



# **“Horrible here”: how systemic failures of transparency have hidden the impacts of COVID-19 on incarcerated women**

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Alix M.B. Lacoste, Independent researcher

Saeed Paliwal, Independent researcher

Erika Tyagi, UCLA Law COVID Behind Bars Data Project

Hope Johnson, UCLA Law COVID Behind Bars Data Project

Featuring firsthand accounts by incarcerated women  
provided to [PrisonPandemic](#)

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# Introduction

Over the last 40 years, the number of women incarcerated in the United States has skyrocketed from roughly 26,000 in 1980 to more than 230,000 in 2019.<sup>1</sup> Just four percent of the world's women live in the U.S., but more than thirty percent of all incarcerated women are held in this country.<sup>2</sup> In addition to the harms and structural violence that all incarcerated people face, women — cisgender and transgender — tend to experience particular challenges while behind bars, from sexual abuse and psychological trauma to pregnancy and navigating motherhood while in prison.<sup>3 4 5</sup>

During the COVID-19 pandemic, these risks and harms have only been exacerbated. In addition to the devastating toll the virus itself has taken on incarcerated women, the restrictions that women have been subjected to behind bars during the pandemic have compounded the routine harms of incarceration.

The vast majority of incarcerated women are survivors of trauma and abuse, and even in non-pandemic times, the isolation, deprivation, and harsh conditions of prison environments have devastating impacts on their mental and physical health.<sup>6</sup> More than two-thirds of incarcerated women have a history of diagnosed mental illness,<sup>7</sup> and prolonged lockdowns imposed during the pandemic have likely worsened existing psychological distress. As visitation has been suspended without being replaced by affordable alternative forms of communication, responses to the pandemic have also made it more difficult for incarcerated women to maintain relationships with loved ones on the outside, including for the more than 60% of women in state prisons and 80% in jails who have children.<sup>8 9 10</sup>

By and large, the carceral system has failed to adopt a gender-responsive approach to managing the pandemic — one that acknowledges that the majority of incarcerated women are mothers, that many are survivors of abuse and trauma, and that women have distinct mental and reproductive healthcare needs. A [report](#) published by the COVID, Corrections, and Oversight Project in May 2021 highlights these shortcomings while issuing a number of invaluable recommendations, including releasing and diverting women from custody while taking steps to reduce immediate harms to women who are left inside.<sup>11</sup>

In this report, we highlight trends from inside women's prisons during the pandemic and draw attention to the lack of transparency from carceral agencies regarding COVID-19 in their women's facilities. By sharing personal accounts drawn from the [first-person oral history](#) archive created by UCI PrisonPandemic, we also seek to elevate the voices and experiences of some of the women behind the data we present.

Our report is not comprehensive and does not seek to capture the full experience of the hundred of thousands of women living behind bars. Rather, it seeks to illuminate some of the burdens this diverse and often overlooked population has faced due to COVID-19. In doing so, we hope to highlight the injustices and dangers that hundreds of thousands of women across the country have faced every day while incarcerated during this pandemic.

While we use the term “woman” in this report to refer to individuals held in female prisons, at least 4,890 transgender individuals are held in prisons across the country, the vast majority of whom are housed based on their sex assigned at birth rather

than their lived gender identity.<sup>12</sup> Incarceration fundamentally endangers the lives of trans people, particularly transgender women of color, who are overrepresented in prison and are much more likely to suffer from abuse and violence behind bars.<sup>13</sup> It is likely that this population has faced a unique set of harms during the pandemic.<sup>14</sup> However, because there has been virtually no COVID-19 data published specific to this population, documenting the many ways that the pandemic may have exacerbated these harms is beyond the scope of this report.

## Data shortcomings during a public health crisis

Since the beginning of the pandemic, countless women's prisons have been hotbeds for COVID-19 outbreaks — the Louisiana Correctional Institute for Women,<sup>15</sup> the Eddie Warrior Correctional Center in Oklahoma,<sup>16</sup> the Dublin Federal Correctional in California,<sup>17</sup> the York Correctional Institution in Connecticut,<sup>18</sup> the Waseca Federal Correctional Institution in Minnesota,<sup>19</sup> and many more.

## At least 54 women's prisons have reported more than 100 COVID-19 cases among incarcerated people

State and federal women's prisons reporting 100 or more cumulative COVID-19 cases

✕ State prison ✕ Federal prison



Note: Data based on the most recent information posted by state correctional departments as of November 16, 2021.

In November of 2020, a research foundation at the Fletcher School at Tufts University published the first and only analysis we have seen that offers a nationwide view of COVID-19 inside women's prisons.<sup>20</sup> The report analyzed data gathered from state and federal correctional agencies by the UCLA Law COVID Behind Bars Project and found that, as of September 30, 2020, 27 women's prisons had reported more than 100 COVID-19 infections and 17 reported that over 15% of their population had tested positive.

Extending this analysis through the first 18 months of the pandemic, we've identified at least 54 women's prisons that have reported more than 100 infections, and 56 that have had cumulative infection rates above 15% as of November 2021. Our data show at least 20,125 documented COVID-19 infections among incarcerated women during the pandemic.

The actual number of women who have been infected is undoubtedly much higher than captured by these numbers. The previous figures are limited to cases reported from the 107 state and federal women's prisons we have identified as having publicly posted data on cumulative COVID-19 cases for their incarcerated populations; many more prisons (and nearly all jails, which hold nearly half of all incarcerated women in the U.S.) do not report this information. As such, we still do not know the true number of women who have tested positive for the virus behind bars.

The lack of centralization and standards for reporting data disaggregated by sex has made it impossible to consider, at a systemic level, the particular impact of the pandemic on the more than 230,000 women held in U.S. jails and prisons.<sup>21</sup>

Across the nearly 80 state, federal, and county agencies from which we collect data, not a single prison, jail, or detention system has consistently reported relevant COVID-19 health data explicitly broken down by gender. In the absence of disaggregated data, the best strategy to approximate the toll of the virus on incarcerated women is to track the total number of COVID-19 cases reported in designated women's facilities. As we've previously noted, however, many correctional agencies fail to report COVID-19 data at the facility level, leaving us in the dark as to how many of a state prison system's total infections occurred inside its women's prisons.<sup>22</sup>

In October 2020, for example, the Florida Department of Corrections (DOC) stopped reporting facility-level data for nearly all COVID-19 metrics. At that time, the agency reported 1,005 COVID-19 cumulative infections at Lowell Correctional Institution,<sup>23</sup> the largest women's prison in the country and one with a disturbing history of widespread abuse.<sup>24</sup> However, after the DOC began reporting only statewide totals for cumulative infections in October, it has been impossible to know how many of the more than 18,072 COVID-19 cases reported by the agency were recorded inside Lowell.<sup>25</sup>

Similarly, Oklahoma, which has one of the highest female incarceration rates nationally,<sup>26</sup> also stopped reporting data on cumulative cases disaggregated by facility in October of 2020. As a result, we haven't been able to know how many of the 7,750 cases reported by the Oklahoma DOC came from women's prisons in the last year.<sup>27</sup>

Even in systems that do report facility-level data, many fail to disaggregate information by sex within mixed facilities with both men's and women's units.



For example, the Federal Bureau of Prisons reports COVID-19 data for the Danbury Correctional Institution in Connecticut, but it does not report data separately for the men's prison, female satellite prison, and female prison camp within the Danbury complex.<sup>28 29</sup> Similarly, the Los Angeles County Sheriff's Department manages eight separate jails — including one designated women's jail — but reports only systemwide totals for key variables including the number of cumulative cases and deaths among incarcerated individuals.<sup>30</sup>

As a result of these limitations, it has been impossible to meaningfully compare COVID-19 infection rates among incarcerated people by sex in a comprehensive way — or to capture the true epidemiological toll that the pandemic has taken on women behind bars.

## Case studies from California's women's prisons

Given the challenges of quantitatively assessing the impact of the pandemic on women in prisons nationally, we focus here on trends from the two women's prisons managed by the California Department of Corrections and Rehabilitation (CDCR): the Central California Women's Facility (CCWF) in Chowchilla and the California Institution for Women (CIW) in Chino. While these facilities have experienced two of the largest COVID-19 outbreaks among women's prisons nationally, the stories from inside these prisons over the past year likely also illustrate themes from women's prisons across the country.

## Outbreaks in overcrowded prisons

At the beginning of the pandemic, both CCWF and CIW were severely overcrowded: CCWF held 140% of the population the prison was designed to hold, while CIW held 117% of its capacity.<sup>31</sup> While overcrowding across California's prison system has long been a concern, the decision to convert the Valley State Prison from a women's facility into a men's facility in 2012 exacerbated overcrowding in the remaining two female prisons.<sup>32</sup>

**"I'm not going to lie, things have been rough and very unorganized. We went from a few positive cases to over 500 positive cases in the course of two weeks. There is no way for us to be socially distanced, due to living in eight-man cells. The room I'm currently in had six girls, but two have tested positive. So now it's four."**

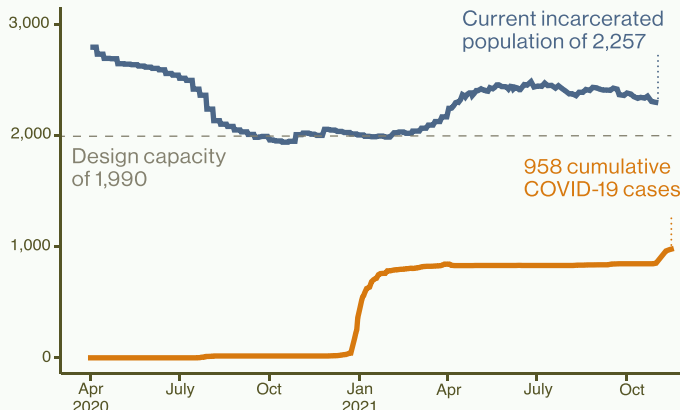
**– Just a Runny Nose? (CCWF, January 2021)**

Since the beginning of the pandemic, public health experts have been clear: the only way to protect lives behind bars would be through significant decarceration to allow for physical distancing inside facilities.<sup>33 34 35</sup> While the population inside both prisons fell in the initial months of the pandemic — by 24% in CCWF and by 21% in CIW between the start of March and August 2020 — the scale of this reduction, given the extent of existing overcrowding, was insufficient to prevent COVID-19 outbreaks. As of November 16, 2021, 958 women at CCWF have tested positive (equivalent to 42% of the current population) along with 508 women at CIW (equivalent to 48% of the current population).<sup>36 37 38</sup>

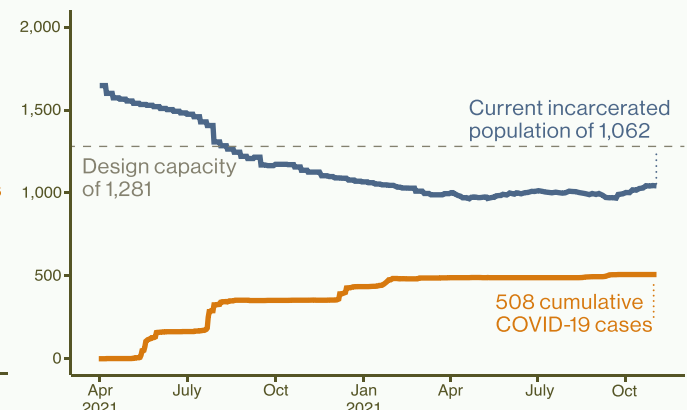
## CCWF and CIW, operating overcapacity for much of the pandemic, reported 1,466 COVID-19 cases among incarcerated people

Cumulative COVID-19 cases and population among incarcerated people in California's state women's prisons

Central California Women's Facility (CCWF)



California Institution for Women (CIW)



Note: Data based on the most recent information as of November 16, 2021.

The majority of cases at CCWF occurred during a single devastating outbreak that began around Christmas and extended into January. At the peak of the outbreak, the prison reported more than 500 new cases in just two weeks, and one in four women inside had an active infection. By contrast, CIW experienced repeated outbreaks over the course of the pandemic. During four separate outbreaks in May, August, December, and January, more than 40 people in CIW had active infections.

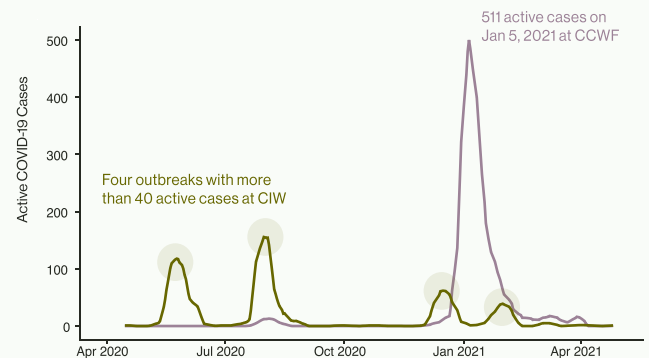
Compared to several of California's men's prisons, which were among the hardest hit by COVID-19 nationally, CCWF and CIW saw relatively lower infection rates. Even still, the cumulative infection rates in both women's prisons have been more than three times higher than the rate among the non-incarcerated population in California, which stands at 12 percent.<sup>39</sup>

"It is very scary to know the virus is in the room and we are not allowed to leave. Even though we clean the room, I'm sure we didn't get all of it. We are basically sitting here until we all catch it."

– In the Room (CCWF, January 2021)

### While most cases at CCWF were detected during one outbreak, CIW reported repeated outbreaks

Active COVID-19 cases among incarcerated people in California's state women's prisons



Over the course of the pandemic, at least 415 staff at CCWF and 447 at CIW have also tested positive for COVID-19, equivalent to 30% and 32% of the current staff populations, respectively.

“We are pretty safe so far. We are pretty safe until a staff – state staff – bring it in and expose us.”

– **Half-Faced (CCWF, January 2021)**

Given the cancellation of in-person visits and lockdown restrictions imposed by CDCR, it is likely that staff have been a leading factor in introducing the virus into facilities. In CCWF, the evidence of this pathway is especially strong: an outbreak among staff in early December was quickly followed by a massive outbreak among the incarcerated population just a few weeks later.

“It all started with one staff member getting sick. Mind you it was four dorms that held about 75 people. It was six rows that held seven beds that was only two feet apart from each other, so it was no way we could of did the six feet apart because the person who is right across from me could been sick. So it was very easy for me to catch the virus. Mind you we is living inside of a dorm packed together like sardines sharing the same phone.”

– **Easy to Catch (CIW, December 2020)**

“My safety inside here is like being in a bubble suit. The only way we can be exposed is by a staff testing positive which means whether they work in the units, the kitchen, the canteen, etc. everyone around them get quarantined.”

– **In a Bubble Suit (CCWF, December 2020)**

## A response lacking compassion or concern for safety

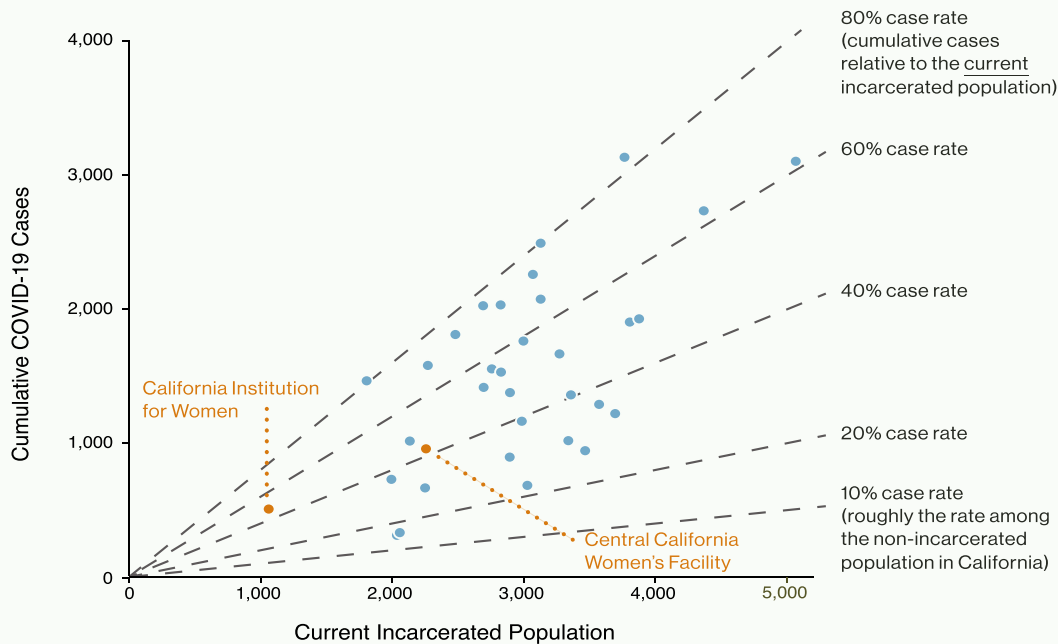
Despite the heightened risk that staff face of carrying the virus from prisons into the community and vice versa,<sup>40</sup> reports from inside the two prisons suggest indifference among some correctional officers towards basic measures to protect the safety of the incarcerated population. During a select committee hearing in October, a woman recently released from a California prison testified that staff were not being tested regularly, refused to wear masks, and would openly state that they wanted to catch the virus so they could get two weeks of paid leave.<sup>41</sup> The community-based news organization Davis Vanguard interviewed a woman incarcerated at CCWF who shared other examples of maltreatment by staff — that they “did not want to do any cleaning, and prevented those who volunteered to do so,” that women reporting symptoms would be “ignored by the COs and

“There was a woman who was housed here that paroled in October of 2020, who was 89 years old. When COVID-19 became an issue in the world and our prison went on modified program on March 18, 2020, this woman had seven months left on her sentence. However, the powers that be refused to let this woman go home early. This woman is 89 years old and is high risk for COVID-19. Why couldn’t they let her go home early so that she would be safe? [...] This is just one example of how CDCR is not trying to bring the population down to protect the health of the inmates. [...] When you house eight inmates in a cell that was originally made for four inmates, there is no way to social distance.”

– **Still Overcrowded (CIW, December 2020)**

## Women's prisons had lower case rates than other prisons in California, but higher rates than the general population

Cumulative COVID-19 cases by incarcerated population in California state prisons



Note: In line with how the CDCR reports confirmed case rates on its COVID-19 tracking dashboard, population data is based on each facility's population as of November 16, 2021 while cases represent the number of cumulative cases reported since the start of the pandemic. As a result, cumulative confirmed case rates may exceed 100%. Data as of November 16, 2021.

medical staff for days or a week or more,” and that requests for information about protocols and next steps were routinely disregarded.<sup>42</sup>

At CCWF, building 503 was converted into a quarantine unit for medical isolation. Eight individuals told the nonprofit newsroom The 19th that people who tested negative for COVID-19

were also being held in the unit — sometimes spending several weeks in close proximity to those infected with the virus, even after testing negative multiple times.<sup>43</sup> One woman, Kandice Ortega, said that she used menstrual products to clean tables and phones when she was held in building 503 to try to protect herself from exposure.

“I have witnessed messed up things in here. Some of the officers refused to wear a mask. Even if you ask them, they will not put one on. From my window where I’m housed at I can see the culinary docks. I witness every day officers and inmates not wearing a mask and when I see a few officers together almost always they don’t have their masks on. It’s usually around their chin!”

– **Messed Up Things (CIW, December 2020)**

“Both windows were broke out, glass was on the outside and inside of cell. The screens were pulled back allowing birds, rodents, and dirt to come into cell. There was black and green mold in sink and toilet. I was given three to five minutes to clean the room myself with a respiratory disease. The chemicals that were given to me was in a broken spray bottle and was told to use pads to clean with (pads) sanitary napkins.”

– **Black and Green Mold (CIW, December 2020)**

Upon returning to general population housing at CCWF, Ortega reported, “I am having a hard time adjusting since I’ve been back. I’m not sleeping at all, I’m not really eating. I have a lot of anxiety and fear of getting sick or having to go back to 503 and live in those conditions.”<sup>44</sup> Elizabeth Lozano, another woman exposed to the virus at CCWF, wrote, “After being treated the way we were in 503, all of us have trauma and are like shell shock. We’re experiencing trouble sleeping, anxiety, trouble eating and like waiting for something bad to happen. I think that’s from knowing that at any moment we can be housed there again.”<sup>45</sup>

“Oh, and the housing where the isolated are kept in the worst. We get Santa Ana winds a lot. The housing unit where the women go are filthy. Rat infested, broken windows, and should be condemned. It’s a health hazard in itself.”

– **Taking Its Toll (CIW, December 2020)**

At CIW, individuals who had been held in the quarantine unit reported that people were consistently denied access to showers and were not allowed to open their windows or doors. These restrictions were in place despite the increased need for ventilation during the pandemic and the extreme heat in the southern California prison, where summer temperatures can reach 115 degrees.<sup>46 47</sup> According to April Harris, a mother of three who spent a month in the medical isolation unit at CIW, “People aren’t scared of COVID-19, they are scared of the treatment of isolation.”<sup>48</sup>

“For the past year, it has been horrible here. Basically, no movement. We come out for a little over an hour a day if that.”

– **Horrible Here (CCWF, December 2020)**

Access to counselors and therapists, already limited inside prisons, was further diminished during the pandemic, although the need for mental health services was likely at its height. Before the pandemic, women at CIW were allowed out of their cells for 23 hours each day; after COVID, women said they often spent 23 hours in their cells.<sup>49 50</sup> Although many experts regard solitary confinement as a form of torture and a human rights violation, the distinction between punitive isolation and medical isolation as a measure to control viral spread has become increasingly blurred. Reports estimate a 500% increase in the use of solitary confinement in the early months of the pandemic — a practice known to exacerbate trauma symptoms and mental illness for women in distinct ways.<sup>51 52</sup>

“Our yards are locked down and we have no school classes, full classrooms, big main yard, library, church, or activities. We are locked in our cells. This has affected behaviors and bad attitudes. No working, just basic jobs, kitchens and little maintenance, janitors as well.”

– **One Cell One Person (CCWF, November 2020)**

Even before the pandemic, the prison environment caused immense psychological harm to women inside. CIW, in particular, has a history of alarming suicide rates: between 2013 and 2016, six individuals inside the prison died by suicide, and there were 71 suicide attempts during these three years — five times the average across California’s prisons during this time.<sup>53</sup> In July 2020, the Washington Post reported that at least four individuals had attempted suicide while in quarantine or isolation inside CIW in the early months of the pandemic.<sup>54</sup>



One of these people was Anna “C.J.” Rugg, a transgender man who set fire to the mattress in his quarantine room after testing positive for COVID-19 in CIW on May 19, 2020.<sup>55</sup> Rugg said that he had made four formal requests to be seen by mental health staff, starting from the first day of the prison’s lockdown in April, along with spoken requests during his twice-daily temperature checks — but the only mental health worker to visit him merely told him to put in his paperwork.<sup>56</sup> Harris, who witnessed the fire, journaled, “I was in shock for about two seconds [...] finally I snapped out of it and started screaming ‘Her room is on fire’ [...] I thought she was going to die and I was going to watch her burn.”<sup>57</sup> In response to requests for counseling from individuals who witnessed Rugg’s suicide attempt, prison officials instead slid coloring books and crossword puzzles under the prisoners’ doors.<sup>58</sup>

“I would like to say I know where I am and I know what I did to come here. However, I am still human. I am a mother. I have feelings. I am 100% regretful for the selfish actions that I exhibited to come here. In the same breath, I have grown, healed, and been rehabilitated.”

– **Injustices (CIW, December 2020)**

## The slowing of outbreaks and the lives forever lost

In December 2020, CDCR began offering vaccinations to staff and incarcerated people across the state’s prisons, and, on March 15, 2021, all individuals in California’s jails and prisons became eligible for the vaccine regardless of age and underlying health conditions.<sup>59</sup> As of November 2021, 82% of incarcerated women at CCWF and 84% at CIW have been fully vaccinated.

Vaccination rates among staff at these facilities, mirroring trends observed among prison staff across the country,<sup>60</sup> have been much lower: just 66% of staff at CCWF and 69% at CIW have been fully vaccinated so far.

“I was informed by a CO who wants to remain confidential that they offered the COs a COVID vaccine on the 28, 29, and 30th of December and out of all the staff working the prison, only about 1-15 staff took the vaccine because they are scared of the vaccine. This is crazy because the staff is the one bringing in the COVID-19 to us and it is quickly spreading like wildfire. And the fact they were given the option to get the vaccine and put a stop to exposing us! Is ludicrous. At the end of the day, they get to be home, have medicine, comfortable bed, good bed, medical care if they do get COVID and if we get COVID we are thrown in a cell with other sick inmates and have to experience every painful moment of the sickness and hope we get better fast.”

– **Catching It Now (CCWF, January 2021)**

While more than 1,300 individuals have recovered after being infected with COVID-19 inside these prisons, two women died from the virus inside these facilities. On June 9, 2020, Madonna Watson passed away from COVID-19 and breast cancer while incarcerated at CIW. As her memorial recounts, she is mourned by her many friends and family, including her sisters, her mother, and her son.<sup>61</sup> On March 9, 2021, Esther Griggs died due to complications from COVID-19 while incarcerated at CCWF. During the Honor Lives Lost weekly vigil on March 14, 2021, she was remembered by G. Esteban, who shared, “Esther is someone I will truly miss every day and always be grateful she befriended me in this harsh and hostile environment. It still doesn’t feel like she is gone.”<sup>62</sup>



“I have lost a friend beyond these walls, and two on the other side. I received photos of my youngest sister on a ventilator in April, with no way of obtaining support or saying goodbye. Pre-COVID I would have at least been allowed to see a video.”

– **Taking Its Toll (CIW, December 2020)**

## Conclusion

Our efforts to understand the spread and impact of COVID-19 behind bars have been consistently hampered by the failure of carceral agencies to make accessible and timely data available to the public.<sup>63</sup> Data relating to women’s prisons has been no exception, with poor data quality compromising our ability to understand the impact of COVID-19 specifically on incarcerated women. Even CDCR, which reports more comprehensive data than most other agencies, does not report the number of cumulative tests administered within each facility, making it difficult to compare infection rates among the women inside CCWC and CIW to rates among people in other prisons across California and nationally.

We continue to call on agencies to report data for critical COVID-19 metrics disaggregated by facility, including cumulative cases, deaths, tests, population, and vaccinations.<sup>64</sup> It is also critical for agencies to report this data separately by sex for mixed-sex facilities to allow advocates and researchers to better understand the impact of COVID-19 on incarcerated women.

Although COVID-19 continues to cause infections and deaths behind bars, a concerning trend has emerged in recent months: during the first half of

2021, the female population in California’s prisons rose from fewer than 2,000 women to nearly 2,500,<sup>65</sup> mirroring rises in the incarcerated population in jails and prisons across the country.<sup>66</sup> Although the pandemic provided urgency to the need to rapidly reduce prison populations, the harms that prison environments pose to the health and safety of incarcerated women have existed long before the pandemic.<sup>67</sup> It is critical that policymakers decarcerate to protect incarcerated people from COVID-19 immediately — and also take steps to avoid needlessly returning to pre-pandemic levels of female mass incarceration.

As noted by a research foundation at the Fletcher School at Tufts University, “the numerous hurdles that obstruct the physical, mental, emotional and economic well-being of women in prison are not new, but in the pandemic, they gain new capacity to harm.”<sup>68</sup> The pandemic has made clear the need to end our reliance on a carceral system that has proven to be racist, oppressive, and ineffective at promoting the safety and well-being of women — and instead move towards an alternative to incarceration that recognizes the humanity and dignity of those it seeks to protect.

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Note: The personal accounts in this piece are drawn with permission from PrisonPandemic, an initiative led by a group of faculty and students at the University of California, Irvine to create a digital archive that preserves the stories of people who were incarcerated in California prisons during the pandemic. Memorials in this piece are drawn with permission from Mourning Our Losses, a group that has been collecting memorials for those lost behind bars written by volunteers and loved ones inside and outside prisons over the past year.

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