

**Thursday, April 9, 2020**

## **DEMAND FOR IMMEDIATE ACTION**

### **Civil Rights Groups Call on Southern Authorities to Address COVID-19 Crisis in State and Local Jails, Prisons and Juvenile Facilities**

As civil rights organizations committed to ensuring the health, welfare and civil rights of Black communities, as well as other disadvantaged and marginalized communities in the South, we demand that state and local governments across the South act immediately to protect adults and youth who are confined in correctional and juvenile facilities, as well as correctional staff, from the COVID-19 pandemic. The nation's jails, prisons and juvenile facilities are particularly vulnerable to COVID-19 spread due to the inability to follow the Centers for Disease Control's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, issued on March 23, 2020 ("[CDC Guidelines](#)"), including without limitation social distancing, frequent hand washing, intensified cleaning and disinfecting and, when needed, using personal protective equipment. Without ready access to even the most basic resources like soap and clean water, incarcerated people are especially prone to COVID-19 infection. Indeed, COVID-19 has already infected incarcerated individuals or correctional staff in [Alabama](#), [Louisiana](#), [Florida](#), [Mississippi](#), [Texas](#), [North Carolina](#), [South Carolina](#), and [Georgia](#). It is only a matter of time before every jail, prison and juvenile facility in every state will experience a COVID-19 outbreak if governmental authorities do not take swift action today. Officials in Southern states, who have been slow to adopt public health measures for non-incarcerated people, are lagging far behind their counterparts in other states who have already acted to increase protections for incarcerated people and staff, minimize risk of transmission, and release medically vulnerable individuals in order to safeguard community health.

A combination of poor health outcomes, inadequate access to health care and elevated poverty rates makes the South exceptionally vulnerable to the current pandemic, which has already claimed over 14,000 lives across the United States. Troublingly, amidst this unprecedented public health crisis, the South incarcerates a [larger proportion](#) of its population than any other region in the nation. And the incarcerated population in the South, as well as throughout the country, is [disproportionately Black](#). For example, Black people are incarcerated in state prisons across the country at more than [five times](#) the rate of their white counterparts. Moreover, Black people make up more than [one-half](#) of the prison population in twelve states, including Alabama, Louisiana, Mississippi, North Carolina, South Carolina and Virginia. Although Black and Latino people are 29% of the U.S. population, they make up [57%](#) of the U.S. prison population. Due to pervasive health disparities, Black people, including incarcerated Black people, are more likely to suffer from [medical conditions](#) like diabetes, asthma, high blood pressure, obesity and heart disease that increase the severity and mortality of COVID-19 infection.

Data from Louisiana, which has become an epicenter of the pandemic, demonstrate the racial inequity of this pandemic: 70% of the people who have died due to complications from COVID-19 in Louisiana are Black—over [double the percentage](#) of Black people (33%) in the statewide population. COVID-19 has claimed more lives per capita in Louisiana than it has

anywhere else in the nation, if not the world. But the crisis of this pandemic, and the extremely disproportionate harm to Black communities, is not unique to Louisiana. For example, although Black people make up less than 40% of [Mississippi](#)'s statewide population, they comprise 56% of known COVID-19 infections and 72% of COVID-19-related deaths.

The looming public health and human rights crisis in prisons, jails and juvenile facilities across the South is already underway. In Louisiana, at least eight incarcerated people have died in a federal prison located in the [City of Oakdale](#). Similarly, two people incarcerated in a prison in [Lee County, Georgia](#) have died due to complications from COVID-19. A federal prison in [Forrest City, Arkansas](#) is also experiencing an outbreak, in which at least twenty-four incarcerated people have been diagnosed with COVID-19. Similarly, a federal prison in [Yazoo City, Mississippi](#) has an outbreak of 25 incarcerated people and 3 corrections staff infected with the virus. Of course, the extent of COVID-19 infection in Southern county jails, state prisons and other detention centers is presently unknown due to the paucity of testing.

These outbreaks are only the tip of the iceberg: it is not a matter of *if*, but *when* thousands of lives will be lost—both incarcerated people and corrections staff—unless state and local governments take immediate, lifesaving measures to quell the spread of infection and to adequately treat those infected in prisons, jails and juvenile detention centers throughout the South. At a minimum, correctional authorities in the South must take the following actions immediately:

### **1. Release Certain Categories of the Incarcerated Population.**

State and local governments should do everything in their power to eliminate the overcrowding that currently makes social distancing all but impossible in prisons, jails and detention centers. To that end, the elderly, the medically vulnerable and pregnant women should be prioritized for release. The following categories of people should also be released: people who have almost completed their sentences; people held on probation or technical parole violations; people incarcerated for minor, non-violent offenses; and pre-trial detainees, especially those detained solely because they cannot afford bail, and youth in the juvenile justice system who are not found to pose a significant and imminent danger to the community. Kentucky Governor Andy Beshear's [executive order](#) commuting the sentences of over 900 incarcerated people is an example of how states can begin to reduce prison overcrowding amidst the pandemic. Similarly, the ongoing coordinated efforts of local authorities in [Florida's Seventh Judicial Circuit](#) have led to the release of over 100 incarcerated people from local jails, with more to come. Those individuals slated for release should have access to COVID-19 testing upon release and referral, if necessary, to appropriate health care resources.

### **2. Take Precautionary Measures to Protect the Health of Incarcerated People.**

All correctional and detention facilities should fully adhere to the CDC Guidelines, which include guidance for operational preparedness for possible COVID-19 transmission within the facility, prevention of the spread of COVID-19 and management of confirmed and suspected cases of COVID-19 infection. These guidelines include, without limitation, social distancing, intensified cleaning and disinfection and screening of intake, visitors and staff. As part of these guidelines, incarcerated people should be provided with ready access to soap, clean water, tissues and cleaning supplies, as well as personal protective equipment as necessary. Incarcerated people and

correctional staff in these facilities should also be educated about the virus, its symptoms and measures they can take to minimize their risk of contracting or spreading the virus. Plans should be in place to ensure adequate staffing levels in the event of an outbreak. Importantly, widespread testing of incarcerated people and staff for COVID-19 should be implemented immediately.

### **3. Provide Access to Appropriate Medical Care in Medically Appropriate Settings.**

Incarcerated people who test positive for COVID-19 should be released to an external healthcare facility where they can receive the potentially lifesaving care they deserve. Moreover, people exposed to COVID-19 should be moved to a medically appropriate setting outside of the often unsanitary and unsafe conditions of many Southern jails, prisons and detention centers. All of these facilities should have a plan in place to humanely separate symptomatic patients from the general population, implementing a non-punitive medical quarantine where appropriate.

### **4. Make Transparent, Public Disclosures About the Covid-19 Pandemic in All Correctional Facilities, Including Any Racial Disparities.**

Incarcerated people have loved ones in communities to which most of them will one day return. Likewise, corrections staff are part of larger communities that are directly impacted by any COVID-19 infection in the facilities where they work. Accordingly, any COVID-19 related policies affecting incarcerated populations and corrections staff should be clearly and readily communicated to the public, as well as the incarcerated people themselves. Moreover, state and local governments should collect and make public data regarding the morbidity and mortality of the virus in incarcerated populations, including racial demographics. These policies and data should be disseminated via a public website with daily updates and disclosures to local, state and federal health authorities.

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State and local governments have a duty to ensure the health and welfare of the people in their care. They presently stand at the precipice of a public health and human rights catastrophe that will disproportionately harm Black people and other vulnerable and marginalized communities. But this catastrophe can be averted if they immediately take the steps outlined above. Anything less would be a failure in leadership, a gross and willful negligence of their responsibilities, and a human rights disaster.

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