

# Prisons & Pandemics

# meet the editors

**FIZA BALOCH**



"AFTER VOLUNTEERING WITH AN ORGANIZATION THAT HELPED THE INCARCERATED, I BECAME AN ADVOCATE FOR PRISON ABOLITION. THIS PROJECT IS DEAR TO ME FOR IT HIGHLIGHTS THE STRUGGLES ENDURED BY PRISONERS AMIDST A DEADLY VIRUS EMPHASIZING HOW SYSTEMIC CHANGE MUST BE MADE."

**JASMIN ARGUETA**



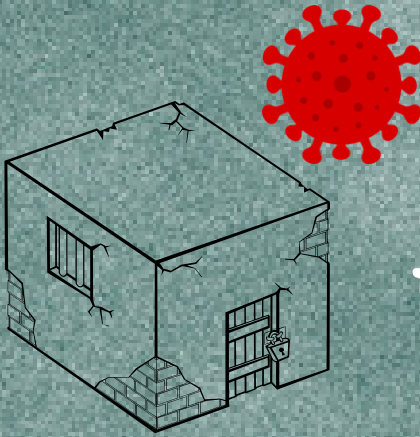
"BEING A STUDENT AT UCLA HAS TAUGHT ME SO MUCH ABOUT THE WORLD. MOST IMPORTANTLY, IT HAS TAUGHT ME TO LOOK AT THE WORLD THROUGH THE EYES OF OTHERS. I HOPE THIS PROJECT OPENS THE EYES OF MANY AND HELPS INITIATE CHANGE."

**JULIET OTTENBERG**



"I WANTED TO USE MY EDUCATION TO LEARN PERSPECTIVES I'VE NEVER THOUGHT ABOUT. HUMAN BIOLOGY AND SOCIETY HAS TAUGHT ME SO MUCH ABOUT OUR WORLD AND HAS MADE ME WANT TO BE AN ACTIVE AGENT OF CHANGE."

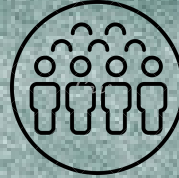
# THE SHACKLES OF LABELLING THEORY



INTRODUCTION



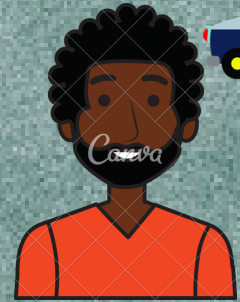
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INCREASED  
IMPRISONMENT  
BASED



ON  
RACE



CALL  
TO  
ACTION

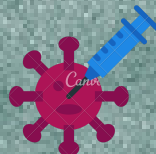
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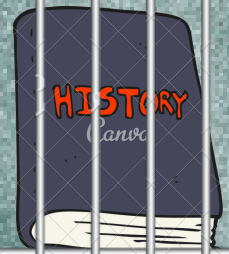
HEALTHCARE  
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# INTRODUCTION

In the United States, which has among the worst infection rates globally, the number is 9 in 100.



Inside United States prisons, the rate is 34 in 100, more than three times as high.



(Burkhalter, Eddie et al.).

**THE COVID-19 PANDEMIC AFFECTED PRISON POPULATIONS AT A MUCH HIGHER RATE THAN THE GENERAL POPULATION. WE WANT TO EXPLORE THE CAUSES AND EFFECTS OF THE COVID-19 PANDEMIC IN THE U.S. PRISON SYSTEM.**

**WE WILL DISCUSS LABELING THEORY AND WHY THERE IS A STIGMA THAT PRISONERS ARE "BAD" PEOPLE.**

**THERE IS A SOCIAL STIGMA AGAINST PRISONERS THAT AFFECTS HOW PEOPLE WANT THE GOVERNMENT TO HANDLE AND ALLOCATE MONEY TO PRISONS. THERE IS LITTLE PUBLIC SUPPORT FOR PRISONERS' RIGHTS.**

**THE UNITED STATES HAS A TRULY MASSIVE INCARCERATED POPULATION, AND THERE ARE INTENSE RACIAL DISPARITIES IN THIS PRISON POPULATION. IN ORDER TO DISCUSS PROBLEMS WITH THE PRISON SYSTEM, WE MUST ADDRESS THE DISPROPORTIONATE IMPACT OF THESE PROBLEMS ON VULNERABLE POPULATIONS.**

**JUST LIKE EVERY OTHER PROBLEM IN THE PRISON SYSTEM, COVID-19 AFFECTED BLACK AND VULNERABLE INDIVIDUALS DISPROPORTIONATELY. NEXT, WE WANT TO LOOK BACK AT THE HISTORY OF HEALTHCARE IN PRISONS, AND WHAT THE**

**GOVERNMENT REQUIRES BE PROVIDED TO PRISONERS. BY LOOKING AT PAST COURT CASES, WE CAN SEE WHAT THE STANDARD IS FOR PROVIDING CARE TO PRISONERS. WE THEN LOOK CLOSELY AT THE HISTORY OF INFECTIOUS DISEASE CONTROL IN PRISONS, TO COMPARE AND CONTRAST THE STEPS TAKEN TO PROTECT PRISONERS.**

**WE INCLUDE FIRST HAND ACCOUNTS OF PRISONS' HANDLING INFECTIOUS DISEASE AND THE COVID-19 PANDEMIC.**

**FINALLY, WE DISCUSS VACCINATIONS AND WHAT CAN BE DONE ABOUT THE MISHANDLING OF HEALTHCARE IN THE PRISON SYSTEM.**



# The Shackles of Labeling Theory

## Q. What makes an individual who has been to prison a 'bad' person?

- In order to understand this question, we must delve into the realm of sociology, specifically Labeling Theory. Labeling Theory refers to how society reacts to deviant behavior. It is important to note that behaviors labeled as deviant are often based on internal biases and stereotypes. (39)



1. Now let's apply labeling theory to the carceral system. As a society, this process begins when individuals who served in carceral systems are given the label of ex-offender, felons, ex-con, criminal, etc.
2. The next step involves society reacting to the deviant behaviors these 'criminals' committed. These reactions are often political including revoking the right to vote and the right to participate in civic duties such as jury duty.
3. The final step is the internalization of these labels within prisoners' identities. This includes long-term consequences on self-image and attributing 'criminal' as a chief characteristic. This, in turn, ends up being a "self-fulfilling prophecy" and dictates how an individual will see themselves and how society will group these individuals.
4. Now that we understand labeling theory we call to find where it is being perpetrated in the case of prisoners and pandemics.



# Labeling Theory Coming To Life



"Incarceratedly Yours, COVID-19 Issue."

Delving into Labeling Theory helps understand why prisoners' have incredible difficulty gaining trust and support within the public sphere. Society gives prisoners the label of "criminal" because they have performed a behavior deemed deviant. This label then comes with consequences including stigmas, stereotypes, disenfranchisement, public mistrust, and more. This then helps explain why prisoners' identities and knowledge are often deemed noncredible and dismissed by authoritative figures including guards, science, and medicine. Society's internal beliefs are also reflected as we saw non-incarcerated elderly folks being placed at the top of the Covid-19 vaccination list while elderly prisoners have just begun to make major news headlines. Furthermore, we can see a clear internalization of prisoners feeling like "others" in society's eyes through the title of this piece- "The Nameless." This piece was illustrated by Orlando Smith, an incarcerated journalist at San Quentin prison in California. When looking closer we can see that "The Nameless" is ironically written in stars and stripes (19). We personally believe this small detail is trying to illustrate to readers that despite having committed a crime in their life, these folks are still American citizens. There is a yearning to once again be part of society and move away from being feared and rejected. It is clear that labeling follows prisoners whenever they go even after they leave prison.



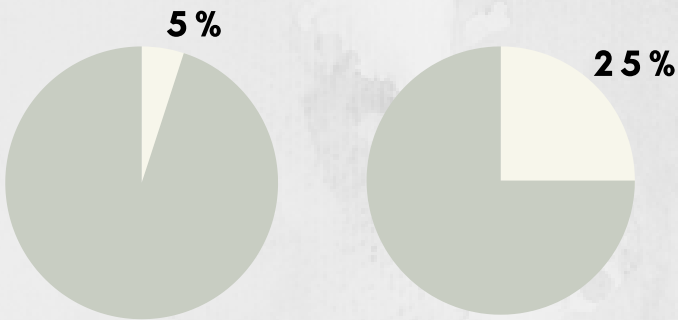
# Mass Incarceration and Race



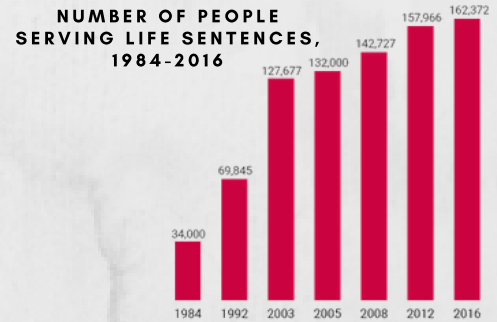
# SOCIAL CONTEXT OF MASS INCARCERATION

THE UNITED STATES HAS THE LARGEST PRISON POPULATION IN THE WORLD, AND IT'S HARD TO TALK ABOUT MASS INCARCERATION WITHOUT TALKING EXTENSIVELY ABOUT RACE. AFRICAN AMERICAN INDIVIDUALS ACCOUNT FOR 33% OF THE PRISON POPULATION (4), BUT JUST 13% OF THE GENERAL POPULATION; THEREFORE, EVERY PROBLEM AFFECTING PRISONS AFFECTS AFRICAN AMERICANS DISPROPORTIONATELY.

## HOW DID WE PUT SO MANY PEOPLE IN PRISON?



WHILE THE UNITED STATES MAKES UP 5% OF THE TOTAL WORLD POPULATION, THE U.S. PRISON POPULATION MAKES UP 25% OF THE GLOBAL PRISON POPULATION (38)



("Criminal Justice Facts.")

THE NUMBER OF PEOPLE SERVING LIFE SENTENCES WENT FROM 34,000 IN 1984 TO 162,372 IN 2016. MOST OF THE RAPID GROWTH IN PRISON POPULATIONS IS DUE TO LONGER SENTENCES, WHICH CAN BE ATTRIBUTED TO CRIMINAL JUSTICE POLICY REQUIRING HARSHER SENTENCING. (29)

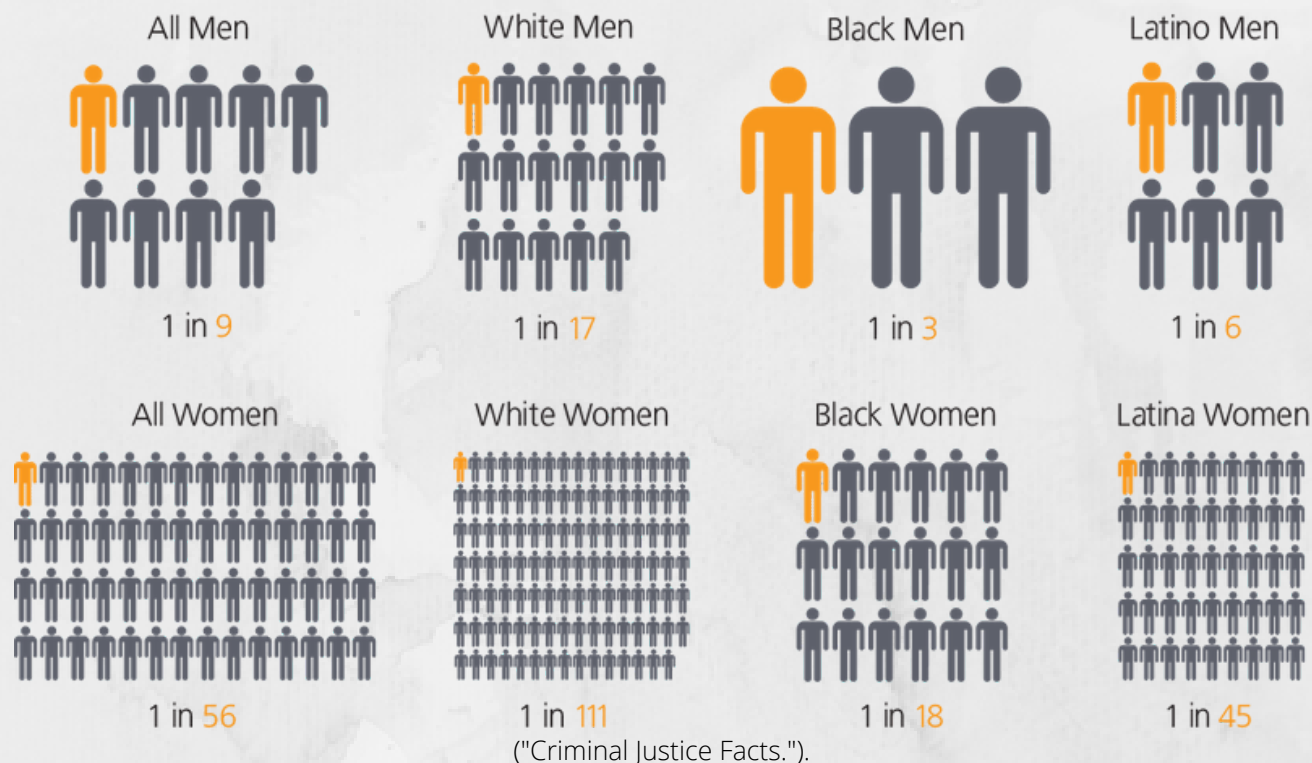
SINCE 1970, THE U.S. PRISON POPULATION HAS GROWN BY 700% (38) IN 1971, PRESIDENT NIXON DECLARED A "WAR ON DRUGS" IN RESPONSE TO RISING DRUG OVERDOSE RATES AND CRIME RATES. THIS SPURRED DECADES OF "TOUGH ON CRIME" LEGISLATION THAT HAS ULTIMATELY LED TO MASS INCARCERATION IN THE UNITED STATES(21). IN THE 1980S, PRESIDENT RAEGAN SIGNED THE 1984 SENTENCING REFORM ACT AND THE ANTI-DRUG ABUSE ACT OF 1986. THESE STRENGTHENED MANDATORY MINIMUM SENTENCES, WHICH MEANS THAT ANYONE CONVICTED OF THE CHARGE GETS AT LEAST THAT SENTENCE, REGARDLESS OF THE SEVERITY OF THE CRIME (21). THESE LAWS STARTED OUT AS A WAY TO ENSURE EVERYONE WAS GETTING EQUAL TREATMENT UNDER THE LAW, BUT THEY DID NOT MAKE THE JUSTICE SYSTEM FAIRER FOR ANY DISADVANTAGED POPULATION.

INSTEAD, IT ALLOWED PROSECUTORS TO DECIDE WHAT TO CHARGE DEFENDANTS WITH, WHICH COULD TRIGGER MANDATORY MINIMUMS.

IN 1994, PRESIDENT BILL CLINTON PASSED THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT (21). THIS REINFORCED THE USE OF "THREE-STRIKE LAWS", SO WHEN A PERSON IS CONVICTED THREE TIMES, THE SENTENCE IS MORE SEVERE. THERE WAS INCREASING SENTIMENT IN THE UNITED STATES THAT PRISON EXISTED AS A PUNISHMENT, NOT A WAY TO REHABILITATE CRIMINALS, AND THESE THREE-STRIKE LAWS ARE A VISIBLE MANIFESTATION OF THIS OPINION. BEING "TOUGH ON CRIME" BECAME A POLITICAL TOOL TO GAIN SUPPORT FROM MOSTLY WHITE VOTERS WHO WERE SCARED OF THE RISING CRIME RATES, AND IT BECAME A POLITICAL PHRASE USED TO ATTACK OPPOSING SIDES FOR DECADES(21).



## LIFETIME LIKELIHOOD OF IMPRISONMENT FOR U.S. RESIDENTS BORN IN 2001



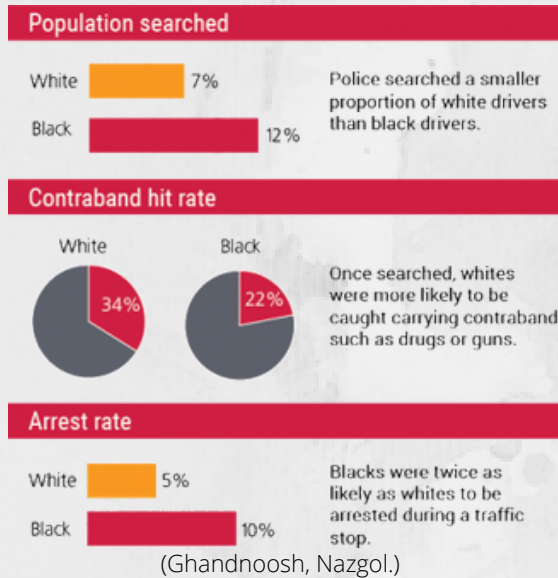
THE INCARCERATION RATE OF AFRICAN AMERICANS IS 5.1 TIMES THE INCARCERATION RATE OF WHITE AMERICANS(30)



AFRICAN AMERICANS MAKE UP 13% OF THE TOTAL U.S. POPULATION, BUT 33% OF THE U.S. PRISON POPULATION (30)

# HOW DID THIS RACIAL DIFFERENCE COME ABOUT?

THE RACIAL DIFFERENCES IN THE U. S. PRISON SYSTEM ARE THE RESULT OF MANY DIFFERENT FACTORS THAT REINFORCE THE RACIST EXECUTION OF THE JUSTICE SYSTEM.



IN A STUDY DONE EXPLORING TRAFFIC STOPS IN FERGUSON, POLICE WERE MORE LIKELY TO STOP BLACK DRIVERS THAN WHITE DRIVERS

## RACIST AND UNEQUAL ENFORCEMENT OF THE LAW

MUCH OF THE JUSTICE SYSTEM LIES IN THE PERSONAL WILL OF PROSECUTORS AND POLICE OFFICERS. THIS ALLOWS ROOM FOR PERSONAL BIAS AND UNEQUAL TREATMENT OF INDIVIDUALS. IT IS UP TO THE DISCRETION OF PROSECUTORS WHAT CHARGES WILL BE BROUGHT AGAINST DEFENDANTS, AND IT IS UP TO POLICE TO DECIDE WHO SHOULD BE ARRESTED(9).

SOCIAL JUSTICE GROUPS LIKE THE SENTENCING PROJECT AND THE ACLU ARE PURSUING PROSECUTORIAL REFORM TO ADDRESS THE DRASTIC RACIAL INEQUALITIES IN LAW ENFORCEMENT.

## RACIST AND UNFAIR LAWS

MANY LAWS WERE DESIGNED TO HAVE MORE AFFECT ON BLACK AMERICANS AND COMMUNITIES OF COLOR. THE DIFFERENCE IN PUNISHMENT BETWEEN CRACK AND POWDER COCAINE, FOR EXAMPLE, WAS CREATED TO ENSURE MORE BLACK AMERICANS AND PEOPLE OF COLOR WERE IN PRISON. IN 2010, PRESIDENT OBAMA SIGNED THE FAIR SENTENCING ACT, WHICH REDUCED THE DISPARITY OF COCAINE OFFENSE SENTENCING. THERE ARE COUNTLESS MORE UNFAIR SENTENCING LAWS THAT NEED REFORM (21).

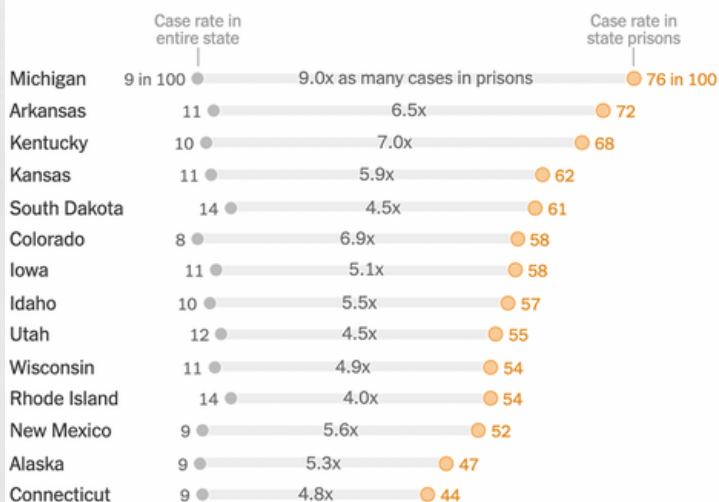


## RACIST AND UNFAIR SOCIETAL STRUCTURES

RACIAL INEQUALITY EXISTS IN ALL SYSTEMS IN THE UNITED STATES. BLACK AMERICANS ARE MORE LIKELY TO BE HOMELESS, IN POVERTY, AND EVEN HAVE NEGATIVE HEALTH OUTCOMES IN THE HEALTHCARE SYSTEM (45). DUE TO THESE COUNTLESS INEQUALITIES, IT IS MORE LIKELY FOR BLACK AMERICANS AND PEOPLE OF COLOR TO BE ARRESTED AND TO LACK THE RESOURCES NECESSARY TO GET OUT OF JAIL AND PRISON. BLACK AMERICANS AND PEOPLE OF COLOR ARE LESS LIKELY TO BE ABLE TO AFFORD BAIL OR GOOD LEGAL ASSISTANCE. BLACK AMERICANS ARE ALSO MORE LIKELY TO BE HOMELESS, AND HOMELESSNESS IS CRIMINALIZED IN MANY SPACES (37). BLACK AMERICANS ARE MORE LIKELY TO LIVE IN POVERTY (29), AND POVERTY EXPOSES INDIVIDUALS TO MORE FACTORS THAT CONTRIBUTE TO HIGHER CRIME RATES, INCLUDING EMPLOYMENT, HOUSING, AND FAMILY DIFFERENCES (30).

## RACIAL INEQUALITIES IN PRISON AND THE COVID-19 PANDEMIC

**Infection rates in state prison systems compared with infection rates in state populations**  
Number of cases reported per 100 people and the estimated gap between rates in each state.



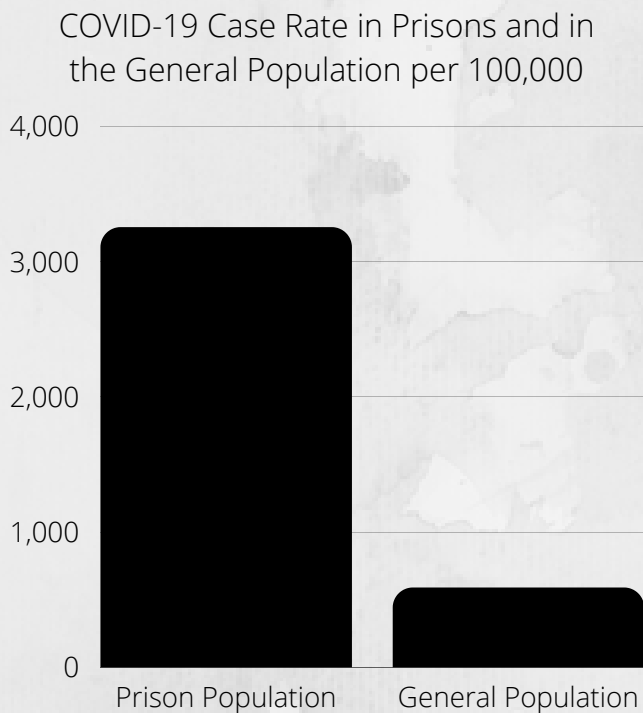
(Burkhalter, Eddie et al. )

THIS GRAPH COMPARES INFECTION RATES IN STATE PRISONS VERSUS THE GENERAL POPULATION OF THE STATE. THE INFECTION RATE IN PRISONS WAS MUCH HIGHER IN EVERY STATE.

DUE TO THE INEQUALITIES IN THE U.S. PRISON SYSTEM, EVERY PROBLEM THAT OCCURS IN THAT SPACE AFFECTS BLACK COMMUNITIES MORE THAN ANY OTHER (4). THE COVID-19 PANDEMIC IS A SHOWCASE OF HOW DISPROPORTIONATELY AFFECTED BLACK AND MINORITY COMMUNITIES ARE. COVID-19 SPREAD QUICKLY THROUGH STATE AND FEDERAL PRISONS IN THE UNITED STATES, AND MANY MORE BLACK INCARCERATED INDIVIDUALS WERE INFECTED AND DIED THAN ANY OTHER GROUP (4).

# The COVID-19 Pandemic

The COVID-19 pandemic has swept through prisons in the United States. As previously mentioned, every issue related to the U.S. Prison system affects ethnic, social, and racial groups disproportionately due to the underlying structural inequality in the U.S.



The case rate in U.S prisons is 3251 per 100,000, where the case rate in the general population is 587 per 100,000 (33).

Effective measures to curb community spread of COVID-19 are nearly impossible to comply with in prisons. This has led to many huge outbreaks in prisons, and the overall positivity rate in prisons is always higher than the surrounding general population.

Adherence to mask wearing mandates, effective hand washing and hygiene, and social distancing are all more difficult in prisons.

The COVID-19 infection rate in the incarcerated population is 5 times higher than in the general population (33).

Proven methods to slow the spread of COVID-19 include mask-wearing, social distancing, frequent testing, and frequent hand washing. Masks can block the aerosols carrying COVID-19 by 95% (25).

Social distancing is one important aspect to curb community infection of viruses. U.S prisons are notoriously overcrowded, making social distancing impossible.

Hand hygiene is one of the most effective ways to combat the spread of infectious disease (14), and it may be hard in prisons to practice effective hand hygiene. In places where hand washing stations are far apart or may not be constantly accessible, recommended hand washing is impossible (16). In prisons, because of the large number of people who share bathrooms and the distance between living spaces and sinks, recommended hand washing and pandemic-mandated hygiene may be impossible (16).





*Take a look back:*

# A HISTORY OF HEALTHCARE IN PRISONS

## HOW IS PRISON HEALTHCARE MANAGED?

PRISON HEALTHCARE IS HANDLED BY MANAGED CARE ORGANIZATIONS (MCO). THIS CAN CAUSE ROAD BLOCKS IN ACCESS TO CARE BECAUSE MCOS ARE FOR-PROFIT, AND WILL ALWAYS PRIORITIZE PROFIT OVER STANDARDS OF CARE (32). MANY MCOS OPERATE ON A FIXED RATE PER PRISONER PROGRAM, WHICH MEANS THAT WHEN MEDICAL PROCEDURES ARE MORE EXPENSIVE THAN THE FIXED RATE, THE MCO PAYS THE EXTRA MONEY (32).

THIS INCENTIVIZES MINIMIZING EXPENSIVE HEALTHCARE. DEPENDING ON THE STATE, PRISONERS STILL MAY HAVE TO PAY FOR HEALTHCARE IN PRISONS, OR RELY ON PRIVATE INSURANCE. HOWEVER, BECAUSE MOST PRISONERS CANNOT RECEIVE PRIVATE INSURANCE THROUGH AN EMPLOYER, THEY EITHER HAVE TO PAY FOR INSURANCE THEMSELVES, OR PAY OUT OF POCKET (10).

PRISONERS ARE ALSO NOT ELIGIBLE FOR MEDICAID WHILE INCARCERATED (15).

## DELIBERATE INDIFFERENCE

DELIBERATE INDIFFERENCE IS THE STANDARD PRISON OFFICIALS ARE HELD TO FOR ENSURING PRISONERS HAVE HEALTHCARE (32).

IT IS CONSIDERED CRUEL AND UNUSUAL PUNISHMENT TO BE DELIBERATELY INDIFFERENT TO A PRISONER'S HEALTH NEEDS.

## COVID-19



THE COVID-19 PANDEMIC SPREAD RAPIDLY THROUGH PRISONS. COULD THE HANDLING OF COVID-19 BE CONSIDERED CRUEL AND UNUSUAL PUNISHMENT? PRISONS WERE OVERCROWDED TO A DEGREE WHERE IT WAS IMPOSSIBLE TO FOLLOW GOVERNMENT MANDATED SOCIAL DISTANCING AND HYGIENE GUIDELINES. THIS MISHANDLING CAUSED MANY INFECTIONS AND DEATHS.

## **WHAT OBLIGATION DOES OUR GOVERNMENT HAVE TO PRISONERS?**

BY LOOKING BACK AT THE MOST MONUMENTAL COURT CASES THAT IMPACTED HOW THE PRISON SYSTEM IS RUN, WE CAN EXAMINE WHAT OBLIGATION THE GOVERNMENT HAS TO PRISONERS AND THEIR HEALTH AND SAFETY.

IN RELATION TO COVID-19, LOOKING AT THESE COURT CASES WILL HELP US TO UNDERSTAND HOW THE ISSUE OF PRISON HEALTHCARE HAS BEEN TREATED IN THE PAST, WHAT PRECEDENTS HAVE BEEN SET TO ESTABLISH STANDARDS OF CARE, AND WE CAN EXAMINE HOW RESPONSIBLE THE GOVERNMENT CAN BE HELD FOR COVID-19 OUTBREAKS AND DEATHS.

### ***ESTELLE V. GAMBLE***

GAMBLE WAS A STATE PRISONER IN TEXAS WHO WAS INJURED AT HIS JOB. HE COMPLAINED OF BACK PAIN FOR MONTHS AND RECEIVED NO CARE, UNTIL EVENTUALLY HE WAS PUT IN SOLITARY CONFINEMENT FOR REFUSING TO WORK.

EVENTUALLY, HE WAS TREATED FOR AN IRREGULAR HEARTBEAT.

HE SUED THE PRISON, AND THE COURT RULED IN HIS FAVOR (32). THE COURT DECIDED IT WAS CONTRARY TO THE EIGHTH AMENDMENT, WHICH PROTECTS U.S. CITIZENS FROM CRUEL AND UNUSUAL PUNISHMENT, TO BE "DELIBERATELY INDIFFERENT" TO PRISONERS' MEDICAL NEEDS (32).

### ***ANCATA V. PRISON HEALTH SERVICES***

THIS CASE ESTABLISHED THAT DELAYING OR DENYING MEDICAL CARE FOR NON MEDICAL REASONS DOES COUNT AS DELIBERATE INDIFFERENCE. THIS INCLUDES FINANCIAL AND BUREAUCRATIC DELAYS (32).

### ***BROWN V. PLATA***

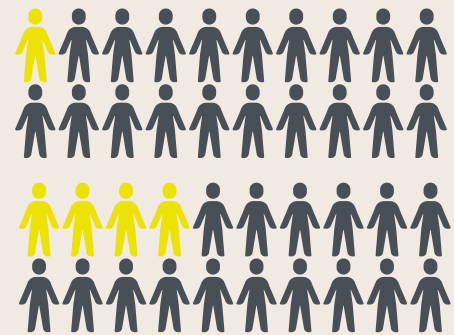
THIS CASE ESTABLISHED THE CALIFORNIA PRISON SYSTEM HOUSED NEARLY TWICE AS MANY AS IT WAS PHYSICALLY SUPPOSED TO, AND THAT THIS WAS THE CAUSE OF MUCH OF THE INADEQUATE MENTAL HEALTH AND HEALTH SERVICES, WHICH VIOLATES EIGHTH AMENDMENT RIGHTS. THIS COURT UPHELD A PANEL'S DECISION TO DECREASE CALIFORNIA'S PRISON POPULATION BY 46,000 PRISONERS(32).



# Prison Healthcare

Healthcare policy varies state to state. 35 states allow prison healthcare to come with copayments, meaning prisoners may have to use their personal commissary money to cover healthcare costs (1). Additionally, many prisoners do not have private healthcare plans, as they are not working a regular job, and prisoners do not qualify for medicaid (15). States that allow prisons to charge prisoners copays often do so because of high overall costs per prisoner (10). In 2010, the annual mean for spending per prisoner was \$28,323, but some states' were as high as \$40,000 (10). These rising costs give incentive for states to allow prisons to charge prisoners personally for care.

According to a 2009 study, 13.9% of federal inmates and 20.1% of state inmates with a persistent medical condition never received care (46). The same study showed 1 in 5 prisoners were taking prescription medication when they entered prison, and 26.3% of federal prisoners and 28.9% of state prisoners stopped the prescription following incarceration (46).



COVID-19 has exposed the weaknesses in public health and healthcare in prisons. As of December 2020, 1 in every 5 state and federal prisoners were infected with COVID-19, compared with 1 in every 20 people in the general population (35).

Prisons are responsible for keeping prisoners safe, and it has been ruled unconstitutional for prisons to not supply adequate healthcare. However, the COVID-19 pandemic was a disaster in the prison system. There were mass outbreaks of the virus, and prisoners were often subjected to isolation and solitary confinement as a way to slow the spread of COVID. These methods, which are usually extra punishments for prisoners, were used as ways to keep them safe. Courts have ruled time and time again that prisons do have the responsibility of protecting prisoners, but there is not proper policy in place to ensure this actually happens. The overcrowding in prisons had been ruled as inhumane before the COVID-19 pandemic (32), and the pandemic exposed even more weaknesses and dangers in the current system.

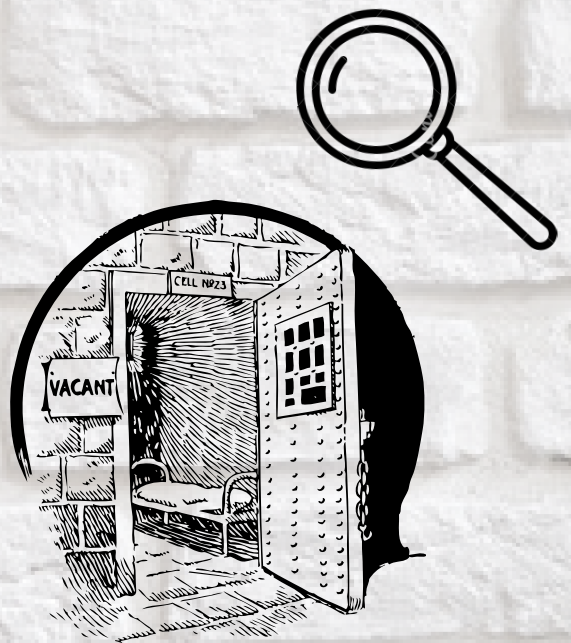
**THE HISTORY  
OF  
INFECTIOUS  
DISEASE  
MANAGEMENT  
WITHIN  
PRISON WALLS**

# INFECTIOUS DISEASE MANAGEMENT IMPACTS

THE LEVEL OF INFECTIOUS DISEASE PREPAREDNESS AND MANAGEMENT VARIES AMONG EVERY LEVEL OF SOCIETY. THIS INCLUDES, BUT IS NOT LIMITED TO, EDUCATIONAL INSTITUTIONS, RELIGIOUS INSTITUTIONS, AND CARCERAL INSTITUTIONS. WITH SO MANY DIFFERENT INSTITUTIONS MANY MAY BEGIN TO ASK:

## Q. WHY FOCUS ON INFECTIOUS DISEASE MANAGEMENT WITHIN CARCERAL INSTITUTIONS?

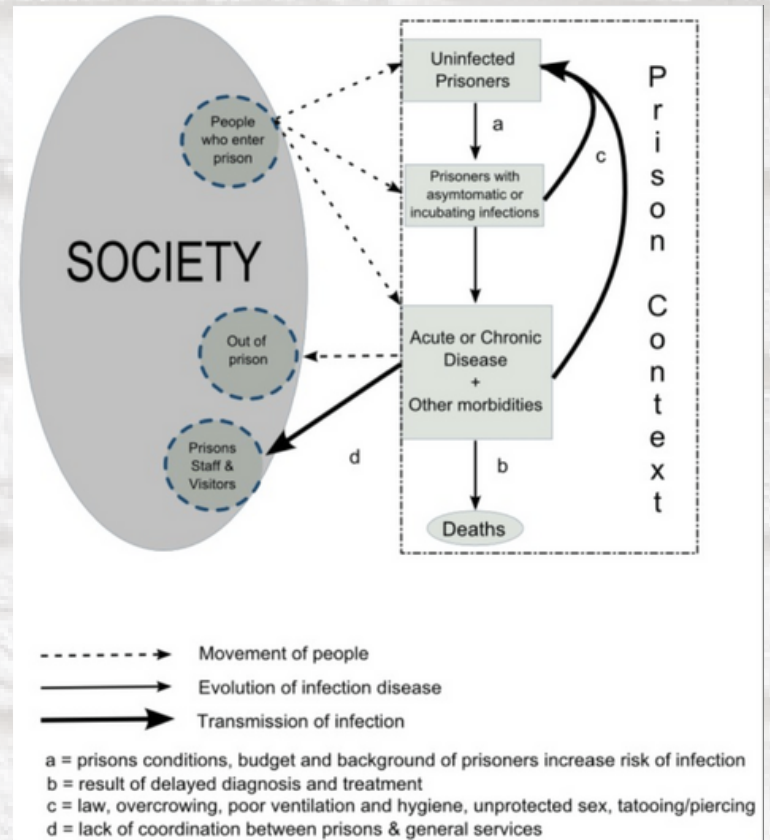
- MANY BELIEVE INFECTIOUS DISEASE MANAGEMENT IS AN ISSUE THAT REMAINS WITHIN THE PRISON WALLS. ALTHOUGH, IN REALITY, THIS IS A EPIDEMIOLOGICAL ISSUE THAT EXTENDS OUT TO SOCIETY AS A WHOLE
- THE NEGATIVE IMPACTS OF STEREOTYPES, STIGMAS, AND LABELS PLACED ON PRISONERS OFTEN LEAD TO PRISONS BEING LEFT OUT OF PUBLIC CONVERSATION AND INTERVENTIONS.
- PRISONERS BEING IN A CHRONICALLY STRESSFUL ENVIRONMENT MAKES THEM MORE SUSCEPTIBLE TO CONTRACTING INFECTIOUS DISEASES





# SUCCESSFUL INSTANCES OF INFECTIOUS DISEASE MANAGEMENT

THE FOLLOWING IMAGE ILLUSTRATES THE ROUTE OF COMMUNICABLE DISEASES FROM WITHIN PRISON WALLS TO SOCIETY. THE CONSTANT FLOW OF PRISONERS, VISITORS, AND STAFF IN AND OUT OF PRISONS MAKES THE SPREAD OF COMMUNICABLE DISEASES INCLUDING COVID-19 INEVITABLE. GIVEN THAT THE U.S HAS THE LARGEST PRISON POPULATION ACROSS THE GLOBE THIS ISSUE OF INFECTIOUS DISEASE MANAGEMENT SHOULD NOT BE TAKEN LIGHTLY. THIS IS A PUBLIC HEALTH ISSUE THAT MUST AND CAN BE TACKLED.  
(36)



(SEQUERA ET AL.)

## THE UNITED KINGDOM CREATES A PATH TO FOLLOW:

SCOTLAND PROVES TO BE LEADING THE WAY IN INFECTIOUS DISEASE MANAGEMENT WITHIN PRISONS. THIS IS SEEN THROUGH THEIR INITIATION TO PROVIDE HBV VACCINATIONS TO PRISONERS WHO INJECT DRUGS. THIS SPECIFIC POPULATION WAS FOCUSED ON BECAUSE FOLKS WHO INJECT DRUGS ARE MORE SUSCEPTIBLE TO CONTRACTING HBV (IE. SHARING NEEDLES INCREASING RATES OF INFECTION). THE RESULT OF THESE VACCINATION TACTICS WAS LARGE HEALTH BENEFITS FOR PEOPLE WHO INJECT DRUGS WITHIN THE GENERAL PUBLIC. HERE WE WITNESS A SUCCESSFUL STEP TOWARDS HERD IMMUNITY AND COMMUNITY HEALTH BEGINNING VIA VACCINATION IN PRISON SYSTEMS (23)



# UNSUCCESSFUL INSTANCES OF INFECTIOUS DISEASE MANAGEMENT

IN THE UNITED STATES, WE HAVE SEEN VARIOUS FORMS OF INFECTIOUS DISEASE MANAGEMENT. ONE EXAMPLE CAN BE HIGHLIGHTED THROUGH SAN QUENTIN'S RESPONSE TO THE CORONAVIRUS OUTBREAK. IN MID-2020 WE SAW AN ARRAY OF ISSUES AT HAND: SLOW TURNAROUND FOR TEST RESULTS SENT FROM PRISONS, BIOLOGICAL EFFECTS OF OVERCROWDING, AND POOR INFRASTRUCTURE OF PRISONS THEMSELVES. THE SAN QUENTIN PRISON ORIGINALLY HAD A ZERO POSITIVITY RATE FROM MARCH 2020-APRIL 2020, HOWEVER, THOSE NUMBERS DRASTICALLY CHANGED ONCE INMATES FROM ANOTHER FACILITY IN CHINO WERE TRANSFERRED WITHOUT BEING TESTED FOR SAR-COV-2. THE LACK OF TESTING PROCEDURES MEANT AN OUTBREAK WAS BOUND TO OCCUR.

UNITED STATES PRISONS' RESPONSES TO PANDEMICS SEEM TO BE POLARIZED WHICH IS HIGHLIGHTED THROUGH SAN QUENTIN PRISON OFFICIALS DENYING FREE-COVID TESTING FROM A GENOMICS INSTITUTE OF BERKELEY. INSTEAD, THE PRISON RESPONDED, "'THANK YOU, BUT WE'RE ALL SET FOR NOW". WHEN OFFICIALS FROM THE PRISON WERE ASKED TO COMMENT ON WHY THEY DID NOT TAKE ADVANTAGE OF THESE TESTING OPPORTUNITIES, WHICH WOULD CONTRIBUTE TO HELPING QUARANTINE INMATES WHO WERE AFFECTED THUS SAVING INCARCERATED LIVES, THEY CHOOSE TO NOT RESPOND.

DISAGREEMENTS ARE APPARENT IN PRISON INSTITUTIONS AND THERE IS CLEARLY A PATERNALISTIC FRAMEWORK SET INTO PLACE AS WE SEE PRISON OFFICIALS DOING WHAT THEY DEEM IS BEST FOR 'THEIR' INMATES. ALTHOUGH, HEALTH-POLICY EXPERTS WOULD ARGUE CARCERAL SYSTEMS ARE DOING QUITE THE OPPOSITE (26).

DON'T WORRY, I  
KNOW WHATS BEST  
FOR EVERY SINGLE  
ONE OF YOU





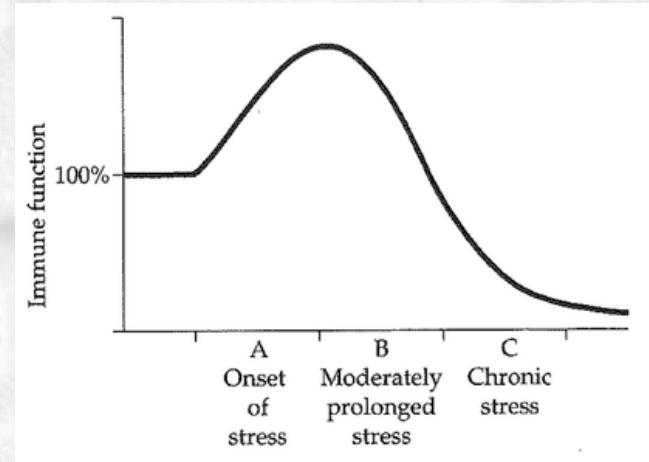
# STRESS AND INFECTIOUS DISEASE BIOLOGY

## The Autonomic Nervous System

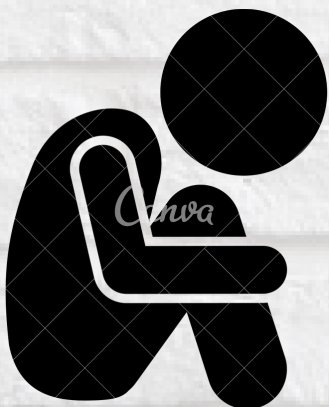
This autonomic nervous system is subdivided into the sympathetic branch and parasympathetic branch. The functions of both subsystems are out of our voluntary control and instead respond to specific situations. The sympathetic nervous system is mediated by the hypothalamus and dominates during stressful situations including flight, fight, and sex.

Activation of this pathway often results in an increased heart rate, increased blood pressure, dilation of pupils, and decreased digestion (27).

Studies have shown that being under chronic stress has the ability to plummet the immune system into immunosuppressing territory. (34)



(Sapolsky)



## Stress & Prisoners

As seen through Orlando Smith's art piece on page six, prisoners have been placed under prolonged stress throughout the Covid-19 pandemic. This stems from not being able to see family members, being forced into solitary confinement when feeling ill, lack of social distancing, and overall neglect of prisoners' health & well-being. Thus, carceral institutions have played a role in further weakening the immune systems of prisoners who already have increased rates of being immunocompromised (11).





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# BIOLOGY OF VACCINES

## WHAT ARE VACCINES AND HOW DO THEY WORK?

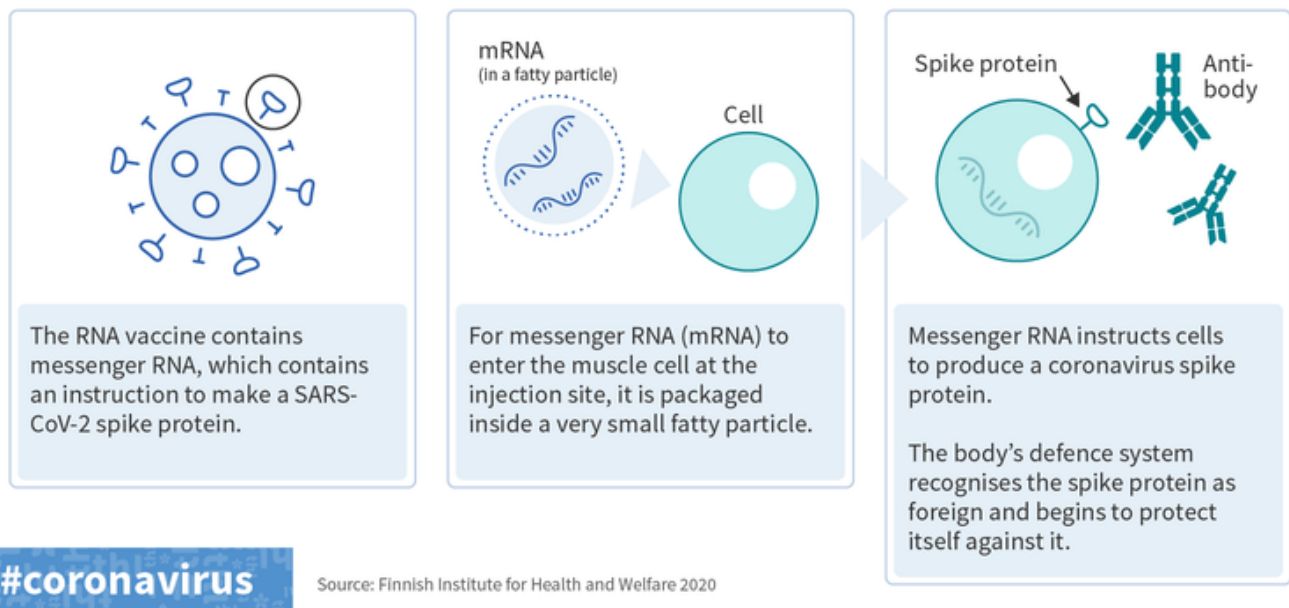
VACCINES ARE A FORM OF PREVENTATIVE CARE THAT HELP ONE'S BODY FIGHT OFF FOREIGN INVADERS TO PREVENT INFECTION. VACCINES WORK BY "INTRODUC[ING]... A HARMLESS PIECE OF A PARTICULAR BACTERIA OR VIRUS [INTO THE BODY], TRIGGERING AN IMMUNE RESPONSE" (43). SOME VACCINES CONTAIN A WEAK FORM OF THE INFECTIOUS VIRUS OR BACTERIUM, HOWEVER OTHER VACCINES LIKE MRNA VACCINES WORK DIFFERENTLY.

## WHAT ARE PROTEINS AND MRNA?

PROTEINS ARE CRITICAL IN CARRYING OUT MOST BIOLOGICAL PROCESSES WITHIN OUR BODY. PROTEIN PRODUCTION OCCURS WHEN MESSENGER RNA (MRNA) IS PRESENT IN CELLS. MRNA WORKS BY "US[ING] INFORMATION STORED IN GENES TO CREATE A BLUEPRINT FOR MAKING PROTEINS" (43). ONCE A PROTEIN IS MADE, CELLS WILL BREAK DOWN THE MRNA. THUS, MRNA FROM MRNA VACCINES DOES NOT CHANGE DNA BECAUSE IT NEVER ENTERS THE NUCLEUS AND SIMPLY INTRODUCES MRNA THAT CORRESPONDS TO THE VIRAL PROTEIN.

### How does the mRNA coronavirus vaccine work?

thl



SOURCE: "MRNA VACCINES: FAQ - INFECTIOUS DISEASES AND VACCINATIONS - THL."

USING THE MRNA BLUEPRINT, CELLS PRODUCE VIRAL PROTEINS. THE IMMUNE SYSTEM THEN RECOGNIZES THE PROTEIN AS FOREIGN AND TRIGGERS A NORMAL IMMUNE RESPONSE. AN IMMUNE RESPONSE INCLUDES ACTIVATING PROTEINS CALLED ANTIBODIES, WHICH RECOGNIZE FOREIGN VIRUSES AND MARK IT TO BE DESTROYED, PREVENTING ILLNESS.

# ***“BUT WHAT ABOUT HERD IMMUNITY?”***

Herd immunity is defined as the process of a large proportion of a community slowly becoming immune to a virus or disease serving trickle down effects where the spread of the disease from one individual to the next becomes less likely.

Many individuals in the general population ask about the effects of herd immunity, yet we propose this question in context of the incarcerated population. Experts like Aschwanden released an article in March of 2021 discussing how herd immunity may not be a reality after all (2). This is due to many underlying factors including uneven vaccine roll-out, new variants altering herd immunity statistics, and the unknowns about vaccines preventing transmission. As stated on page 24, each state across the country have their own spot for when prisoners are to be on the rollout for receiving a vaccine. Not knowing whether the COVID vaccines are transmission blocking is crucial because if the vaccine merely prevents symptomatic disease and does not protect others from being infected then herd immunity can not be achieved.





There is a clear lack of uniformity between states and the decisions state governments made when determining where incarcerated individuals should be in their vaccine rollout plans. States who have prisoners under Phase 1 clearly show more urgency in comparison to states who left prisoners in Phase 2, 3, or whether they did not list them in any phase at all. The lack of uniformity and the fact that some states never mentioned prisoners in their rollout plans clearly demonstrates the detrimental effects of labeling theory. The idea that all prisoners are "deviant," is perpetuated in the COVID-19 vaccine rollout plans as many state leaders have come to believe that all prisoners do not deserve the right to this public health measurement, but rather should face punishment for their crimes committed. In fact, Governor Jared Polis once stated, "So there's no way it's (vaccines) going to go to prisoners before it goes to people who haven't committed any crime. That's obvious" (17).

Unfortunately, this mentality creates an us vs. them paradigm, leaving prisoners at risk of contracting the virus as they are not being considered respected members of society who have a right to the vaccine just as those members not in prison. Labeling theory has real biological effects and we see this displayed yet again as many states continue to put prisoners at the back burner when making public health decisions.

Specifically listed in Phase 1 (or a Phase 1 subdivision)	<b>10 states:</b> Conn., Del., Ill., Mass., Md., Neb., N.M., Ore., Pa., Wisc.
Not specifically listed, but from the context might belong to Phase 1	<b>No states</b>
Specifically listed in Phase 1 or Phase 2, depending on age and comorbidities	<b>1 state:</b> N.C.
Plan was unclear, but from the context likely belong to Phase 1 or Phase 2	<b>2 states:</b> Calif., Ky.
Specifically listed in Phase 2	<b>18 states:</b> Ala., Ariz., Ga., Idaho, Ind., Iowa, Kan., La., Miss., N.H., N.D., Ohio, Okla., R.I., Tenn., Utah, Vt., Wash.
Not specifically listed, but from the context might belong to Phase 2	<b>5 states:</b> Maine, N.J., Va., W.Va., Wyo.
Not specifically listed, but might belong to Phase 3 (Note: Phase 3 also includes all general populations)	<b>1 state:</b> Mo.
Difficult to categorize (because the state did not follow the CDC's 3 Phases)	<b>4 states:</b> Hawaii, Mont., Nev., N.Y.
Not included in any Phase (neither specifically nor implied through additional context)	<b>8 states:</b> Alaska, Ark., Colo., Fla., Mich., S.C., S.D., Texas

## Labeling Theory in context of State's Vaccination Plans

# **The Bronx Backs Up Its Incarcerated**

**AS VACCINES HAVE BECOME READILY AVAILABLE, MANY STATES ACROSS THE COUNTRY HAVE ALREADY DETERMINED WHERE THEY BELIEVE THEIR INCARCERATED INDIVIDUALS LAND IN THEIR TIER OF BEING ESSENTIAL.**

**SOME STATES LIKE FLORIDA DID NOT HAVE PLANS ON WHEN THEIR INCARCERATED POPULATION WERE TO RECEIVE VACCINATIONS, YET OTHER STATES LIKE NEW YORK WERE MORE ON TOP OF ENSURING NO MAN WAS LEFT BEHIND.**

**JUSTICE ALISON Y. TUITT OF THE NEW YORK STATE SUPREME COURT IN THE BRONX WAS ONE OF THE FIRST IN THE STATE TO MANDATE THAT INDIVIDUALS IN PRISON OR JAIL MUST HAVE THE OPPORTUNITY TO RECEIVE THEIR VACCINE. SHE DEEMED THAT PRISONERS BEING LEFT OUT OF THE ROLLOUT WAS "UNFAIR AND UNJUST" AND AN "ABUSE OF DISCRETION"(6). MORE STATES SHOULD FOLLOW SUIT OF TUITT'S DECISION, PROVING NOW IS THE TIME TO ENSURE WE DO NOT LET OUR INCARCERATED FOLKS FEEL EXCLUDED FROM SOCIETY. TUITT'S MANDATE SUCCESSFULLY EXEMPLIFIES ONE WAY STATE LEADERS ARE PROACTIVELY BREAKING THE SHACKLES OF LABELING THEORY ON PRISONERS.**



# INCARCERATED INPUTS

Read personal narratives from prisoners



# COVID-19

## Prison Survivor Stories

PRISONS ALREADY HAVE A HISTORY OF HAVING SUB-PAR HEALTHCARE, SIGNIFICANTLY DAMAGING ONE'S MENTAL HEALTH WITH ITS CONFINED FACILITIES, AS WELL AS GENERAL ISOLATION FROM LOVED ONES. THE FEAR INTENSIFIED BY THE PANDEMIC DID NOT HELP THESE ALREADY VISIBLE ISSUES. BELOW YOU WILL FIND SUMMARIZED TESTAMENTS FROM 4 FELLOW INDIVIDUALS WHO EXPERIENCED FIRST HAND HOW COVID SPREAD WITHIN THEIR PRISON FACILITY.

*bruce*

### LOCATED IN SING SING CORRECTIONAL FACILITY (NY)

BRUCE WAS ONLY ABLE TO CALL HOME ONCE EVERY THREE WEEKS-- AND THAT IF HE WAS WILLING TO PUSH THROUGH CROWDED GALLERIES WITH 88 MEN AT THE SAME TIME. THIS EXEMPLIFIES HOW COVID RESTRICTIONS FROM THE BEGINNING OF QUARANTINE WERE NOT PUT INTO EFFECT(18). RATHER, BRUCE'S EXPERIENCE SHOWS HOW HE HAD TO MAKE A CHOICE ON EITHER RISKING GETTING INFECTED FROM FELLOW PRISONERS WITH TALKING TO HIS FAMILY. THIS IS A CHOICE NO ONE SHOULD HAVE TO MAKE.

*james*

### LOCATED IN MARION CORRECTIONAL FACILITY (OHIO)

JAMES' PRISON UNSUCCESSFULLY PROTECTED PRISONERS AFTER A GUARD GOT SICK WITH COVID. INSTEAD OF IN-PERSON LITIGATIONS BETWEEN POSITIVE AND NEGATIVE PRISONERS, THEY DID ONLINE SIMULATIONS. THIS RESULTED IN INACCURATE PERFORMANCE IN PERSON LEADING TO NEGATIVE PRISONERS MIXED WITH POSITIVE ONES. JAMES FELT IGNORED BY HIS PRISON AS GUARDS HAD THE OPPORTUNITY TO ISOLATE AT HOME, BUT JAMES WAS STUCK IN PRISON TO SUFFER. ANOTHER ISSUE JAMES BRINGS UP IS HOW HE OFTEN FEELS LIKE PRISONER OFFICIALS, ESPECIALLY THE NATIONAL GUARDS THAT WERE BROUGHT INTO HIS PRISON, DID NOT TREAT THEM LIKE HUMANS. THOSE WHO DID WERE NICKNAMED "INMATE LOVERS" DEMONSTRATING HOW HELPING PRISONERS BECAME A BAD THING (18). THIS EVENTUALLY LEADS TO PRISONERS GETTING TREATED EVEN MORE UNFAIRLY LIKE LACK OF PROPER SANITIZING BECAUSE OF FEAR AMONGST WORKERS OF BEING LAUGHED AT.

*jennifer*

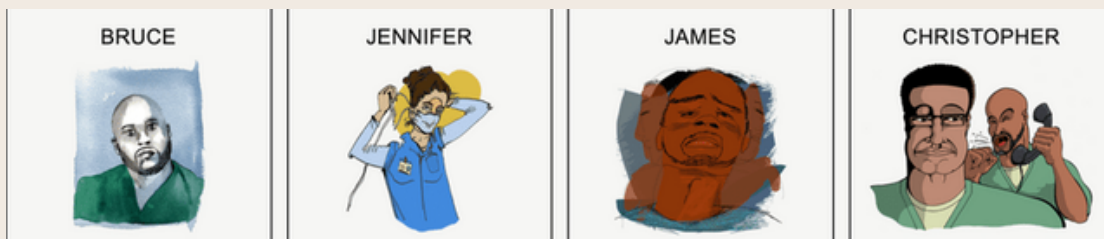
### LOCATED IN FLORIDA WOMEN'S RECEPTION CENTER

SUB-PAR HEALTHCARE IS NOT AN EXAGGERATION TO WHAT PRISONERS LIKE JENNIFER RECEIVED. JENNIFER HIGHLIGHTS HOW SOMETIMES PRISONERS WOULD HAVE TO WAIT 3 OR MORE DAYS TO EVEN GET CHECKED OUT BY A NURSE, AND THE TREATMENT WAS USUALLY AN IBUPROFEN AND INSTRUCTIONS TO DRINK MORE WATER. JENNIFER DID IN FACT CONTRACT COVID AROUND JULY/AUGUST 2020, WHERE SHE WAS MOVED OUT OF HER DORM INTO AN ISOLATION UNIT UNTIL HER FEVER CALMED DOWN. SHE FELT HER TIME DURING QUARANTINE WAS ADEQUATE AS THE FOOD DID ARRIVE ON TIME, LAUNDRY WAS DONE, AND CANTEEN SERVICES WERE AVAILABLE (18). THIS SHOWS A SHARP CONTRAST TO BRUCE'S EXPERIENCE WHERE HE FELT HE HAD TO OFTEN RISK OR FIGHT TO GET BASIC AMENITIES. THIS DIFFERENCE WITHIN PRISONERS ACROSS THE COUNTRY DEMONSTRATES HOW DEATHS SPIKED RANDOMLY BECAUSE OF A LACK OF UNIVERSAL INFECTIOUS MANAGEMENT.

*christopher*

### STANLEY CORRECTIONAL INSTITUTION IN WISCONSIN

PRIOR TO A COVID OUTBREAK, CHRISTOPHER'S PRISON EXPERIENCED A COROVIRUS OUTBREAK WHERE PRISONERS WERE PUKING AND USING BATHROOMS AT SIMILAR TIMES. EVEN AFTER THAT FIASCO, SYSTEMIC CHANGES WERE NOT MADE WITHIN THE PRISON. CHRISTOPHER EXPLAINS HOW ONCE HIS CELLMATE TESTED POSITIVE THEY WERE QUARANTINED TOGETHER. YET, CHRISTOPHER EXPLAINS HOW THE GUARDS AT HIS FACILITY ALSO HAD IT WORSE. NORMAL DUTIES WHERE INCARCERATED ARE PAID 12 CENTS AN HOUR TO COOK AND CLEAN WERE NOW RESPONSIBILITIES OF GUARDS WHO TESTED NEGATIVE. THIS BRINGS UP ANOTHER ISSUE WHERE THE INCARCERATED CONTINUE TO BE PAID WELL BELOW MINIMUM WAGE IN AMERICA (18). YET THIS CASE STUDY IS A PRIME EXAMPLE OF HOW OUTBREAKS ONE AFTER ANOTHER OCCUR TO PRISONERS, AND INFECTIOUS DISEASE MANAGEMENT MISTAKES ARE ALLOWED TO BE REPEATED.

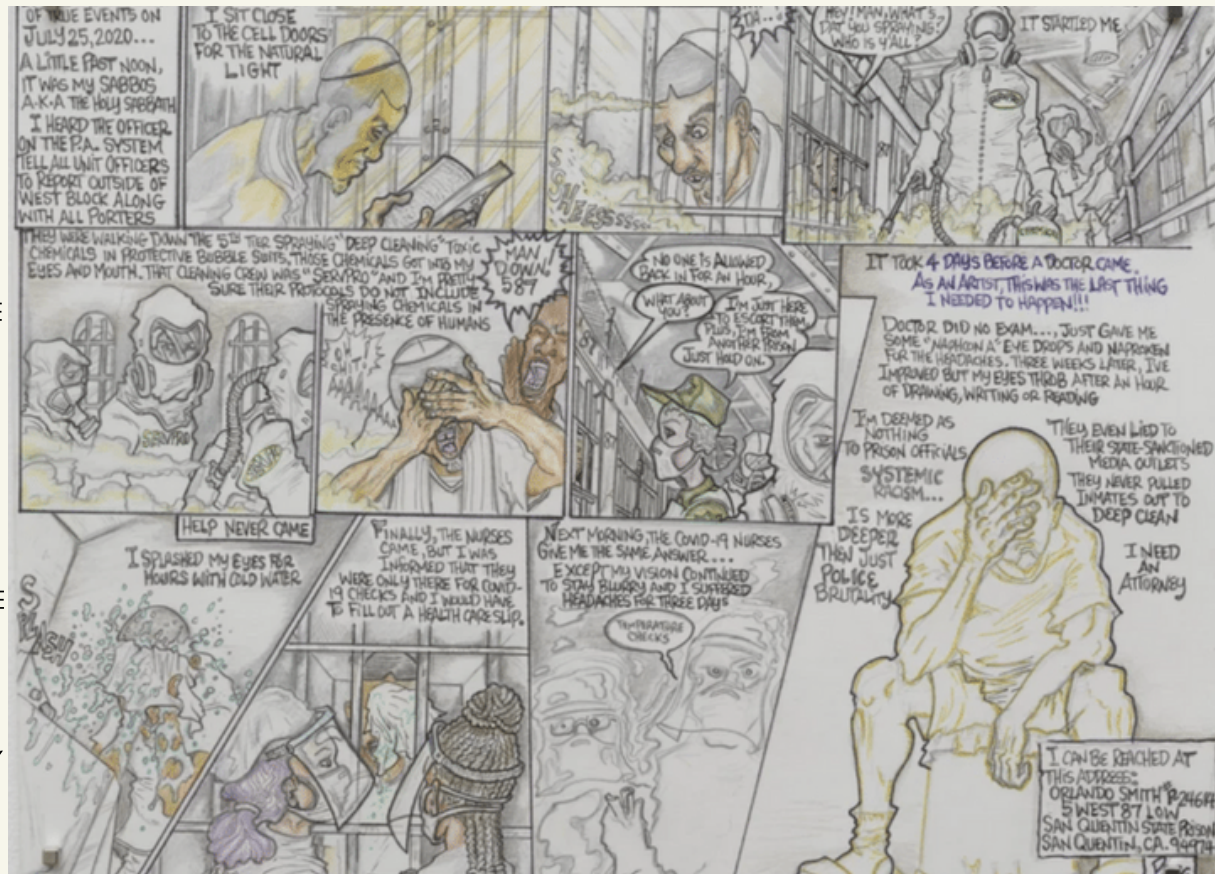


# ACHE INTO ART

FORMERLY INCARCERATED ARTISTS UTILIZE THEIR TALENT TO PORTRAY THE BRUTAL REALITY OF HOW COVID WAS MANAGED BEHIND THEIR PRISON WALLS.

MEETRA JOHANSEN, HAS STARTED AN INITIATIVE OF AN LA ART EXHIBITION IN COLLABORATION WITH A LOCAL NON PROFIT CALLED THE BAIL PROJECT WHERE THEY DISPLAY THESE ARTWORKS AND SLOWLY BEGIN THE CONVERSATION OF HUMANIZING PRISONERS AND RECLAIMING THEIR HUMANITY AND VOICE FROM SOCIETY.

AN ARTIST NAMED ORLANDO SMITH CREATES A GRAPHIC ILLUSTRATION OF HIS EXPERIENCE IN THE SAN QUENTIN PRISON. HIS CARTOON DRAWS BACK ON A MEMORY WHEN HE INGESTED CHEMICALS THAT WERE SPRAYED BY PRISON CREW MEMBERS WHEN THEY CAME INTO THE PRISON ONLY ONCE DURING THE PEAK OF THE PANDEMIC TO DISINFECT CELLS. THE ENTIRE CLEANING CREW HAD PROTECTIVE GEAR, YET PRISONERS WERE LEFT VULNERABLE WITHOUT IT. THIS EVENT LEFT ORLANDO WITH BLURRY VISION AND HEADACHES DAYS AFTER THE CLEANING (11).



SOURCE: FACEBOOK, ET AL.



SOURCE: FACEBOOK, ET AL.

A PAINTER AND MUSICIAN IN THE MICHIGAN DEPARTMENT OF CORRECTIONS NAMED BANJO PERCY SUBMITTED A PIECE IN THE EXHIBITION CALLED "SOCIALLY LOVING," WHICH SYMBOLIZES THE ISSUES THAT HAVE "DRIVEN US TO THE PEAK OF OUR PASSIONS INCLUDING SOCIAL INJUSTICE, LOSS OF LOVED ONES, FEAR OF INFECTION, TRYING TO SURVIVE AND THE OVERWHELMING DESIRE TO BE HEARD" (11).



# CALL TO ACTION





# FREEING SOCIETY FROM THE SHACKLES OF LABELING THEORY

WE HOPE THAT THIS PROJECT HAS BROUGHT FORTH A NEW PERSPECTIVE ON THE WORLD. AT THE VERY CORE OF THE ISSUE IS UNDERSTANDING THE BASIS OF LABELING THEORY IN ORDER TO BETTER UNDERSTAND HOW THE SOCIETAL LABELS AND GROUPS WE HAVE CREATED HAVE A DIRECT IMPACT ON THE LIVES OF INCARCERATED INDIVIDUALS. WE EACH PLAY A ROLE IN HELPING PERPETUATE THESE INTERNAL BELIEF SYSTEMS AND IN ORDER TO CREATE CHANGE WE MUST USE THE KNOWLEDGE WE HAVE TO GAINED TO TAKE STEPS IN THE RIGHT DIRECTION. MUST ASK OURSELVES:

## WHAT DO WE DO NEXT?



# #FREE-THEM-ALL MOVEMENT

SOCIAL MEDIA HAS PROVEN TO BE A REALM FOR GAINING SUPPORT & BRINGING BACK A SENSE OF 'TOGETHERNESS' AMIDST THE COVID-19 PANDEMIC.

#FREETHEMALL IS ONE OF MANY GRASSROOTS ORGANIZATIONS THAT UTILIZED SOCIAL MEDIA PLATFORMS TO ILLUSTRATE THE TRUE ISSUES GOING ON WITHIN CARCERAL INSTITUTIONS. THIS EXTENDS TO THOSE WHO HAVE OFTEN BEEN INCARCERATED DUE TO MALICIOUS INTENT WITHIN PRISONS, JAILS, AND DETENTION CENTERS. THIS SOCIAL JUSTICE/ABOLITIONIST MOVEMENT LEAD BY MILLENNIALS AND FAMILIES OF INCARCERATED FOLKS HAS BEGUN SHIFTING PUBLIC AND CULTURAL PERCEPTIONS. #FREETHEMALL SUPPORTS THE ABOLITION OF THESE SYSTEMS STATING THEY ARE 'UNJUST AND EXPLOITATIVE' AND DEMANDS A NEW SYSTEM BUILT FROM THE GROUND UP (44). THIS MOVEMENT PLAYS A SIGNIFICANT ROLE IN INITIATING CHANGE WITHIN OUR CURRENT SOCIETY AND HAS BEGUN BREAKING THE NORMATIVE BELIEF THAT PRISONERS ARE LESS WORTHY OF PHYSICAL AND MENTAL WELLBEING.



NEVER DOUBT THAT A SMALL GROUP  
OF THOUGHTFUL, COMMITTED  
CITIZENS CAN CHANGE THE WORLD;  
INDEED, IT'S THE ONLY THING THAT  
EVER HAS.

-MARGARET MEAD



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