarceration is HUGE

- 1833 state prisons
- 110 federal prisons
- 1772 juvenile correctional facilities
- 3134 local jails
- 218 immigration detention facilities
- 80 Indian county jails

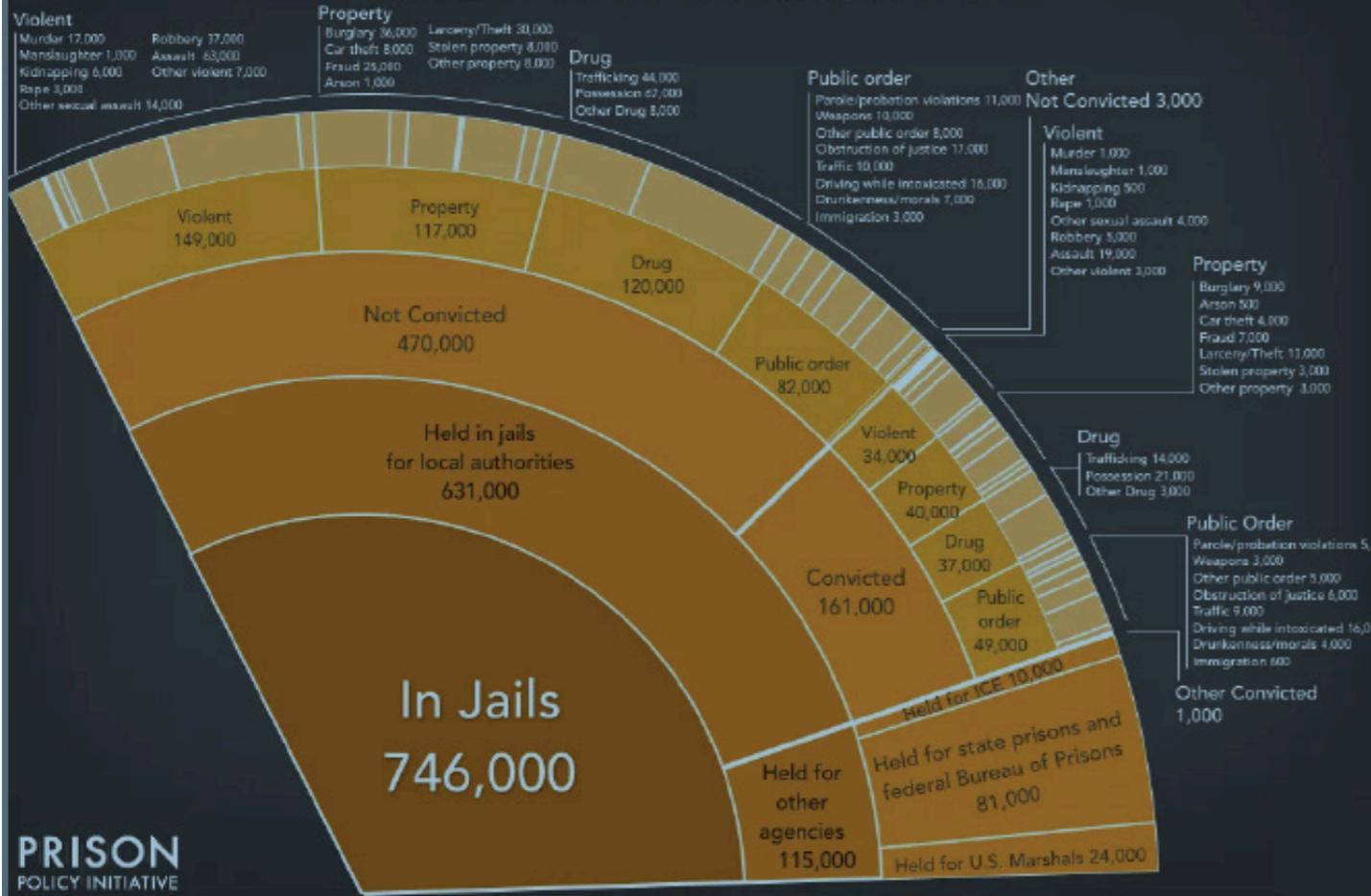


2.3 million persons are housed in US detention facilities annually

Total = 7,147

74% of people held by jails are not convicted of any crime

If you include the 115,000 people held in local jails that rent out space to other agencies, 65% of people in jails are unconvicted. Either way, jail incarceration rates are driven largely by local bail practices.



Jails are “incarceration’s front door”.

Jail Churn –

While 600,00 individuals enter prison annually; people go to jail 10.6 million times each year.

Most people in jail **are never convicted of a crime.**

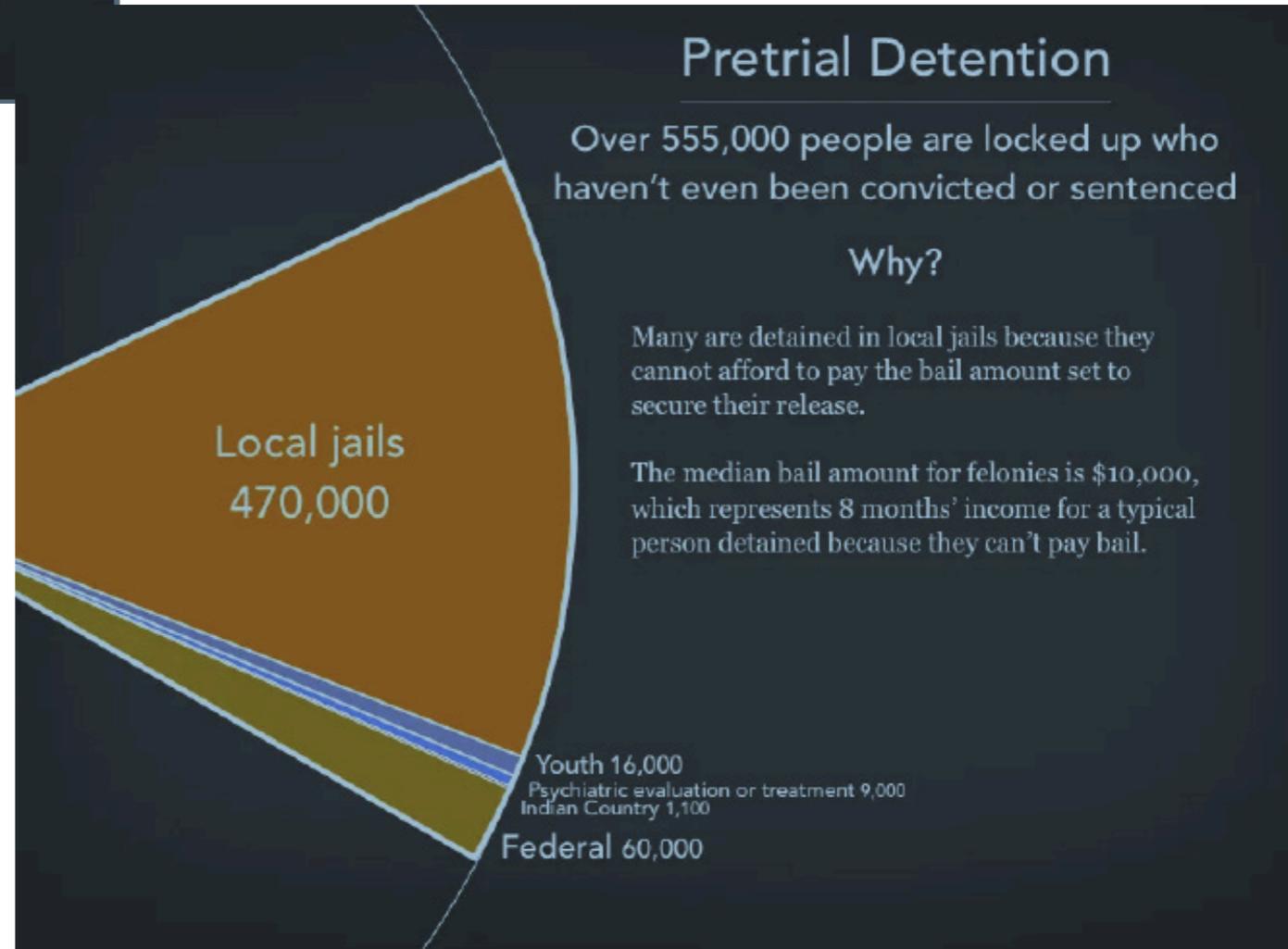
Pretrial Detention

Over 555,000 people are locked up who haven’t even been convicted or sentenced

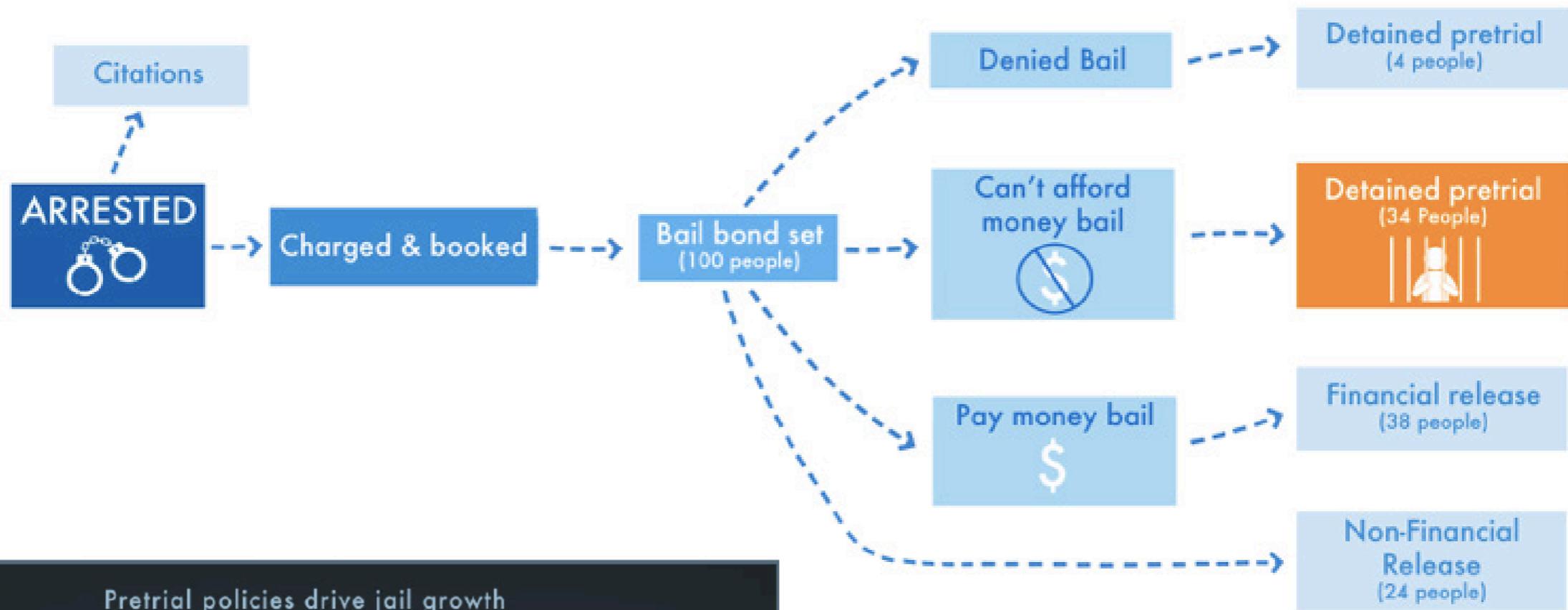
Why?

Many are detained in local jails because they cannot afford to pay the bail amount set to secure their release.

The median bail amount for felonies is \$10,000, which represents 8 months’ income for a typical person detained because they can’t pay bail.



The Path from Arrest to Pretrial Detention



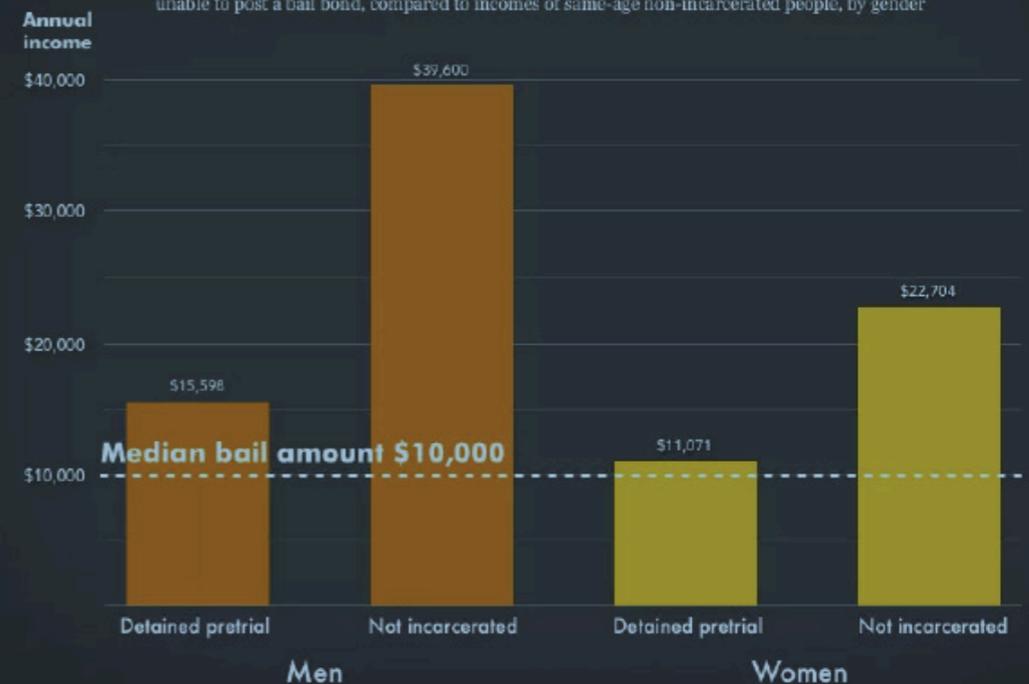
Pretrial policies drive jail growth

Number of people in local jails by conviction status, 1983-2017



Why are so many people detained in jails before trial? They're not wealthy enough to afford money bail.

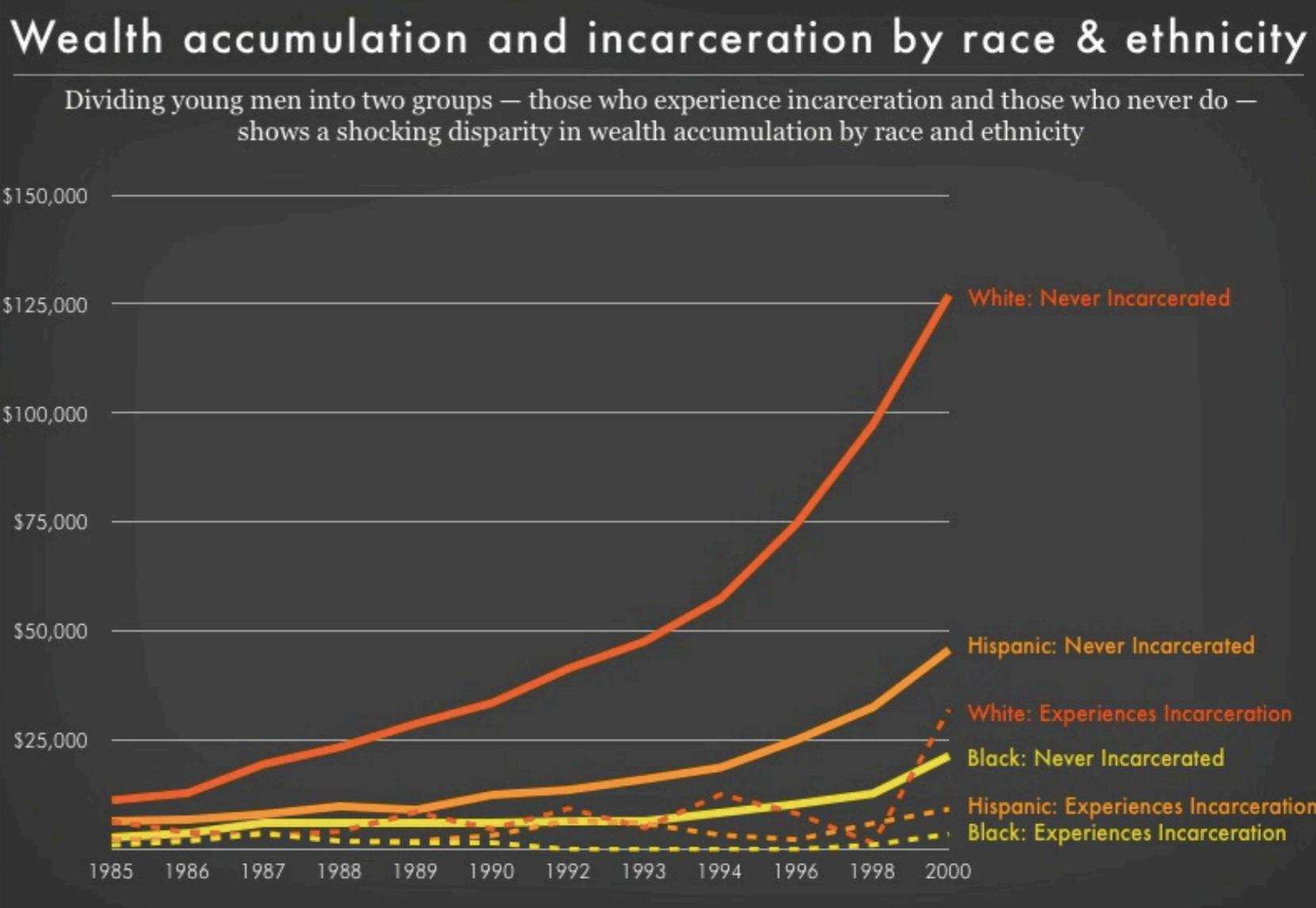
Median annual pre-incarceration incomes (in 2015 dollars) for people ages 23-39 in local jails who were unable to post a bail bond, compared to incomes of same-age non-incarcerated people, by gender



	People in jail unable to meet bail (prior to incarceration)		Non-incarcerated people	
	Men	Women	Men	Women
All	\$15,598	\$11,071	\$39,600	\$22,704
Black	\$11,275	\$9,083	\$31,284	\$23,760
Hispanic	\$17,449	\$12,178	\$27,720	\$14,520
White	\$18,283	\$12,954	\$43,560	\$26,136

Poverty Predicts Bail Bond Failure

Median annual pre-incarceration incomes for people in local jails unable to post a bail bond, ages 23-39, in 2015 dollars, by race/ethnicity and gender. The incomes in red fall below the Census Bureau poverty threshold. The median bail bond amount nationally is almost a full year's income for the typical person unable to post a bail bond.

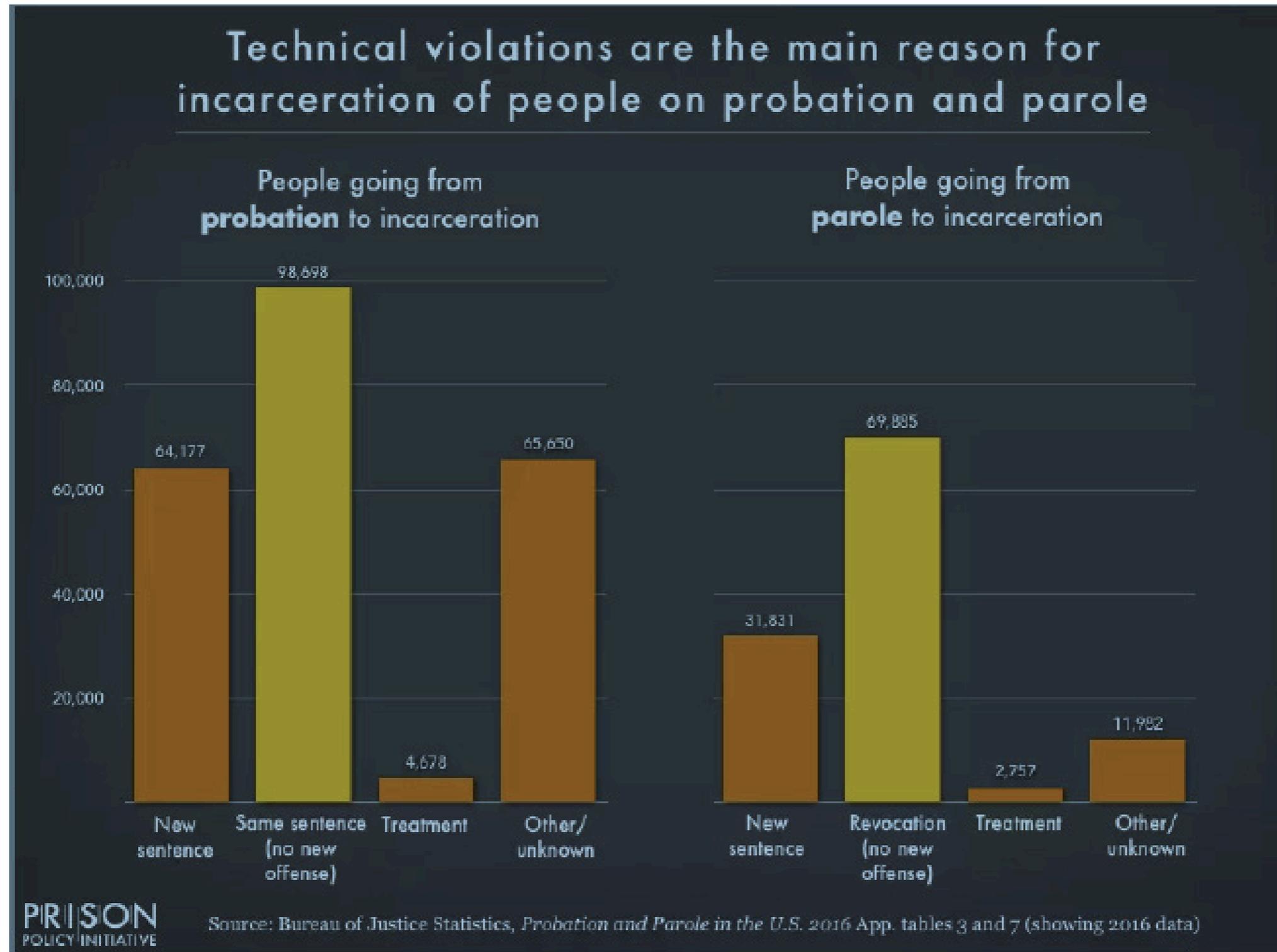


Incarceration Exacerbates

Income disparity & Generational wealth disparity

Source: Redrawn by the Prison Policy Initiative from Table 4 of Zaw et. al, Race, Wealth and Incarceration: Results from the National Longitudinal Survey of Youth (2016).

Jail “Churn” is a consequence of technical violations of community supervision





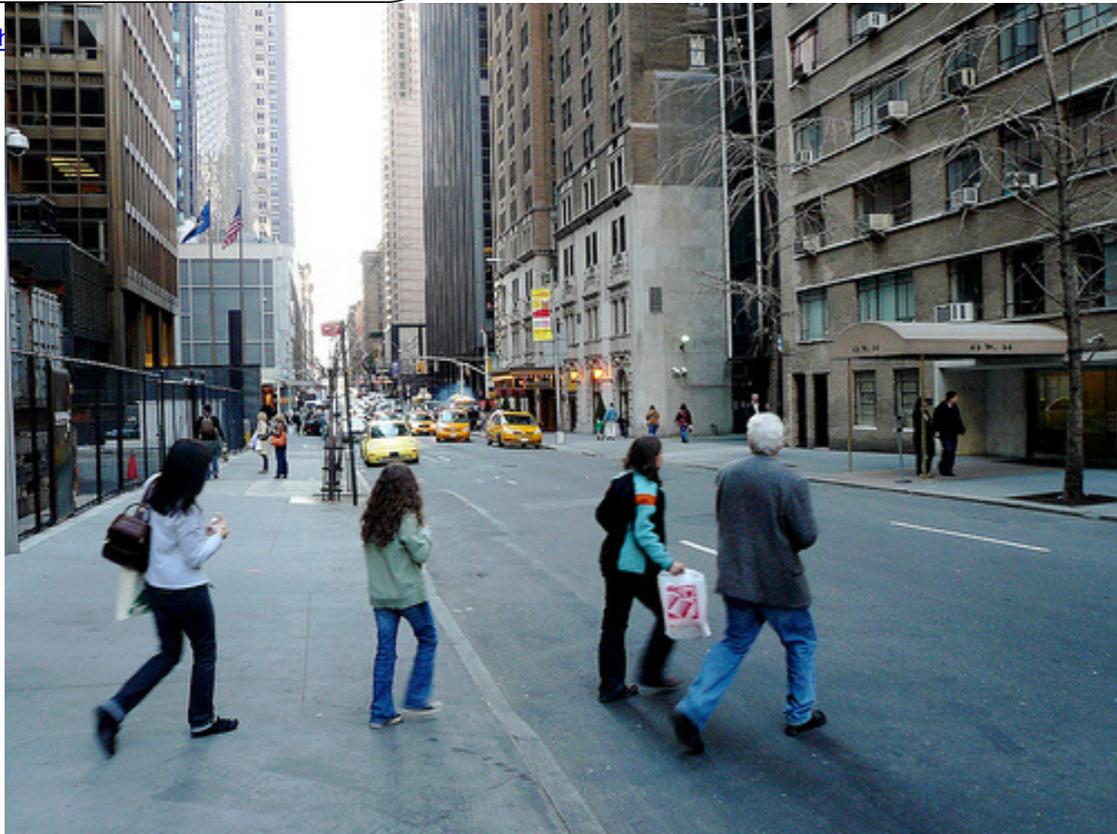
Misdemeanors

13 million misdemeanor charges annually

***Minor offenses
Non-criminal violations***

***Account for > 25% of daily
jail population***

***Serious financial, personal
and social costs, especially
for defendants***



Mass incarceration directly impacts millions of people

But just how many, and in what ways?



Compiled by the Prison Policy Initiative from 2016 and 2017 Bureau of Justice Statistics data; Shannon, et al. (2017) *The Growth, Scope, and Spatial Distribution of People With Felony Records in the United States, 1948-2010*; and FWD.us (2018) *Every Second: The Impact of the Incarceration Crisis on America's Families*

America: Equity and Equality in Health 4

Mass incarceration, public health, and widening inequality in the USA

Christopher Wildeman, Emily A Wang

Good:

Estelle v Gamble, 1976 US Supreme Court ruled

Health care is a legal right for all who are incarcerated

- **First access to preventive care**
- **Comprehensive examination on all inmates as part of intake**
- **Mental health, dental health, chronic care management**
- **TB screening**

- **Medicaid enrollment**

America: Equity and Equality in Health 4

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Challenges:

Estelle v Gamble, 1976 US Supreme Court ruled

Health care is a legal right for all who are incarcerated

- **Dependent on local budgeting**
- **Dependent on available well-trained health professionals, including mental health and dental specialists**
- **Dependent on jail/prison leadership and Bd of Supervisors**
- **Huge increase in severity of illness: physical and mental health**
- **Huge increase in drug expenses with HIV, diabetes, mental health**
- **Significant dental disease**
- **Significant drug addiction**
- **Overcrowding and solitary confinement (100,000 inmates in SC)**

America: Equity and Equality in Health 4

Mass incarceration, public health, and widening inequality in the USA

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Overall, **physical and psychological health worsens** for inmates

Total health effect of incarceration is a product of time spent incarcerated and time spent free.

Black men who ever experience prison incarceration spend 13.4% of their working lives in prison.



America: Equity and Equality in Health 4

Mass incarceration, public health, and widening inequality in the USA

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- A black child born in 1990 had a 25.1% chance of having their father sent to prison; for those whose fathers did not finish high school, the risk was 50.5%.
- 52% of state, 63% of federal inmates reported being parents to an estimated 1.7 million children.

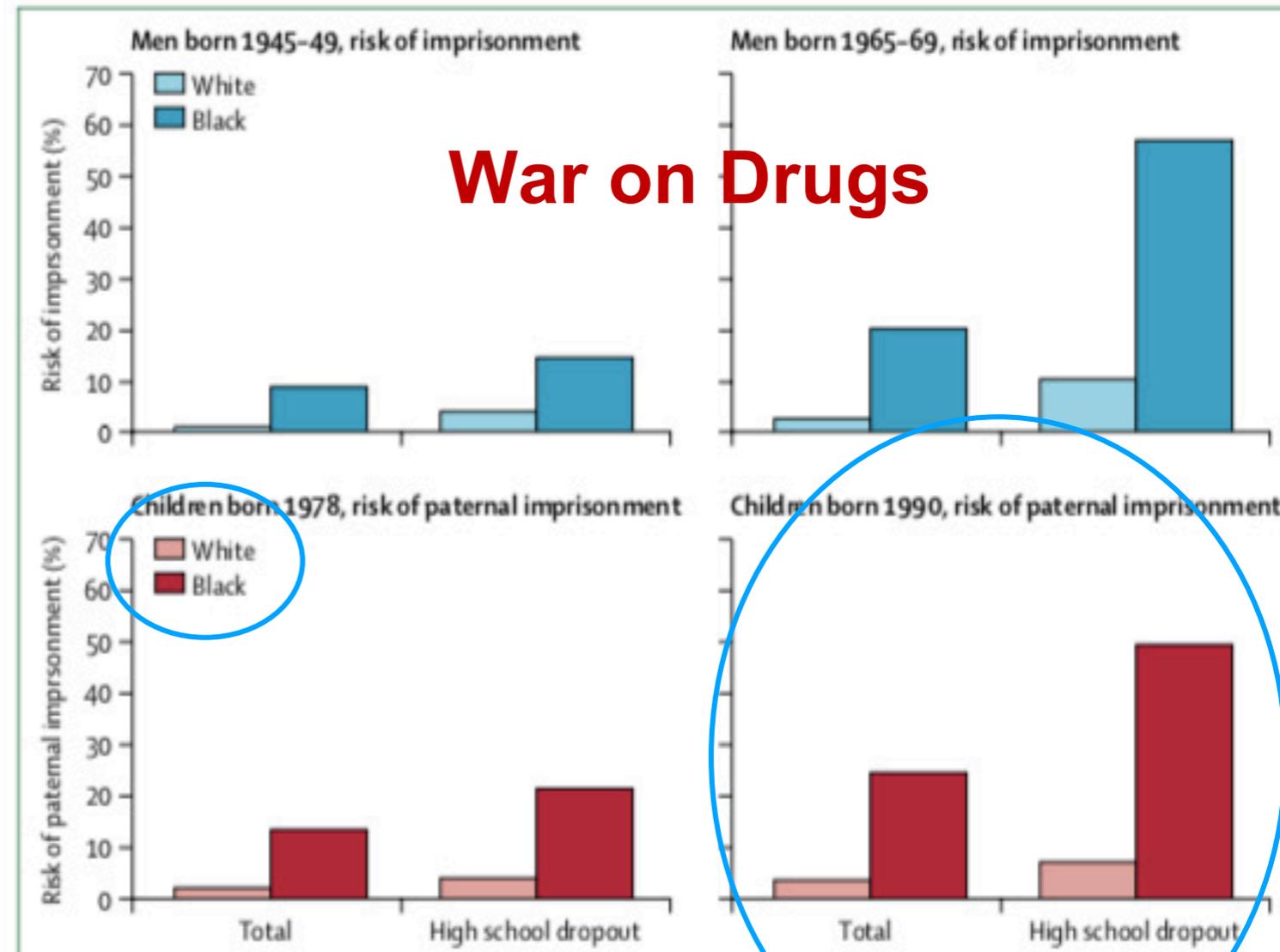


Figure 2: Risk of ever experiencing imprisonment by age 30-34 years for US men by birth cohort, and risk of ever experiencing paternal imprisonment by age 14 years for US children by birth cohort
Sources: Western and Wildeman (2009);¹⁵ Wildeman (2009).¹⁶

America: Equity and Equality in Health 4

Mass incarceration, public health, and widening inequality in the USA

Christopher Wildeman, Emily A Wang

- Nearly half, **45%**, of **black women have a family member or extended family member imprisoned.**
- For white women, the risk is 12.1%.

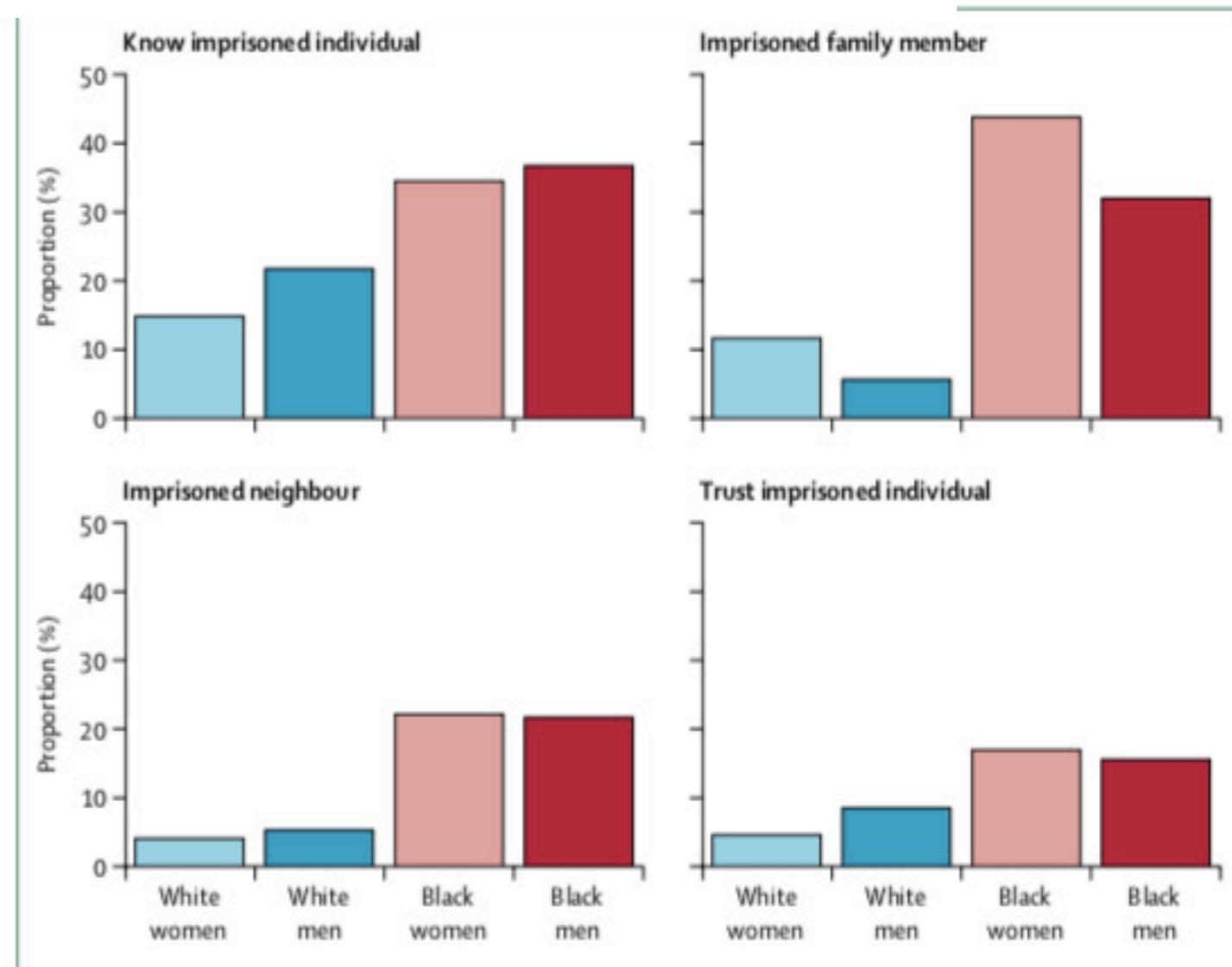


Figure 3: Proportion of people in the USA who know individuals currently in state or federal prison, by race and gender

Source: Lee and colleagues (2015).¹⁹

America: Equity and Equality in Health 4

Mass incarceration, public health, and widening inequality in the USA

Christopher Wildeman, Emily A Wang



Effects of Past Incarceration

- Patients with chronic conditions are released without medications and follow-up appointments, especially if there is no transitional program in place.
- more frequently **use ER's** as their source of care.
- more likely to have **untreated mental health** disorders.
- HIV - **Do not remain adherent** with medications.
- SUD frequently **relapse** if not in treatment, e.g. drug courts.
- No housing, employment and family support and face **on-going discrimination** in finding jobs and housing.



Effects of Past Incarceration on Families

- Incarceration **decreases income to families in both real income and costs of maintaining contact.**
- Incarceration decreases romantic relationships leading to divorce, extramarital affairs, and **higher rates of STDs and HIV in minority communities.**
- Having an incarcerated family member often leads to **decrease social support and lots of stigma** experienced by immediate and extended family members.
- **Parental incarceration impacts children – slower development, widening educational gap, increase mental health illnesses and substance abuse, higher rates of obesity.**
- **Women** whose partners are incarcerated experience substantial mental health deterioration, and elevated risk of heart disease.



Effects of Past Incarceration on Communities

Neighborhoods with high levels of incarceration are **associated with poor population health**, including higher rates of asthma, STDs and mental health morbidity.

Coercive mobility – crime-fighting benefits of policing decrease as imprisonment of community residents increases

States with large number of former inmates have poorer-quality healthcare systems, lower life expectancy, higher rates of HIV and infant mortality

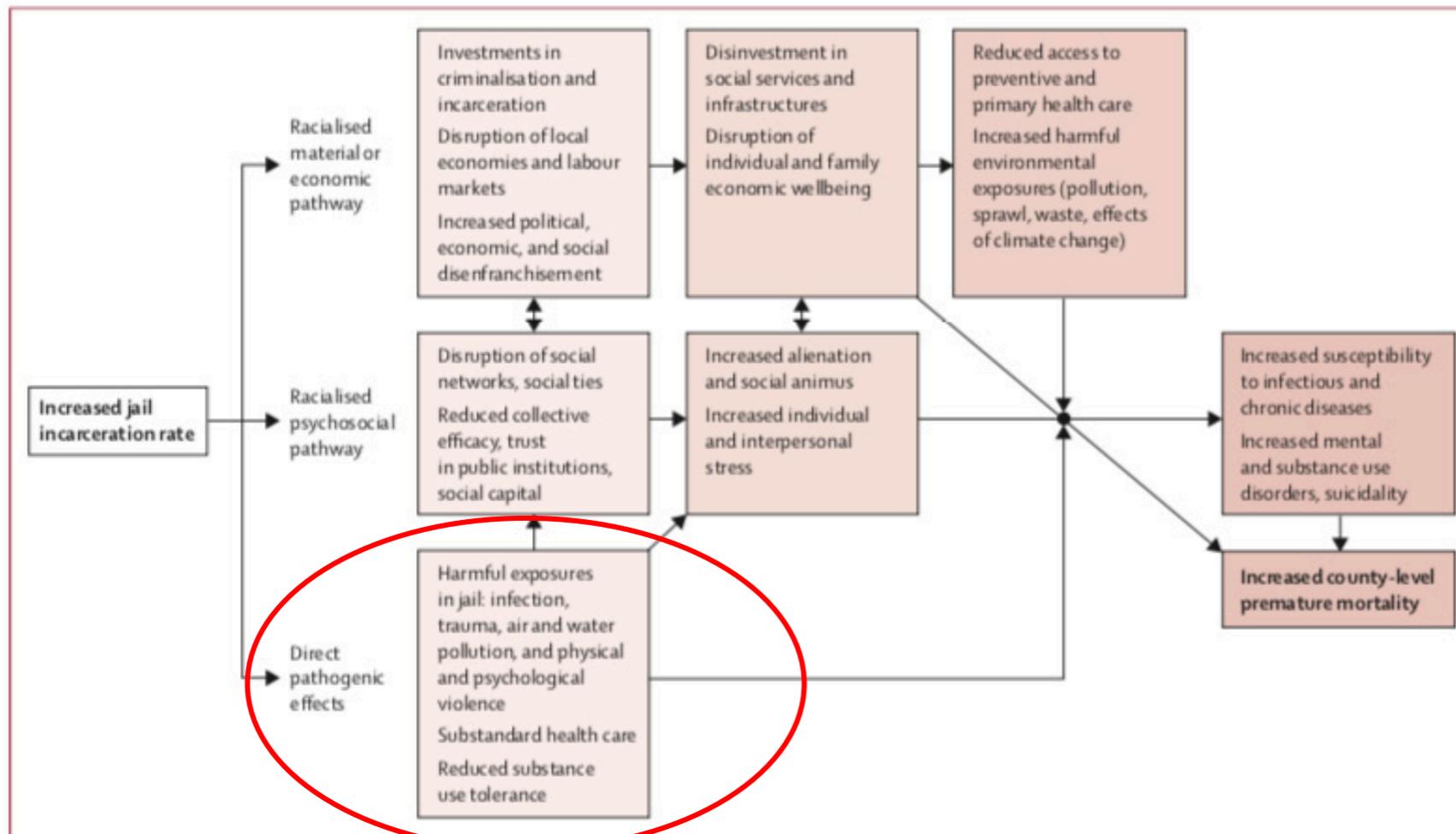


Figure 4: Conceptual diagram of hypothesised mechanistic theories to explain the observed association between increased jail incarceration rates and increased county mortality
 The three theories are: (1) the direct pathogenic effects of jail incarceration, (2) the racialised psychosocial pathway, and (3) the racialised material or economic pathway.

Association between county jail incarceration and cause-specific county mortality in the USA, 1987–2017: a retrospective, longitudinal study



Sandhya Kajeepeta, Pia M Mauro, Katherine M Keyes, Abdulrahman M El-Sayed, Caroline G Rutherford, Seth J Prins



Summary

Background Mass incarceration has collateral consequences for community health, which are reflected in county-level health indicators, including county mortality rates. County jail incarceration rates are associated with all-cause mortality rates in the USA. We assessed the causes of death that drive the relationship between county-level jail incarceration and mortality.

Lancet Public Health 2021; 6: e240–48

Published Online
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[https://doi.org/10.1016/S2468-2667\(20\)30283-8](https://doi.org/10.1016/S2468-2667(20)30283-8)

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	1-year lag	5-year lag	10-year lag	% attenuation from 1-year to 10-year lag
Infectious disease	1.065 (1.061–1.070)	1.038 (1.034–1.043)	1.011 (1.007–1.015)	5.1%
Chronic lower respiratory disease	1.049 (1.045–1.052)	1.041 (1.038–1.045)	1.028 (1.024–1.032)	2.0%
Substance use	1.026 (1.020–1.032)	1.020 (1.014–1.026)	1.008 (1.002–1.014)	1.8%
Suicide	1.025 (1.020–1.029)	1.008 (1.003–1.012)	0.999 (0.995–1.004)	2.5%
Heart disease	1.021 (1.019–1.023)	1.016 (1.014–1.018)	1.012 (1.010–1.014)	0.9%
Unintentional injury	1.015 (1.011–1.018)	1.012 (1.008–1.016)	1.008 (1.004–1.012)	0.7%
Malignant neoplasm	1.014 (1.013–1.016)	1.008 (1.007–1.010)	1.004 (1.002–1.006)	1.0%
Diabetes	1.013 (1.009–1.018)	1.001 (0.996–1.006)	0.997 (0.992–1.002)	1.6%
Cerebrovascular disease	1.010 (1.007–1.013)	1.007 (1.003–1.010)	1.005 (1.001–1.009)	0.5%

Data are RR (95% CI) unless otherwise stated. All models included the jail incarceration rate, county and year fixed effects, and the county poverty rate, county crime rate, county Black resident population, county unemployment rate, state incarceration rate, and party control of state legislature lagged 1-year before the jail incarceration rate for 1094 unique counties. RR=risk ratio.

Table 2: Within-county associations between a 1 per 1000 change in county jail incarceration rate and change in county mortality rates for nine common causes of death with 1-year, 5-year, and 10-year lags, 1987–2017

Longitudinal Retrospective Study

Assoc between county-level jail incarceration rates and county-level cause-specific mortality

**Individuals younger than 75 years
1094 counties in the USA**

**7 most common causes of death +
2 = SUD and Suicide**

Controlled for confounders

Death at 1 yr, 5 yrs, 10 yrs

Jail incarceration rates for the sample increased over the study period.

From Table 2, changes in **county jail incarceration rate** were **most strongly associated with deaths caused by infectious disease, chronic lower respiratory disease, substance abuse, and suicide.**

These graphs demonstrate that **rates of mortality increased with increases in the rates of incarceration over time.**

In larger, non-rural counties, a **1 per 1000 increase in county jail incarceration rate** was associated with increased in mortality caused by all causes of death of interest in the subsequent year, ranging from **1% to 6.5% increases.**

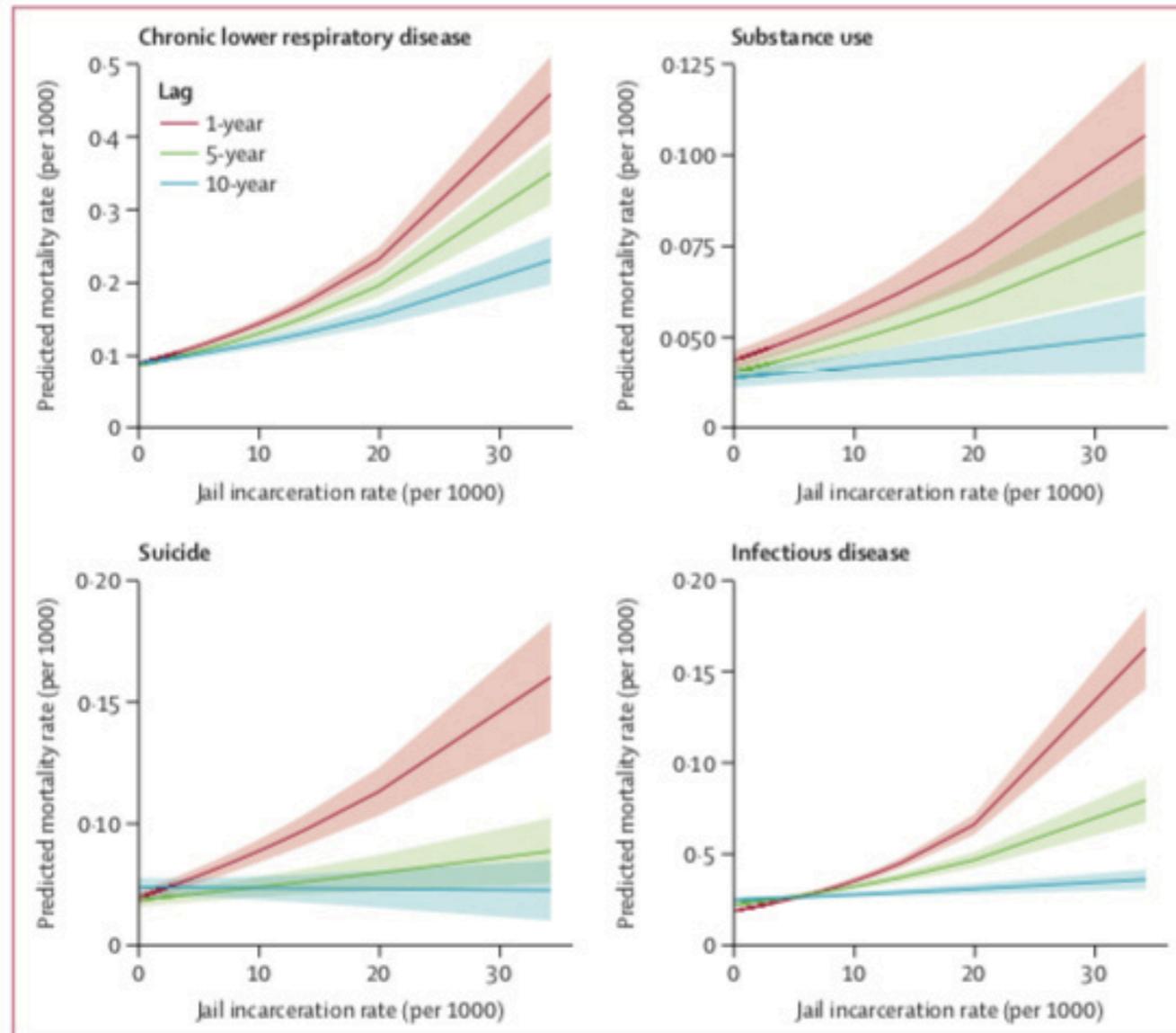


Figure 3: Model-predicted slopes for cause-specific mortality rates as a function of the within-county change in the rate of jail incarceration with 1-year, 5-year, and 10-year lags for death caused by chronic lower respiratory disease, substance use, suicide, and infectious disease

The four causes of death (chronic lower respiratory disease, substance use, suicide, and infectious disease) with strongest observed associations with incarceration rates were selected, and the 95% CIs are indicated by the shaded regions.



Age-Standardized Mortality of Persons on Probation, in Jail, or in State Prison and the General Population, 2001-2012

Christopher Wildeman, PhD¹; Alyssa W. Goldman, MA² 
 and Emily A. Wang, MD, MAS³

Table 2. Age distribution and mortality rates of persons on probation, persons in jail and state prisons, and the general US population, by age, 15 US states, 2001-2012^a

Age Group, y ^b	Persons in Jail (n = 728 417)		Persons in State Prison (n = 1 270 350)		General US Population (n = 238 847 800)		Persons on Probation (n = 2034.753) ^c	
	No. (%)	Mortality Rate per 100 000 Population	No. (%)	Mortality Rate per 100 000 Population	No. (%)	Mortality Rate per 100 000 Population	No. (%)	Mortality Rate per 100 000 Population ^d
≤17	6759 (0.9)	70	2575 (0.2)	60	21 481 407 (9.0)	59	302.602 (14.9)	—
18-24	197 917 (27.2)	48	207 883 (16.4)	33	21 116 680 (8.8)	93	620.036 (30.5)	—
25-34	236 333 (32.4)	82	420 467 (33.1)	55	40 149 449 (16.8)	105	436.296 (21.4)	—
35-44	172 583 (23.7)	152	364 517 (28.7)	145	42 757 311 (17.9)	188	473.832 (23.3)	—
45-54	91 833 (12.6)	296	202 633 (16.0)	494	42 905 961 (18.0)	421	170.079 (8.4)	—
≥55	23 000 (3.2)	708	72 275 (5.7)	2006	70 436 991 (29.5)	2974	31.908 (1.6)	—

^aData sources: Bureau of Justice Statistics,²³ National Survey on Drug Use and Health,²⁴ and Centers for Disease Control and Prevention WONDER (Wide-ranging ONline Data for Epidemiologic Research).²⁵ The 15 states were Arkansas, Florida, Kentucky, Louisiana, Maryland, Montana, New York, North Carolina, Ohio, Oregon, South Carolina, Tennessee, Texas, Utah, and Wisconsin.

^bAge groups for the general US population and persons on probation reflect reassignment of certain ages to align with the age groups used by the Bureau of Justice Statistics to report data for the jail and state prison populations. All estimates for the general US population exclude children aged <15, so that the age distribution for the general US population reflects the proportion of the population aged ≥15.²⁰⁻²²

^cProbation age distribution comes from the National Survey on Drug Use and Health.²⁴ Because this number is estimated from a probability-based sample and not national counts of the entire probation population, the population counts used to calculate the age distribution are smaller in scale than those used to generate the age distributions for the other populations (which are based on total counts of inmates and the US population).

^dAge-specific mortality rates for persons on probation were not available. As such, indirect standardization was used to compare the mortality rates of persons on probation with the mortality rates of the general US population, persons in jail, and persons in state prison.

1 in 70 US adults is on probation on any given day

Table 1. Number of persons, number of deaths, and crude mortality rate among persons on probation, persons in jail and state prisons, and the general US population, 2001-2012^a

Population	Mean Population Count per Year, No. ^b	Mean Deaths per Year, No. ^b	Crude Mortality Rate per 100 000 Population (95% CI)
Persons in jail	728 417	988	136 (128-144)
Persons in state prisons	1 270 350	3223	254 (245-263)
Persons on probation ^c	1 580 939	6173	390 (353-429)
General US population ^d	238 847 800	2 415 238	1011 (1010-1012)

^aData sources: Bureau of Justice Statistics,²³ National Survey on Drug Use and Health,²⁴ and Centers for Disease Control and Prevention WONDER (Wide-ranging ONline Data for Epidemiologic Research).²⁵

^bMeans represent the means across study years (2001-2012).

^cEstimates for persons on probation were calculated by using data from the following 15 states: Arkansas, Florida, Kentucky, Louisiana, Maryland, Montana, New York, North Carolina, Ohio, Oregon, South Carolina, Tennessee, Texas, Utah, and Wisconsin.

^dCalculated from the population aged ≥ 15 .

Persons on probation died at a rate 3.42 times higher than persons in jail, 2.81 times high than persons in state prison, and 2.10 times higher than the general US population, after standardizing the age distribution of persons on probation relative to the other 3 groups.

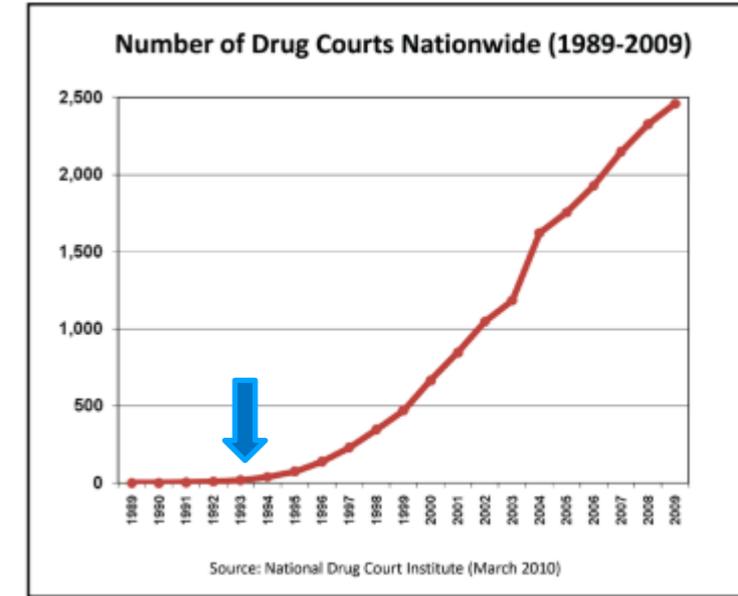
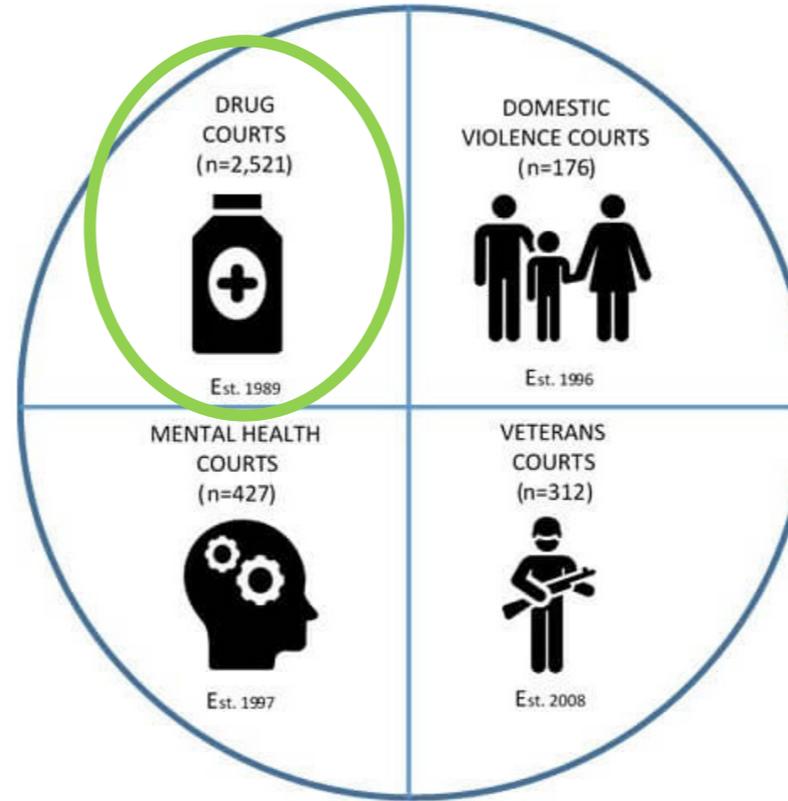
Relative to the US population, persons on probation are more likely to have addiction and mental health conditions that contribute to mortality.

The inattention to the health needs of persons on probation may be due to the size of the probation population (relative to the incarcerated population), whose health needs may be difficult for probation administrators to address through existing correctional program.

Drug Courts



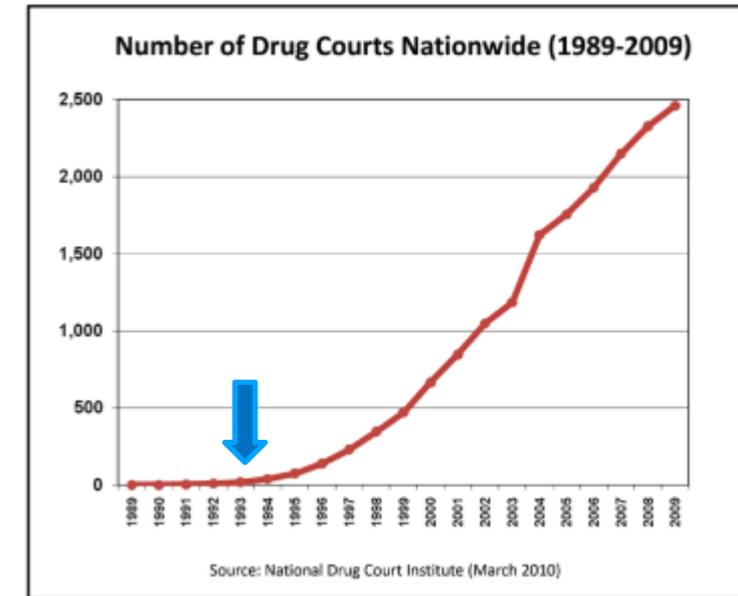
FIGURE 1
NUMBER OF PSGS IN THE UNITED STATES BY TYPE, 2015^[23]



Drug Courts



FIGURE 1
NUMBER OF PSGS IN THE UNITED STATES BY TYPE, 2015^[23]



Benefits of MAT in Corrections

Benefits	Evidence
Reduces illicit opioid use post-incarceration	Mattick, et al., 2009
Reduces criminal behavior post-incarceration	Deck, et al., 2009
Reduces mortality and overdose risk post-incarceration	Degenhardt et al., 2011; Kerr, et al., 2007
Reduces HIV risk behaviors post-incarceration	MacArthur et al., 2012
Additional social, medical, and economic benefits	Rich et al., 2015; Zaller et al., 2013; McKenzie et al., 2012; Heimer et al., 2006; Dolan et al., 2003

Post-Incarceration Care Model

TRANSITIONS



THE TRANSITIONS CLINIC PROGRAM WORKS TO SOLVE THIS PROBLEM BY:

BUILDING CAPACITY for team-based, patient-centered care for chronically ill returning prisoners.



HIRING + INTEGRATING community health workers (CHWs) with a history of incarceration into the medical team, helping patients navigate healthcare and social services.

LEVERAGING the services within an existing community health center, located in neighborhoods with the highest rates of incarceration.

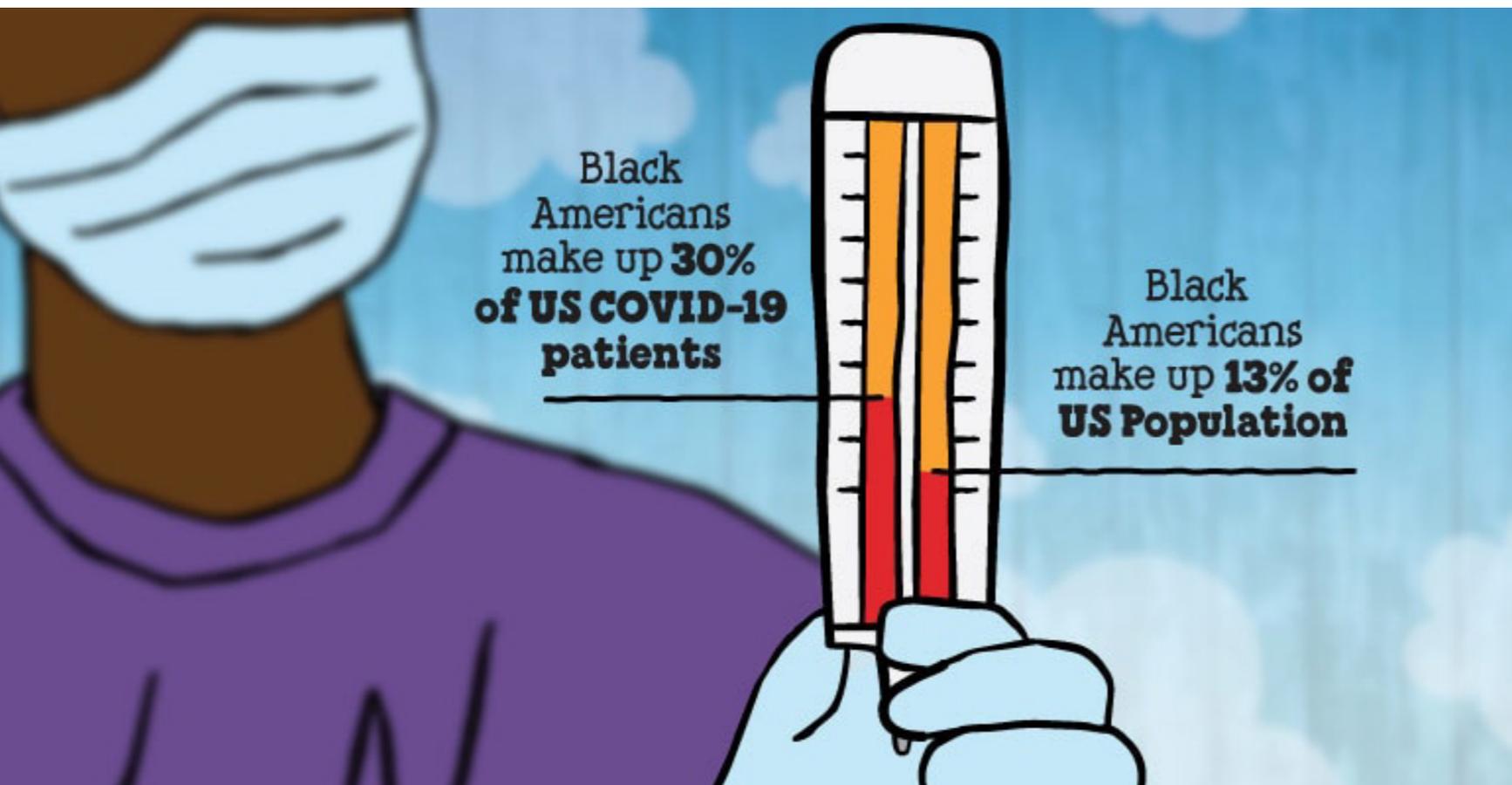


PARTNERING with both community organizations, and correctional and government agencies that work closely with the incarcerated community.

Patient-Centered Care

- Focused hiring on lived experiences
- Emphasis on holistic care and addressing social determinants of health
- Establish rapport with local district attorney's office and diversion programs

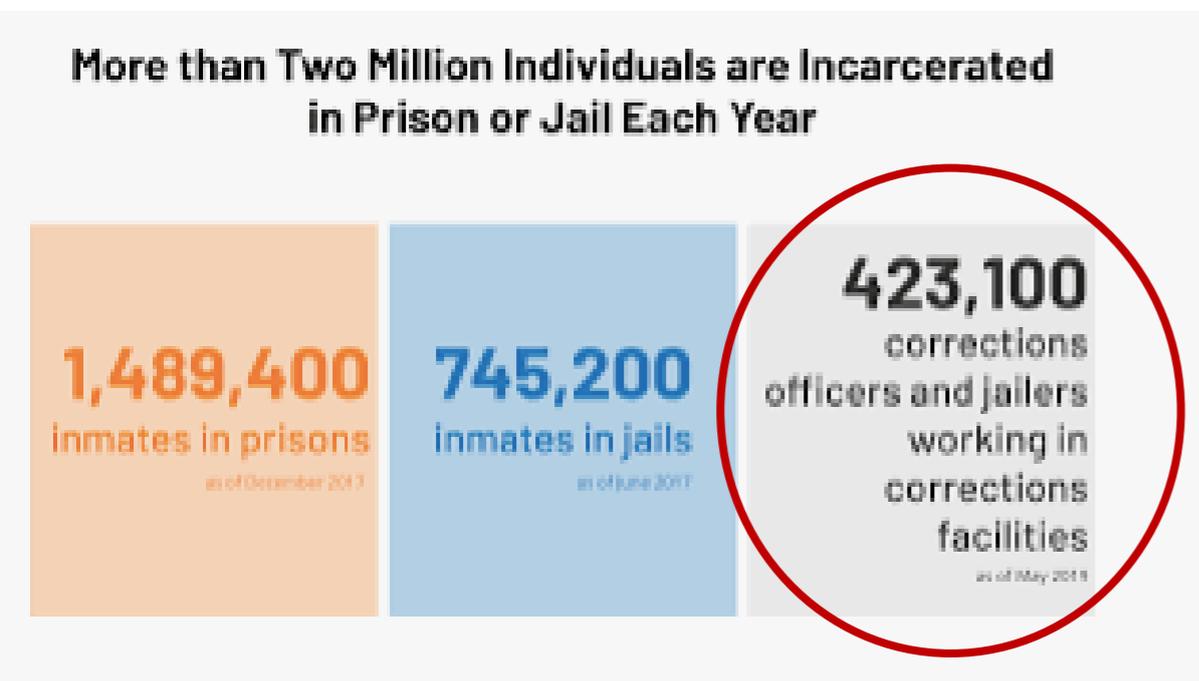
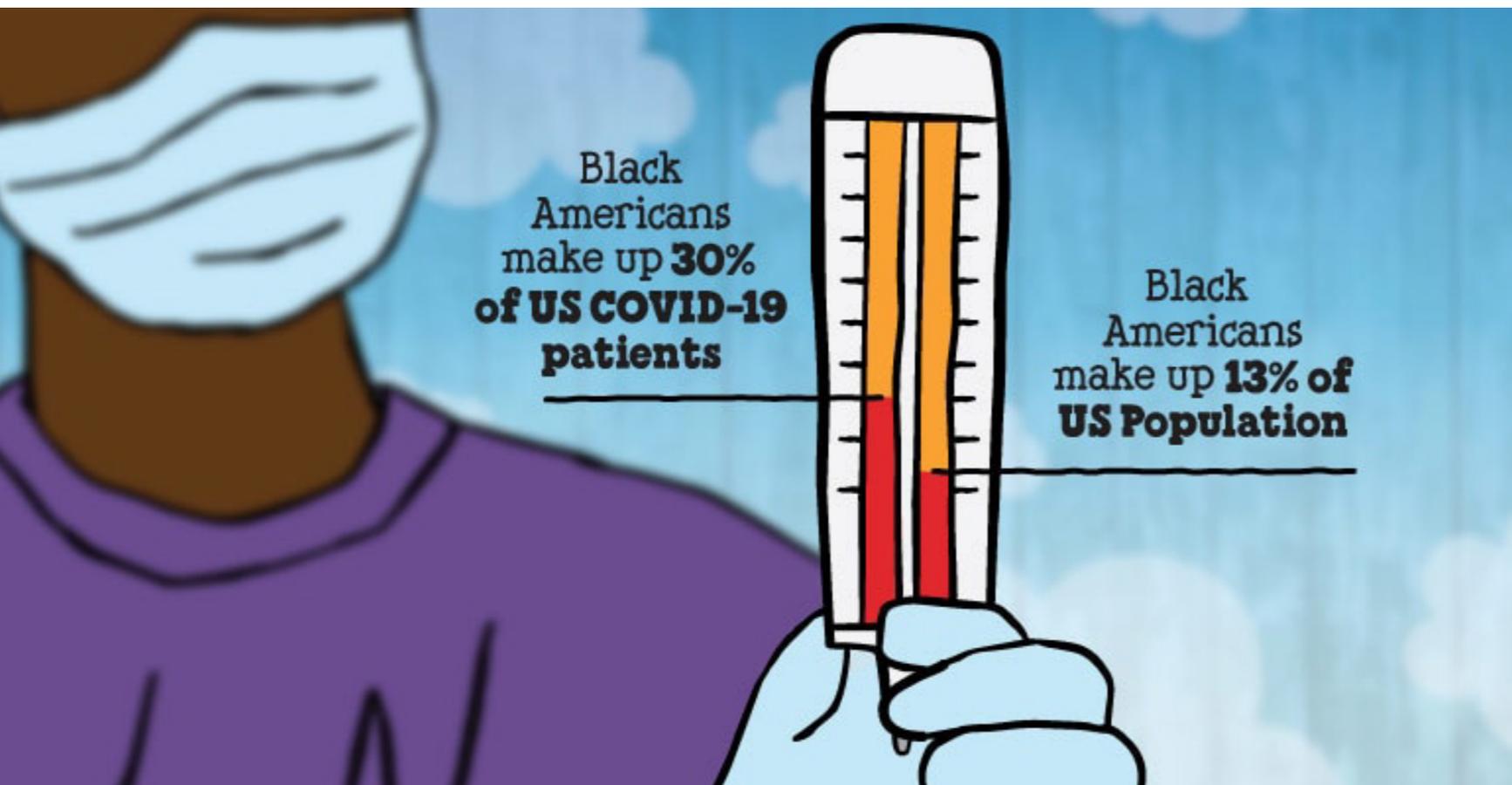




WHICH GROUPS ARE AFFECTED BY RACE AND STRUCTURAL RACISM?

- BLACK PEOPLE
- LATINIX PEOPLE
- ASIAN & PACIFIC ISLAND PEOPLE
- NATIVE OR INDIGENOUS PEOPLE
- WHITE PEOPLE
- MULTI-RACIAL/ MULTI-ETHNIC PEOPLE

Although groups have significantly different experiences in the United States, **all groups** viewed as being non-white have been subordinated, excluded, and marginalized, at one time or another, by institutional practices, popular beliefs, and habits that implicitly or explicitly support white privilege.



WHICH GROUPS ARE AFFECTED BY RACE AND STRUCTURAL RACISM?

- BLACK PEOPLE
- LATINIX PEOPLE
- ASIAN & PACIFIC ISLAND PEOPLE
- NATIVE OR INDIGENOUS PEOPLE
- WHITE PEOPLE
- MULTI-RACIAL/ MULTI-ETHNIC PEOPLE

Although groups have significantly different experiences in the United States, **all groups** viewed as being non-white have been subordinated, excluded, and marginalized, at one time or another, by institutional practices, popular beliefs, and habits that implicitly or explicitly support white privilege.



The COVID Prison Project tracks data and policy across the country to monitor COVID-19 in prisons

The site will offer analysis and resources to better understand how coronavirus is impacting people who are incarcerated. We track data from all 50 US states, Puerto Rico, the Federal Bureau of Prisons, and Immigration and Customs Enforcement (ICE). Content will focus on data collection and analysis using a public health-oriented framework

[Explore the Data](#)

[About the Project](#)

People who live in correctional settings are at a high risk of exposure to COVID-19. In fact, a majority of the largest, single-site outbreaks since the beginning of the pandemic have been in jails and prisons. Therefore, there is a demonstrated need to examine national prison data on COVID-19 testing, confirmed cases, and policies and procedures. Here we examine national and statewide data on prevalence rates in federal and state prisons.



The COVID Prison Project tracks data and policy across the country to monitor COVID-19 in prisons

As of February 1, 2022 there have been:

547,894

COVID-19 cases among people incarcerated in prisons

2,791

Deaths of incarcerated individuals in prisons due to COVID-19

184,138

COVID-19 cases among staff working in prisons

265

Deaths of staff working in prisons due to COVID-19

531,009

Incarcerated People who have received at least one vaccine dose

128,399

Staff who have received at least one vaccine dose

Albemarle Charlottesville Regional Jail

No COVID outbreak among the inmate population until 9/12/21

Inmate Population and Programs: goal = reduce crowding and risk of exposure through flow of persons in and out of ACRJ

- **Reduction of inmate population by 30%** (non-violent offenders, PVs, bail bond difficulties) with use of Home Electronic Monitoring

- **Stop movement in and out**

No volunteers into the facility (negative impact on programs)

No work-release programs

Decline to accept inmates from other correctional facilities

Reduce to a minimum movement of inmates to UVA for non-urgent visits

Creation of new place for intoxicated to sleep off their alcohol outside the ACRJ (unless there was history of seizures and DTs) - homeless provided housing

- **Area courts closed**, later reopened as virtual courts with ability of inmates to remain inside the ACRJ and appear at court via zoom

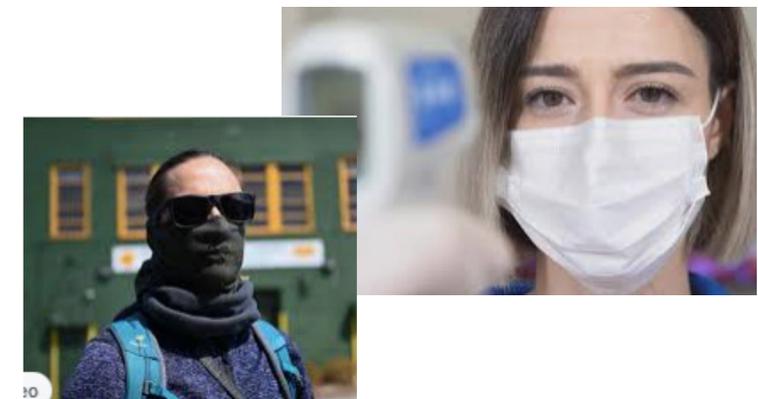
Albemarle Charlottesville Regional Jail

No COVID outbreak among the inmate population until 9/12/21

COVID Risk Reduction with Personal Behaviors of Staff and Inmates: goal = reduce risk of exposure from staff to inmates

Social Distancing is impossible in a correctional facility

- **Temperature testing all staff coming Feb 2020**
- **Mandatory mask-wearing** staff and officers at all times, and inmates when they move from place to place



- **Full PPE (mask, face shields, G&G) for officers and nurses** working in intake, medical and passing medications (in the early days – a lot of donated PPE)
- **When available - mandatory testing of staff and inmates** (citation if refuse)
- **COVID positive staff stayed home**, self-quarantine if high risk exposure

Albemarle Charlottesville Regional Jail

No COVID outbreak among the inmate population until 9/12/21

Policies for all inmates coming into ACRJ, or long-term

- **Mandatory quarantine** for all persons detained (at least 14 days); COVID vaccination status checked upon entry (after January 2021)
- When available, **Ab testing of inmates in quarantine on days 3 and 12-14**, with release into general population at day 14 if negative
- **Move inmate w/symptoms to medical unit**
- **Develop vaccination program when vaccines became available** - All vaccines (Moderna, Pfizer, J & J), voluntary, documentation into Va DH Database
- Continuation of **comprehensive intake examination after released from quarantine; and comprehensive medical, dental and mental health care**

Challenges: Public Health

- **Local and State Health Departments were initially in disarray** - no plan, no supplies, no money, no personnel
- **CDC not reliable and incorrect** (vaccinated inmates do not need to be quarantined)
- **ACRJ leadership read the literature, consulted experts, developed policies based on science and best practices**
- **Consistently 2 - 4 weeks ahead of expert recommendations**
- **Created feeling of uncertainty and anxiety exacerbated by high risk environment**

Barriers: Access to Supplies & Specialists

- **Poor access was consistently a problem** - PPE, face masks, test kits until mid-summer 2020; medical personnel in ACRJ not considered essential front-line personnel
- COVID Ab test kits were extremely limited and very expensive
- COVID vaccinations - **last correctional facility in Va to get vaccines** because we had done so well with no cases of COVID among inmates
- **Refusal of UVA to see inmates** - considered ACRJ a “congregate” setting despite remaining COVID-free; Followed by inconsistent practices with regard to managing inmates inside UVA’s ED, hospital and clinics
- Developed capacity to FIT testing of staff for use of N-95s

Policy Changes – Summer 2021

Virginia Chief Justice allows all courts to open without mandatory masking

Letter written challenging this decision

Loosening of social distancing and mandatory masking in the community

Prisoners and the Pandemic: A Year Into COVID, Crowded Jails Fuel Infections In Ohio Valley

By [ALANA WATSON \(/PEOPLE/ALANA-WATSON\)](#) • MAR 16, 2021



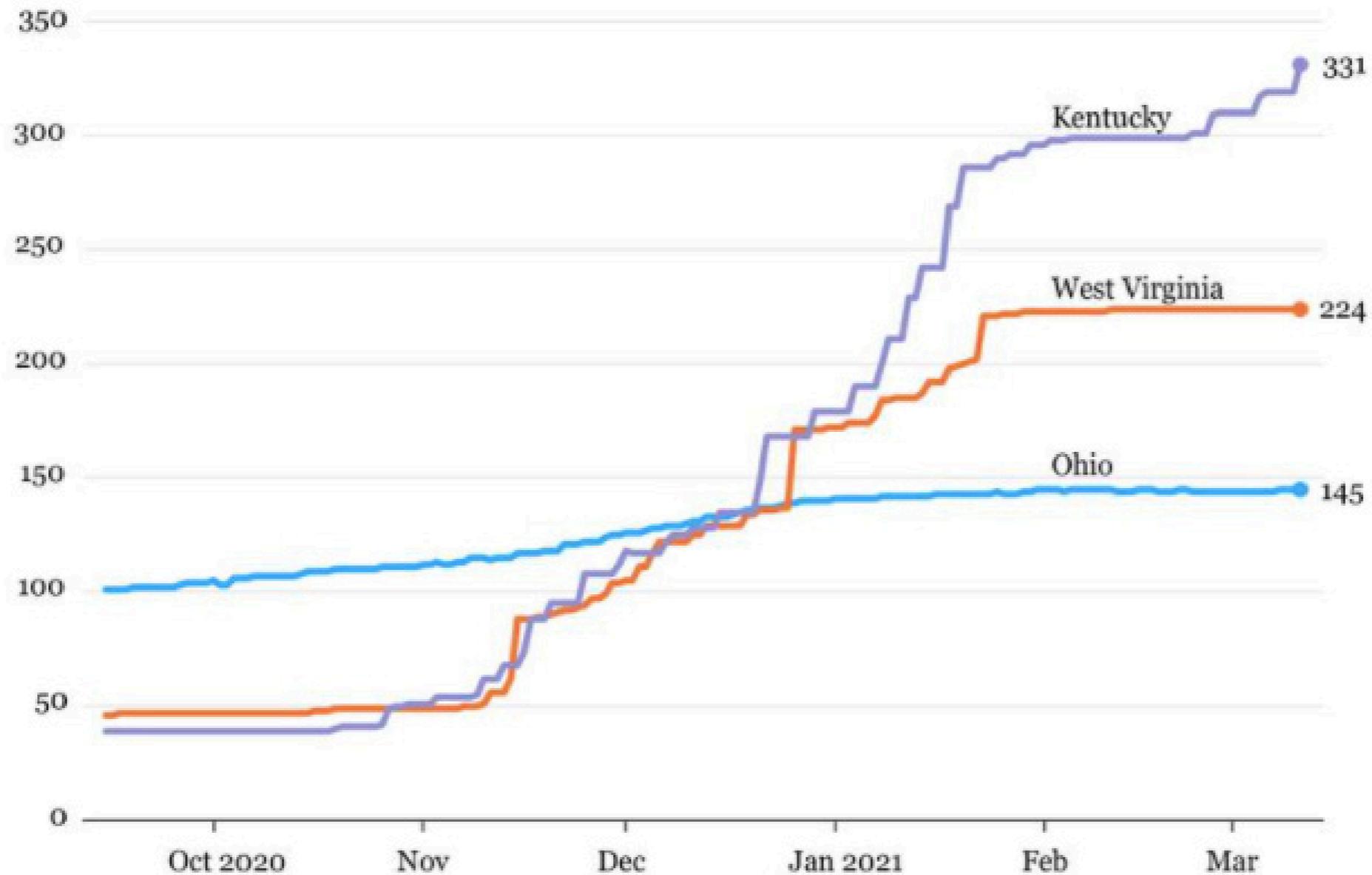
When the first coronavirus cases were reported last year, Warren County, Kentucky, Jailer Stephen Harmon knew there was going to be a COVID-19 outbreak in his jail. It was just a matter of when.

“We tried our best to keep it from happening,” he said. “However with this many people in a fairly small spot, we knew that that was going to happen at some point so we responded to it as best we could.”

Delta accelerates COVID spread, also in correctional facilities

Positive COVID-19 cases in correctional facilities per 1,000

Lines represent seven-day averages



Source: The COVID Prison Project, prison population data from The Sentencing Project
Suhail Bhat / Ohio Valley ReSource

ACRJ Response to COVID Outbreak - Addressing the inevitable on 9/12/21

- **COVID Ab testing** everyone **exposed through contact tracing**
- **COVID unit** - all positive inmates with daily vitals, lung exam, asked inmates to alert staff if there were changes
- **COVID Ab treatment** of high risk inmates at UVA
- Movement to medical unit anyone considered vulnerable for deterioration
- **Review by Virginia Department of Health of ACRJ practices and procedures**
- **Creation of mandatory COVID testing for all unvaccinated staff**

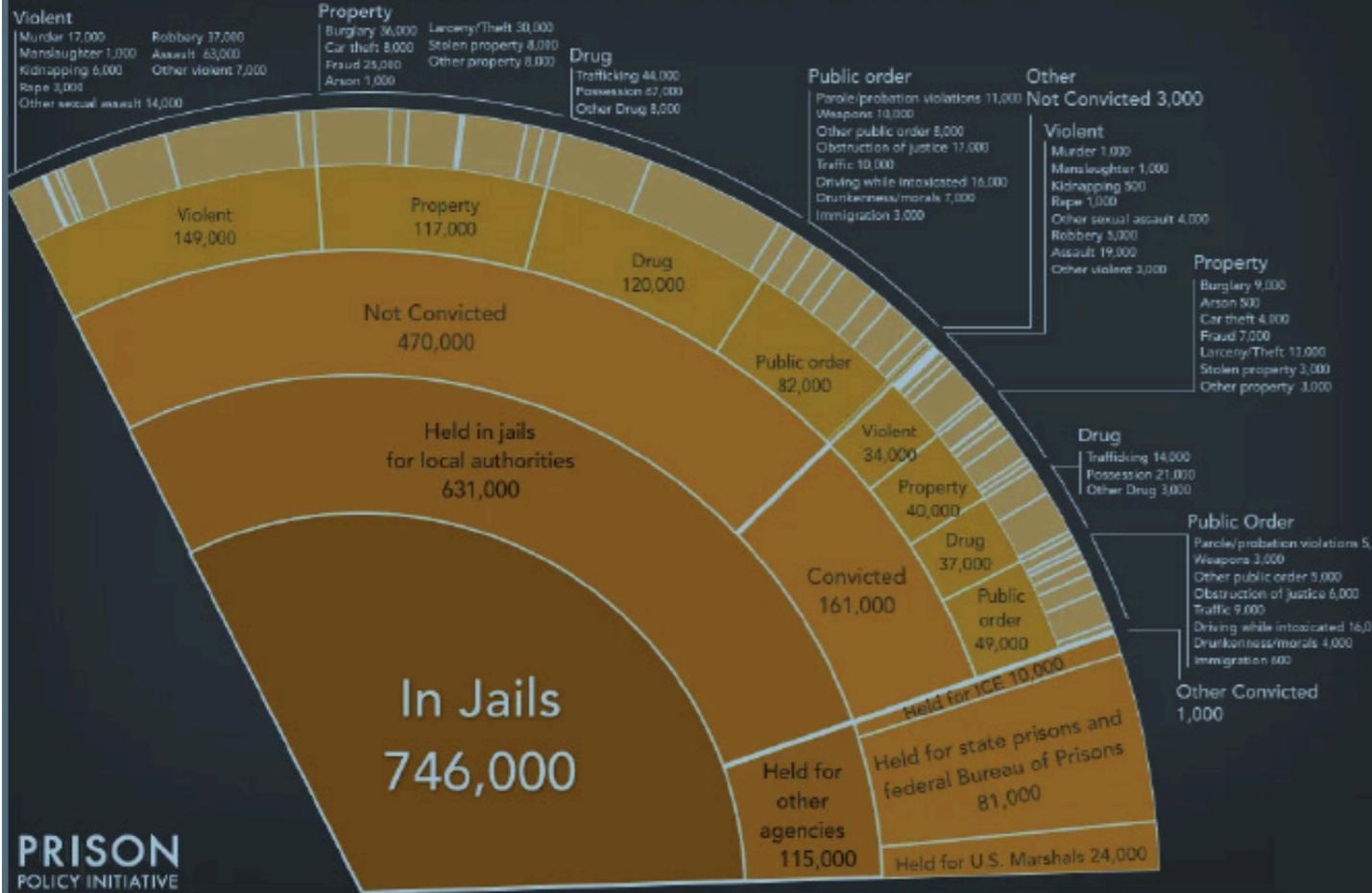
FEB 1st is #NationalFreedomDay
Demand Decarceration!



**Protect Public Health
Through Decarceration**

74% of people held by jails are not convicted of any crime

If you include the 115,000 people held in local jails that rent out space to other agencies, 65% of people in jails are unconvicted. Either way, jail incarceration rates are driven largely by local bail practices.



Jails are “incarceration’s front door”.

Jail Churn –

While 600,00 individuals enter prison annually; people go to jail 10.6 million times each year.

Most people in jail are never convicted of a crime.

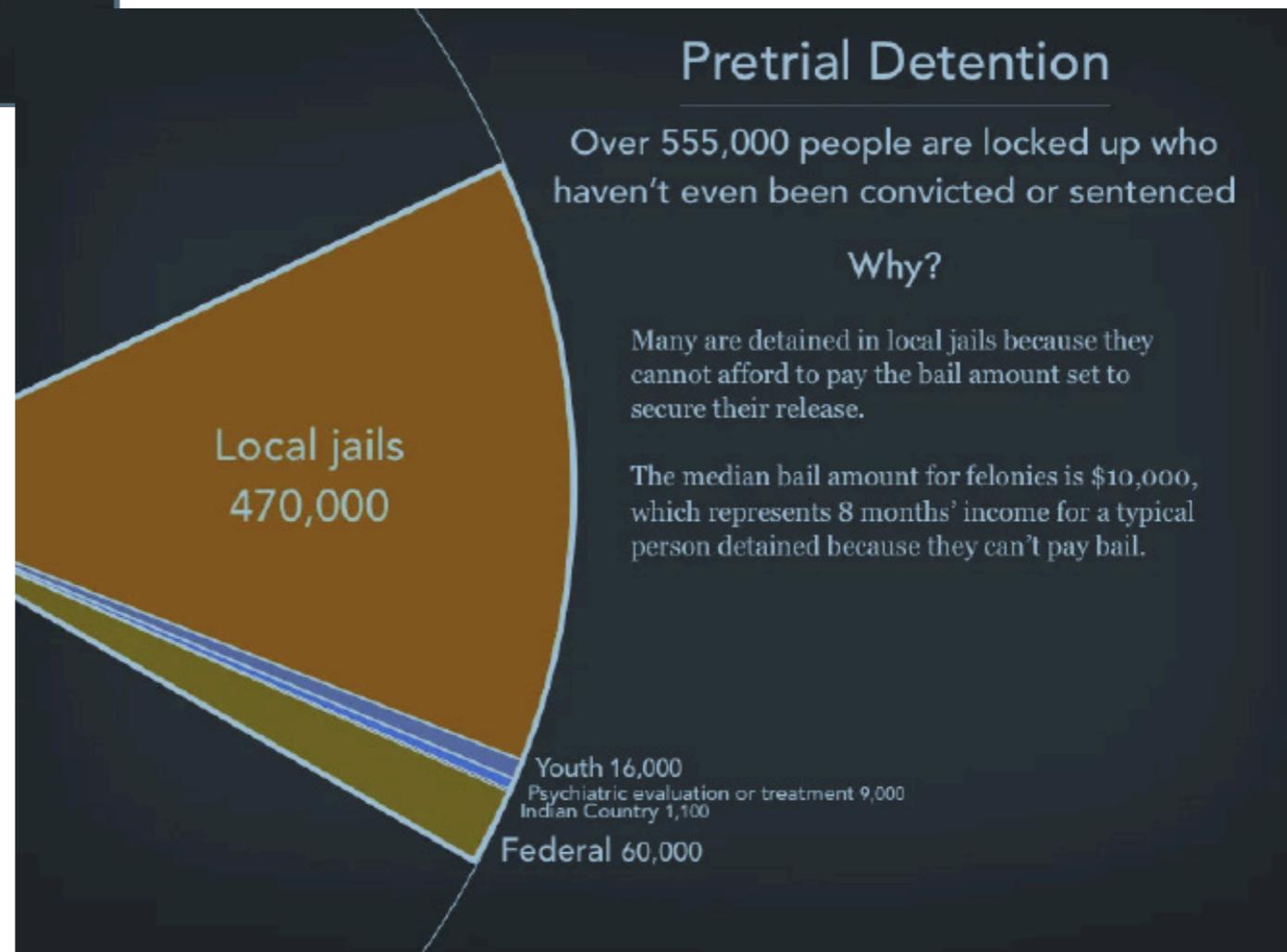
Pretrial Detention

Over 555,000 people are locked up who haven’t even been convicted or sentenced

Why?

Many are detained in local jails because they cannot afford to pay the bail amount set to secure their release.

The median bail amount for felonies is \$10,000, which represents 8 months’ income for a typical person detained because they can’t pay bail.



The National Academies of
SCIENCES · ENGINEERING · MEDICINE



CONSENSUS STUDY REPORT

DECARCERATING CORRECTIONAL FACILITIES DURING COVID-19

Advancing Health, Equity, and Safety

DECARCERATION IS HEALTHCARE



The Path from Arrest to Pretrial Detention

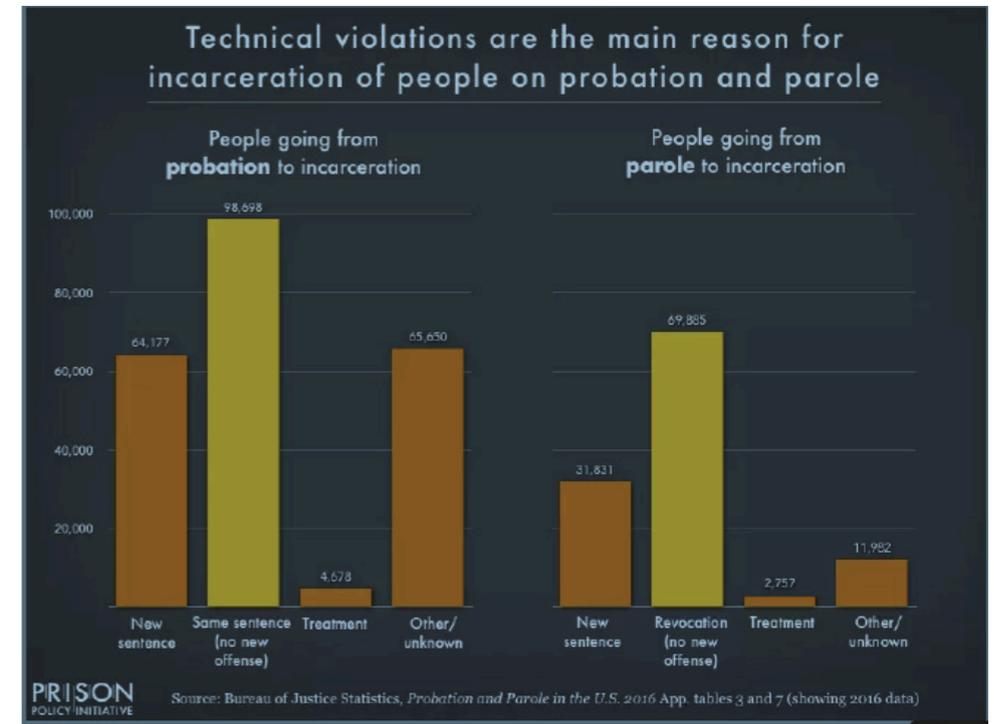
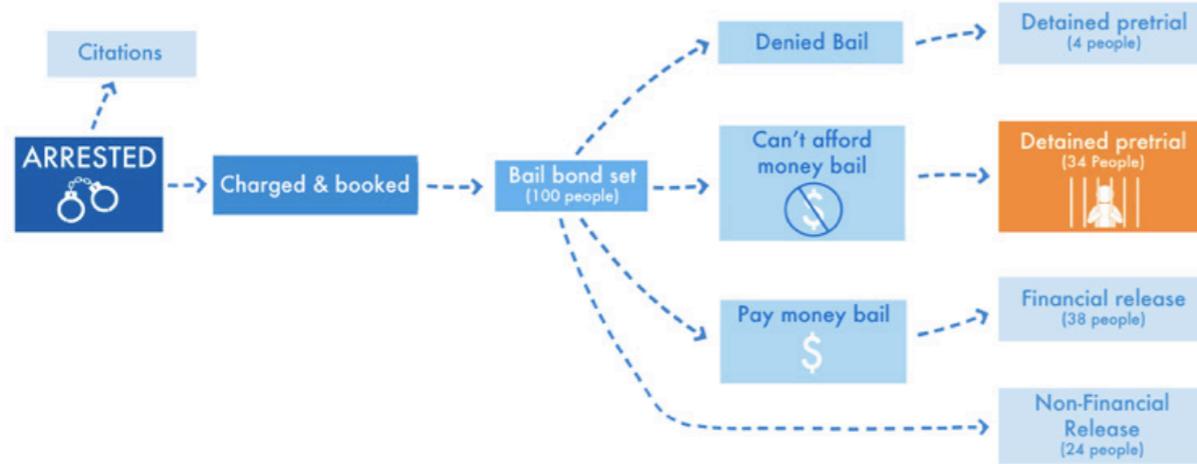
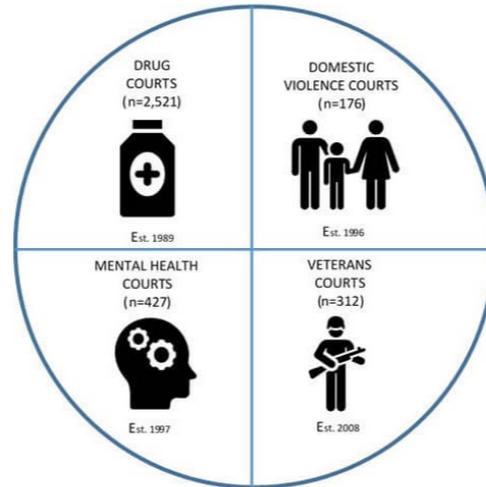


FIGURE 1
NUMBER OF PSCS IN THE UNITED STATES BY TYPE, 2015^[23]



Misdemeanors - citations without convictions

DECARCERATING CORRECTIONAL FACILITIES DURING COVID-19

Advancing Health, Equity, and Safety



TRANSITIONS

CLINIC