

Vera Institute of Justice Public Comment
Meeting of the Advisory Committee on Immunization Practices (ACIP)
Centers for Disease Control and Prevention
December 1, 2020

As virulent as COVID-19 is in our communities, it is exponentially more dangerous to the people incarcerated in America's jails, prisons, and detention centers. Ohio's Pickaway Correctional Institution is an early and chilling example. Despite banning visitors in March, the first COVID-19 case was detected there on April 4. Within a month, over 75% of the 2,000 people incarcerated at Pickaway tested positive. By late May, 35 were dead. Pickaway is sadly not an outlier, though. The crisis of COVID-19 in correctional facilities continues to rage largely unchecked over eight months into this pandemic with no sign of slowing.

Across America, there are 2.3 million people incarcerated today and correctional facilities are consistently the site of some of the worst COVID-19 outbreaks. They are congregate and crowded settings, where PPE and basic healthcare are rarely available and social distancing is impossible. If an outbreak occurs, correctional medical facilities are under-staffed and under-resourced, resulting in incarcerated people either suffering without adequate care or occupying the limited beds and ventilators at nearby community hospitals. And an outbreak of COVID-19 in jails, prisons, and detention centers doesn't remain contained inside the facility. Thousands of staff come in and out of these buildings daily, carrying the virus with them. One recent study found that 16 percent of COVID-19 cases in Chicago could be traced back to infections at the Cook County Jail.

We know since the first reported case of COVID-19 in a correctional facility in March, there have been at least 252,000 incarcerated people and correctional staff that have tested positive and almost 1,500 deaths. In immigration detention centers, nearly 7,200 immigrants have tested positive at over half of the 200 facilities in which ICE maintains beds. Given the paucity of corrections data, those numbers are surely an undercount.

To that end, we call on the CDC to prioritize vaccination for incarcerated people as part of the initial phase of the COVID-19 vaccination program (Phase 1a), starting with the elderly and most vulnerable behind bars. Public health experts agree with this call. In October, the National Academies of Science, Engineering, and Medicine (NASEM) issued a report recommending a four-phase vaccine rollout in case of limited supply. They recommended that seniors living in congregate care settings, such as jails and prisons, be included in the first phase of vaccine distribution—this recommendation aligns with the agreed upon ACIP interim recommendation vote for long-term care facility residents from the December 1 emergency meeting.

As this most recent and deadly wave of COVID-19 is upon us, we cannot risk more needless death because we failed to prioritize vaccines for people who need it most. The COVID-19 mortality rate within prisons is at least twice as high as the mortality rate for people in the community. Prioritizing vaccination for people behind bars is truly a matter of life and death—for incarcerated people, corrections staff, and community residents.