Explainer: Prisons and jails are particularly vulnerable to COVID-19 outbreaks

It is not a matter of if but when the coronavirus will enter prisons and jails, according to health experts. The consequences of that eventuality could be devastating. COVID-19 outbreaks in prisons and jails will spread "like wildfire" due to close quarters, unsanitary conditions, a population that is more vulnerable to COVID-19, and the large number of people that cycle through the criminal justice system. The risk extends far beyond those who are incarcerated. COVID-19 outbreaks in jails and prisons threaten the larger public, as hundreds of thousands of individuals churn through jails on a daily basis and correctional, medical and other staff interact with the incarcerated population and circulate back into communities. With 2.3 million people in the United States in prison or jail on any given day, an outbreak in these facilities poses a threat to the entire country.

Cramped quarters and unsanitary conditions ensure the virus will spread "like wildfire."

Washing hands, sanitizing communal spaces and social distancing are among the main ways experts say people can help limit the spread of the virus. But behind bars, some of the most basic disease prevention measures are against the rules or simply impossible.

Separating sick people from well people to prevent the disease from spreading can be nearly impossible in prison, since prisoners are already grouped according to security and other logistical considerations. Even so-called social distancing can prove impossible. People in prisons and jails live every minute of the day in close proximity to each other. Many are housed in dormitories, sharing the same living space, toilets, showers, and sinks. Even where people are housed in individual cells, the ventilation is often inadequate. Bedsheets and clothes are washed infrequently. For the millions of people in prison and cycling in and out of jails, the facilities where they are expected to eat, sleep, shower and share living space with others are the perfect breeding ground for coronavirus. To complicate matters, prisons and jails are often over-capacity, making it easier for contagious illnesses to spread faster. It also means isolating someone who might be showing signs of an illness or quarantining those who may have been exposed can be all-but-impossible, especially in older, dilapidated facilities.

Practicing even the most simple hygiene, such as washing hands, is not a given in such environments. Hand sanitizer is often treated as contraband because it contains alcohol. Even if incarcerated people have access to water, they often have nothing to wipe their hands on. To minimize further spread, the Center for Disease Control and Prevention suggests things like avoiding close contact with people who are sick, covering your mouth with a tissue when you cough or sneeze, and disinfecting frequently-used surfaces. However, in jails and prisons, access to toilet paper or tissues is often limited and covering your mouth can be impossible if you're handcuffed, either because of security status or during transport to another facility.

Incarcerated people represent the most vulnerable demographic and low quality health care makes it worse.

Not only does the coronavirus spread quickly in closed spaces like cruise ships, nursing homes, and jails and prisons, many people who are incarcerated also have health conditions, like diabetes or HIV, that make them vulnerable to severe consequences of COVID-19. With about 40 percent of inmates suffering from a chronic health condition, the overall health profile of incarcerated people is abysmal. Health conditions, such as asthma, tuberculosis, and heart-related problems, that make diseases like COVID-19 more dangerous are far more common in the incarcerated population than in the general US population:

	Prevalence of health condition by population			
Health condition	Jails	State prisons	Federal prisons	United States
Ever tested positive for Tuberculosis	2.5%	6.0%		0.5%
Asthma	20.1%	14.9%		10.2%
Cigarette smoking	n/a	64.7%	45.2%	21.2%
HIV positive	1.3%	1.3%		0.4%
High blood pressure/hypertension	30.2%	26.3%		18.1%
Diabetes/high blood sugar	7.2%	9.0%		6.5%
Heart-related problems	10.4%	9.8%		2.9%
Pregnancy	5.0%	4.0%	3.0%	3.9%

Prisons also have considerably more elderly people, who are particularly vulnerable to the disease. While people sent to prisons and jails tend to be young adults, the harsh sentencing policies of recent decades mean that the prison population is aging. From 1999 to 2016, the number of people 55 or older in state and federal prisons increased 280 percent and it is estimated that by 2030, there will be over 400,000 people in our prisons over the age of 50. Older inmates, as in the general population, have higher rates of chronic health conditions, cognitive impairment or dementia, and disabilities. Even as our country has made modest gains at reducing its prison population, the percentage of older and sick people in prison continues to surge. People in prison over the age of 55 make up the fastest growing demographic in prison.

Even without an outbreak of a highly infectious disease, most prisons are not capable of meeting the medical needs of the old and infirm, causing these people to suffer and die in cruel and inhumane circumstances. Doctors writing in the AMA Journal of Ethics said that treating seriously ill people in prison cannot "meet ethical standards of human dignity."

In prisons and jails, medical staff are generally stretched thin even in the best of times. Though incarcerated people have a constitutional right to adequate health care, the reality is they too often do not have access to it. Moreover, prisoners have fewer options for protecting themselves and others. They don't have the option to stay away from other people when they are sick. They can ask for medical attention, but prisons and jails have few infirmary beds and fewer rooms for medical isolation.

If medical staff become ill or have to be quarantined, there will be even fewer people available to provide care. If correctional staff become ill or need to be quarantined, there will be fewer officers available to bring sick people to hospitals, to the infirmary, and even just to keep an eye on who in the facility is showing signs of illness.

More than the number of COVID-19 cases, health experts fear the rate of transmission where the health care system becomes overwhelmed by a sudden explosion of illness that requires more people to be hospitalized than it can handle. In that scenario, more people will die because there will not be enough ventilators or hospital beds to keep them alive. An outbreak in prisons and jails, a large population with the most vulnerable demographic, could not only spur the growth of the disease in the surrounding communities, but further tax the broader medical system upon which the community relies.

Constant churn of inmates and staff through jails will push outbreak into surrounding communities.

While experts point to a cruise ship, like the Diamond Princess, as an analog for the effect of an outbreak on jails and prisons, the crucial and damning difference with jails and prisons is the churn of people going through the system both in terms of people being introduced and released from the facilities and the people consistently coming and going — the staff.

People are constantly booking into jail and prison facilities, being ushered to court hearings, and then being released to their communities. Jails are particularly frightening because of massive turnover. While over 600,000 people enter prison gates annually, there are about 612,000 people in jail on any given day. Worse, people go to jail 10.6 million times each year, meaning people circulate quickly through the jail system and out into public. More than half of the people in jail are only in there for two to three days. So, if there is an outbreak in a jail, there would be people coming in from the outside community, being exposed, and returning to the community— potentially exposing many more people. Alternatively, people coming into the jail with undetected Coronavirus could easily expose the jail community and return to the outside community before anyone realizes that exposure happened.

Correctional officers walk the halls, guard inmates and come and go from jails all day. Medical staff constantly evaluate their patients. Food service workers and linens cleaners and teachers and religious leaders are in and out all day. Visitors regularly stream through. With the number of people who touch the incarcerated population, there are countless entry points for the virus that can risk outbreak within the incarcerated population -- and the surrounding communities.Viruses of all kinds have multiple entry points, and those that enter tend to spread fast. Outbreaks of the flu regularly occur in these facilities, and during the H1N1 epidemic in 2009, many jails and prisons dealt with high numbers of cases. Locking down the jail would only serve, as in China, to intensify infection rates inside, and then spread disease into the broader community as guards and service workers move back and forth.

The special vulnerability of prisons and jails to infectious disease, and particularly COVID-19 is readily apparent from the Coronavirus outbreak in China. Coronavirus suddenly exploded in China's prison, with reports of more than 500 cases spreading across five facilities in three provinces. As of February 25, there were 555 confirmed infections in five prisons of three provinces — Hubei, Shandong, and Zhejiang. Four of those infected were in critical condition. Among the five prisons, the Wuhan Women's Prison had the greatest number of infections. As of February 29 the total number of infected inmates in Wuhan city's prisons stood at 806.