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Forgotten Victims?: Women and COVID-19 Behind Bars

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PART ONE: OVERVIEW

COVID-19 and the policies designed to counter it in American prisons pose distinct medical, emotional, psychological and economic threats for incarcerated women and their families.

Less than one year into the COVID-19 pandemic, many questions remain unanswered about the virus, but already glaringly apparent are some factors that increase risk. One is the vulnerability that exists for people who are incarcerated; infection rates in prisons are 5.5 times higher than among the general American public.¹ The high rates in prisons are likely a result of both housing conditions and the statistically higher rates of co-morbidities among the incarcerated population.²

Another factor is gender. There is early evidence that males have

1 Brendan Saloner, Kalind Parish, Julie A. Ward, Grace DiLaura, and Sharon Dolovich, 2020, “COVID-19 Cases and Deaths in Federal and State Prisons.” *JAMA* 324(6), 602-603. Available at: <https://jamanetwork.com/journals/jama/article-abstract/2768249>. Accessed October 12, 2020.

2 A 2016 study by the U.S. Department of Justice, Bureau of Justice Statistics found that half of all people in American jails, state and federal prisons reported having a chronic medical condition, such as “cancer, high blood pressure, stroke related problems, diabetes, heart-related problems, kidney-related problems, asthma, and cirrhosis of the liver.” Further, 21% of people in prison reported having an infectious disease. Laura M. Maruschak, Marcus Berzofsky, and Jennifer Unangst, 2016, “Medical Problems of State and Federal Prisoners and Jail Inmates, 2011 – 2012.” Bureau of Justice Statistics (Revised October 4). Available at: <https://www.bjs.gov/content/pub/pdf/mpsfjii1112.pdf>. Accessed October 12, 2020, p. 1.

an increased risk of dying, lower recovery rates and increased severity of symptoms.³ Whether this outcome results from biological, behavioral or a mix of factors requires additional research.⁴ Incarcerated women, thus, by gender, are likely to be at lower risk of severe disease outcomes than incarcerated men. But given conditions in prison and high rates of co-morbidities, they remain at significant risk. Further, as has been studied in the general population, the gendered impacts of COVID-19 are not limited to clinical prognosis.⁵ For incarcerated women, impacts of lockdowns designed to counter the spread of the virus within prisons present distinct challenges that compound pre-existing issues faced by women behind bars: psychological, emotional, and economic stresses.

This paper is based on analysis of 138 women’s state and federal prisons across the United States. Because we focus on what has occurred within these women’s institutions, this paper does not address the distinct circumstances facing trans women, who are overwhelmingly placed in prisons based on their assigned sex at birth, which exposes them to significantly higher rates of victimization inside prison.⁶ We found 132 prisons provided publicly available information about the numbers of women incarcerated, testing for COVID-19 and/or positive test rate. Of the prisons that provided at least partial information, outbreaks (characterized as 10% positive test rate) could be documented at 24 facilities, or 19% of all women’s prisons reporting COVID-related data. The significance of these figures lies both in the morbidity risks and also in the restrictive measures introduced in response to

outbreaks. Further, the numbers are undoubtedly an undercount given inconsistencies in reporting.

In Part Two, we present some basic information about the female population in prisons in the United States, drawing out connections between long-standing issues facing women in prison, risks related to COVID-19, and gendered implications of the policies designed to counter the virus. Part Three details what is known about COVID-19 in women’s prisons across the country. Part Four presents profiles of the country’s hardest hit facilities. Part Five concludes.

PART TWO: WOMEN, PRISON AND COVID-19

In February 2020, the U.S. Commission on Civil Rights submitted its report, “Women in Prison: Seeking Justice Behind Bars,” to the U.S. President.⁷ It offered a comprehensive picture of the unmet needs of incarcerated women. As one Commissioner wrote: “From healthcare to prevention of sexual assault to having their parental rights terminated, the prison industry is failing these women and the public.”⁸ One month later, the cumulative impact of these failures contributed to and exacerbated the impacts of the COVID-19 pandemic behind bars.

Who are these women? They share many statistical traits, some of which we address below, but they are also individuals whose identities cannot be reduced to the mere commonality of years spent in prison. Their

3 Jian-Min Jin, Peng Bai, Wei He, Fei Wu, Xiao-Fang Liu, De-Min Han, Shi Liu, and Jin-Kiu Yang, 2020, “Gender Differences in Patients With COVID-19: Focus on Severity and Mortality” *Public Health* (29 April). Available at: <https://doi.org/10.3389/fpubh.2020.00152>; Augusta Ortolan, Mariagrazia Lorenzin, Mara Felicetti, Andrea Doria, Roberta Ramonda, 2020, “Does Gender Influence Clinical Expression and Disease Outcomes in COVID-19? A Systematic Review and Meta-analysis.” *International Journal of Infectious Diseases* 99, 496-504. Available at: <https://doi.org/10.1016/j.ijid.2020.07.076>. Accessed October 12, 2020.

4 Primavera A. Spagnolo, JoAnn E. Manson, Hadine Joffe, 2020, “Sex and Gender Differences in Health: What the COVID-19 Pandemic Can Teach Us.” *Annals of Internal Medicine* (1 September). Available at: <https://www.acpjournals.org/doi/full/10.7326/M20-1941>. Accessed October 12, 2020.

5 Clare Wenham, Julia Smith, Rosemary Morgan, 2020, “COVID-19: the Gendered Impacts of the Outbreak.” *The Lancet* 395:10227, 846-848; Titon Alon, Matthias Doepke, Jane Olmstead-Rumsey, and Michele Tertilt, 2020, “The Impact of COVID-19 on Gender Equality.” The National Bureau of Economic Research, Working Paper 26947 (April). Available at: <https://www.nber.org/papers/w26947>. Accessed October 12, 2020.

6 United States Commission on Civil Rights (Commission), 2020, “Women In Prison: Seeking Justice Behind Bars.” (February 26). Available at: <https://www.usccr.gov/pubs/2020/02-26-Women-in-Prison.pdf>, p. 32. Accessed October 15, 2020.

7 Commission 2020.

8 Statement of Commissioner David Kladney in Commission 2020, p. 236. His statement is presented at the end of the report, along with those of two other commissioners. Together, the statements provide insight into debates among Commissioners that is not otherwise reflected in the report.

lives are intertwined with others; they are mothers, daughters, sisters, wives, and friends who have been convicted of a crime. Most will eventually leave prison and return to their communities outside—they are neighbors, colleagues and fellow citizens. In statistical terms, according to Bureau of Justice Statistics, in 2018 (the most recent year available), there were 110,845 women incarcerated in state (98,319) and federal (12,526) prisons throughout the U.S.⁹ They are vastly outnumbered by men in prisons: of whom there are 1,354,313 (167,372 in federal prisons, and 1,186,941 in state prisons). Over the past decade, though, men’s incarceration rate has been declining at a faster rate (-15%) than that of women (-9%).¹⁰ While most states reported figures that contributed to the overall decline, six states reported significant increases in the population of incarcerated women: Hawaii (+11%), Idaho (+9.8%), Colorado (+6.6%), Maine (+6.6%), and South Dakota (+6.4%).¹¹ The states with the highest number of incarcerated women are: Texas (14,435), Florida (6,726), California (5,778), Ohio (4,278), and Arizona (4,185).¹²

Only the bare bones of race and ethnicity are captured by Bureau of Justice statistics: incarcerated American women are 48,900 (white), 18,900 (Black), 19,400 (Hispanic) and 17,000 (other).¹³ The incarceration rate for Black females (88 per 100,000) is 1.8 times higher than that of white females (49 per 100,000); a difference that is particularly strong for younger women

(aged 18 to 19).¹⁴ Regardless of race or ethnicity, women in prison are overwhelmingly poor and from disadvantaged communities.¹⁵

More than men, women tend to be incarcerated for nonviolent drug and theft-related charges.¹⁶ Those women who are convicted of violent crimes are much more likely than men to have perpetrated aggression against a family member or intimate partner, often following years of suffering domestic violence.¹⁷

Long-standing issues in women’s prisons contributed to an increased risk of infection as COVID-19 began spreading. Below, we highlight a few of the most critical issues.

Overcrowding: Prisons with populations above their design capacity is a problem for incarcerated women in California, Louisiana, Florida, Massachusetts and Michigan (examples discussed below, Section Four). Where it occurs, overcrowding serves to amplify other issues, including sexual abuse, inadequate medical and mental health care, and insufficient access to educational and other programming.¹⁸ During the COVID-19 pandemic, overcrowding also increases risk of infection. The World Health Organization has clearly stated that overcrowding in places of detention undermines health, safety, hygiene and human dignity, and that a health response to COVID-19 in closed settings alone is insufficient.¹⁹ It also added that overcrowding “con-

9 E. Ann Carson, 2020, “Prisoners in 2018.” U.S. Department of Justice, Bureau of Justice Statistics (April). Available at: <https://www.bjs.gov/content/pub/pdf/p18.pdf>. Accessed October 11, 2020, p. 3. Note: some women’s prisons serve both as post-sentencing and pre-trial detention centers in locations where jail facilities for females either do not exist or cannot hold all detained women.

10 Carson 2020, p. 1.

11 Carson 2020, pp. 4 – 5.

12 Carson 2020.

13 Carson 2020, p. 15.

14 Carson 2020, pp. 16 -17.

15 Jodi Lane, 2020, “An Overview: What We Know About Incarcerated Women and Girls” in *Women and Prison*, ed. Jada Hector (Cham, Switzerland: Springer International Publishing AG), 1 – 13, p. 3.

16 National Resource Center on Justice Involved Women, 2016, “Factsheet on Justice Involved Women in 2016.” Available at: <http://cjinvolwedwomen.org/wp-content/uploads/2016/06/Fact-Sheet.pdf>. Accessed October 12, 2020.

17 Marilyn Van Dietsen, Natalie J. Jones, and Monica Rondon, 2014, “Working with Women Who Perpetrate Violence: A Practical Guide.” National Resource Center on Justice Involved Women. (April). Available at: <https://cjinvolwedwomen.org/wp-content/uploads/2015/09/Working-With-Women-Who-Perpetrate-Violence-A-Practice-Guide6-23.pdf>. Accessed October 23, 2020.

18 Commission 2020, p. 91, ft. 537.

19 World Health Organization (WHO), 2020, “UNODC, WHO, UNAIDS and OHCHR joint statement on COVID-19 in prisons and other closed settings.” (May 13). Available at: <https://www.who.int/news/item/13-05-2020-unodc-who-unaid-and-ohchr-joint-statement-on-covid-19-in-prisons-and-other-closed-settings>. Accessed October 15, 2020.

stitutes an insurmountable obstacle for preventing, preparing for or responding to COVID-19.”²⁰

Physical health: The quality of health care provided to women in prisons varies significantly,²¹ yet the majority of women in prison need on-going medical attention. More than half of all incarcerated women (63%) report having a chronic health condition.²² These women suffer from high levels of obesity, hypertension, sexually transmitted diseases, and cervical and breast cancer, and have distinct reproductive health needs. The needs are often unmet, according to the National Commission on Correctional Health Care.²³ Because of these pre-conditions, and despite the fact that the majority of incarcerated women are under 45 (which, in theory, should improve their medical outlook if they contract COVID-19), incarcerated women remain at heightened risk, given the extent to which co-morbidities are a factor in disease prognosis.²⁴

Pregnancy: There is a shocking scarcity of data regarding the frequency of pregnancy and its outcomes behind bars.²⁵ One group of researchers reported that during their study period of 2016 -2017, 4% of women admitted to 22 different state and federal prisons throughout the US were pregnant – a total of 1,396 pregnant incarcerated women resulting in 753 births inside prison.²⁶ Being pregnant and delivering a baby while incarcerated comes with a multitude of challenges, including insufficient prenatal and nutritional care, as well as “medically unsafe practices of placing

pregnant women in solitary confinement and shackling women in labor, [failures in] ensuring proper pregnancy and postpartum care, and determining who will care for the infants born to mothers in custody.”²⁷

In addition to these human rights abuses, during the pandemic, pregnant women in prisons face increased risks related to the virus. Based on what is known so far, pregnant women seem to suffer more severe virus symptoms compared to non-pregnant women, and other adverse outcomes such as preterm birth.²⁸ Incarcerated pregnant women cannot avail themselves of many of the steps recommended to prevent exposure.

Infants: Most women who give birth in prison abruptly have their babies taken away from them, hurting both mother and child. Only a few prisons have nurseries that allow women to care for their infants for an extended period. As of 2019, prisons in Illinois, Indiana, Nebraska, New York, Ohio, South Dakota, Washington, and West Virginia host nursery programs.²⁹ That means that these prisons include a unique group of people not found in men’s facilities: babies. Policies regarding how long women can keep their newborns inside prison vary from facility to facility. The benefits of allowing infants to spend significant time with their mothers are significant, but COVID-19 presents new impetus for prison authorities to help women protect the health of their children: research indicates that neonates with underlying conditions and preterm infants might be at a higher risk of severe illness from COVID-19.³⁰ In general, babies under two years old are also at an increased risk likely due to their imma-

20 WHO 2020.

21 Commission 2020, p. 89.

22 The PEW Charitable Trusts, 2017, “Prison Health Care: Costs and Quality.” (October). Available at: https://www.pewtrusts.org/-/media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf. Accessed October 12, 2020, p. 24.

23 National Commission on Correctional Healthcare, “Women’s Health Care in Correctional Settings.” Available at: <https://www.ncchc.org/womens-health-care>. Accessed October 15, 2020. See also Commission 2020, pp. 94 – 95.

24 The Centers for Disease Control and Prevention (CDC), 2020, “People with Certain Medical Conditions.” (Revised November 2). Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>. Accessed November 3, 2020.

25 Commission 2020, p. 101.

26 Carolyn Sufirin, Lauren Beal, Jennifer Clarke, Rachel Jones, William D. Mosher, 2019, “Pregnancy Outcomes in US Prisons, 2016–2017.” *American Journal of Public Health* 109: 5, 799-805.

27 Sufirin *et al* 2019, p. 803.

28 CDC 2020, “People With Certain”.

29 Kimberly D. Dodson, LeAnn N. Cabage, and Shaina M. McMillan, 2019, “Mothering Behind Bars: Evaluating the Effectiveness of Prison Nursery Programs on Recidivism Reduction.” *The Prison Journal* 99:5, 572 – 592, p.573.

30 CDC, 2020, “Evaluation and Management Considerations for Neonates At Risk for COVID-19.” (October 23). Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html>. Accessed October 24, 2020.

ture immune system.³¹

The above is an indicative, far from comprehensive, list of medical issues for women in prison, with emphasis on those that are directly implicated in what is known about heightened risks for COVID-19. Below we discuss gendered harms imposed by the policies undertaken by prison authorities across the country as measures to counter the virus.

Women's prisons followed the same limited playbook for responding to the virus and suffered from many of the same insufficiencies as did men's prisons. Widespread reports indicated inadequate supplies of cleaning materials and personal protective equipment (PPE), and, especially early on, prohibitions against allowing incarcerated people to use masks.³² Despite the abundance of evidence showing prisons as amplifiers of transmission, very few prison authorities took effective measures—such as reducing the prison population—to protect those behind bars. Once the first COVID-19 cases were detected inside prisons, testing lagged behind. In most facilities only people with clear symptoms were tested, at best.³³ Even so, in the first few months, testing supplies were extremely limited and many people with symptoms short of severe, hospitalizable symptoms were not tested at all. In many prisons around the country, these testing limitations remain today.

The 'lockdown' has become synonymous with broader social response to countering the pandemic. Its history is tied to mass incarceration: the term emerged from California's prison practices in the 1970s, which developed graduated models of 'incapacitation' (in many

ways replacing 'rehabilitation') to manage the increasing prison populations.³⁴ For many incarcerated people, a pandemic 'lockdown' has meant indefinite curtailment of visits with family, friends, and lawyers; and no educational, religious, substance abuse, or mental health programming. It also frequently meant that people were contained within small areas with little communication with others in different sections of the facility and limited ability to exercise or go outside. Repeatedly, incarcerated people reported serious declines in the quality of food and access to libraries, for instance, and other resources that might help ease the conditions of isolation inside prisons. In some prison systems (i.e., CA, MA, and IL), authorities have attempted some mitigation, like offering limited free audio and/or video calls, but these measures fall far short of needs.

Most prisons implemented lockdowns for several months; in some places, it has not ended as this report is being published. A lockdown does not mean solitary isolation for everyone. However, some prisons have used solitary confinement to isolate people with symptoms or who have tested positive. Since the beginning of the pandemic, the number of incarcerated people in solitary or lockdown increased from 60,000 to 300,000.³⁵ While being put in isolation at home or in the hospital has become commonplace since the pandemic began, in prison, people are often moved into solitary without any belongings, medical care is often worse in this form of detention, and the isolation can be near-absolute. It is important to highlight that in the carceral setting the use of solitary confinement exceeding 15 days is regarded as a form of torture by the UN.³⁶

31 Mayo Clinic Staff, 2020, "COVID-19 (coronavirus) in Babies and Children." (October 28). Available at: <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-in-babies-and-children/art-20484405>. Accessed November 3, 2020.

32 Emily Widra and Tiana Herring, 2020, "Half of States Fail to Require Mask Use by Correctional Staff." Prison Policy Initiative (August 14). Available at: <https://www.prisonpolicy.org/blog/2020/08/14/masks-in-prisons/>. Accessed October 15, 2020.

33 Shannon Firth, 2020, "COVID-19 Testing Lags in Prisons and Jails." *MedPage Today* (May 8). Available at: <https://www.medpagetoday.com/infectiousdisease/covid19/86391>. Accessed October 15, 2020.

34 Jonathon Simon, 2012, "Total Incapacitation: The Penal Imaginary and the Rise of an Extreme Penal Rationale in California in the 1970s," in *Incapacitation: Trends and New Perspectives* eds. Marijke Malsch and Marius Duker (London: Routledge, 2012).

35 Justine Van der Leun, 2020, "Confinement and Contagion," *The New York Review of Books*. (October 8). Available at: https://www.nybooks.com/articles/2020/10/08/confinement-and-contagion/?utm_medium=email&utm_campaign=NYR%20Simulating%20democracy%20Covid-19%20in%20womens%20prisons%20California%20on%20fire&utm_content=NYR%20Simulating%20democracy%20Covid-19%20in%20womens%20prisons%20California%20on%20fire+CID_a88bb51884756e0d1ba4ae623c4fda3d&utm_source=Newsletter&utm_term=Confinement%20and%20Contagion. Accessed October 13, 2020.

36 Officer of the High Commissioner of Human Rights, 2020, "United States: Prolonged Solitary Confinement Amounts to Psychological Torture Says UN Expert" (February 28). Available at <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25633&LangID=E>. Accessed October 13, 2020.

In many places, women are housed in double-occupancy cells or in dormitory-style houses with groups of women. Nonetheless, during a lockdown, an individual's ability to interact with others is extremely curtailed, and people are potentially cut off completely from friends and family who constitute their coping network.³⁷ While lockdowns were perhaps a reasonable measure to take to try to counter the spread of the virus, the increased isolation experienced by women – and their families on the outside – can have unintended harmful impacts that compound pre-existing issues:

Mental health issues experienced by incarcerated women: The population of women in prison are overwhelmingly survivors of trauma. They are more likely “to suffer chronic or severe mental health issues, are more likely to be survivors of trauma and/or sexual violence, and have higher rates of substance abuse than their male counterparts.”³⁸ In fact, some studies have found as many as 80% of incarcerated women have serious mental health challenges.³⁹ As of yet, there is insufficient information available about how these issues are worsened by the extended isolation as a result of COVID-19 lockdowns.

Maintaining family ties: Most (76%) incarcerated women are of childbearing age (18–44 years old)⁴⁰ and a majority (61%) report having children who are minors.⁴¹ Mothers in prison also tend to be the sole caregiver for these children before going to prison, and thus rely on extended family for support, or else their children risk entering the foster care system.⁴² Visitation has shown to have benefits for both mothers

and their children. As one scholar notes, “while phone and mail contact significantly predict post-release attachment between parents and children, face-to-face visits have the greatest positive impact on parent-child relationships post-release.”⁴³ These visits cannot occur during lockdowns.

Educational and employment programming: Another area of deficit is educational and vocational opportunities — few enough in men's prisons — are even more scarce in women's prisons. Given the high numbers of incarcerated women who were unemployed before they were sent to prison, the lack of programming threatens to deepen a cycle of poverty once women are released.⁴⁴ The curtailment of these resources during COVID-19 lockdowns introduces even more hurdles for women behind bars.

Economic challenges: There is strong statistical overlap between the populations that are overrepresented among incarcerated people, communities that have been hit hard by COVID-19, and rising unemployment. Particularly vulnerable are Black women, who fall into all three categories — they are disproportionately imprisoned, have higher unemployment rates than do Black men, and white men and women — and those who are working, often work in frontline jobs that increase their exposure to COVID-19.⁴⁵ The sum economic and health burdens on these communities on the outside are felt by women on the inside, who are not in position to help relieve their families' stresses and whose own children may be in the care of families with increasing economic stresses. Further, the eco-

37 Shange Jiang and L. Thomas Winfree Jr., 2006, “Social Support, Gender and Inmate Adjustment to Prison Life.” *The Prison Journal* 86:1, 32 – 55.

38 Commission 2020, p. 3.

39 Dana DeHart, Shannon Lynch, Joanne Belknap, Priscilla Dass-Brailsford, and Bonnie Green, 2014, “Women's Pathways to Jail: Examining Mental Health, Trauma, and Substance Abuse.” *Psychology of Women Quarterly* 38:1, 138 - 151. See also Jodi Lane, 2020, pp. 4 – 5.

40 A. Carson and W. Sabol, 2012, “Prisoners in 2011.” U.S. Department of Justice, Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/p11.pdf>. Accessed October 23, 2020.

41 L. M., Maruschak, L. E., Glaze and C. J. Mumola, 2010, “Incarcerated Parents and Their Children,” in J. M. Eddy and J. Poehlmann (eds.), *Children of Incarcerated Parents: A Handbook for Researchers and Practitioners* (Washington, DC: Urban Institute Press), (pp. 33–51).

42 Haley R. Zettler, 2020, “The Female Prison Experience” in *Women and Prison*, ed. Jada Hector (Cham, Switzerland: Springer International Publishing AG), 53 – 64, p. 57.

43 Zettler 2020; p. 57.

44 Commission 2020, p. 22.

45 Elise Gould and Valerie Wilson, 2020, “Black Workers Face Two of the Most Lethal Conditions for Coronavirus—Racism and Economic Inequality,” *Economic Policy Institute* (June 1). Available at: <https://www.epi.org/publication/black-workers-covid/>. Accessed October 20, 2020.

conomic crisis may contribute to increased incarceration rates, especially for Black women. One study found that “[B]lack female imprisonment rates increase when the concentration of African Americans in metropolitan areas and poverty rates grow.”⁴⁶

Harm while imprisoned: Many women enter prisons following a lifetime of being victimized, and the cycle of violence often continues within prison. Incarcerated women are more likely than men to be sexually harassed or abused while in prison. A 2010 study published by the Bureau of Justice Statistics found that nearly 82 percent of incarcerated women who became victims of sexual harassment while in prison said they were pressured by staff to engage in sexual activity, compared to 55 percent of male victims in prison.⁴⁷ Women also complained that efforts to report grievances were frequently followed with retaliation by staff.⁴⁸ While this paper focuses on women’s prisons, we note that all of these harms are even more pronounced for transgender women, especially when they are incarcerated in men’s prisons.⁴⁹ Additionally, trans women are frequently placed in solitary confinement, what is described as ‘protective custody,’ because of their identity and not for punitive purpose.⁵⁰ Regardless of the rationale, extended time in solitary is torture. It is not known yet if the long duration of lockdowns has increased any of these harms, but lockdowns certainly make reporting more difficult.

These physical, emotional, psychological and economic harms were compounded by the onset of the pandemic, as women’s prisons across the country became

hotbeds of COVID-19.

PART THREE: OUTBREAKS IN WOMEN’S PRISONS

The first cases of COVID-19 behind bars were documented in both Massachusetts and Georgia on 20 March 2020. By then, two months after the first reported case in the U.S., most states in the country were beginning to issue stay-at-home orders and social distancing recommendations.⁵¹ Despite ongoing warnings that prisons had been made particularly vulnerable to outbreaks, carceral systems generally failed to prevent and contain the virus. The difficulty of implementing social distancing inside correctional facilities coupled with severe shortages in essential protective equipment turned numerous prisons across the country into COVID-19 hotspots. The first incarcerated person to die of COVID-19 was Anthony Cheek, who passed away in Georgia on 26 March.⁵² Six months later, at least 1,108 people have died behind bars.⁵³

We do not know of any other research that specifically aims to present a nationwide scan of what has happened in women’s prisons. We assembled a list of all prisons that house women across the country (at the state and federal level, we did not include jails). We then gathered information about: 1) the population of women incarcerated at each prison; 2) the number of women tested for COVID-19 at each prison; and 3) the number of women who tested positive at each prison. [Our interactive map of outbreaks in women’s prisons](#)

46 Karen Heimer, Kecia R. Johnson, Joseph B. Lang, Andres F. Rengifo, and Don Stemen, 2012, “Race and Women’s Imprisonment: Poverty, African American Presence, and Social Welfare.” *Journal of Quantitative Criminology* 28: 2, 221. Available at: <https://link.springer.com/article/10.1007/s10940-011-9144-8>. Accessed October 20, 2020.

47 Beck, Allen J., Paige M. Harrison, Marcus Berzofsky, Rachel Caspar and Christopher Krebs. 2010. “Sexual Victimization in Prisons and Jails Reported by Inmates 2008 – 2009.” Bureau of Justice Statistics. August; p. 23. Available at: <https://www.bjs.gov/content/pub/pdf/svp-jri0809.pdf>. Accessed October 15, 2020.

48 Just Detention International, 2018, “The Very Basics About Sexual Abuse in Detention.” (October). Available at: <https://justdetention.org/wp-content/uploads/2019/05/Fact-sheet-The-Very-Basics-about-Sexual-Abuse-in-Detention.pdf>. Accessed October 13, 2020.

49 Just Detention International, 2018, “Sexual Abuse in Detention: the Most Vulnerable Inmates.” (October). Available at: <https://justdetention.org/wp-content/uploads/2019/07/Fact-sheet-Sexual-Abuse-in-Detention-The-Most-Vulnerable-Inmates.pdf>. Accessed October 13, 2020.

50 Commission 2020, pp. 31 – 37.

51 Katie Park, Tom Meagher, and Weihua Li, 2020, “Tracking the Spread of Coronavirus in Prisons.” (April 24) The Marshall Project. Available at: <https://www.themarshallproject.org/2020/04/24/tracking-the-spread-of-coronavirus-in-prisons>. Accessed October 15, 2020.

52 Katie Park, Tom Meagher, and Weihua Li 2020.

53 The Marshall Project, 2020, “A State by State Look at Coronavirus in Prisons.” at: <https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons#prisoner-deaths>. Accessed September 26, 2020.

[across the country](#) allows you to explore the data in more detail.

One limitation of the data is that few prisons present information about testing and positive cases over time. Thus, it was not possible for us to consistently determine when outbreaks peaked. For the nine prisons profiled in Part Four, however, we do provide a chronological overview. The below data — all of which is drawn from the state or federal authority overseeing each prison — provides a snapshot of total positive tests by the end of September 2020. In so doing, this research helps us understand the extent of outbreaks incarcerated women suffered. We further note that outbreaks continue in many prisons, and until the pandemic ends, COVID-19 poses a constant and serious threat to incarcerated people.

Please note, in the below Tables 1.1 – 1.3, an important detail related to women’s prisons in Louisiana. The Louisiana Correctional Institute for Women (LCIW) was flooded in 2016 and women were sent to two separate prisons, Elayn Hunt Correctional Center (EHCC) and Jetson Center for Youth (JCY). However, early on in the COVID pandemic, the Louisiana Department of Public Safety and Corrections reported on COVID data for the women at both sites combined, under LCIW. After May 7, 2020, it began reporting data from the two separate sites: EHCC and JCY.

Based on analysis of the available data, we grouped women’s prisons into three categories of risk. First, was simply a count of the number of women at a prison who tested positive. Below (Table 1.1) provides a list of the 28 prisons where more than 100 incarcerated women tested positive for the virus.

Table 1.1: Women’s Prisons With More Than 100 Cases: 28 Prisons

State	Facility	Number of Positive
Florida	Lowell Correctional	1005
Oklahoma	Dr. Eddie Warrior Correctional Center	781
Tennessee	Bledsoe County Correctional Complex -- Unit 28	625
Federal	FMC Carswell	542
Florida	Florida Women's Reception Center	485
Federal	MCC San Diego	401
Federal	FCI Waseca	361
California	California Institution for Women	352
Texas	Christina Melton Crain Unit	327
Florida	Homestead Correctional Institution	302
Michigan	Women's Huron Valley Correctional	290
Tennessee	Debra K. Johnson Rehabilitation Center	277
North Carolina	North Carolina Correctional Institute for Women	270
Missouri	Chillicothe Correctional Center	253
Kentucky	Kentucky Correctional Institution for Women	246
Federal	FTC Oklahoma City	241
Federal	FCI Coleman Low	227
Louisiana	Louisiana Correctional institute for Women	217
Oklahoma	Mabel Bassett Correctional Center	215
Federal	FMC Lexington	210
Missouri	Women's Eastern Reception, Diagnostic and Correctional Center	194
Louisiana	Jetson Center for Youth	176
Virginia	Fluvanna Correctional Center for Women	170
Louisiana	Elayn Hunt Correctional Facility	169
Federal	FDC Miami	153
Texas	Dr. Lane Murray Unit	137
Federal	Chicago MCC	134
New Jersey	Edna Mahan Correctional Facility for Women	121

Data: All data is drawn from either the state or federal authority responsible for each prison, or from the UCLA Law COVID-19 Behind Bars Data Project, available at: <https://law.ucla.edu/academics/centers/criminal-justice-program/ucla-covid-19-behind-bars-data-project>. Accessed October 26, 2020. The data reflects the cumulative known numbers of people who tested positive at each prison as of September 30, 2020. Table: World Peace Foundation 2020.

However, the raw number of cases does not tell the whole story. One hundred cases in a facility that houses thousands of people may not be as serious an outbreak as 50 cases in a facility that only has 100 people in it. Thus, we present another way of looking at the number of cases (Table 1.2), which captures the percentage of women testing positive relative to the prison’s overall population. Using the cutoff of 15%, fifteen prisons fell into this at-risk category. It should be noted however, that this is not a totally accurate assessment because the information coming out of certain states’ departments of corrections is minimal. In order to make this calculation, the population of the facility must be known. Many states do not report the population of the facilities so they could not be included in this calculation.

Table 1.2: Women’s Prisons With The Percentage Of The Population With Positive Tests Over 15%: 15

State	Facility	% Positive
Louisiana	Elayn Hunt Correctional Center	85%
Federal	MCC San Diego	72%
Louisiana	Jetson Center for Youth	64%
Florida	Florida Women's Reception Center	61%
Federal	FCI Waseca	60%
Massachusetts	Massachusetts Correctional Institution – Framingham	50%
Louisiana	Louisiana Correctional institute for Women	46%
Florida	Homestead Correctional Institution	46%
Florida	Lowell Correctional	46%
Federal	FMC Carswell	41%
Virginia	Central Virginia Correctional Center for Women	36%
Wisconsin	Milwaukee Women's Correctional Center	32%
Texas	Christina Melton Crain Unit	24%
Federal	Chicago MCC	24%
California	California Institution for Women	23%
Virginia	Fluvanna Correctional Center for Women	18%
Federal	FTC Oklahoma City	18%
Federal	FMC Lexington	17%

Data: All data is drawn from either the state or federal authority responsible for each prison, or from the UCLA Law COVID-19 Behind Bars Data Project, available at: <https://law.ucla.edu/academics/centers/criminal-justice-program/ucla-covid-19-behind-bars-data-project>. Accessed October 26, 2020. The data reflects the cumulative known numbers of people who tested positive at each prison as of September 30, 2020. Table: World Peace Foundation 2020.

The third measure we applied to describe at risk facilities was the positive test rate. This is the percentage of test results that are positive for COVID-19. A high positive test rate indicates that not enough tests are being administered and the virus’s spread is unknown. In its guidance to governments, the World Health Organization advised that rates of positivity should be below 5% for at least 14 days before re-opening.⁵⁴ Many prisons we analyzed

54 Cited in David Dowdy and Gypsyamber D’Souza, 2020, “COVID-19 Testing: Understanding the ‘Percent Positive.’” (August 10). Johns Hopkins Bloomberg School of Public Health Expert Insights. Available at: <https://coronavirus.jhu.edu/testing/testing-positivity?fbclid>

have rates far above this measure. Below, we list those prisons with a positive test rate of 10% or over. Twenty-four prisons fall into in this category. The highest positive test rate was at MCC San Diego in California: 74%.

Table 1.3: Women’s Prisons With A Positive Test Rate Over 10%: 24

State	Facility	Positive test rate
Federal	MCC San Diego	74%
Louisiana	Jetson Center for Youth	64%
Federal	FCI Waseca	64%
Florida	Florida Women's Reception Center	63%
Massachusetts	Massachusetts Correctional Institution – Framingham	53%
Florida	Lowell Correctional	44%
Federal	FCI Coleman Low	42%
Federal	FMC Carswell	41%
Florida	Homestead Correctional Institution	37%
Indiana	Indiana Women's Prisons	34%
Federal	Chicago MCC	24%
Louisiana	Elayn Hunt Correctional Center	22%
Federal	FMC Lexington	21%
Tennessee	Bledsoe County Correctional Complex -- Unit 28	20%
Federal	FCI Greenville	19%
Tennessee	Debra K. Johnson Rehabilitation Center	18%
Federal	FTC Oklahoma City	18%
Federal	FDC Miami	18%
North Carolina	North Carolina Correctional Institute for Women	17%
Michigan	Women's Huron Valley Correctional	16%
Federal	FDC Seatac	12%
Wisconsin	Milwaukee Women's Correctional Center	12%
Federal	FCI Tucson	11%
Federal	FCI Danbury	10%

Data: All data is drawn from either the state or federal authority responsible for each prison, or from the UCLA Law COVID-19 Behind Bars Data Project, available at: <https://law.ucla.edu/academics/centers/criminal-justice-program/ucla-covid-19-behind-bars-data-project>. Accessed October 26, 2020. The data reflects the cumulative known numbers of people who tested positive at each prison as of September 30, 2020. Table: World Peace Foundation 2020.

While it is true that a number of these facilities are in some of the states most affected by the pandemic, the rates of infection inside prison are still significantly higher than those found among the general population. By the end of September, Louisiana, for example, had an infection rate of 3-4% among its general population, Florida around 2-3%, Texas 2-3%, Massachusetts around 2%, California 2%, and Michigan 1.5%. While acknowledging that the official number of cases among the general population might be lower than the total number, these statistics are useful to underscore the severity of the outbreaks inside the women’s pris-

ons listed above. It is also important to note the different ways in which prisons responded to outbreaks. Some facilities may be on the list because they had outbreaks early and responded with largescale testing, hence the outbreaks might be better documented than in other places (i.e. MA and MI). It is also important to highlight that not all states report the number of tests that are done at each facility. But in any case, each of these facilities demonstrates the mixture of elevated risks for COVID-19 related to prisons, in addition to specifically gendered issues for women.

[=IwAR0aJYLyhEX10q54hU-ptt11n2o-xTmCtPLkiFmmxvGICKEcOWEDWYK_Yvo](https://www.war.org/AR0aJYLyhEX10q54hU-ptt11n2o-xTmCtPLkiFmmxvGICKEcOWEDWYK_Yvo) Accessed October 14, 2020.

The data presented above is an incomplete picture of what has occurred, and continues to take place, inside these women’s prisons. Thousands of incarcerated women were directly impacted by the conditions of these facilities and by the wide range of inadequate measures that were taken in the face of the COVID-19 pandemic. To better understand what these women experienced, we provide case studies of some of the hardest hit women’s prisons, chosen for diversity in size, geography and timing of the outbreak. Through them we hope to provide a more nuanced look into the situation inside these facilities, placing particular focus on the experiences of different incarcerated women during this time.

PART FOUR: PROFILES OF THE HARDEST-HIT PRISONS

LOUISIANA

Louisiana Correctional Institute for Women (LCIW) (St Gabriel, LA), pop. ~ 475

Elayn Hunt Correctional Facility (LCIW – Hunt) (St Gabriel, LA), pop. ~ 200

Jetson Center for Youth (LCIW – Jetson) (Baker, LA), pop. ~ 275⁵⁵

The Louisiana Department of Public Safety & Corrections (DPSC) oversees eight prisons. Before 2016, only one housed women: the Louisiana Correctional Institute for Women (LCIW) in St. Gabriel, LA. On 16 August 2016, LCIW started to flood following heavy rain.⁵⁶ The approximately 1,000 women housed there were evacuated and relocated to separate facilities.⁵⁷ About 250 women were moved to a newly created female dorm on the Elayn Hunt Correctional Facility campus (now LCIW – Hunt); another 250 relocated to

a former juvenile detention center, Jetson Center for Youth (now LCIW – Jetson), and the rest were sent to various jails and transitional programs. This situation was meant to be temporary while the state fixed and renovated the LCIW. Four years after the flooding, however, the women are still living in the overcrowded and inadequate *ad hoc* housing facilities.⁵⁸

At the Jetson Center for Youth in Louisiana, implementing physical distancing measures is nearly impossible. One of the rooms housing 70 women is filled with 40 bunk beds about an arm’s length apart and they only have three toilets and four sinks for all the women.⁵⁹ Due to overcrowding, when COVID emerged, the prison could not provide additional space for the incarcerated women to physically distance, so instead, they asked the women to “alternate head and foot positions on adjacent bunks to increase their breathing zone.”⁶⁰

Until 7 May 2020, the two geographically separate detention centers were reporting combined COVID-19 testing and infection numbers, as LCIW. On 7 April, LCIW reported three cases among the incarcerated population and one case among the staff. These numbers increased steadily to 37 incarcerated people and 20 staff by 21 April. Three days later, the prison began testing asymptomatic and symptomatic cases, which led to cases increasing almost fivefold within a few days. By 6 May there were 217 cases among prisoners and 44 among the staff.

On 7 May the DPSC began to report LCIW as two separate prisons—LCIW-Hunt and LCIW-Jetson. That same day, there were 165 cases among the incarcerated population at Hunt and 52 at Jetson. By the end of May, these numbers increased to 169 and 168 incarcerated women testing positive at Hunt and

55 Louisiana prison population figures are from: Louisiana Department of Public Safety and Corrections, 2020, “Population Trends.” (July 1). Available at: <https://doc.louisiana.gov/doc-covid-19-testing/>. Accessed November 3, 2020.

56 Lauren Gill, 2019, “Louisiana to Build New Prison for Women Displaced by 2016 Storm.” *The Appeal* (October 29). Available at: <https://theappeal.org/louisiana-women-new-prison/>. Accessed October 15, 2020.

57 Grace Toohey, 2019, “Temporary Has Become Permanent’ For Displaced Inmates of Flooded Louisiana Women’s Prison.” *The Advocate* (April 20). Available at: https://www.theadvocate.com/baton_rouge/news/crime_police/article_0fceb-fb8-5d6b-11e9-bac5-f7b4ee1d77f0.html. Accessed October 15, 2020.

58 Lea Skene, 2020 “After Flooding, Women’s Prison Dorms Inundated with Coronavirus.” *Government Technology* (June 8). Available at: <https://www.govtech.com/em/safety/After-Flooding-Womens-Prison-Dorms-Inundated-with-Coronavirus.html>. Accessed October 15, 2020.

59 Skene 2020.

60 Skene 2020.

Jetson, respectively. In total there were 345 cases among the incarcerated population at the two facilities and two deaths at Elayn Hunt. Both LCIW-Hunt and LCIW-Jetson were among the most severely COVID-19 affected facilities. By the time they tested all the women the facilities had infection rates of 85% and 64% respectively. Many of the cases were asymptomatic.⁶¹

FLORIDA

Homestead Correctional Institution (Homestead, FL), pop. ~ 668

Lowell Correctional Institution (Ocala, FL), pop. ~ 2200

Florida Women's Reception Center (Ocala, FL), pop. ~ 800⁶²

Women's prisons in Florida have been hit particularly hard: three of them are among the ten prisons with highest positive test rates in the country.

The high percentage of women testing positive at the Homestead Correctional Institution illustrates how insufficient testing can result in widespread outbreaks in carceral settings. The first time that the prison reported a woman testing positive was not until early May, when three women with symptoms were tested. While awaiting results, the women were sent to three different dorms.⁶³ On 10 May, the prison announced that two of the women tested positive, as had one staff

member. Two days later the number rose to 73 positive tests among incarcerated women; by 17 May, 231 of the incarcerated women and 19 staff members had tested positive.⁶⁴ By the end of May, mass testing revealed that 44% of the women had COVID.

One of the women at Homestead said that after testing positive, she was given a floor-mat and put in solitary confinement. Because her door was locked, she was forced to bang on the door and cry to receive basic medication such as paracetamol or ibuprofen.⁶⁵ "I can't believe how I'm being handled," she told her mother in an email, "they haven't even let me shower."⁶⁶ Another woman in similar conditions said, "I haven't had a drink of water since morning nor have they given me a shower. No staff has been coming to see me at all."⁶⁷ Kelly Knapp, senior attorney of civil rights organization Southern Poverty Law Center, claimed that, "Forcing people with COVID-19 to sleep on mats on the floor or in disciplinary isolation is cruel and inhumane."⁶⁸

The Lowell Correctional Institution is the largest women's prison in the US, housing around 2,200 women, 474 of whom are over 50 years old.⁶⁹ It has a long record of human rights abuses against women, for which it is currently under investigation by the U.S. Department of Justice. Its record on protecting women from COVID-19 is equally bad. By 28 July, reportedly 444 women had tested positive for COVID-19.⁷⁰ Ten days later, by 7 August, over 900 women had the virus

61 "COVID-19 Inmate Positives." 2020. Louisiana Department of Public Safety & Corrections. Available at: <https://doc.louisiana.gov/doc-covid-19-testing/>. Accessed November 8, 2020.

62 Florida prison population figures are from the Florida Department of Correction (FDOC). See "Homestead Correction Institution," <http://www.dc.state.fl.us/ci/419.html>. Accessed November 3, 2020; "FDC Responds to COVID-19 at Lowell Correctional Institution," August 7, 2020. Accessed November 3, 2020, <http://www.dc.state.fl.us/comm/press/Main/covid-19-Lowell.html>; and "FDC Responds to COVID-19 at Florida Women's Reception Center," August 4, 2020. Accessed November 3, 2020. <http://www.dc.state.fl.us/comm/press/main/covid-19-FWRC.html>.

63 Shirsho Dasgupta, 2020, "'Mommy, I'm In So Much Pain': Florida Prisoners Write Home About COVID-19 Ordeals." *McClatchy DC* (June 8). Available at: <https://www.mcclatchydc.com/news/coronavirus/article243261296.html>. Accessed October 15, 2020.

64 Florida Department of Corrections, 2020, "COVID-19 Information." Available at: <http://www.dc.state.fl.us/comm/covid-19.html#testing>. Accessed October 15, 2020.

65 Dasgupta 2020.

66 Dasgupta 2020.

67 Dasgupta 2020.

68 Dasgupta 2020.

69 Alexandra DeLuca, 2020, "Fears Grow that Coronavirus Could Overtake Florida's Largest Women's Prison." *The Appeal* (April 1). Available at: <https://theappeal.org/fears-grow-that-coronavirus-could-overtake-floridas-largest-womens-prison/>. Accessed October 15, 2020.

70 Joe Byrnes, 2020, "Two Women's Prisons North of Ocala See Surge in COVID-19 Cases." *WMFE-FM* (July 28). Available at: <https://www.wmfe.org/two-womens-prisons-north-of-ocala-see-surge-in-covid-19-cases/160401>. Accessed October 15, 2020.

and two women had died.⁷¹

According to a woman incarcerated at Lowell at the time, on 27 July, the prison accepted a transfer of women coming from the Florida Women's Reception Center.⁷² These new women, who were immediately placed in the main unit, apparently were "coughing and sneezing."⁷³ A few days later several women who had been in the dorm with the new women fell ill. Subsequently, several tested positive for COVID-19.

Another woman at Lowell conveyed to her girlfriend outside the prison that as the virus spread, incarcerated women were feeling increasingly desperate. When women started feeling sick, following the arrival of the group from the Florida Women's Reception Center, the staff claimed it was only summer colds. She added that, "You gotta be dead just about before they'll come to help."⁷⁴ She described women hoarding food and other items, and a very tense atmosphere. She also described a decline in the nutritional quality of the food, "It's a tablespoon, if they're lucky, of peanut butter, two slices of bologna, some cheese, carrot coins, shredded carrots."⁷⁵

Debra Bennett-Austin, formerly incarcerated at Lowell and founder of the Change Comes Now nonprofit, has been steadily receiving messages from incarcerated women at Lowell. A message from 12 August read,

"They do not take our temperature every day. Monday and Tuesday no one came to take it. Today when the nurse came she didn't write down anyone's temps and didn't seem to care what the thermometer read."⁷⁶ Suzanne Somma, released from Lowell in August 2020 said that even with all the restrictions in place, women were still "bounced around" in the facility, potentially causing cross contamination.⁷⁷ She added that temperature checks were not regularly made.⁷⁸

Representative Dianne Hart from Tampa said in April 2020 that prison's lack of adequate medical care was her main concern, adding that she was "petrified that none of our facilities are really prepared correctly."⁷⁹ She also said that Centurion, the private medical care provider used by state prisons in Florida is "one of the worst providers we could possibly have."⁸⁰ Despite having over 1,000 positive cases as of September 2020, so far, no women from Lowell have been granted compassionate release.

No cases of COVID-19 were reported among the women incarcerated at the Florida Women's Reception Center⁸¹ until July. But then, an outbreak surged. On 29 July, 358 women tested positive and one woman died from COVID-19-related causes.⁸² The number of women testing positive continued to rise steadily.⁸³ Lana Blair, incarcerated at this prison, stated that the guards working in her dorms were not wearing any

71 News Staff, 2020, "More Than 900 Lowell Inmates Have Tested Positive for Coronavirus." *Spectrum News* (August 7). Available at: <https://www.mynews13.com/fl/orlando/news/2020/08/07/more-than-900-lowell-correctional-institution-inmates-have-tested-positive-for-coronavirus> Accessed October 15, 2020.

72 Alexandra DeLuca, 2020, "Loved Ones and Prisoners Sound Alarm as Coronavirus Cases Surge at Florida's Largest Women's Prison." *The Appeal* (August 21). Available at: <https://theappeal.org/loved-ones-and-prisoners-sound-alarm-as-coronavirus-cases-surge-at-floridas-largest-womens-prison/> Accessed October 15, 2020.

73 DeLuca 2020, "Loved Ones."

74 DeLuca 2020, "Loved Ones."

75 DeLuca 2020, "Loved Ones."

76 DeLuca 2020, "Loved Ones."

77 Andy Fillmore, 2020, "Former Prison Inmate Worries About COVID-19." *Ocala StarBanner*, (September 1). Available at: <https://www.ocala.com/story/news/2020/09/01/suzanne-somma-worries-conditions-lowell/5680184002/> Accessed September 15, 2020.

78 Fillmore 2020.

79 DeLuca, Alexandra. 2020. "Fears Grow."

80 DeLuca 2020, "Fears Grow."

81 Erin Dobrzyn, 2020, "4 Staff Members Test Positive for COVID-19 at Florida Women's Reception Center." *Click Orlando* (July 9). Available at: <https://www.clickorlando.com/news/local/2020/07/09/4-staff-members-test-positive-for-covid-19-at-florida-womens-reception-center/> Accessed September 15, 2020.

82 Joe Byrnes, 2020, "Three Women Dead With COVID-19 at State Prisons North of Ocala." *WMFE-FM* (July 29). Available at: <https://www.wmfe.org/three-women-dead-with-covid-19-at-state-prisons-north-of-ocala/160502> Accessed September 15, 2020.

83 Florida Department of Corrections, 2020, "FDC Responds to COVID-19 at Florida Women's Reception Center." (August 4). Available at: <http://www.dc.state.fl.us/comm/press/main/covid-19-FWRC.html> Accessed September 15, 2020.

protective equipment and that the cleaning supplies that women received were “watered down.”⁸⁴ She added that, “Being told to separate is impossible. We are sleeping 12 inches from other inmates in a dorm of 86 women who share 12 toilets and nine showers.”⁸⁵

In a particularly egregious case, a woman who is a paraplegic as a result of being brutally beaten by guards at the Lowell Correctional Institute on 21 August 2019, was denied a test after she was exposed to women who had tested positive.⁸⁶ Cheryl Weimar, who is 51, was originally sentenced to three years in prison, but is now bed-ridden and relies on catheters, mechanical breathing assistance, and feeding tubes as a result of having her neck and spinal cord broken by guards. According to her lawyers, correctional officers “knowingly and deliberately” allowed the doors of a unit housing women with COVID-19 to stay open for over 45 minutes, exposing nearby incarcerated women and staff, including Weimar.⁸⁷ Following the incident, several nurses and the director of nursing quit their jobs, leaving the prison severely understaffed with medical providers. Weimar’s medical condition makes her particularly vulnerable to COVID-19. One of her nurses said that she fears “[the Florida Department of Corrections] and the medical staff will let her die and not give her the testing and care that she will need and which should be provided in a hospital.”⁸⁸

FEDERAL PRISON

Federal Medical Center (FMC) – Carswell
(Carswell, TX), pop. 1305⁸⁹

FMC-Carswell is the only medical facility for women in the Federal Bureau of Prisons.⁹⁰ It has been the subject of multiple allegations of medical malpractice, neglect and sexual abuse of incarcerated people by staff in the past.⁹¹

The death⁹² of Andrea High Bear⁹³ (many news stories and BOP used her married name, Andrea Circle Bear, but her grandmother corrected them⁹⁴) of the Cheyenne River Sioux on 28 April made national headlines. The 30-year-old woman and mother of five was 8.5 months pregnant with her sixth child when she was transferred on 20 March, from a jail in Winner, South Dakota to serve a two-year, drug-related sentence at FMC Carswell in Fort Worth, Texas. On the 28th, she was sent to a local hospital due to potential concerns related to her pregnancy. She was returned to the prison the same day. Three days later, experiencing symptoms of fever, dry cough, and ‘other symptoms,’ she returned to the hospital and was put on a ventilator. The next day her baby was born via caesarian section. On 4 April, Andrea High Bear tested positive for COVID-19 and she died two weeks later.

84 Samantha J. Gross, 2020, “Women’s Prison in Florida Becomes COVID-19 Nightmare.” *Tampa Bay Times* (May 12). Available at: <https://www.tampabay.com/news/health/2020/05/12/womens-prison-in-florida-becomes-covid-19-nightmare/> Accessed September 15, 2020.

85 Gross 2020, “Women’s Prison in Florida.”

86 Samantha J. Gross, 2020, “Florida Inmate Paralyzed by Guards Denied COVID-19 Test After Possible Exposure, Lawyers Say.” *Miami Herald* (July 22). Available at: <https://www.miamiherald.com/news/special-reports/florida-prisons/article244415462.html> Accessed September 15, 2020.

87 Gross 2020, “Florida Inmate Paralyzed.”

88 Gross 2020, “Florida Inmate Paralyzed.”

89 Federal Bureau of Prisons, “FMC Carswell” Available at <https://www.bop.gov/locations/institutions/crw/> Accessed November 3, 2020.

90 Jonathan Franklin, 2020, “NSA Whistleblower Reality Winner Tests Positive for Covid-19 in Prison.” *The Guardian* (July 20). Available at: <https://www.theguardian.com/world/2020/jul/20/nsa-whistleblower-reality-winner-positive-covid-19> Accessed November 3, 2020.

91 *Dudley v. United States*, Civil Action No. 4:19-cv-317-O (N.D. Tex. Feb. 3, 2020). Available at: <https://casetext.com/case/dudley-v-united-states-48>

92 Based on data provided by the Bureau of Prisons, from Bridget Conley, and Matthew Siegel, 2020, “96 Deaths in Detention: A View of COVID-19 in The Federal Bureau of Prisons as Captured in Death Notices.” World Peace Foundation (August 26). Available at <https://sites.tufts.edu/wpf/files/2020/08/96-deaths-in-detention-20200827-final.pdf>, 11 – 12. Accessed October 14, 2020.

93 The Marshall Project, 2020, “Andrea Circle Bear: a Curated Collection of Links.” Available at: <https://www.themarshallproject.org/records/9009-andrea-circle-bear> Accessed October 15, 2020.

94 Clara LeBeau, 2020, “The Federal Bureau of Prisons Must Be Held Accountable for the Death of My Granddaughter.” *The Washington Post* (May 22). Available at: <https://www.washingtonpost.com/opinions/2020/05/22/federal-bureau-prisons-must-be-held-accountable-death-my-granddaughter/> Accessed October 14, 2020.

As her granddaughter entered the BOP system, LeBeau explained, information dried up.⁹⁵

“There are so many things the BOP never told us as they were happening: that Andrea was moving out of quarantine to a hospital, that she had COVID-19, that she was dying. Any information I ever got was from the hospital, not Carswell... Families like ours are trying our best. We call wardens, prisons and jails every day. No one calls back.”

The BOP reported no more than two positive cases among the incarcerated population at FMC Carswell through the end of June. But on 2 July, the number jumped to 25; a week later it reached 80; and on 16 July, it was at 181. Within a week, another two women died there: Sandra Kincaid, a 69-year old white woman died on 15 July, and Teresa Ely, a 50-year-old white woman who died on 20 July. By early August, the prison reported 1,323 people tested, of whom 542 were positive, with 150 active cases and 392 recoveries.⁹⁶

Twenty-eight-year-old Reality Winner, who tested positive at the prison in July, denounced cleaning and isolation practices, “They allowed someone positive from our unit to go to a hospital unit where dialysis and chemo patients live, starting the infection spread down there.”⁹⁷ Despite pleading for cleaning supplies for weeks the conditions inside did not improve. The women were given some cloth masks weeks before the number of cases reached 500, but with four women in each cell the virus spread rapidly through the medically vulnerable population.⁹⁸ FMC Carswell is the only

specialized medical federal prison for women with underlying health conditions.⁹⁹

In the FMC Carswell, by the time they started mass testing in early August at least 510 women had COVID-19, nearly 40% of the prison population.¹⁰⁰

MASSACHUSETTS

Massachusetts Correctional Institution (MCI) - Framingham (Framingham, MA), pop. 190¹⁰¹

In Massachusetts, overcrowding at the state’s only prison for women, MCI-Framingham, has been fueled by the lack of separate jail space for women in many of the county jails.¹⁰² As a result, many counties have been sending those detained pretrial to MCI-Framingham.¹⁰³ The prison reported its first five positive cases on the same day: 9 April. By the end of that month, the number of cases surged to 85 women testing positive. At the time, it was one of the country’s worst reported outbreaks in prison. From April through October, a total of 101 women had tested positive for the virus.

Leslie Credle, formerly incarcerated at MCI-Framingham and a member of the Families for Justice as Healing non-profit, said that “the medical conditions were dire even before COVID-19. Due to the outdated medications women seemed to have a lot of seizures. It would take so long for nurses to go check on them that the incarcerated women inside the prison became their own nurses. We would have to jump in and hold a woman having a seizure to avoid her banging her head on the floor.”¹⁰⁴

95 LeBeau 2020.

96 Conley and Siegel 2020.

97 Franklin 2020.

98 Franklin 2020.

99 Franklin 2020.

100 Kay Jones, Jamiel Lynch and Nicole Chavez, 2020, “NSA Leaker Reality Winner Among 500 Women with Coronavirus at Texas Federal Prison.” *CNN* (July 21). Available at: <https://www.cnn.com/2020/07/21/us/reality-winner-texas-medical-prison-coronavirus/index.html> Accessed October 15, 2020.

101 SJC-12926, 2020, “Special Master’s Weekly Report” (May 4), Available at <https://www.mass.gov/doc/sjc-12926-special-masters-weekly-report-5420/download>, p. 27. Accessed November 3, 2020.

102 Wendy Sawyer, 2019, “Massachusetts Women Do Not Need a New Jail.” Prison Policy Initiative (March 29). Available at: <https://www.prisonpolicy.org/blog/2019/03/29/newjail/> Accessed October 15, 2020.

103 The only proposed solution for the overcrowding at the prison has been the establishment of a new jail for women, which was discussed by the state senate in 2019. In 2020, even while delaying police reform, legislators voted to dedicate spending to build the new jail.

104 Email correspondence with the authors, October 24, 2020.

The lockdown, Credle noted, has been extremely hard on the women: “It’s like you’re in solitary confinement,” she said, adding that, “The cells are similar to living in your bathroom at home with another person, making it especially difficult to socially distance.”¹⁰⁵ Kimya Foust, who is incarcerated at MCI-Framingham and was interviewed over the phone by Stacy Borden of Families for Justice as Healing,¹⁰⁶ noted that women in the prison were moved around continually; she had been moved four times in a single week.¹⁰⁷ She explained that the prison authorities were attempting to move positive people into one area and keep people without symptoms in another. But the sum impact was that without thorough testing, the movements aided the spread of the virus.

Foust also described the isolation women experienced. They were let out of their cells for 30 minutes a day, only four women at a time.¹⁰⁸ Patricia Olsen, another woman at MCI-Framingham talked about her feelings of despair and isolation, stating, “I have friends who have been here for 30 years and when I watch out my window, people I care about are getting sick and taken away. And you’re stuck in your room with no one to talk to and living with the fear of losing other friends that still have not returned.”¹⁰⁹

The lockdowns have also had a direct impact on women’s relatives. Ayana Aubourg, Director of Programs at

Families for Justice as Healing said, “You’re not only talking about people who are incarcerated but also their families. It has a ripple effect. What happens in prison doesn’t just stay in prison, it has a spillover effect into all of our communities.”¹¹⁰ As Shanita Jefferson, whose mother, Angela Jefferson, is incarcerated at MCI-Framingham, noted: “We have a family out here that is ready to support her... at the time of this pandemic they [women] feel abandoned.”¹¹¹ All three women, Foust, Olsen and Jefferson are part of the clemency campaign organized by Families for Justice and Healing, requesting that Massachusetts’ Governor Charlie Baker use his clemency powers to release women who are “aging, sick, survivors of sexual violence and [...] who have served decades of time already.”¹¹²

CALIFORNIA

California Institution for Women (Chino, CA),
pop. 1553¹¹³

In California, since mandatory-sentencing laws were approved in the mid-1980s the female prison population skyrocketed.¹¹⁴ In 1980, there were 1,316 women in California’s state prisons. Thirteen years later, in 1993, the population was 7,232— an increase of 450%.¹¹⁵ As a result, overcrowding is a significant problem in many of the state’s prisons.¹¹⁶ The Supreme Court ruled in 2011 that California’s prison over-

105 Alice Cormar, 2020, “Lockdown Within a Lockdown: What It’s Like Inside a Mass. Prison During the Coronavirus Pandemic.” Boston.com (June 4). Available at: <https://www.boston.com/news/coronavirus/2020/06/02/mass-prison-coronavirus-pandemic>. Accessed October 15, 2020.

106 Stacy Borden, 2020, “Interview with Kimya.” Families for Justice as Healing (May 11) Available at: <https://justiceashealing.org/covid-19/> Accessed October 15, 2020.

107 Borden 2020.

108 Borden 2020.

109 Cormar 2020.

110 Cormar 2020.

111 “Families of Incarcerated Loved Ones Support Decarceration Legislation H6452” May 5, 2020. Families for Justice as Healing. Available at: <https://youtu.be/LeYdXNeCYiU>. Accessed October 14, 2020.

112 “Clemency Works,” Families for Justice as Healing. Available at: <https://justiceashealing.org/clemency-project-2014/>. Accessed October 23, 2020.

113 California Department of Corrections and Rehabilitation, Division of Correctional Policy Research and Internal Oversight, Office of Research, 2020, “California Population Report.” (May 1). Available at <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2020/05/Tpop1d2004.pdf>, Accessed November 3, 2020.

114 Barbara Bloom, Meda Chesney Lind, and Barbara Owen, 1994, “Women in California Prisons: Hidden Victims of the War on Drugs.” Center on Juvenile and Criminal Justice (May). Available at http://www.cjcj.org/uploads/cjcj/documents/women_in_california_prisons-hidden_victims_of_the_war_on_drugs.pdf Accessed October 23, 2020.

115 Bloom, Lind and Owen 1994.

116 California Department of Corrections and Rehabilitation, Division of Correctional Policy Research and Internal Oversight, Office of Research, 2020, “California Population Report.” (May 1). Available at <https://www.cdcr.ca.gov/research/wp-content/uploads/>

crowding violated the Eighth Amendment’s ban on “cruel and unusual punishment.”¹¹⁷ In direct response to the decision, California passed a justice realignment plan, sending thousands of people from prisons to county jails.¹¹⁸ Women benefited most from this policy. In 2012, the number of women in state prisons, compared with the design capacity of these facilities, fell from 170% to 116.9%.¹¹⁹ However, a mere year later women’s prisons were once again the most crowded among the California state prisons.¹²⁰ The main reason behind this sudden reversal was the conversion of the main women’s prison into a men’s prison in order to relieve overcrowding in other facilities. While successfully decreasing overcrowding in other men’s prisons, the measure worsened conditions for women.

The California Institution for Women (CIW) has been one of the prisons in the state most affected by COVID-19. The facility reported its first positive test among incarcerated women on 6 April, and immediately imposed a prison-wide lockdown.¹²¹ That same day, the California Department of Corrections and Rehabilitation (CDCR) announced a policy requiring all correctional staff members to wear masks. Some women at CIW claimed that officials did not inform them about what was happening and that these sudden measures left them “confused and terrified” about their safety.¹²²

By 29 April, only 17 of 1,566 women had been tested for COVID-19. The California Correctional Health Care Services policy is based on CDC guidelines,

which, at the time, recommended only testing close contacts of positive cases if they developed symptoms of the virus, or if there was a significant outbreak at a prison. Lashauna Blanks, a woman incarcerated at CIW, said that she was told her cellmate had COVID-19 two days after she disappeared from her cell.¹²³ While Blanks was put in quarantine she was not tested following state policy since she did not have any evident symptoms. This was despite her job: washing the prison ambulances that were transporting sick women to the hospital.¹²⁴

April Harris, a 44-year old woman incarcerated at CIW, provided unique insight into the daily lives of women at the prison during the outbreak when she shared parts of her diary with different prisoner advocacy groups, including the California Coalition for Women Prisoners. Speaking about the early days of the outbreak at CIW she said, “I feel like we could be sitting on a ticking time bomb right now with so many more people affected that we don’t know. Women are still considered second-class citizens, and when we become incarcerated, we’re forgotten.”¹²⁵

When the first cases were detected at CIW, officers proceeded to check everyone’s temperature twice daily and forced the women to stay in their cells all day. “They slammed us down, brought our food and our medication to the doors” said Harris.¹²⁶ She added that she had to wait weeks to use a phone or pick up items at the commissary.¹²⁷

[sites/174/2020/05/Tpop1d2004.pdf](https://www.cdcr.ca.gov/About-CDCR-and-Services/FAQs/FAQs-2020/sites/174/2020/05/Tpop1d2004.pdf), Accessed November 3, 2020.

117 Brown, *et al. v. Plata*, et al., 563 U.S. 493 (2011). Available at: <https://www.supremecourt.gov/opinions/10pdf/09-1233.pdf> Accessed November 3, 2020.

118 Matthew Fleischer, 2013, “Too Many Women? Are California’s Female Inmates Bearing the Brunt of the State’s Overcrowding Problem?” *WitnessLA* (July 30). Available at: <https://witnessla.com/two-many-women-the-hidden-overcrowding-in-californias-prisons-by-matthew-fleischer/> Accessed October 15, 2020.

119 Fleischer 2013.

120 Fleischer 2013.

121 Eileen Guo, 2020, “Inmates Witnessed a Suicide Attempt. They Received Coloring Pages Instead of Counseling.” *The Washington Post* (July 26). Available at: https://www.washingtonpost.com/national/they-witnessed-a-suicide-attempt-they-received-coloring-books-instead-of-counseling/2020/07/25/e4490bfe-cdbd-11ea-bc6a-6841b28d9093_story.html Accessed November 3, 2020.

122 Guo 2020.

123 Emily Elena Dugdale, 2020, “Throwing A Spotlight On Women Prison Inmates’ Coronavirus Fears.” *LAist* (April 29). Available at: https://laist.com/2020/04/29/coronavirus_women_state_prison_forgotten_testing.php Accessed November 3, 2020.

124 Dugdale 2020.

125 Dugdale 2020.

126 Dugdale 2020.

127 Dugdale 2020.

As the weeks passed the conditions continued to deteriorate. Harris described in her journal that, “The girls are busting out their windows. The girl next to me has officially lost her mind. I can hear glass breaking while she is screaming.”¹²⁸ On the same day she also added, that “An inmate ran out of her room when they opened her door for breakfast and is refusing to go back in. She is screaming she wants to talk to her family.”¹²⁹ A few days later she wrote, “People are screaming that they are going to hang themselves. The banging is the loudest since I’ve been here.”¹³⁰

The lockdown and related restrictions on movement exacerbated the lack of mental healthcare services at CIW. At least four women attempted suicide while in isolation for COVID-19.¹³¹ Many women refused to get tested or to have their temperature checked to avoid being put in solitary confinement.¹³² April Harris confirmed these fears saying that, “People aren’t scared of COVID-19, they are scared of the treatment of isolation.”¹³³

Many women in prison are able to survive the experience by building powerful friendships with other incarcerated women. The months-long lockdowns have closed off many of these relationships for the women at CIW. One of Harris’s closest friends, Rianne Theriaultodom, has experienced this enforced isolation first hand. She arrived to CIW with a fourth-grade education. With the ongoing support of Harris she has managed to earn her G.E.D. and is currently working towards getting a degree in Sociology. In normal circumstances the two women live four doors away and are crucial people in each other’s lives. Theriaultodom says that her friend “inspires much of [her] growth.”¹³⁴

Their separation following the outbreak of COVID-19 in the facility was therefore very traumatic. Rianne fell sick first and Harris followed a few days later. After she tested positive, Harris was told to gather a few of her belongings and was transferred to a different part of the prison. A few weeks later both women were moved again to a 220-person housing unit, but their cells were on opposite sides of the hall. For those who are incarcerated, this form of isolation can be nearly unbearable. Before the pandemic started, women could move around the prison and spend the days with their friends. With the restrictions introduced in response to COVID-19, they are now confined to their cells for more than 23 hours a day.¹³⁵

By 24 July, 280 incarcerated women at CIW had tested positive for the coronavirus, and one had died. By September the number of total cases since the beginning of the pandemic was 342.

MICHIGAN

Women’s Huron Valley Correctional Facility (Ypsilanti, MI), pop. ~ 2000¹³⁶

In Michigan, between 2009 and 2015, the number of women behind bars (including prisons and jails) increased by 30%, while men’s numbers declined 8% over the same time period.¹³⁷ Around 2000 of these incarcerated women live in the state’s only prison for women, the Women’s Huron Valley Correctional Facility (WHVCF).

The first COVID-19 case in a Michigan prison was reported on 27 March at the WHVCF.¹³⁸ On 15 April,

128 Jason Fagone, 2020, “Women’s prison journal: State prisoner’s daily diary during pandemic.” San Francisco Chronicle (June 12).at: <https://womenprisoners.org/2020/06/womens-prison-journal-state-prisoners-daily-diary-during-pandemic/> Accessed November 3, 2020.

129 Fagon 2020.

130 Fagon 2020.

131 Guo 2020.

132 Guo 2020.

133 Guo 2020.

134 Fagone 2020.

135 Fagone 2020.

136 Michigan Department of Corrections, 2019, “2017 Statistical Report.”(January 23). Available at:

https://www.michigan.gov/documents/corrections/MDOC_2017_Statistical_Report_644556_7.pdf Accessed November 3, 2020.

137 Wendy Sawyer, 2020, “The Gender Divide: Tracking Women’s State Prison Growth.” *Prison Policy Initiative* (January 9). Available at: https://www.prisonpolicy.org/reports/women_overtime.html Accessed November 3, 2020.

138 Sydney Hawkins, 2020 “Prisons, Domestic Violence And COVID-19.” *Science Blog* (April 15). Available at: <https://www.afsc.org/newsroom/prisons-domestic-violence-and-covid-19> Accessed November 3, 2020.

the prison reported having 49 cases among the incarcerated population. Two weeks later the number had gone up to 79, but only 135 women had been tested in the facility. By mid-May, 94 women had tested positive and four had died from COVID-19. A total of 273 tested positive by early June.¹³⁹ By early September, 288 women had tested positive.

In trying to stop the outbreak, many prisons placed those who had tested positive or were exposed to COVID-19 in solitary confinement. Huron Valley widely adopted this practice.¹⁴⁰

One of the women placed in solitary confinement due to COVID-19 was Ursula Bolton.¹⁴¹ She was hospitalized after getting sick in prison, and as her symptoms worsened, she was put in a medically induced coma for 20 days. After being discharged from the hospital she was placed in solitary confinement back at WH-VCF. Bolton was being treated for delirium when she left the hospital, a condition that got worse after she was forced into complete isolation. She also suffered from depression and confusion during this time. One of her friends grew so concerned about her mental state in solitary that she breached protocol to inform Bolton's son about her mother's situation.¹⁴²

Another policy adopted by the prison was “cohorting,”

which consisted on grouping women based on their health. Several women like Kylee Beauchamp, who had been close contacts of positive cases, were placed in the gymnasium regardless of whether themselves were positive for COVID-19.¹⁴³ According to Beauchamp, who was paroled soon after, “On a daily basis they had 20, 30 people moving in and out, so you’re constantly getting re-exposed to people who could possibly have it. They had no idea what to do with people. It was just ridiculous. They didn’t have a plan, they didn’t have anything.”¹⁴⁴

Women’s Huron Valley had been the subject of numerous complaints regarding overcrowding and unsanitary conditions before the COVID-19 pandemic hit.¹⁴⁵ In 2018, the Department of Corrections said that the population was around 2,100, well below the prison’s capacity of around 2,400.¹⁴⁶ However, advocates for incarcerated women argue that the capacity has been inflated.¹⁴⁷ A prison’s design capacity is the number of incarcerated people the architects or planners intended for the facility.¹⁴⁸ The operational capacity, on the other hand, is the number of people that can be accommodated in the prison. While design capacity is set by the original prison plans, operational capacity can be altered by making changes to the existing space. In the case of the Women’s Huron Valley prison, in order to make space for the additional numbers, the day rooms,

139 Michigan Department of Corrections (MDOC), 2020, “MDOC Response and Information on Coronavirus (COVID-19).” (June 1). Available at <https://medium.com/@MichiganDOC/mdoc-takes-steps-to-prevent-spread-of-coronavirus-covid-19-250f43144337> Accessed July 1, 2020.

140 Joey Horan, 2020, “Care or Punishment? Michigan Prisoners Placed in Solitary as COVID Surges.” *Bridge Michigan* (August 24). Available at: <https://www.bridgemi.com/michigan-government/care-or-punishment-michigan-prisoners-placed-solitary-covid-surges> Accessed November 3, 2020.

141 Horan 2020.

142 Horan 2020.

143 Horan 2020.

144 Horan 2020.

145 Paul Egan, and Angie Jackson, 2020, “1st Coronavirus Case Reported at Michigan’s Prison for Women.” *Detroit Free Press* (March 27). Available at: <https://www.freep.com/story/news/local/michigan/2020/03/27/coronavirus-case-michigan-womens-prison-huron-valley/2924121001/> Accessed November 3, 2020.

146 Egan and Jackson 2020.

147 Nora Krinitsky, Director for the University of Michigan Carceral State Project, argues that despite housing around 2,200 women, the facility only has capacity for 1,100, and attorneys for some incarcerated women agree that the capacity has been artificially inflated by more than 500 since 2010. See: “Nora Krinitsky: America’s Prisons and Social Distancing,” 2020, *University of Michigan Communications* (March 18). Available at: <https://news.umich.edu/faculty-qa-americas-prisons-and-social-distancing/> Accessed November 3, 2020; and Paul Egan, 2018, “Women Say Conditions at Crowded Michigan Prison ‘Cruel and Unusual,’” *Detroit Free Press* (September 6). Available at: <https://www.freep.com/story/news/local/michigan/2018/09/06/women-say-conditions-crowded-state-prison-cruel-and-unusual/1188871002/>. Accessed November 3, 2020.

148 “Terms & Definitions: Jail Inmate Characteristics.” Bureau of Justice Statistics. Available at: <https://www.bjs.gov/index.cfm?ty=tdt-p&tid=122> Accessed November 3, 2020.

recreation spaces, offices and storage units were converted into additional cells. Tammy Weidenhamer, who was incarcerated at the prison said, “There isn’t enough room for people to stay six feet apart.”¹⁴⁹

According to an architect specialized in prison design, the prison did not obtain any building permits, and in some cases did not even use architectural plans, to convert different spaces into cells nor did they ensure these new cells had adequate ventilation.¹⁵⁰

After examining the prison blueprints and visiting the facility the architect concluded that at least 14 of the units, housing over 1,000 women, were “overcrowded and constitut(ing) cruel and unusual punishment.”¹⁵¹

For example, one of the recreation rooms converted into a housing dorm for 16 women has less than 18 square feet per person. Women at the prison have also complained about having insufficient lockers, desks and chairs, the ongoing invasion of their personal space, lack of security and privacy in the new cells, lack of ventilation, lack of cleaning supplies, toilet paper, feminine hygiene products, and insufficient clothes.¹⁵²

While in 2018, when the attorneys filed the reports, these circumstances were said to amount to cruel and unusual punishment; in 2020 they also contributed to the Women’s Huron Valley Prison becoming a COVID-19 hotspot.

PART FIVE: CONCLUSION

The numerous hurdles that obstruct the physical, mental, emotional and economic well-being of women in prison are not new, but in the pandemic, they gain new capacity to harm. This paper aimed to shine a light on the distinct needs of women in prison given the risks posed by COVID-19 and the extent to which they have already suffered as a result of the virus.

As a testament to the resilience and strength of women who have been imprisoned, some of the strongest leaders in efforts to draw attention to what has happened inside prisons are formerly incarcerated women who

have become advocates for justice. Around the country and in each of the states that we profiled, organizations – often led by formerly incarcerated women – have mobilized to draw attention to both long-term and COVID-19 issues for this population.

We conclude by presenting five of the demands most commonly articulated by these women’s organizations.

1. Release people:

- Grant 180-days Good Time to allow everyone within six months of going home to get home ([VOTE-Louisiana](#));
- Issue medical parole for everyone with respiratory conditions, anyone who is immunocompromised, and anyone over 60 years old (see recommendations for commutations in Addendum II, [“I don’t want to die in prison”](#));
- Governors should use their clemency power to bring people home (see the campaign work of [Families for Justice as Healing](#) to learn more about this issue in Massachusetts).

2. Better equip people inside prisons to protect themselves physically, emotionally and mentally:

- Provide masks and gloves to all staff and incarcerated people;
- Refrain from use of solitary or lockdown to achieve medical isolation;
- Reduce the costs of calls and video so that incarcerated people can maintain their connections with loved ones.

These are widely issued demands, hence we do not identify them with any particular organization’s work.

149 Egan and Jackson 2020.

150 Egan 2018.

151 Egan and Jackson 2020.

152 Egan 2018.

3. Create stronger oversight mechanisms to review how prisons uphold the human rights of the women they incarcerate:

- Create a jail and prison COVID-19 oversight commission under the Office of Public Health and CDC, with the power to interview sick people, enforce basic medical standards, and ensure families have a right to know about the health of their loved ones (see the work of [VOTE-Louisiana](#)).

4. Do not allow the crisis moment to distract attention from longer-term goals:

- Support efforts to change prison and the broader criminal justice system, as is being done by [VOTE Louisiana](#), [Massachusetts Criminal Justice Coalition](#), [The Future Justice Fund](#), [the Florida Campaign for Criminal Justice Reform](#), [the Michigan Collaborative to End Mass Incarceration](#), [Families for Justice as Healing](#), [the California Coalition for Women Prisoners](#), among many others.

Among advocates for the rights of incarcerated people, there are multiple views about how to define the strategic goal of longer-term change in America's use of mass incarceration. Some of the above organizations explicitly work towards prison abolition, a holistic approach to transforming how societies address and repair both the causes and consequences of crime, while others focus on reforming the current system. Both strategies find common ground on some issues — and the implications of the public health crisis sparked by COVID-19 in prisons has united them in many ways — while working within different strategic frameworks. During the period of crisis ushered in by the pandemic, attention logically turned to immediate and acute issues, but the conversation about more comprehensive change remains on-going.

5. Support efforts that help incarcerated people advocate for themselves:

- Support organizations led by formerly incarcerated women, an umbrella group for these organizations is the [National Council for Incarcerated and Formerly Incarcerated Women](#);
- Expand educational opportunities for women inside prisons (see the work of [Jamii Sisterhood](#));
- Enable incarcerated people to access to their voting rights (see the work of [The Sentencing Project](#));
- Empower people directly impacted by incarceration in decision-making about the justice system (as an example, see the legislative recommendations put forward by [Daughters Beyond Incarceration](#) and the [Louisiana Women's Incarceration Task Force](#)).