



FIGHTING THE CORONAVIRUS WITH DECARCERATION: POLICIES & POLLING

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POWERED BY:

 DATA FOR **PROGRESS**

EXECUTIVE SUMMARY

- ▶ Public health experts agree that jails and prisons pose special risks to the spread of the coronavirus. These risks extend to the incarcerated, and to the correctional officers, medical professionals, and other people who work inside and visit prisons and jails. Moreover, because these workers and other vendors travel in and out of these facilities, this poses a heightened risk for the general public.
- ▶ We found strong, cross-ideological support for the **strategy of dramatically reducing jail and prison populations to slow the spread of the coronavirus**. Sixty-six percent of likely voters, including 59% of those who are “very conservative,” said that elected officials should be considering measures to reduce overcrowding in prisons and jails as a response to coronavirus.
- ▶ Fifty-six percent of voters support **releasing people who are within six months of completing their sentence** in order to reduce the risk of transmitting the coronavirus within jails and prisons. Support for this includes 52% of “very conservative” voters.
- ▶ **Voters also support releasing especially at-risk populations**. Fifty-eight percent of voters support releasing incarcerated people who are elderly; while 53% support releasing those whom the Center for Disease Control and Prevention (CDC) has classified as vulnerable, including those with asthma, cancer, heart disease, lung disease, and diabetes.
- ▶ Voters also overwhelmingly support reducing unnecessary jail admissions: 63% support encouraging law enforcement to make use of summons or tickets as alternatives to jail where necessary.

INTRODUCTION

The coronavirus is a public health crisis that requires collective effort and sacrifice to slow its spread. We are no safer, or healthier, than the least protected among us. If we leave vulnerable populations exposed to the virus, we are only accelerating its spread. And that applies to people confined in jails and prisons perhaps more than anyone else.

We know that crowds and confined spaces are especially conducive to transmitting the disease, and so places that attract or involve crowds — schools and businesses, gyms and restaurants — have been closed. Concerts and conferences and sporting events have been cancelled. Entire cities and counties are under “shelter in place” orders. And federal, state, and local officials have all counseled “social distancing,” instructing people to remain at least six feet apart while adhering to rigorous sanitary practices — hand washing, disinfecting surfaces around the home.

We also know that older people and people with certain medical conditions, such as heart disease or autoimmune disorders, are at higher risk for contracting and suffering complications from coronavirus, including death. As a result, officials have ordered heightened protections for these populations; in California, Governor Gavin Newsom ordered the “home isolation of all seniors and adults with chronic conditions.”

All of these concerns—the crowded, confined spaces, elderly people with chronic health issues, unsanitary conditions—are especially acute in America’s jails and prisons. For all the same reasons that officials have put other preventive measures into place, they should adopt guidelines to drastically reduce the number of people who are incarcerated, a strategy that is not only consistent with but essential to protecting public safety.

There are about 2.3 million adults and children incarcerated in jails, prisons, and detention facilities across the United States. Over a half million of them have not been convicted and are detained awaiting trial, in many cases solely because they cannot afford to pay money bail, in many cases for years.

That means millions of people are confined in what are effectively incubators for viral infections. Jails and prisons inherently involve crowded and confined spaces where people—those incarcerated along with visitors, lawyers, medical personnel, vendors, and staff—necessarily interact in close quarters. There is no social distancing behind prison walls. These facilities are filthy, with access to basic sanitary needs like soap and hot water often restricted, if available at all. Hand sanitizer, a staple of disease prevention on the outside, is generally prohibited because of its alcohol content. People inside are in effect barred from adhering to the practices designed to slow the spread of infections.

Given these conditions, outbreaks of the flu regularly occur in jails and prisons. During the H1N1 epidemic in 2009, for example, the number of cases within prisons was widespread. The coronavirus spreads even faster than H1N1, and given asymptomatic transmission and the lag time before diagnosis, the problem could be out of control before it's even discovered. Michael Deitch, an expert on prisons, said that inside the coronavirus will spread like “wildfire.” And when that happens, there is little hope of treating it, as the medical services inside jails and prisons are poorly equipped to deal with a large-scale outbreak of infectious disease.

Jails and prisons are like extreme, less healthy and more dangerous versions of the cruise ships and nursing homes where the virus proliferated during the pandemic's earlier stages. Indeed, commentators have referred to prisons as “de

facto nursing homes” because of their aging populations and the medical care they require. People over the age of 55 are the fastest growing demographic in prison. Right now, nearly one in five people in prison is age 50 or older and if we continue at current rates, in ten years that number will be one in three.

This population also happens to be an especially low risk to commit future crimes. In general, propensity for criminal behavior continues to decline with age, with people aged 50–64 having a recidivism rate dramatically lower than the national average (seven percent compared to 43.3 percent). People aged 60 or older account for less than two percent of all arrests. Releasing this vulnerable group of people does not pose a risk to public safety, but leaving them confined presents the risk of accelerating the spread of disease.

This heightened risk applies not just to the people inside, but to the broader community. If incarcerated populations are not reduced, prisons will quickly prove a powerful conduit for the coronavirus to reach beyond prison walls, sparking disastrous outbreaks that all of the dramatic measures put in place so far are designed to prevent.

Huge numbers of people cycle in and out of prisons everyday, including corrections staff, delivery workers, and people who are detained. In California alone there are at least 37,000 people who work in the state's prisons. In addition, people are often booked into jails and released soon after, and may contract the virus before returning to their homes and communities. At Rikers Island, New York City's infamous jail that houses about 5,400 men and women, the coronavirus has already arrived: one incarcerated person and one guard have confirmed cases.

Right now, there is no more urgent task in the fight against the growing pandemic and in defense of public health than for elected officials

at all levels and aspects of the system—governors, prosecutors, sheriffs, police chiefs, and city council members—to dramatically reduce the number of people inside jails and prisons.

On Twitter, the Chief Physician of Rikers Island, Dr. Ross MacDonald, offered his view from the frontlines, in a thread directed to the “judges and prosecutors of New York.” We “cannot change the fundamental nature of jail,” he wrote. “We cannot socially distance dozens of elderly men living in a dorm, sharing a bathroom.... A storm is coming and I know what I’ll be doing when it claims my first patient. What will you be doing? What will you have done? We have told you who is at risk. Please let as many out as you possibly can.”

That demand is supported by our poll of likely voters, which found strong, cross-ideological support for releasing people from jails and prisons in the name of public health.

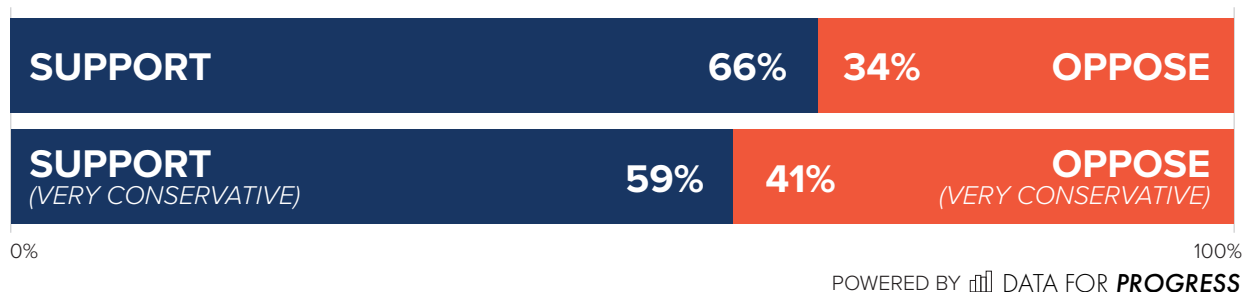
POLICIES & POLLING

In response to the urgent public health crisis, The Justice Collaborative (TJC) created decarceral guidelines “intended to reduce the spread of [the coronavirus] both within jails and prisons and the communities where they are located by providing mechanisms for release and stopping the flow of new admissions to either facility.”

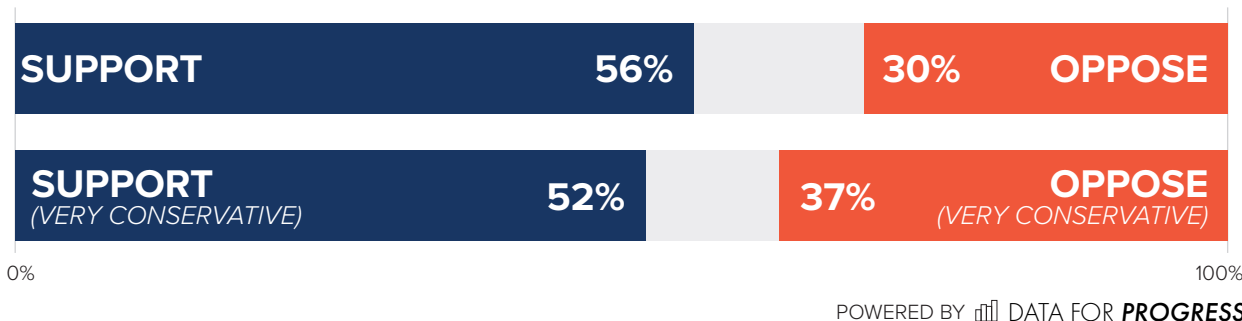
These guidelines are also reflected in a letter from over 30 elected prosecutors around the country urging “policymakers, prosecutors and criminal justice leaders [to] take steps to dramatically reduce detention and the incarcerated population” in response to the coronavirus.

Our polling shows strong, cross-ideological support for the strategy of reducing the number of incarcerated people in response to the coronavirus, and for many of the TJC guidelines in particular:

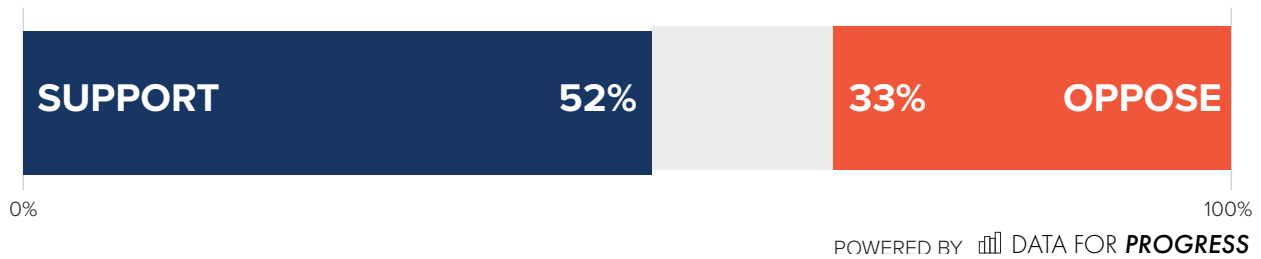
Say that public should be considering measures to reduce overcrowding.



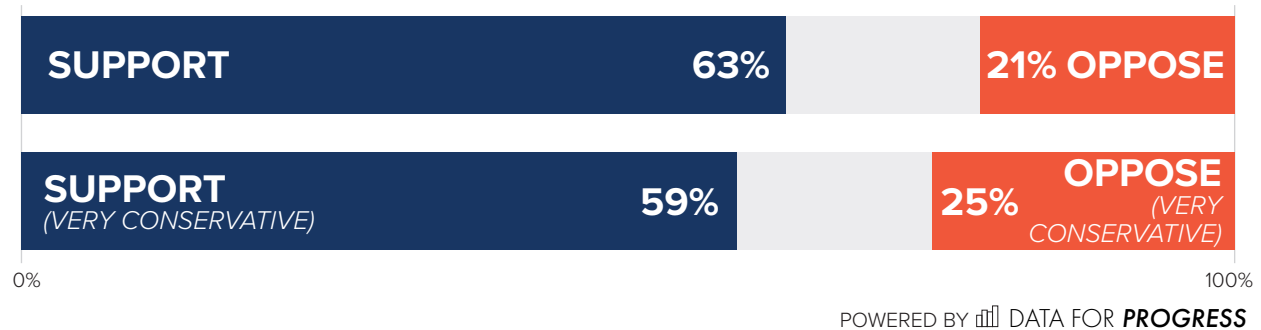
Support releasing people who are within six months of completing their sentence in order to reduce the risk of transmitting the coronavirus within jails and prisons.



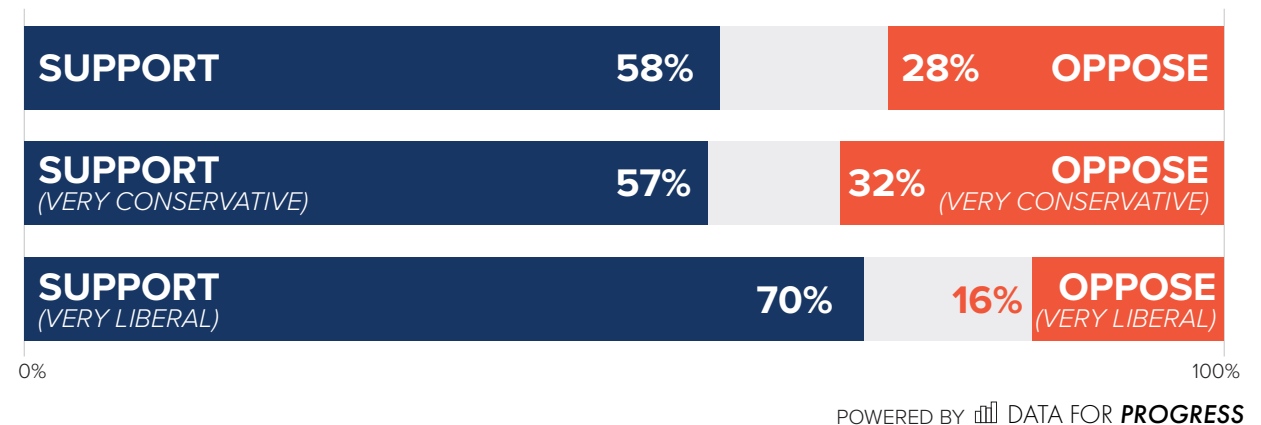
Releasing anyone charged with an offense that does not involve a serious physical safety risk to the community.



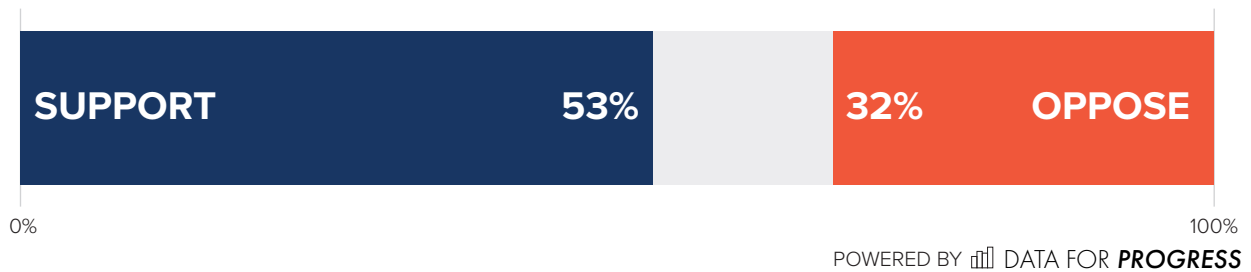
Encouraging law enforcement to make use of summons or tickets as alternatives to jail to ensure court appearances where necessary.



Releasing incarcerated people who are elderly because the CDC says that the elderly are more vulnerable to the coronavirus and have higher rates of mortality than young people.



Releasing those the CDC says are vulnerable including those w/ asthma, cancer, heart disease, lung disease, and diabetes.



METHODOLOGY

From March 16, 2020 to March 17, 2020, Data for Progress conducted a survey of 2509 likely voters nationally using web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, urbanicity, race, and voting history. The survey was conducted in English. The margin of error is ± 1.9 percent.