

LIVES --- ON THE LINE

Women with Incarcerated Loved Ones
and the Impact of COVID-19 Behind Bars



PRISON
POLICY INITIATIVE

LIVES ON THE LINE IS AN URGENT FIGHT FOR OUR LOVED ONES' LIVES AND TO BRING THEM HOME.

About the Lives on the Line Campaign

While COVID-19 spreads rapidly throughout the country, our incarcerated loved ones face imminent danger to their lives. Led by women with incarcerated loved ones—the mothers, daughters, grandmothers, partners, siblings of people inside prisons, jails, and detention centers—Lives On The Line is urgent fight for our loved ones' lives and to bring them home.

About Essie Justice Group

Essie Justice Group is a nonprofit organization of women with incarcerated loved ones taking on the rampant injustices created by mass incarceration. Our award-winning Healing to Advocacy Model brings women together to heal, build collective power, and drive social change. We are building a membership of fierce advocates for race and gender justice—including Black and Latinx women, formerly and currently incarcerated women, transgender women, and gender non-conforming people.



Shawanda, Essie Justice Group Member

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EXECUTIVE SUMMARY

Incarceration has always posed a grave threat to public health. Jails, prisons, and detention centers subject people to dangerous, unhealthy, inhumane conditions and experiences by design. So, when COVID-19 became a pandemic, we knew that our loved ones' lives were on the line. We knew that the crowded, unsanitary conditions behind bars and a lack of access to medical care would mean that incarcerated people would be among those hit hardest by the virus. We knew that the patriarchal, punitive values embedded into the prison industrial complex would prevent incarcerated people from receiving the kind of care they need to survive a pandemic. And we knew that this harm would ripple out to cause profound physical, emotional, and economic harm for the communities that mass incarceration targets: historically marginalized people, especially Black and Brown communities and women.

JAILS, PRISONS, AND DETENTION CENTERS SUBJECT PEOPLE TO DANGEROUS, UNHEALTHY, AND INHUMANE CONDITIONS BY DESIGN

In response, Essie Justice Group, in partnership with Color of Change, created the Lives on the Line survey for people with incarcerated loved ones. Knowing that carceral spaces are designed to obscure their own violence, the survey sought out

concrete data that could illustrate what was happening behind bars and buoy the efforts of advocates across the country fighting to free incarcerated people amidst the COVID-19 pandemic. Carceral facilities are using COVID-19 as poor justification to further isolate incarcerated women, men, and people of all genders from the outside. Therefore, we put out a public call to people with incarcerated loved ones to share information and testimonies, acknowledging that women with family members behind bars are uniquely material witnesses to what is happening in prisons, jails and detention centers during COVID-19. Our survey ran over a four-week period from May 5th to June 7th, 2020. We received 709 responses.

WHAT IS HAPPENING WITH COVID-19 BEHIND BARS IS A HUMANITARIAN AND PUBLIC HEALTH DISASTER

The data we collected makes clear that what is happening with COVID-19 behind bars is a humanitarian and public health disaster. Jails, prisons, and detention centers are callously failing to take bare minimum measures to mitigate the spread of COVID-19, such as instating distancing protocols or providing adequate supplies of free soap, disinfectant, or masks to incarcerated people. Facilities have exploited the virus as an opportunity to further sever connections between incarcerated people and their support networks, including their lawyers and their loved ones. In a moment when people need to be released faster than ever, court dates, hearings, and release dates are being delayed. As a result, incarcerated people are suffering and dying from COVID-19 at alarmingly high rates. They and their loved ones live with fear, extraordinary anxiety, and extreme isolation. Incarceration is fundamentally incompatible with human dignity and human health; COVID-19 makes that undeniable.

THE RACE AND GENDER SPECIFIC IMPACTS OF COVID-19 BEHIND BARS

A key objective of this report is to highlight the disparate impact of COVID-19 behind bars on Black people and Black women, uplifting the crisis as a gender and racial justice issue.

THE DISPARATE IMPACT OF COVID-19 AND INCARCERATION ON BLACK AMERICANS

The United States has the highest incarceration rate in the world with approximately 2.3 million people behind bars across the country.¹

To put that number into perspective, the U.S. makes up about 5% of the global population but has nearly 25% of the world's prisoners.²

The brunt of these staggering figures has always been borne by Black people. Black people have been the targets of carceral practices and policies ranging from the War on Drugs and its attendant draconian maximum sentences to the violent over-policing that has recently sparked protests around the world.³ As a result, Black Americans make up 40% of the incarcerated population, despite representing only 13% of U.S. residents.⁴ The work of legal scholar Michelle Alexander, among many others, has exposed structural racism and racialized social control as both the cause and the function of mass incarceration in the U.S.⁵ Black people have also borne a disproportionate share of COVID-19 infections as well as serious illness and deaths as a result of contracting the virus.⁶

THE DISPARATE IMPACT OF COVID-19 AND INCARCERATION ON WOMEN

This report also centers the distinct and acute harm caused to women, and particularly Black women, by the

converging forces of COVID-19 and incarceration. Not only has women's incarceration grown at twice the pace of men's incarceration in recent decades, but one in four women, and one in two Black women, has a family member in prison.⁷ The pandemic has only aggravated the financial hardship, increased childcare responsibilities, isolation, and physical and psychological stresses experienced by women with incarcerated loved ones.

NOT ONLY HAS WOMEN'S INCARCERATION GROWN AT 2X THE PACE OF MEN'S INCARCERATION IN RECENT DECADES, BUT 1 IN 4 WOMEN, AND 1 IN 2 BLACK WOMEN, HAS A FAMILY MEMBER IN PRISON

IN SUMMARY

Decades of carceral, patriarchal, and anti-Black policies have brought us to this devastating moment. Black and Brown communities can no longer afford half-measures or "tweaks" to the systems that are killing so many, so quickly. Especially in the wake of the Black liberation rebellions sparked by the deaths of George Floyd, Breonna Taylor, Tony McDade, and so many others, elected officials, policymakers, and judges must seize this opportunity to meet their moral obligation to protect Black and Brown lives and make transformative, life-saving changes to our criminal legal system.

The most responsive way to staunch the flow of needless death is to mass release incarcerated people and close prison, jails, and detention centers. Prisons, jails, and detention centers are fundamentally unable to operate safely and humanely because wellness runs contrary to their purpose.

To put it another way, the cruelty is the point.⁸ We must abandon the myths that carceral institutions keep people safe and embrace evidence-based solutions to address harm. Until everyone can be freed, carceral systems must be held accountable for mitigating the spread of the virus. Incarcerated people's health, right to due process, and their ability to connect with their loved ones must take priority. Finally, incarcerated and formerly incarcerated people as well as cisgender and transgender women and gender non-conforming people with incarcerated loved ones deserve ample financial and emotional support to survive this pandemic and heal from the harms they have suffered.

UP NEXT: KEY FINDINGS



Sharee, Essie Justice Group Member

KEY FINDINGS

Incarcerated people and women with incarcerated loved ones are vulnerable to severe illness from COVID-19.

52% of survey respondents reported that their incarcerated loved one has at least one underlying medical condition that the Center for Disease Control has identified as “high-risk” for severe illness or complications should they contract COVID-19.

49% of survey respondents had underlying medical conditions that place them at high-risk for severe illness or complications from COVID-19.

COVID-19 has spread rapidly behind bars due to abhorrent conditions.

7% of survey respondents believed that their loved one had adequate access to basic necessities to prevent the spread of COVID-19, such as soap, disinfectant, hand sanitizer, and surface cleaners.

30% reported their loved one did not have any access to medical care.

16% said that their loved ones’ facility was practicing any level of social distancing.

Incarcerated people have been deprived of due process during COVID-19, further prolonging their incarceration and exposure to the virus.

- 33%** of survey respondents reported that their loved one's attorney meetings have been cancelled.
- 28%** reported that their loved ones can only talk to attorneys through video/phone options and **21% reported that video/phone visits are being monitored.**
- 11%** said that their loved ones' release date had been pushed back due to COVID-19.

The carceral response to COVID-19 has caused extraordinary mental and emotional distress for incarcerated people and their loved ones.

- 62%** of survey respondents noted that their incarcerated loved ones were scared of losing their lives.
- 76%** reported increased stress and anxiety. **40% percent experienced depression** and **25% reported that their depression worsened since the pandemic.**

17% reported that the children that they care for express worry about their incarcerated loved ones lives and **15% of the children they care for experienced increased anxiety/ depression.**

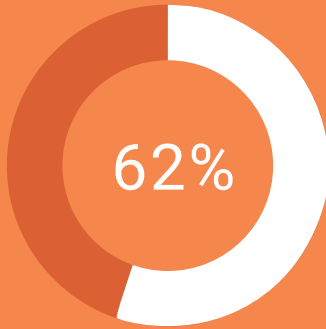
Women with incarcerated loved ones and other family members are ready and willing to welcome home incarcerated people if they are released.

92% reported that their loved one has a home to go to, if released.

UP NEXT: RESEARCH METHODOLOGY

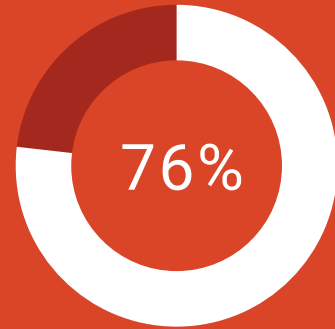
OVERVIEW OF KEY FINDINGS

FEAR OF DYING



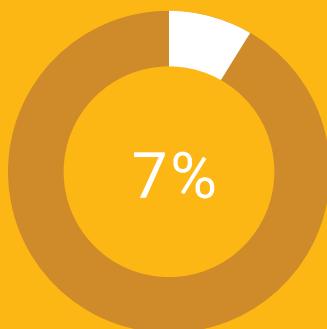
Of respondents said that their incarcerated loved ones were scared of losing their lives.

MENTAL HEALTH



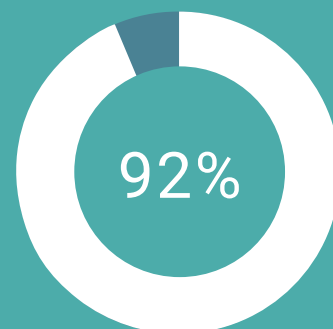
Reported increased stress and anxiety as a result of having an incarcerated loved one during COVID-19.

BASIC NEEDS



Reported that their loved one had adequate access to basic necessities to prevent the spread of COVID-19.

PLACE TO GO HOME



Of people with incarcerated loved ones reported that their loved one has a home to go to, if released.

RESEARCH PHILOSOPHY + METHODOLOGY

The survey was designed by Essie Justice Group and distributed in partnership with Color of Change. We disseminated the survey through the Essie membership network of women with incarcerated loved ones, as well as through criminal legal reform, race justice and gender justice organizations, and through social media. The data we received was analyzed by Lucius Couloute of the Prison Policy Initiative.

The survey questions targeted three areas of inquiry: (1) the material conditions for incarcerated people; (2) the overall impact of the pandemic on incarcerated people; and (3) the ways that the simultaneous hardships of COVID-19 and having a loved one behind bars during a pandemic affected women with incarcerated loved ones.

THE OVERWHELMING MAJORITY (90%) OF SURVEY RESPONDENTS IDENTIFIED AS WOMEN

Who responded to our call? The overwhelming majority (90%) of survey respondents identified as women. We received surveys from people in forty-five states, territories, and the District of Columbia, with a third (33%) of respondents residing in California. Almost half (43%) of the people with incarcerated loved ones that we surveyed identified as Black, supporting Essie Justice Group's past findings that Black women disproportionately bear the trauma of having an incarcerated loved one.⁹ Another 29% of respondents identified as white, and 13% identified as Latinx. The remainder of the people we surveyed identified as "another race or ethnicity" or as multiracial.

Who are the people they love? We received surveys about loved ones behind bars in forty-five states, with the highest concentration (33%) in California. Over a third (35%) of the people who responded to the survey wrote to us about their spouse or partner. Another 15% of survey respondents wrote about a child, while 14% wrote about a parent; the remainder wrote about another type of relative or a friend. The large majority of people surveyed (71%) had a loved one in a state prison, but 14% had loved ones in federal prison and 11% had loved ones in jail. One percent of respondents had a loved one in an immigrant detention center and the small remainder had loved ones in juvenile facilities and other kinds of facilities. Ninety-two percent said that their incarcerated loved ones identified as a man.

In analyzing the data, when people who responded to the survey did not answer every question—possibly due to survey fatigue, confusion, technical issues, or any other kinds of error—we removed from the analysis respondents with missing data on any particular variable. For example, if respondents A, B, and C answered question number 1 but respondent D did not, only the answers from respondents A, B, and C were analyzed for that question. This allowed us to keep the highest number of respondents in the data set without deleting those who may not have answered a few questions.

To more accurately derive meaning from the data we received, we conducted longer interviews with five survey respondents and members of the Essie Justice Group membership: Desire Asey, Betty McKay, Alesha Monteiro, Shawanda Scott, and Mia Shells. The report also includes excerpts from a phone interview that Richie Reseda conducted with Shawanda Scott's son, Carrington Russelle.

UP NEXT: SCOPE + LIMITATIONS

SCOPE + LIMITATIONS OF RESEARCH

This report is a snapshot of the experiences of people with incarcerated loved ones between May 5th, 2020, and June 7th, 2020. Since then, the outbreak of COVID-19 in prisons, jails, and detention centers has accelerated exponentially. California state prison San Quentin, for example, as of July of 2020, had become the “location of one of the country’s biggest COVID-19 outbreaks.”¹⁰ More than 2,240 of the people caged inside San Quentin have tested positive for COVID-19 and twenty-five people incarcerated there have died from the virus as of August 19th, 2020.¹¹ Nationally, the UCLA COVID-19 Behind Bars Data Project has tracked 111,264 confirmed cases of COVID-19 behind bars and 867 confirmed deaths of incarcerated people from COVID-19.¹² We believe the acceleration of COVID-19 behind bars since we collected this data renders this report’s findings even more urgent. The conditions we describe are what led to these outbreaks, and the acceleration of contagion has only widened and intensified the scope of harms detailed herein.

LIMITATIONS RELATED TO GENDER

Respondents were asked to check all of the following identities that applied in regard to their own gender identity and the gender identity of their incarcerated loved one: woman, man, femme, gender non-conforming, non-binary, transgender, trans-masculine, gender-fluid, two spirit, or other. Only four percent of respondents chose femme, gender non-conforming, transgender, non-binary, or trans-masculine as at least one of their identities. We suspect that our research design and outreach process impacted who knew about and had access to our survey.

The vast majority of survey respondents (91%) provided data about a loved one who identified as a man. Only 8% of respondents reported that their loved one identified as a cisgender woman or femme. This limits the report's ability to speak to the impact of COVID-19 in women's prisons, jails, and detention centers. However, the experiences of formerly incarcerated women in Essie's membership support the assumption that conditions there are just as bad, if not worse. Incarcerated women face unique challenges regarding the pandemic. Pregnant women who are incarcerated during COVID-19, for example, are at exceptionally high risk of complications and death.¹³

LIMITATIONS RELATED TO RACE

Additionally, we did not receive information about the race of our survey respondents' incarcerated loved ones. This limits our ability to quantifiably speak to the race-based disparate impacts of COVID-19 behind bars. However, demographic information from county jails and state and federal prisons—as well as the lived experiences of the Black women we interviewed—make clear that Black and Brown people are overrepresented in carceral institutions and disparately impacted by both the harms of incarceration and the harms of COVID-19.¹⁴

Therefore, we do not present this report as a comprehensive analysis of COVID-19's impact on incarcerated people, particularly incarcerated cisgender and transgender women, gender nonconforming people, or two-spirit people. Instead, our findings offer a sampling of data to illustrate the unthinkable harm and cruelty experienced by incarcerated people and women with incarcerated loved ones during this unprecedented pandemic.

UP NEXT: INTRO



Shawanda, Essie Justice Group Member, with her son Carrington

WHOSE LIVES ARE ON THE LINE?

By the time Shawanda's son Carrington tested positive for COVID-19, both mother and son had been bracing themselves for weeks. Carrington is incarcerated in San Quentin, the California prison that has made national headlines for having one of the largest COVID-19 outbreaks in the country.¹⁵ More than half of the people caged inside San Quentin, over 2,200 people, had contracted the virus and 25 people had died at the time of this writing.¹⁶ "[A]t this point, it is not a matter of if [you'll get COVID-19] in here, but a matter of when you'll get it and if you are healthy enough to make it through," Carrington described.¹⁷

It is easy to see why COVID-19 runs rampant through prisons and jails like San Quentin. Even after Carrington tested positive for the virus and his cellmate tested negative,

"I'm fighting to save [my son's] life. I am fighting so he can be a father to his children."

SHAWANDA

correctional officers forced them to continue cohabitating in the same six-foot by eight-foot cell. Those who were moved from their cells after testing positive were either sent to solitary confinement or to death row, where many are already frail, laboring with heart disease, liver and prostate cancer, tuberculosis, and/or dementia.¹⁸

Those battling the deadly virus receive scant, if any, care. “They come around once or twice a day to check oxygen levels and temperatures. They give you Tylenol,” Carrington explained.¹⁹ As of August 19th, 2020, twenty-five people incarcerated in San Quentin had died from COVID-19. According to Carrington, “there is an alarm almost every day [signaling] a new ‘man down.’”

AS OF AUGUST 19TH, 2020, TWENTY-FIVE PEOPLE INCARCERATED IN SAN QUENTIN HAD DIED FROM COVID-19

“Mom, I need you to calm your spirit,” Carrington tells his mother when they speak on the phone. “I need you to not worry.” Through tears, Shawanda describes how painful it was to realize that her son was trying to “put [her] in a place where [she] could possibly accept” that she could lose him. “My son is amazing,” Shawanda explains of her “Carebear” as she calls him. “The strength of my child is what is giving me so much strength.”

Shawanda is one of the 1 in 2 Black women in the United States who has a family member in prison—women whose daily yearning and advocacy for the release of their incarcerated loved ones has only intensified during the COVID-19 pandemic. “I am advocating to free them all,” Shawanda explains. “This is about humanity. I’m fighting to save [my son’s] life. I am fighting so he can be a father to his children.”

On March 11th, 2020, the World Health Organization declared the novel respiratory virus COVID-19 a global pandemic.²⁰ The highly contagious disease, which is transmitted by respiratory droplets, has hit the United States hard.²¹

As of August 24th, 2020, over 5,682,491 people have been diagnosed with COVID-19 in the United States, with 176,223 confirmed deaths.²²

Predictably, the United States' mass incarceration crisis ensured that jails and prisons quickly became COVID-19 epicenters.²³ At the time of this writing, all ten of the largest known clusters of the virus in the United States are inside of carceral facilities.²⁴

Mass incarceration has always been incompatible with health. Incarcerated people's living spaces are often overcrowded. Health care is substandard, and access is limited. Carceral facilities are especially primed to spread pathogens like COVID-19. Incarcerated people are denied sanitizing implements as basic as soap, hand sanitizer, and disinfectant. Food is prepared centrally and generally consumed communally. Correctional officers and other jail staff cycle through daily. People are moved as a group within and outside of facilities (e.g. to court). More fundamentally, human caging is hostile to life and health.

Each day that our government fails to free people from the custody of inhumane facilities, exponentially more people will die, and more havoc will be wrought on the mental and emotional well-being of incarcerated people and those who love them. Our data illustrates that prisons, jails, and detention centers are both fundamentally incapable of keeping incarcerated people safe and willfully neglecting to take basic precautions to mitigate the fatal spread of COVID-19 behind bars.

This failure is an active attack on the Black and Brown people disproportionately represented behind bars and the Black and Brown communities to which they belong.

The lives of incarcerated people locked in COVID-19 hotbeds, terrified that they will be the next one to die, matter; so do the lives of women with incarcerated loved ones who are suffering physically, psychologically, and financially as a result. It is incumbent upon the decision-makers who have created and enabled the status quo to fulfill the obligation to free, protect, and heal people from the humanitarian crisis happening in carceral facilities.

UP NEXT: OUR ANALYSIS

OUR ANALYSIS

01

INCARCERATED PEOPLE AND WOMEN WITH INCARCERATED LOVED ONES ARE MORE VULNERABLE TO SEVERE ILLNESS FROM COVID-19 THAN THE GENERAL POPULATION.

Although everyone is at risk of contracting COVID-19, older adults and people with certain underlying medical conditions are at higher risk for severe illness and death from COVID-19.²⁵ Nationally, 37.6% of adults ages 18 or older have a higher risk of serious illness if they do become infected due to their age or underlying medical condition.²⁶ The results of our survey show that incarcerated people and those who love them are at significantly higher risk than the general population.

Over half (52%) of respondents reported that their incarcerated loved one has at least one medical condition that makes them vulnerable to the impacts of COVID-19.

One survey respondent explained: “[my incarcerated loved one] has chronic respiratory disease and is already sick with that.”

If she contracts COVID, due to the condition of her lungs and her autoimmunity, I firmly believe that she will die there.”

The same is true for women with incarcerated loved ones themselves. Nearly half of respondents (49%) had underlying medical conditions that made them more vulnerable to the impacts of COVID-19. These conditions are only aggravated by the stress of having an incarcerated loved one. One respondent wrote, “I was off blood pressure medicine, but now [I’m] back to taking it due to being concerned about the state of my [incarcerated] brother.”

The underlying health struggles of incarcerated people and women with incarcerated loved ones are directly linked to the systems of structural oppression and anti-Blackness that created mass incarceration. Structural racism, economic inequality, and patriarchy create disparities in access to clean air and water, healthy and affordable food, living wages, and safe housing, all of which have direct impacts on health.²⁷ Incarcerated people and their loved ones’ acute vulnerability to COVID-19 makes the need for mass release and the provision of resources for healing and wellness even more urgent.

02

COVID-19 HAS SPREAD RAPIDLY BEHIND BARS DUE TO ABHORRENT CONDITIONS

As COVID-19 spreads nearly unabated through jails, prisons, and detention facilities, incarcerated people and the women who love them are justifiably terrified. Over 60% of respondents said that their loved ones are scared of losing their lives because the facility in which they are caged is not taking proper precautions during the COVID-19 pandemic.

OUR ANALYSIS



Only 7% said that their loved one had adequate access to basic necessities

At the close of the survey on June 7th, 2020, over one-quarter (28%) of respondents said that their loved one was in a facility where someone has tested positive for COVID-19. Since then, that figure has likely increased exponentially.

FACILITIES HAVE FAILED TO PROVIDE THE BASIC HYGIENIC NECESSITIES TO MITIGATE THE SPREAD OF COVID-19



35% of respondents said that their loved one's facility failed to provide basic supplies

Mitigating the spread of COVID-19 behind bars requires ensuring that people can maintain distance from one another and that they have free access to both personal protective equipment (PPE), like masks, and hygiene supplies, including soap and hand sanitizer.²⁸ The United States Centers for Disease Control and Prevention (CDC) has stressed the importance of intensified cleaning of all living and communal spaces with cleaning agents that meet the Environmental Protection Agency's criteria for use against COVID-19.²⁹



Only 16% reported that their loved ones' facility was practicing any social distancing

In spite of these recommendations, respondents reported that their incarcerated loved ones' facilities were filthy and unsanitary.

Only 7% of respondents said that their loved one had adequate access to basic necessities to prevent the spread of COVID-19, like soap, disinfectant, hand sanitizer, and surface cleaners.

Over a third (35%) of respondents said that their loved one's facility failed to provide these supplies at all. Only 16% reported that their loved ones' facility was practicing any social distancing.

According to one respondent, her loved one "has to wear the same mask for a week [and] the cleaning stuff is [diluted] with water." Another respondent described how in her loved one's facility, there was "no physical distancing, no sanitization.

I don't think they have masks [and] they [cannot] social distance in the dorm." One person reported that "the social distancing policy [at their loved one's facility] and enforcement changes every day, every shift. Staff is frustrated and taking it out on incarcerated people, penalizing people for unclear mask policies, while other staff are flagrantly disregarding the PPE policy." When Essie member Alesha's incarcerated husband attempted to protect himself by remarking about a guard standing very close to him unmasked, that guard implicitly threatened him by asking, "You have a parole hearing coming up soon, don't you?"

"Staff is frustrated and taking it out on incarcerated people, penalizing people for unclear mask policies, while other staff are flagrantly disregarding the PPE policy."

Because of this institutional negligence, incarcerated people and their loved ones are left with the physical and financial burdens of trying to mitigate the spread of the disease themselves. Essie member Mia's incarcerated husband Bradley, for example, is "authentic, genuinely loves people, and is...hands-on about supporting his loved ones," so he has been waking up at 4:00 am throughout the pandemic to deep clean and sanitize the common areas of the facility in which he is incarcerated. Similarly, many survey respondents explained that although their finances were tight, they were the ones sending their loved ones basic sanitation supplies through private vendors, often referred to as "package" companies, who profiteer from selling merchandise for incarcerated people. One respondent explained that "there is only access to hotel-sized soaps provided by the facility or purchased through a package in commissary."

“Nurses are not giving diabetic [incarcerated people] their insulin shots due to positive cases at the facility. They are refusing to touch the [incarcerated people] even with gloves on.”

FACILITIES HAVE FAILED TO PROVIDE SUFFICIENT MEDICAL CARE

The severity of the COVID-19 virus renders access to quality medical care essential. However nearly one-third (30%) of respondents believed that their loved one did not have any access to medical care like medicine, doctor’s visits, and mental health care. One person reported that “no medicine is being given to those who need it.” Those who do receive medical attention are experiencing delays in accessing care, even for conditions unrelated to COVID-19. “Nurses are not giving diabetic [incarcerated people] their insulin shots due to positive cases at the facility. They are refusing to touch the [incarcerated people] even with gloves on,” said one respondent. Another respondent explained that her loved one “has stated that it is difficult to get any medical attention. It takes multiple attempts. He has the feeling they don’t really care about him.”

THE OUTSOURCING OF LIFE-SAVING CARE TO BLACK WOMEN

Prisons, Patriarchy, and a Pandemic



Betty, Essie Justice Group Organizing Fellow

As carceral facilities shirk their responsibilities to safeguard the health of incarcerated people or provide them with the care they so desperately need, women with incarcerated loved ones—disproportionately Black women—are left to pick up the slack.

“As soon as COVID-19 hit, I thought about my sisters inside and I knew their lives were on the line,” Betty explained. After spending 27 years incarcerated herself, Betty knew first-hand that women behind bars could not rely on the prison system to help them survive the pandemic. “They are scared in there,” Betty explained. “They know [the prison staff] aren’t going to take care of them in there. Guards don’t think [incarcerated women’s] lives matter, so they aren’t protecting them.” Alesha had a similar perspective while sitting on an Inmate Family Council (IFC) led by the loved ones of those incarcerated at the same prison as her husband Anthony. The council fielded complaints from other family members about prison staff’s failure to refill soap dispensers and refusal to give incarcerated people hand sanitizer because staff claimed “they would drink it.” Alesha’s husband overheard the prison guards saying things like, “I’m not wearing a mask, it will mess up my make-up,” and, “who cares? They are just inmates.”

“They know [the prison staff] aren’t going to take care of them in there. Guards don’t think [incarcerated women’s] lives matter.”

So like generations of Black women before them, Betty and Alesha were left to bridge the gap between what their loved ones had and what they needed. When Anthony’s prison refused to give incarcerated people masks to protect themselves, Alesha and the IFC independently raised \$5,000 to buy masks and send them to the facility themselves. Since March, Betty has been organizing her community to

“I started calling on friends to help me take care of these women and my friends stepped up! A couple of [other Essie members] rolled through and said, ‘give me a name [of an incarcerated woman who needs supplies]’.”

send incarcerated women money and supplies like soap, disinfectant, masks, food, and fans for air circulation. What began with Betty reaching out to three of her incarcerated loved ones quickly expanded into a much larger effort because of the widespread need. “I started calling on friends to help me take care of these women and my friends stepped up! A couple of [other Essie members] rolled through and said, ‘give me a name [of an incarcerated woman who needs supplies].’”

This institutional abdication of responsibility to care for incarcerated people and the outsourcing of that labor to Black women is a particularly potent example of how “the US prison system is a reflection of the patriarchal society in which it is created and sustained.”³⁰ Because patriarchy has deemed the essential work of caring for people as “feminine,” American society has devalued that labor while expecting women, and disproportionately Black women, to bear it. This is reflected both in the “lower status and lower salaries” afforded people who do work we understand to be centered around care (domestic workers, home health aides, elementary school teachers, etc.), as well as in the overrepresentation of Black women in these fields.³¹

A related dynamic is at work behind bars. Created by and in service to the patriarchal principles of punishment and domination, the work of incarcerating people, a field known as corrections, has historically been seen as masculine work. In their paper about how patriarchy structures employment in

criminal justice, Professors Candice Batton and Emily Wright write about how “corrections remains a highly patriarchal institution... characterized by a hyper-masculine environment and the assumption that corrections are men’s work.”³² As “men’s work,” the role of correctional officers is to be “rule-oriented and punishment-centered,” with no expectation that they will actually take care of the people in their custody.³³ Thus, the labor of providing care for incarcerated people is once again left to the disproportionately Black women who have incarcerated loved ones.

Black women are the unseen, uncompensated care-workers on the front line in the fight against the virus behind bars.

As jails and prisons continue to operate as epicenters of the COVID-19 pandemic, Black women are the unseen, uncompensated care-workers on the front line in the fight against the virus behind bars. By powerfully advocating for their incarcerated loved ones and organizing to provide them with essentials like masks and soap, they are working to save lives, keep families financially afloat, and tend to the weighty mental health burdens on children with incarcerated parents and other family members. Black women should be acknowledged, supported, and compensated for doing the laborious and costly work of caring for their incarcerated loved ones and slowing the spread of the virus to everyone’s benefit. “I don’t have a lot, but I’ve got enough to share with them,” Betty explained. “I’m always trying to look out for my people.”

03

INCARCERATED PEOPLE HAVE BEEN DEPRIVED OF DUE PROCESS DURING COVID-19, FURTHER PROLONGING THEIR INCARCERATION

Although the severity of this pandemic requires the urgent release of incarcerated people, in many places, the opposite is happening. Hearings have been delayed across the country at all levels from pretrial adjudication to appeals processes. One example is the Judicial Council, the policy making body of the California judicial system, which issued a March 2020 order authorizing counties to extend the timeline for arraignments from forty-eight hours to up to seven days. Additionally, the council tripled the number of days that an individual could be held in custody awaiting their preliminary hearing and authorized an additional two-month delay for jury trials.³⁴ Throughout the pandemic, California judges have continued “exploiting delays and loopholes that ultimately ke[ep] people in jails longer” and “[using] their discretion to set bail at astronomical amounts.”³⁵ Eleven percent of the people who responded to our survey reported that their incarcerated loved one’s release date had been delayed since the onset of the pandemic. One respondent said of her loved one’s case that “[t]he prosecution was able to delay his hearing twice and then we got hit with the coronavirus, so everything is at a standstill right now. [My loved one] tries to act like he is taking it in stride, but I can tell in his voice how depressed he really is.” COVID-19 has also delayed Essie member Alesha’s husband Anthony’s plan to request approval to go before the parole board a year early: a process that Alesha had already paid an attorney to help them with.

COVID-19 has also made it harder for incarcerated people to access meaningful legal representation. About one-third (33%)

of our survey respondents said their loved ones' meetings with their attorney had been cancelled. Those who were able to speak to their attorneys are often forced to do so without confidentiality. Over one-quarter (28%) of respondents said that loved ones could only talk to their attorney through video visits and phone calls and 22% reported that phone and video visits with legal representatives were being monitored by facility staff.

Many respondents expressed outrage and anxiety about their loved ones' inability to confer with their counsel.

One respondent explained that "there should be exceptions for [people] to be able to meet with their attorneys. [Being denied this access] is slowing down the process of setting my husband free!"

04

THE CARCERAL RESPONSE TO COVID-19 HAS CAUSED EXTRAORDINARY MENTAL AND EMOTIONAL DISTRESS FOR INCARCERATED PEOPLE AND THEIR LOVED ONES

Desire's father Brian has been incarcerated for most of her life, but that has not stopped him from being an "amazing dad." He has never missed a birthday and always made sure that Desire had gifts from him under the Christmas tree. He's currently incarcerated in San Quentin Prison—the location of one of the country's biggest COVID-19 outbreaks—and though he recently tested negative, he remains very stressed about the possibility of contracting the virus. "He knows the

OUR ANALYSIS



33% of respondents said their loved ones' meetings with their attorney had been cancelled



28% said that loved ones could only talk to their attorney through video visits and phone calls



22% reported that phone and video visits with legal representatives were being monitored by facility staff

precautions that the facility should have taken, weren't taken," Desire explained. "It is kind of like, fend for yourself."

San Quentin has been on a rotating fourteen-day lockdown, meaning that every fourteen days, a portion of the population goes on lockdown for fourteen days. Between those restrictions and Desire's work schedule, Brian and Desire sometimes go weeks without being able to speak. Desire was at work the last time her dad tried to call over a month ago, so she was unable to answer. "He doesn't even have the supplies he needs to write letters," Desire explained. This inability to communicate has caused significant pain and anxiety for their whole family.

Additionally, Brian had been taking college courses and was supposed to graduate on June 12th. The entire family planned to attend the ceremony before it was cancelled due to prison restrictions on visiting put in place during COVID-19. "[My dad] is the type to not reveal his problems, but wants to help everybody out with theirs," Desire said. But even she can tell how discouraged the extreme isolation has made him. She often feels isolated and anxious, too. "[Not being able to speak with my dad] is even more stressful because I work with people who are in and out of hospitals a lot, so I haven't been able to see my mom [either]. I feel so alone." Desire's mom, also an Essie member, is immunocompromised and vulnerable to serious illness if she contracts COVID-19.

INCARCERATION DURING COVID-19 HAS SUBJECTED INCARCERATED PEOPLE TO EXTREME ISOLATION

Physical isolation within facilities: While jails, prisons, and detention centers have failed to take meaningful precautions to protect incarcerated people from contracting COVID-19, they have simultaneously exploited the virus as an opportunity to isolate people behind bars in unsafe, counterproductive ways.

“[Not being able to speak with my dad] is even more stressful because I work with people who are in and out of hospitals a lot, so I haven’t been able to see my mom [either]. I feel so alone.”

DESIRE

Fifty percent of our survey respondents noted that their loved one had reduced time outdoors and reduced programming as a result of the pandemic. Fifty percent also reported that their loved one had been on lockdown at some point during the pandemic. Lockdown procedures vary by facility, but generally limit access to common areas and day rooms, phones, and showers.³⁶ Sometimes, lockdown means being confined to sleeping quarters for 23 hours a day.³⁷ Even worse than lockdown, 12% of people with incarcerated loved ones reported that their loved one had been placed in isolation or solitary confinement as a result of COVID-19.

A report by Unlock the Box revealed that at least 300,000 people have been placed in solitary confinement since the COVID-19 pandemic began.³⁸

Solitary confinement has been described by psychologists as “tantamount to torture.”³⁹ These interventions are counterproductive in multiple ways. Humans need human connection and derive mental health benefits from being outside, including reduced anxiety, increased resilience, better cognitive function, and improved mood.⁴⁰ Solitary confinement, in particular, has been shown to increase anxiety and disordered thinking, worsen mental health problems, and heighten the risk of suicide.⁴¹

Not only are these interventions cruel, but they are also likely to exacerbate the spread and intensity of COVID-19.

OUR ANALYSIS



Almost twelve percent (11.7%) of people with incarcerated loved ones had not been able to contact their loved one at all during the pandemic

Incarcerated people are less likely to report exposure to the virus or symptoms if they are afraid that they will be subjected to torture as a result. And increased isolation can weaken the immune system, causing or aggravating underlying conditions like hypertension.⁴² As Dr. Homer Venters, former chief medical officer of New York City jails, succinctly explained, “Outbreaks often stir a desire to lock people away in cells, with the notion that germs won’t spread if people are sealed in individual cells. Nothing could be farther from the truth.”⁴³ Finally, incarcerated people rely on programming, not only for stimulation and connection, but as a way to reduce the time left on their sentence. Interruptions to programming unfairly delay incarcerated people’s release dates.



Nearly half (49%) said their visits with loved ones were cancelled

Isolation from support networks: Almost twelve percent (11.7%) of people with incarcerated loved ones had not been able to contact their loved one at all during the pandemic. Nearly half (49%) said their visits with loved ones were cancelled. The California Department of Corrections and Rehabilitation had suspended all in-person visitation in the state’s prisons at the time of this writing.⁴⁴ Over half of respondents (54%) reported having less contact overall with their incarcerated loved one. Twenty-five percent of respondents said that their loved ones were either unable to send and receive mail or were experiencing significant delays. The increased isolation has been grueling for many incarcerated people, including Alesha’s husband Anthony. “Anthony is usually even-keeled and optimistic, but over the last few weeks, he sounds defeated,” Alesha explained. “I’ve never heard him like this.”



Over half of our respondents (54%) reported having less contact overall with their incarcerated loved one

COVID-19 AND INCARCERATION HAVE CAUSED SIGNIFICANT MENTAL & EMOTIONAL ANGUISH FOR WOMEN WITH INCARCERATED LOVED ONES

The compounding impacts of COVID-19 and experiencing the incarceration of a loved one have caused women with incarcerated

loved ones significant mental and emotional distress. One respondent describes the anguish like this: “My mind cannot rest. My body is in constant pain. I’m experiencing constant nausea and insomnia from anxiety. I cannot fathom that I may never get to hug [my incarcerated love one] again.”

Over three-quarters (76%) of people who responded to our survey reported having increased stress and anxiety as a result of COVID-19. Forty percent reported feeling depressed. An additional 24% of people with incarcerated loved ones said that their pre-existing depression worsened as a result of COVID-19, and 37% of respondents felt more isolated. Some respondents reported increased substance use and some respondents described effects as serious as suicidal ideation. Even worse, these impacts are intergenerational. Seventeen percent of respondents said that their children or dependents expressed worry about their incarcerated loved one’s life and 14% said their children or dependents demonstrated increased anxiety and/or depression related to a loved one’s incarceration.

“My mind cannot rest. My body is in constant pain. I’m experiencing constant nausea and insomnia from anxiety. I cannot fathom that I may never get to hug [my incarcerated love one] again.”

Essie member Alesha’s story echoes those of many others with an incarcerated loved one during the COVID-19 pandemic. “I feel like I am bleaching my fingers to the bone, trying to keep everything sanitized. I think it is a way of feeling like I’m in control. [But] dealing with the pandemic is so much harder when you have an incarcerated loved one because you can’t protect him in the same way,” she explains. The prison where Alesha’s husband Anthony



Alesha, Essie Justice Group Member

is incarcerated has cancelled in-person visits in response to COVID-19, which has been very difficult for the whole family. Their youngest son, who is only six years old, knows that the visits are cancelled because of a “virus,” but he cannot fully comprehend why he’s had to go months without seeing his dad. Alesha keeps promising him that they’ll see Daddy again if they’re patient, but these days, she wonders if she’ll have to break that promise. The prison system further compounds this stress, anxiety, and depression by withholding pertinent health information from incarcerated people’s loved ones. Almost 94% of survey respondents had not received any or had received inadequate health-related information about their incarcerated loved one. One person wrote: “I was not able to get a hold of the facility for over a month after he was transferred [there]. I called the counselor records... and left 6 voicemails. I finally called the warden’s office and spoke to the [Public Information Officer], who told me the safest place to be in California is prison.”⁴⁵

“We can trace this history of family separations back to slavery. Like our ancestors before us, you never know when the system will rip you away from your loved ones. You never know how to protect your loved ones.”

ALESHA

Even when facilities did provide information, many respondents felt skepticism about whether or not it was accurate. One participant explained that they felt “terrified that the facility is hiding the positive [test results].” In some instances, respondents reported knowing about COVID-19 infections or deaths inside that had not been reported publicly. Alesha connects her current experience to a long legacy of anti-Black oppression. “We can trace this history of family separations back to slavery,” Alesha explained. “Like our ancestors before us, you never know when the system will rip you

away from your loved ones. You never know how to protect your loved ones.”

The mental health toll of enduring the trauma of loving someone behind bars during this pandemic and of being incarcerated during the COVID-19 outbreak will have far-reaching consequences that outlast the pandemic. It is critical that any attempt to mediate these harms first address the immediate public health need to release incarcerated people. But ultimately, a meaningful response to COVID-19 behind bars must advance reparative, compensatory, and accountability-focused policies aimed at healing and restoring those impacted by the inhumanity of the prison, jail, and detention systems.

UP NEXT: CONCLUSION + DEMANDS



Esther, Essie Justice Group Member

CONCLUSION

THIS MOMENT REQUIRES THAT WE URGENTLY START DOWN THE PATH OF ENDING THE VIOLENT AND INHUMANE DISREGARD FOR HUMAN LIFE CAUSED BY INCARCERATION.

The **COVID-19 outbreaks** in carceral facilities make clear that we cannot escape the consequences of our contemporary carceral practices. Now, more than ever, we must accept and address the truth that many incarcerated people and their loved ones have long known: public health, public safety, and societal prosperity are incompatible with incarceration. There is no path forward from this pandemic without

addressing what is happening behind bars. **Ninety-two percent of respondents explained that, if released, their incarcerated loved one would have community support for housing. If we want to stop the pandemic, we must bring incarcerated people home.** This moment requires that we urgently start down the path of ending the violent and inhumane disregard for human life caused by incarceration.

DEMANDS

On March 12th, 2020, women with incarcerated loved ones from the Essie Justice Group membership met to support one another and strategize about how best to protect incarcerated loved ones from COVID-19. In the weeks following that meeting, Essie members collectively developed the following demands, which reflect our experiences, expertise, and leadership to advocate for our needs and the needs of our incarcerated loved ones during the COVID-19 pandemic.

01

WE DEMAND PRISON, JAIL, AND DETENTION CENTER CLOSURES

Our loved ones are currently held in unsafe conditions where the lethal COVID-19 virus is spreading rapidly. Because we know our loved ones cannot get well in a cell, we demand the closure of prisons, jails, and detention centers. We also demand a moratorium on all new arrests, enforcement operations, transfers between agencies and contractors, and bookings into facilities.

02

WE DEMAND THE SAFE RETURN OF OUR LOVED ONES

We demand the safe return of our loved ones with adequate financial and logistical support for newly released people and for their loved one welcoming them home. We stand in direct

contradiction to elected officials' unsubstantiated claims that incarcerated people, if released, have nowhere to go. **Ninety-two percent of our respondents with incarcerated loved ones said that if released, their loved one would have community support for housing.** As cisgender and transgender women and gender nonconforming people with incarcerated loved ones, we have and will continue to be a de-facto reentry system for our newly released loved ones. But especially during these financially unstable times, we, too, are struggling to stay afloat. Thus, we demand increased access to essential services and financial resources that support our ability to properly welcome our loved ones home and ensure their safe and healthy return.

03

WE DEMAND ALL POSSIBLE MEASURES BE TAKEN TO ENSURE THE HEALTH AND WELLBEING OF OUR INCARCERATED LOVED ONES

As COVID-19 spreads unabated behind bars, our loved ones are dying. Their rate of infection and serious illness is dramatically aggravated by their lack of access to supplies or medical care, their subjection to solitary confinement and lockdowns, and their crowded, dormitory style housing.

We demand that the facilities that cage our loved ones implement social distancing for staff and incarcerated people, without using lockdowns or solitary confinement. Facilities must allow our loved ones to access outdoor recreational time as well as free and regular communication with loved ones and attorneys. We also demand that our loved ones are given free, ample access to quality medical care, including

therapeutic care. Facilities must provide protective gear like masks and sanitation supplies that meet CDC standards, including but not limited to soap, hand sanitizer, and surface cleaners that effectively kill the virus that causes COVID-19.

04

WE DEMAND ACCESS TO OUR INCARCERATED LOVED ONES

Even before COVID-19, our communication with incarcerated loved ones was already extremely limited. Now, our visits have been canceled and our phone calls remain time restricted or eliminated entirely. We don't have up-to-date or consistent information about the health of our loved ones or the spread of COVID-19 inside. We demand unlimited communication with our loved ones, including daily communication in multiple languages, free phone and video calls, and timely delivery of mail and packages. We demand that visiting incarcerated loved ones be deemed an essential activity. We also demand regular updates and immediate notification to their emergency contact if an incarcerated person isn't feeling well, experiences a health emergency, or goes to the hospital.

05

WE DEMAND THAT DELAYS IN PROGRAMMING AND COURT CLOSURES NOT EXTEND OUR LOVED ONES' INCARCERATION

Our loved ones no longer have access to the educational, mental health, and other programming that contributes to

their engagement and wellbeing and earns them credits toward release. Hearings from pretrial to parole have been delayed and canceled. Judges across the nation are passing emergency measures that ultimately extend the amount of time a person is incarcerated before going to trial. As a result, our loved ones will be incarcerated longer.

We demand that all measures be taken to ensure that COVID-19 does not increase the time that any person spends incarcerated. We demand that our loved ones maintain private access to attorneys. We demand that our loved ones get to decide whether to have their court appearances and hearings on-schedule virtually or rescheduled for a later date in-person. We demand alternative formats for our incarcerated loved ones to earn credits and degrees. They must not lose credits or good time earned due to transfers or programming cancellations.

06

WE DEMAND ACCESS TO HEALING AND WELLNESS

As women with incarcerated loved ones, we face acute isolation that takes a significant toll on our mental and physical health. The carceral response to COVID-19 has further limited our access to our loved ones and compounded our isolation. We ask that society acknowledge and respond to the unique experiences that women with incarcerated loved ones have during this global pandemic. We demand resources for our own healing and wellness as we advocate for ourselves and our loved ones inside. Resources must include free and regular virtual mental health care for all people who have incarcerated loved ones and stipends to women with incarcerated loved ones for healing circles, support groups, and other wellness practices.

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⁴⁰ See, e.g., Susan McQuillan M.S., RDN, *Nature's Role in Mental Illness: Prevention or Treatment?*, PSYCHOLOGY TODAY (Sept. 24, 2019), <https://www.psychologytoday.com/us/blog/cravings/201909/nature-s-role-in-mental-illness-prevention-or-treatment>.

⁴¹ Blakinger, *supra* note 37.

⁴² UNLOCK THE BOX & SOLITARY WATCH, *supra* note 38, at 7.

⁴³ Dr. Homer Venters, *Coronavirus Behind Bars: 4 Priorities to Save the Lives of Prisoners*, THE HILL, Mar. 23, 2020, <https://thehill.com/opinion/criminal-justice/488802-coronavirus-behind-bars-4-priorities-to-save-the-lives-of-prisoners>.

⁴⁴ CAL. DEP'T OF CORR. & REHAB., COVID-19 PREPAREDNESS (updated July 16, 2020), <https://www.cdcr.ca.gov/covid19/>.

⁴⁵ Note that within CDCR, the Public Information Officer coordinates public information and community relations programs within state prisons and parole regions. The PIO is also the Warden/institution head's administrative assistant and the institution's designee to respond to media requests. CAL. DEPT. OF CORR. & REHAB., PUBLIC INFORMATION OFFICERS (PIOs), <https://www.cdcr.ca.gov/facility-locator/pio-lists/> (last visited June 30, 2020).

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