# **COVID-19 in Missouri Prisons and Jails**

The nonprofit Missouri Appleseed, with financial support from Missouri Foundation for Health, studied the COVID-19 containment policies of Missouri prisons and jails. In collaboration with medical and legal professionals, Missouri Appleseed also composed a pandemic protocol to help Missouri correctional facilities during the current pandemic and future respiratory pandemics. This document briefly summarizes extant research on COVID-19 in prisons and jails and the research team's recommendations.

# COVID-19 Case Rates Were Higher among People in Prisons, Correctional Staff, and Missouri Counties Containing Prisons:

- COVID-19 case rates were 5.5 times higher among people incarcerated in U.S. prisons than among the non-incarcerated population. Age- and sex-adjusted death rates were 3.0 times higher.<sup>1</sup>
- COVID-19 case rates were 2.5 times higher among people who work in correctional facilities.<sup>2</sup>
- Staff may carry infections from correctional facilities into the wider community.<sup>3</sup>
- Missouri community case rates for COVID-19 were higher in counties with prisons than in counties without prisons suggesting that high incarceration rates increased the risk of COVID-19 infection both for people in prisons and jails and for people living near correctional facilities.

### How Missouri Can Do Better During This Pandemic and the Next:

#### Divert people from prisons and jails, which are congregate facilities that increase infection risk:

- Minimize jail admissions for non-violent offenses
- Minimize prison re-admissions for technical violations of parole

#### Decarcerate:

- Release individuals who are already within 6 months of their prison release date; release medically at-risk individuals on medical furloughs to house arrest or electronic monitoring
- Close prisons where possible; keep remaining prisons under full capacity

#### Protect:

- Provide PPE and mandate its use among correctional officers and incarcerated people
- Give hazard pay to correctional officers to mitigate understaffing and encourage adherence to infection containment protocols
- Provide basic hygiene and cleaning supplies free, on a regular schedule, and on demand

<sup>1</sup> Saloner, B., Parrish, K., & Ward, J.A. (2020). COVID-19 cases and deaths in federal and state prisons. JAMA 324(5), 602-603. Doi:10.1001/jama.2020.12528

<sup>2</sup> Gunter, A. (2020, July 29). Covid-19 in Prisons: The Latest Numbers in 3 Graphs. The Council of State Governments Justice Center. Retrieved March 30, 2021 from https://csgjusticecenter.org/covid-19-in-prisons-the-latest-numbers-in-3-graphs/

<sup>3</sup> Beaudry, G., Zhong, S., Whiting, D., Javid, B., Frater, J., & Fazel, S. (2020). Managing outbreaks of highly contagious diseases in prisons: a systematic review. *BMJ Global Health* 5(11), e003201. Doi: 10.1136/bmjgh-2020-003201

- Follow emerging evidence-based practices for prevention, mitigation, and treatment of infection; adjust medical services as needed to best respond to patient care
- Require transparency and information-sharing from prisons and jails:
  - Publish, online, facility-specific infection containment policies; case and death counts for incarcerated people and correctional staff, disaggregated by facility and race; and the percentage of inmates vaccinated and correctional and medical staff vaccinated on-site, disaggregated by facility and race
- Test:
  - Test anyone newly admitted to prison or jail; perform regular surveillance testing on correctional and medical staff, visitors, and incarcerated people, in prisons and jails

## Vaccinate:

- When vaccine boosters (for COVID-19) or vaccines (in a future pandemic) are available, make correctional and medical staff and incarcerated people eligible at the same time and as soon as possible
- Disseminate accurate information about vaccines to people in correctional facilities
- Make vaccination opt-out, rather than opt-in

## We Must Ensure Jails and Prisons Prepare for the Next Pandemic Now:

- The Centers for Disease Control and Prevention have identified many reasons the global community is now at risk of future pandemics, including more zoonotic diseases.<sup>4</sup> In the 20 years prior to COVID-19, the global community saw the emergence of several new and dangerous coronaviruses and influenzas: Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and avian or swine influenzas. COVID-19 was the first such virus to reach pandemic proportions in the twenty-first century, but it is unlikely to be the last.
- If we prepare now, we can avoid repeating the loss of life and severe economic disruption caused by COVID-19 – and, in particular, the extreme outbreaks that afflicted people residing and working in prisons and jails.

# MISSOURI APPLESEED

Missouri Appleseed is a legal policy and advocacy nonprofit that works on issues at the intersection of criminal justice reform and public health. Our mission is to ensure that all Missourians, especially justice-involved Missourians, have the opportunity to live healthy, dignified, and productive lives. Missouri Appleseed is one of sixteen independent, state-based nonprofits that make up the Appleseed Network, which has championed the rights of society's most vulnerable populations for more than two decades.

4 Centers for Disease Control and Prevention. 2021. "Why It Matters: The Pandemic Threat." *CDC*. Retrieved July 7, 2021 from https://www.cdc.gov/globalhealth/healthprotection/fieldupdates/winter-2017/why-it-matters.html