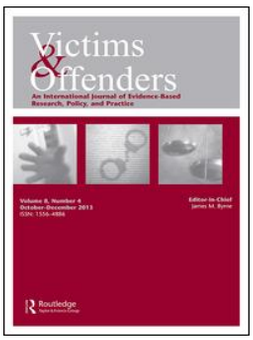

Routledge
Taylor & Francis Group

Victims & Offenders

An International Journal of Evidence-based Research, Policy, and Practice

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/uvao20

The Global Impact of the Pandemic on Institutional and Community Corrections: Assessing Short-Term Crisis Management and Long-Term Change Strategies

Kathryn M. Nowonty & Alex R. Piquero

To cite this article: Kathryn M. Nowonty & Alex R. Piquero (2020): The Global Impact of the Pandemic on Institutional and Community Corrections: Assessing Short-Term Crisis Management and Long-Term Change Strategies, Victims & Offenders, DOI: 10.1080/15564886.2020.1813229

To link to this article: https://doi.org/10.1080/15564886.2020.1813229

VICTIMS & OFFENDERS
https://doi.org/10.1080/15564886.2020.1813229

Routledge
Taylor & Francis Group

The Global Impact of the Pandemic on Institutional and Community Corrections: Assessing Short-Term Crisis Management and Long-Term Change Strategies

Kathryn M. Nowonty[a] and Alex R. Piquero[a,b]

[a]Department of Sociology, University of Miami, Coral Gables, Florida, USA; [b]Criminology, Monash University, Melbourne, Australia

ABSTRACT
This introduction discusses the global impact of Covid-19 on corrections.

KEYWORDS
community corrections; COVID-19; prisons; jails; reform

Introduction

By many standards, the United States has more individuals under some form of correctional supervision – but especially in jails and prisons – than any other high income countries. On any given day, there are 2.3 million people behind bars (Sawyer & Wagner, 2020) and another 4.5 million under community supervision (Jones, 2018). Each year in the US, over 600,000 incarcerated people are released from American prisons (Bronson & Carson, 2019). Nearly 11 million filter in and out of local jails (Zeng, 2020); that amount of individuals is roughly the size of the daily New York City population or the entire state of Ohio. There are over 400,000 people employed as correctional officers and jailers (U.S. Bureau of Labor Statistics, 2020); this does not include administrative, medical, and service staff and other vendors. The U.S. spends billions of dollars a year locking people up. In just 45 states in 2015, the state prison systems collectively spent 43 USD billion (Mai & Subramanian, 2017), a number that does not include local county jails, or federal prisons and detention centers. The U.S. comprises about 4% of the world population, but 25% of the world's incarcerated population, and 25% of the world's COVID-19 cases. These intertwining epidemics are not surprising given that the US has among the highest levels of inequality (OECD Center for Opportunity and Equality, n.d.) and lowest levels of life expectancy (Ho & Hendi, 2018) compared to other high-income countries, as well as high levels of racial inequality, which are also apparent in the prison (The Sentencing Project, 2018) and COVID-19 epidemics (Wortham et al., 2020).

Prisons and jails are meant to detain people who have been convicted and sentenced to an incarceration term and/or are awaiting further justice system processing. In some cases, these facilities provide rehabilitation and other types of services, including mental health and substance abuse treatment, as well as reentry planning. However, prisons and jails are designed for security not public health and health care delivery. In recent years, this tension has come to the forefront as correctional facilities have become the largest mental health

CONTACT Alex R. Piquero axp1954@miami.edu University of Miami, Department of Sociology, 5202 University Drive, Merrick Building, Room 120, Coral Gables, FL. 33124, USA.

care providers in the U.S. (Al-Rousan et al., 2017; Torrey, 1995), and prisons have had to respond to an aging population by developing guidelines for assisted living and end of life care (McKillop & Boucher, 2018) – especially given the many long-term and mandatory sentences previously imposed.

Historically, global infectious disease outbreaks of influenza (Besney et al., 2017; Maruschak et al., 2009; Robinson et al., 2012; Young et al., 2005) tuberculosis (TB; Centers for Disease Control Prevention, 2006; Lambert et al., 2016) and H1N1 "swine flu" (Chao et al., 2017; Turner & Levy, 2010) in correctional settings have illustrated their vulnerability. Due in part to a lack of social distancing, close quarters, shared spaces, and inadequate ventilation systems, infection control in jails and prisons is nearly impossible (Bick, 2007; Dannenburg, 2007). In the U.S., it is estimated that up to a quarter of the prison population has been infected with TB (Hammett et al., 1997), with a rate of active TB infection that is 6–10 times higher than the general population (Centers for Disease Control Prevention, 2006). Thus, it is not surprising that San Quentin prison in California has been an epicenter of three epidemics: 1918 influenza and 2009 swine flu epidemics (Chaddock, 2018), and, currently, the COVID-19 pandemic (Egelko, 2020).

People incarcerated in prisons and jails are more susceptible to acquiring and experiencing complications from infectious diseases than the population in the community. This is because people who are incarcerated are more likely than people in the community to have chronic underlying health conditions, including diabetes, heart disease, chronic lung disease, chronic liver disease, and lower immune systems from HIV (Maruschak et al., 2015). Correctional settings also have dramatic effects on psychological and physical health, subjecting people to higher rates of infectious disease and medical neglect; exacerbating or causing mental health conditions; and hastening death (Brinkley-Rubinstein et al., 2019; Cloud, Bassett et al., 2020; Nowotny & Kuptsevych-Timmer, 2018; Patterson, 2013). In the era of COVID-19, this places inmates, staff members, and the outside community at a non-negligible risk of contracting and spreading the virus, which can lead to hospitalizations and death. Global agencies such as the United Nations and Human Rights Watch have warned that the conditions of confinement, such as overcrowding and lack of basic hygiene, could be catastrophic for COVID-19 (Colville, 2020; Human Rights Watch, 2020a, 2020b). For example, in Philippine jails COVID-19 cases jumped from 194 among inmates and staff to 870 over the span of three weeks (Patag, 2020), prompting the release of over 15,000 people (Aben, 2020).

A Closer Look at the U.S.

The Covid Prison Project (CPP) tracks COVID-19 testing, cases, and deaths in 53 U.S. prison systems, including 50 states, Puerto Rico, Federal Bureau of Prisons, and Immigration and Customs Enforcement (see www.covidprisonproject.com). In the first seven months of 2020, there have been 84,082 reported cases of COVID-19 among people incarcerated in prisons along with 780 COVID-related deaths. These numbers for staff working in prisons are 17,042 and 47, respectively. Using criteria developed by the Kaiser Family Foundation (2020), 21 out of 53 prison systems are currently COVID-19 "hotspots" (Hamblett, 2020), with the 10 largest single-site outbreaks occurring at correctional facilities (New York Times, 2020). CPP data indicate that COVID-19 testing strategies vary greatly by state, with some states engaging in one-time universal testing (e.g., MI, MN, TN, TX, VT, WI), and some states having prison testing rates lower than community testing rates (e.g., AL, LA, IN). Even still, a handful of states do not report any information on testing.

Therefore, it is important to keep in mind that the reported cases are likely underestimates of the true prevalence. Nevertheless, COVID-19 outcomes have been more severe in prisons. The standardized mortality ratio is 2.84 (95% confidence interval 2.64, 3.04), meaning that adjusting for age and sex the prison population has a COVID-19 mortality rate 285% higher than the general population.

Policy Recommendations

Prisons and jails are not completely isolated, as staff and venders go to and from work daily and incarcerated people are frequently transferred between facilities. Preliminary analysis from Cook County Jail, IL shows that jail cycling was associated with 15.7% of documented cases in IL, exceeding other known predictors (e.g., population density and public transit utilization) (Reinhart & Chen, 2020). A simple stochastic susceptible exposed-infected-recovered model of COVID-19 disease spread in Immigration and Customs Enforcement detention centers shows that under optimistic conditions outbreaks among a minimum of 65 ICE facilities would overwhelm ICU beds within a 10-mile radius (Irvine et al., 2020). Additional epidemiologic modeling of ICE facilities indicates potential under-reporting of cases (Siulc, 2020). Indeed, a number of recent publications have provided warning and guidance concerning COVID-19 in correctional facilities, including mitigation strategies (Barnert et al., 2020; Williams et al., 2020; Wurcel et al., 2020) and the imperative to "flatten the curve" (Akiyama et al., 2020), expanding early and compassionate release (Nowotny et al., 2020) and increasing other decarceration efforts (especially among non-violent offenders and/or soon-to-be-released inmates) (B. Williams & Bertsch, 2020), emergency discharge planning (Howell et al., 2020), and the ethical use of medical isolation (Cloud, Ahalt et al., 2020). Unfortunately, gauging the risk of this spread has remained quite difficult, as many local and state facilities do not provide asymptomatic testing (much less engage in contact tracing). And if you do not test, then you do not know the nature of the problem. Even in the absence of testing, what is known about the spread of COVID-19 within incarceration facilities is that they rank second behind nursing homes with the number of positive cases (Sears et al., 2020) and that figure is likely an undercount.

Perhaps the most effective COVID-19 mitigation strategy proposed is reducing the carceral population. Italy (Cingolani et al., 2020), Iran (Payne, 2020), Philippines (Aben, 2020), and other countries have engaged in release efforts. In the United States, more than 100,000 people were released from state and federal prisons between March and June of 2020, an overall decrease of 8% ranging from 2% in VA to 22% in CT (Sharma et al., 2020). However, the prison population overall has dropped largely because prisons have stopped accepting new transfers from county jails, not because of release of COVID-vulnerable inmates. Thus, the trend toward decarceration is likely short-term. Among jails, data from 29 large cities found that all jails reduced their population, even slightly, due to COVID-19 (ACLU Analytics, 2020). For example, Los Angeles County Jail, the largest jail in the U.S., released 25% of its population (Hamilton et al., 2020). Recent analysis finds that the reduction in jail populations across the 29 cities was functionally unrelated to crime trends in the following months (ACLU Analytics, 2020). In fact, overall crime has been decreasing (Rosenfeld & Lopez, 2020), with the exception of short-term increases in intimate partner violence (Piquero et al., 2020), which is likely unrelated to decarceration.

Most recently, Sears et al. (2020) provided guidance for correctional facilities amid the COVID-19 crisis. Because we agree with them, we reproduce them here and encourage jail and prison facilities to these strategies: (1) screen staff at entry and provide universal tests in

hot spots; (2) assign staff and residents to cohorts for distancing; (3) improve sick leave policy; (4) provide and train in PPE; and (5) provide no-cost tests and evaluation for staff and inmates at regular intervals. To that, we would add other improvements to aging facilities including, for example, adequate ventilation systems, considering more time outdoors, and the provision of earlier release among nonviolent offenders/soon-to-be-released offenders to receive reentry planning and services in community-based halfway houses and/or facilities to ease correctional population. And it goes without saying that we would urge researchers to collect the necessary criminal justice data to examine both short- and long-term crime trends among those offenders released and the communities they are released too more generally.

Conclusion

The novel coronavirus has exacerbated the many social, racial/ethnic, and health inequalities and injustices found among those individuals who are under some form of correctional supervision as well as the many disadvantaged communities from which they come from and will return. A 2017 report on the state of health affairs and disparities in the United States from the National Academies of Sciences (2017) shows that, while there have been some gains in reducing health disparities by race/ethnicity, it remains the case that compared to whites, minorities exhibit worse outcomes on many physical and mental health outcomes. A 2020 report by the Center for American Progress continues to document sharp differences in physical and mental health problems (Carratala & Maxwell, 2020). For example, compared to whites, both African Americans and Hispanics are also less likely to have health insurance and to also experience chronic health conditions. There is also evidence to suggest that the morbidity burden of Black men in the United States is understated due to their systematic exclusion from national health surveys (Nowotny et al., 2017). Moreover, these disparities are not solely driven by individual-level factors, as research has continuously shown that neighborhood disadvantage is strongly related to adverse health outcomes such as asthma, infant mortality, low birthweight, etc. (Finch et al., 2008). These disadvantaged communities tend more often than not to be dense, segregated areas of major cities where access to health care, public transportation, high performing schools, gainful employment, and healthy food options are severely limited. These roadblocks, in turn, influence attitudes that favor aggression (Anderson, 1999), increase the risk of crime and victimization (Shaw & McKay, 1942), and lead to shortened life spans (Wolff et al., 2020). And, as many incarcerated people will return back to many of these marginalized communities, the chronicity of adverse health will continue to recycle over time and within families (Clear et al., 2001).

In this regard, Covid-19 has brought to the forefront the need for meaningful criminal justice reform, both within the United States and throughout the world (Nowotny et al., 2020; B.H. Williams & Piquero, 2020). There is no shortage of what these reforms could look like and the coronavirus crisis offers what may be an opportunity to re-imagine the correctional system, including community corrections. Some candidate reforms could include: increasing and resourcing community-based alternatives that offer wrap-around services to include substance abuse and mental health treatment, reducing the number of persons incarcerated – especially for longer periods of time, employing evidence-based risk assessment tools that are impartial across race/ethnicity, eliminating excessive fines and overhauling the bail system, and increasing the adoption of early-release strategies for less violent offenders to include an earlier reentry. Some of these reforms are easier to employ

than others, i.e., eliminating fines and fees and overhauling the bail system, while others are likely to take a longer period of time to put into place and then see their effects.

Beyond decarceration efforts and reforms of current systems of criminal justice, the COVID-19 pandemic has reinforced the imperative to invest in other societal institutions with the explicit goal of supporting human rights, wellbeing, and equity, such as education, healthcare, employment, social security, social safety nets, and housing. Investing in these sectors will help address the root causes of "crime", namely resource deprivation and social and institutional marginalization, and improve population health, thereby decreasing the harms caused by and reducing the need for criminal justice systems. In other words, governments should think beyond prisons and policing to solve society's problems (Critical Resistance, 2020; Washington, 2018).

In the end, it is important to not let perfection be the enemy of progress. The impact of the coronavirus within the correctional system has pinpointed an opportune moment to initiate and execute meaningful criminal justice reform and policymakers should seize this moment.

Disclosure statement

No potential conflict of interest was reported by the author(s).

References

Aben, E. (2020). Philippine jails release over 15,000 inmates amid pandemic. *Arab News*. https://www.arabnews.com/node/1699156/world

ACLU Analytics. (2020). *Decarceration and crime during COVID-19*. American Civil Liberties Union. https://www.aclu.org/news/smart-justice/decarceration-and-crime-during-covid–19/

Akiyama, M. J., Spaulding, A. C., & Rich, J. D. (2020). Flattening the curve for incarcerated populations —Covid-19 in Jails and Prisons. *New England Journal of Medicine*, *382*(22), 2075–2077. https://doi.org/10.1056/NEJMp2005687.

Al-Rousan, T., Rubenstein, L., Sieleni, B., Deol, H., & Wallace, R. B. (2017). Inside the nation's largest mental health institution: A prevalence study in a state prison system. *BMC Public Health*, *17*(1), 342. https://doi.org/10.1186/s12889-017-4257-0

Anderson, E. (1999). *Code of the street: Decency, violence, and the moral life of the inner city*. W.W. Norton.

Barnert, E., Ahalt, C., & Williams, B. (2020). Prisons: Amplifiers of the COVID-19 pandemic hiding in plain sight. *American Journal of Public Health*, *110*(7), 965–966. https://doi.org/10.2105/AJPH.2020.305713

Besney, J., Moreau, D., Jacobs, A., Woods, D., Pyne, D., Joffe, A. M., & Ahmed, R. (2017). Influenza outbreak in a Canadian correctional facility. *Journal of Infection Prevention*, *18*(4), 193–198. https://doi.org/10.1017/s0950268804003243

Bick, J. A. (2007). Infection control in jails and prisons. *Clinical Infectious Diseases*, *45*(8), 1047–1055. https://doi.org/10.1086/521910

Brinkley-Rubinstein, L., Sivaraman, J., Rosen, D. L., Cloud, D. H., Junker, G., Proescholdbell, S., Shanahan, M. E., & Ranapurwala, S. I. (2019). Association of restrictive housing during incarceration with mortality after release. *JAMA Network Open*, *2*(10), e1912516. https://doi.org/10.1001/jamanetworkopen.2019.12516

Bronson, J., & Carson, E. A. (2019). *Prisoners in 2017*. U.S. Department of Justice, Bureau of Justice Statistics: NCJ 252156. https://www.bjs.gov/content/pub/pdf/p17.pdf

Carratala, S., & Maxwell, C. (2020). *Health disparities by race and ethnicity*. Center for American Progress. https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/

Centers for Disease Control Prevention (CDC). (2006). Prevention and control of tuberculosis in correctional and detention facilities: Recommendations from CDC. *MMWR*, *55*(RR09), 1–48. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5509a1.htm

Chaddock, D. (2018). *1918 flu pandemic puts prison medical staff to test*. California Department of Corrections and Rehabilitation. https://www.cdcr.ca.gov/insidecdcr/2018/10/18/1918-flu-pandemic-puts-prison-medical-staff-to-test/

Chao, W., Liu, P., & Wu, C. (2017). Control of an H1N1 outbreak in a correctional facility in central Taiwan. *Journal of Microbiology, Immunology and Infection*, *50*(2), 175–182. https://doi.org/10.1016/j.jmii.2015.05.005

Cingolani, M., Caraceni, L., Cannovo, N., & Fedeli, P. (2020). The COVID-19 epidemic and the prison system in Italy. *Journal of Correctional Health Care*. https://journals.sagepub.com/doi/full/10.1177/1078345820929733

Clear, T. R., Rose, D. R., & Ryder, J. A. (2001). Incarceration and the community: The problem of removing and returning offenders. *Crime & Delinquency*, *47*(3), 335–351. https://doi.org/10.1177/0011128701047003003

Cloud, D. H., Ahalt, C., Augustine, D., Sears, D., & Williams, B. (2020). Medical isolation and solitary confinement: Balancing health and humanity in US jails and prisons during COVID-19. *Journal of General Internal Medicine*. https://doi.org/10.1007/s11606-020-05968-y

Cloud, D. H., Bassett, M. T., Graves, J., Fullilove, R. E., & Brinkley-Rubinstein, L. (2020). Documenting and addressing the health impacts of carceral systems. *American Journal of Public Health*, *110*(S1), S5–S5. https://doi.org/10.2105/AJPH.2019.305475

Colville, R. (2020). *Press briefing note on Americas/Prison conditions*. United Nations Human Rights Office of the High Commissioner. https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25864&LangID=E

Critical Resistance. (2020). *Abolitionist tools*. Critical Resistance. http://criticalresistance.org/resources/abolitionist-tools/

Dannenburg, J. E. (2007). Prisons as incubators and spreaders of disease and illness. *Prison Legal News*. https://www.prisonlegalnews.org/news/2007/aug/15/prisons-as-incubators-and-spreaders-of-disease-and-illness.

Egelko, B. (2020). San Quentin coronavirus outbreak apparently result of missed steps by prison overseer. *San Francisco Chronicle*. https://www.sfchronicle.com/news/article/San-Quentin-coronavirus-outbreak-apparently-15421664.php

Finch, B. K., Do, D. P., Basurto-Davila, R., Bird, C., Escarce, J., & Lurie, N. (2008). Does place explain racial health disparities? Quantifying the contribution of residential context to the Black/White Health Gap in the United States. *Social Science & Medicine*, *67*(8), 1258–1268. https://doi.org/10.1016/j.socscimed.2008.06.018

Hamblett, A. (2020). *Covid-19 case watch*. Covid Prison Project. https://covidprisonproject.com/covid-19-case-watch/

Hamilton, M., Queally, J., & Tchekmedyian, A. (2020). California's prisons and jails have emptied thousands into a world changed by coronavirus. *Los Angeles Times*. https://www.latimes.com/california/story/2020-05-17/coronavirus-prison-jail-releases

Hammett, T. M., Harmon, M. P., & Rhodes, W. (1997). The burden of infectious disease among inmates of and releases from US correctional facilities. *American Journal of Public Health*, *92*, 1789–1794. https://doi.org/10.2105/ajph.92.11.1789.

Ho, J. Y., & Hendi, A. S. (2018). Recent trends in life expectancy across high income countries: Retrospective observational study. *BMJ*, *362*, k2562. https://doi.org/10.1136/bmj.k2562

Howell, B. A., Batlle, H. R., Ahalt, C., Shavit, S., Wang, E. A., Zaller, N., & Williams, B. A. (2020). Protecting decarcerated populations in the era of COVID-19: Priorities for emergency discharge planning. *Health Affairs Blog*, *13*, 2020. https://doi.org/10.1377/hblog20200406.581615

Human Rights Watch. (2020a). *DR Congo: Prisons face Covid-19 Catastrophe*. Human Rights Watch. https://www.hrw.org/news/2020/04/17/dr-congo-prisons-face-covid-19-catastrophe

Human Rights Watch. (2020b). *Latin America: Cut prison crowding to fight COVID-19*. Human Rights Watch. https://www.hrw.org/news/2020/04/02/latin-america-cut-prison-crowding-fight-covid–19

Irvine, M., Coombs, D., Skarha, J., Del Pozo, B., Rich, J., Taxman, F., & Green, T. C. (2020). Modeling COVID-19 and its impacts on U.S. immigration and custom enforcement (ICE) detention facilities. *Journal of Urban Health.*, *97*(4), 439–447. https://doi.org/10.1007/s11524-020-00441-x.

Jones, A. (2018). *Correctional control 2018: Incarceration and supervision by state*. Prison Policy Initiative. https://www.prisonpolicy.org/reports/correctionalcontrol2018.html

Kaiser Family Foundation. (2020). *State data and policy actions to address Coronavirus*. https://www.kff.org/coronavirus-covid-19/issue-brief/state-data-and-policy-actions-to-address-coronavirus/

Lambert, L. A., Armstrong, L. R., Lobato, M. N., Ho, C., France, A. M., & Haddad, M. B. (2016). Tuberculosis in jails and prisons: United States, 2002-2013. *American Journal of Public Health*, *106* (12), 2231–2237. https://doi.org/10.2105/AJPH.2016.303423.

Mai, C., & Subramanian, R. (2017). *The price of prisons: Estimating state spending trends, 2010–2015*. Vera Institute of Justice. https://www.vera.org/downloads/publications/the-price-of-prisons-2015-state-spending-trends.pdf

Maruschak, L. M., Berzofsky, M., & Unangst, J. 2015. *Medical problems of state and federal prisoners and jail inmates, 2011–12*. US Department of Justice, Bureau of Justice Statistics. 2015 February Report No.: NCJ 248491.

Maruschak, L. M., Sabol, W. J., Potter, R. H., Reid, L. C., & Cramer, E. W. (2009). Pandemic influenza and jail facilities and populations. *American Journal of Public Health*, *99*(Suppl 2), S339–S344. https://doi.org/10.2105/AJPH.2009.175174

McKillop, M., & Boucher, A. (2018). *Aging prison populations drive up costs*. Pew Trusts. https://www.pewtrusts.org/en/research-and-analysis/articles/2018/02/20/aging-prison-populations-drive-up-costs

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States, A. Baciu, Y. Negussie, & A. Geller. (2017). *Communities in action: Pathways to health equity*. National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK425844/

New York Times. (2020). Coronavirus in the U.S.: Latest map and case count. https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html#clusters

Nowotny, K. M., Bailey, Z., Omori, M., & Brinkley-Rubinstein, L. (2020). COVID-19 exposes need for progressive criminal justice reform. *American Journal of Public Health*, *110*(7), 967–968. https://doi.org/10.2105/AJPH.2020.305707.

Nowotny, K. M., & Kuptsevych-Timmer, A. (2018). Health and justice: Framing incarceration as a social determinant of health for Black men in the United States. *Sociology Compass.*, *12*(3), e12566. https://doi.org/10.1111/soc4.12566

Nowotny, K. M., Rogers, R. G., & Boardman, J. D. (2017). Racial disparities in health conditions among prisoners compared with the general population. *SSM-Population Health*, *3*, 487–496. https://doi.org/10.1016/j.ssmph.2017.05.011.

OECD Centre for Opportunity and Equality. (n.d.). *Inequality*. Economic Co-operation and Development (OECD). http://www.oecd.org/social/inequality.htm

Patag, K. J. (2020). *COVID-19 cases in prisons jump to 194; 161 are inmates*. PhilStar Global. https://www.philstar.com/headlines/2020/05/27/2016915/covid-19-cases-prisons-jump-194-161-are-inmates

Patterson, E. J. (2013). The dose–response of time served in prison on mortality: New York State, 1989–2003. *American Journal of Public Health*, *103*(3), 523–528. https://doi.org/10.2105/AJPH.2012.301148

Payne, A. (2020). *Iran has released 85,000 prisoners in an emergency bid to stop the spread of the coronavirus*. Business Insider. https://www.businessinsider.com/coronavirus-covid-19-iran-releases-eighty-five-thousand-prisoners–2020–3

Piquero, A. R., Riddell, J. R., Bishopp, S. A., Narvey, C., Reid, J. A., & Piquero, N. L. (2020). Staying home, staying safe? A short-term analysis of COVID-19 on Dallas domestic violence. *American Journal of Criminal Justice*, *45*(4), 601–635. https://doi.org/10.1007/s12103-020-09531-7

Reinhart, E., & Chen, D. (2020). Incarceration and its disseminations: COVID-19 Pandemic lessons from Chicago's Cook County Jail. *Health Affairs*, *39*(8), 1412–1418. https://doi.org/10.1377/hlthaff.2020.0065

Robinson, S., Smith, P., Sears, S., Shubert, D., Reed, J., & Manning, S. E. (2012). Influenza outbreaks at two correctional facilities — Maine, March 2011. *MMWR*, *61*(13), 229–232. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm

Rosenfeld, R., & Lopez, E. (2020). *Pandemic, social unrest, and crime in U.S. Cities*. Council on Criminal Justice.

Sawyer, W., & Wagner, P. (2020). Mass incarceration: The whole pie 2020. Prison Policy Initiative. https://www.prisonpolicy.org/reports/pie2020.html

Sears, D., Ahalt, C., Augustine, D., & Williams, B. (2020). Occupational health: A key to the control of COVID-19 in correctional facilities. *Annals of Internal Medicine*. https://doi.org/10.7326/M20-4543.

Sharma, D., Li, W., Lavoie, D., & Lauer, C. (2020). Prison populations drop by 100,000 during pandemic: But not because of COVID-19 releases. The Marshall Project. https://www.themarshallproject.org/2020/07/16/prison-populations-drop-by-100-000-during-pandemic

Shaw, C. R., & McKay, H. D. (1942). *Juvenile delinquency and urban areas*. University of Chicago Press.

Siulc, N. (2020). *Vera's new prevalence model suggests COVID-19 is spreading through ICE detention at much higher rates than publicized*. Vera Institute of Justice. https://www.vera.org/blog/covid-19-1/veras-new-prevalence-model-suggests-covid-19-is-spreading-through-ice-detention-at-much-higher-rates-than-publicized

The Sentencing Project. (2018). *Report to the United Nations on racial disparities in the U.S. criminal justice system*. https://www.sentencingproject.org/publications/un-report-on-racial-disparities/

Torrey, E. F. (1995). Jails and prisons–America's new mental hospitals. *American Journal of Public Health*, *85*(12), 1611–1613. https://doi.org/10.2105/AJPH.85.12.1611

Turner, K. B., & Levy, M. H. (2010). Prison outbreak: Pandemic (H1N1) 2009 in an Australian prison. *Public Health*, *124*(2), 119–121. https://doi.org/10.1086/521910

U.S. Bureau of Labor Statistics. (2020). *Occupational employment and Wages, May 2019*. https://www.bls.gov/oes/current/oes333012.htm

Washington, J. (2018). What is prison abolition? The Nation. https://www.thenation.com/article/archive/what-is-prison-abolition/#:~:text=Abolitionists%20believe%20that%20incarceration%2C%20in,harms%20instead%20of%20fixing%20them.&text=Abolitionists%20don't%20stop%20at,our%20society%20as%20a%20whole

Williams, B., Ahalt, C., Cloud, D., Augustine, D., Rorvig, L., & Sears, D. (2020). Correctional facilities in the shadow of COVID-19: Unique challenges and proposed solutions. *Health Affairs Blog*, *26*, 2020. https://doi.org/10.1377/hblog20200324.784502

Williams, B., & Bertsch, L. (2020). *No excuses: Governors must pursue decarceration along with investments in reentry services*. The Justice Collaborative Institute. https://tjcinstitute.com/research/no-excuses-governors-must-pursue-decarceration-along-with-investments-in-reentry-services/

Williams, B. H., & Piquero, A. R. (2020). The coronavirus does not ignore prisoners, nor should we. *Dallas Morning News*. https://www.dallasnews.com/opinion/commentary/2020/04/18/covid-does-not-ignore-prisoners-nor-should-we/

Wolff, K. T., Intravia, J., Baglivio, M. T., & Piquero, A. R. (2020). Adherence to the street code predicts an earlier anticipated death. *Journal of Research in Crime and Delinquency*, *57*(2), 139–181. https://doi.org/10.1177/0022427819868754

Wortham, J. M., Lee, J. T., Althomsons, S., Latash, J., Davidson, A., Guerra, K., Murray, K., McGibbon, E., Pichardo, C., Toro, B., Li, L., Paladini, M., Eddy, M. L., Reilly, K. H., McHugh, L., Thomas, D., Tsai, S., Ojo, M., Rolland, S., Bhat, M., & Reagan-Steiner, S. (2020). Characteristics of persons who died with COVID-19–United States, February 12-May 18, 2020. *MMWR*, *69*(28), 923–929. https://dx.doi.org/10.15585/mmwr.mm6928e1external icon

Wurcel, A. G., Dauria, E., Zaller, N., Nijhawan, A., Beckwith, C., Nowotny, K. M., & Brinkley-Rubinstein, L. (2020). Spotlight on jails: COVID-19 mitigation policies needed now. *Clinical Infectious Diseases*, ciaa346. https://doi.org/10.1093/cid/ciaa346

Young, L. C., Dwyer, D. E., Harris, M., Guse, Z., Noel, V., & Levy, M. H., & Prison Influenza Outbreak Investigation Team. (2005). Summer outbreak of respiratory disease in an Australian prison due to an influenza A/Fujian/411/2002(H3N2)-like virus. *Epidemiology & Infection*, *133*(1), 107–112. https://doi.org/10.1017/s0950268804003243

Zeng, Z. (2020). *Jail inmates in 2018*. U.S. Department of Justice, Bureau of Justice Statistics.