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Data from UCLA Covid-19 Behind Bars Data Project demonstrate threat to rural communities, need to decarcerate as Covid-19 cases surge in prisons and jails

Los Angeles, CA — The UCLA Covid-19 Behind Bars Data Project, an initiative that has been tracking the spread of Covid-19 in U.S. carceral facilities since March 2020, emphatically endorses the concerns raised by the New York Times Editorial Board in its November 21 [op-ed](#) on the recent unprecedented spikes in Covid-19 cases in prisons and jails, and the ongoing failures by authorities to take meaningful action to avoid a “public health catastrophe.”

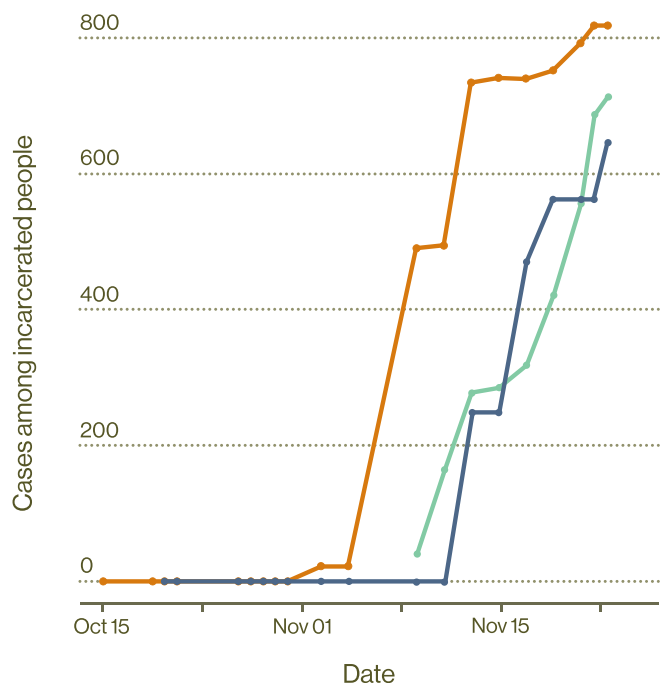
Our own facility-level data underscore the severity of this crisis. We collect Covid-19 infection and death data in prisons, jails, youth facilities, and immigration detention centers directly from their respective agencies.

In the past three weeks alone, we have seen alarming outbreaks at several facilities located in isolated rural areas. Anamosa State Penitentiary (Jones County, Iowa), Lee Adjustment Center (Lee County, Kentucky), and High Desert State Prison (Lassen County, California) each reported zero Covid-19 cases prior to November. In a matter of a few weeks, each has seen more than 600 new cases of Covid-19 among incarcerated people. The sudden spikes underscore just how quickly the virus can spread throughout an entire facility, especially when densely populated.

In the case of Anamosa, approximately 85% of the 967 people incarcerated there have been infected with Covid-19, and at least four have died: Timothy Bryant, Robert Sirovy, Jonathan Strain, and David Streets.

Lee, a small facility with a population of 753, has an infection rate of 86%. High Desert, a larger facility with a population of 3,346 and an occupancy rate of 144%, has an infection rate of 21%; the rapid increase in infection rate shows no sign of abating. High Desert reports that one incarcerated person has died from the virus this month but has not reported his name.

Recent Covid-19 Spikes in Rural Prisons



Facility

— Anamosa State Prison, Iowa

— High Desert State Prison, California

— Lee Adjustment Center, Kentucky

In addition to causing preventable deaths of incarcerated people and correctional staff, Covid-19 spikes in prisons and jails across the country will wreak havoc on the healthcare systems in surrounding communities. Particularly at risk are rural communities, where most American prisons are located and where critical care capacity is limited and will be easily overwhelmed.

For example, Lee County, Kentucky is a highly vulnerable county, with a higher median age than 70% of U.S. counties and no major hospitals within county boundaries. The nearest hospital, in neighboring Estill County, is a critical care facility with only 25 beds in total. With both Lee and Estill Counties experiencing rapid increases in Covid-19 case counts, an outbreak in the nearby prison threatens to overwhelm local medical systems.

These are only some of the most recent examples of rapid spread. In August, the Mayo Correctional Institution Annex in Lafayette County, Florida, with an incarcerated population of approximately 1,400, saw its first seven infections between August 6 and 8; within another week, 639 prisoners were infected. By late August, the number of individuals infected reached 955.

With chronic overcrowding and grossly inadequate health care, carceral facilities can and have become sudden Covid-19 hotspots, often with especially severe health consequences. Our July 2020 analysis of cases and deaths in prisons from March 31 to June 6, 2020 found that incarcerated people were 5.5 more likely to get infected by and 3 times more likely to die from the virus as compared to their non-incarcerated peers.

Following limited efforts to decarcerate at the start of the pandemic, prison and jail populations across the country have been steadily rising again in recent months, as noted by the New York Times Editorial Board. These increases are the unfortunate result of a waning commitment by various agencies within the criminal-legal system to mitigating spread inside facilities and to outside communities.

Immigration detention facilities are similarly pulling back on efforts to reduce populations: the Mesa Verde ICE Processing Facility in California is lifting prior orders to keep populations low despite warnings from advocates, who also caution that the continued transfer of people between jails, prisons, and ICE facilities increases the risk of further outbreaks.

With cases surging in communities across the country, decisions made now will prove critical in setting a trajectory for the winter. Serious decarceration measures taken immediately, before massive outbreaks occur in facilities that have escaped the brunt of the pandemic thus far, may save countless lives and spare the health infrastructure of at-risk rural communities.

“People in prisons and jails cannot socially distance and often lack basic PPE,” said UCLA Law Professor Sharon Dolovich, director of the Covid-19 Behind Bars Data Project. “The rapid escalation in infections we are seeing across the country should surprise no one. All public officials with the authority to release people from custody need to exercise that authority to the greatest possible extent. If they fail to do so, more people will needlessly die.”

About the UCLA Covid-19 Behind Bars Data Project

The UCLA Covid-19 Behind Bars Data Project responds to the urgent need to collect, share, and act on data related to Covid-19 in prisons and jails by tracking the spread and impact of the virus in prisons, jails, youth facilities, and immigration detention centers across the United States. Its data are available at covid19behindbars.org.