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Health, Ethics, and Criminal Legal Experts Urge Authorities to Prioritize People in Carceral Facilities for COVID-19 Vaccine

Los Angeles, CA — Over 250 experts and practitioners in bioethics, the treatment of infectious diseases, public health, epidemiology, and criminal legal policy have written an open letter urging federal, state, and local authorities to prioritize incarcerated populations and correctional staff for receipt of a COVID-19 vaccine: bit.ly/3nrAAuA.

The Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices will meet on December 19th and 20th to discuss the next groups to recommend for prioritized receipt of the vaccine after health care personnel and residents of long-term care facilities.

The letter’s signatories, convened by the UCLA Law COVID-19 Behind Bars Data Project, recommend that the Committee, as well as state and local authorities, give people in carceral systems the same order of priority for receipt of the vaccine as their peers living and working in other congregate settings, such as long-term care facilities.

Over two million people are incarcerated in the United States, often in overcrowded facilities that do not allow for social distancing and offer subpar healthcare. Because of these factors, and a higher rate of medical vulnerability, incarcerated people are multiple times more likely to be infected with COVID-19 and to die from the disease as compared with their non-incarcerated, same-age peers.

“What is relevant here is the significantly elevated risk of infection that comes from living and working in dense, congregate facilities. That, plus the reality that incarcerated people, and also prison staff, have no to little control over these risks, are what matter, morally,” says Ruth R. Faden, Philip Franklin Wagley Professor and founder of the Johns Hopkins Berman Institute of Bioethics.

Since March 2020, correctional authorities have reported that around 220,000 incarcerated people have been infected with COVID-19 and that over 1,500 have died. More than 47,000 correctional staff have been infected and over 90 have died. Due to gaps in testing and reporting, the true toll of the virus is likely significantly worse.

Despite the heavy burden of the pandemic behind bars, their treatment in vaccine rollout protocols varies. According to a Prison Policy Initiative survey in early December, only about half of states have explicitly identified incarcerated people as a priority group; in several states, correctional staff are prioritized over those in their custody.

“Incarcerated people suffer among the highest likelihood of sickness and death from COVID-19, and yet are least able to protect themselves from it,” says Leonard Rubenstein, Professor of the Practice at the Johns Hopkins Bloomberg School Center for Public Health and Human Rights and core faculty at the Johns Hopkins Berman Institute of Bioethics. “They should be at high priority for vaccination, lest a sentence of imprisonment include a high risk of dying.”

The letter’s signatories also emphasize that to maximize uptake while respecting the autonomy of incarcerated individuals, the distribution and administration of a vaccine to people in custody must occur via a process that provides education about the vaccine’s safety and efficacy and incorporates a meaningful opportunity to give informed consent.

About the UCLA Law COVID-19 Behind Bars Data Project

The UCLA Law COVID-19 Behind Bars Data Project responds to the urgent need to collect, share, and act on data related to COVID-19 in prisons and jails by tracking the spread and impact of the virus in prisons, jails, youth facilities, and immigration detention centers across the United States. Its data are available at uclacovidbehindbars.org.