

# MASS INCARCERATION AND THE PANDEMIC

Although public health experts are increasingly calling for decarceration as a public health measure, during the pandemic, only modest attention was given to [reducing jail and prison populations](#). This strategy was not officially endorsed by the [Centers for Disease Control and Prevention](#) and decarceration efforts continue to be [inadequate, uneven, and unsustainable](#).

Official government [data](#) show that, nationwide, state and federal prisons released fewer people in 2020 than in 2019. Temporary decreases in prison populations were due to limiting new intakes, which have since rebounded. At the [federal level](#), the number of people in civil custody in Immigration and Customs Enforcement (ICE) detention centers was less than one-third of the 2019 population, but the number of people detained for the U.S. Marshals Service (USMS) facing federal criminal charges reached an all-time high.

While the overall population of people held in local county jails [decreased by 25% from 2019 to 2020](#), the percent of people held in jail *who have not been convicted of a crime* increased from [75% to 81%](#), and the overall jail population is [creeping back to pre-pandemic levels](#). As noted by the [Prison Policy Initiative](#), "in mid-2020, the U.S. still locked up more people per capita in jails alone than most countries do in any type of confinement facilities."

These people are also disproportionately poor. [Adults in poverty](#) are three times more likely to be arrested than those who are not poor. People earning less than 150% of the federal poverty level are 15 times more likely to be charged with a felony. And, over the past two years, racial disparities in jail incarceration have widened. [White people have experienced the greatest declines in jail incarceration](#) during the pandemic compared to Black, Latinx, and Asian American people. Indigenous people, who suffer disproportionate incarceration, experienced the greatest decrease overall ([nearly 35%](#)) possibly due to decreased populations in jails located on tribal lands.

Cumulative COVID-19 case rates were [five times higher](#) among incarcerated people compared to the general population, reflecting the environments of prisons and jails as hotspots for infection. In addition to increased risk of contracting COVID-19, people in prisons and jails are more likely to experience severe disease compared to those in the general population due to their [increased risk of chronic health conditions like high blood pressure, asthma, heart-related problems, diabetes, tuberculosis, hepatitis C, and HIV](#) as well as the [aging incarcerated population](#).

Furthermore, U.S. prisons and jails require the employment of correctional officers/jailers, healthcare providers, social workers, cleaning staff, food service staff, and others – people who are in and out of correctional environments, while interacting within their broader communities. The COVID-19 case rate of correctional officers [outpaced](#) that of the general population in most jurisdictions. With Black people being [overrepresented](#) among correctional officers and jail/prison staff, this disproportionate exposure represents yet another inequitable burden on BIPOC communities.

Beyond the pandemic, the negative health effects of incarceration are most acutely illustrated by examining mortality. Incarceration shaves years off people's lives. Most astonishingly, each year spent in prison is associated with a [2-year decline in life expectancy](#). This translates to losing approximately 10 years of life for someone aged 30 who was incarcerated for 5 years. This decline continues after leaving prison: the adjusted risk of death for people leaving prison is [12.7 times higher](#) within the first two weeks of release compared to the general population and the risk of death from opioid overdose within the first two weeks of release from prison is [40 times higher](#). Any time spent in [solitary confinement](#) carries through to higher risks of death, suicide and opioid overdose when released. All of this is disproportionately experienced by Black and brown people, with [greater health inequities](#).

To achieve health equity and protect the health of the nation, public health experts are calling for investing in social determinants of health rather than carceral systems; committing to non-carceral measures for accountability, safety, and wellbeing; restoring voting rights for those with criminal legal involvement; investing in community-based medical, mental and behavioral health care; and releasing people from prison and jail.