

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/vaccine-hesitancy-is-fueling-the-pandemic-in-jails-prisons-and-communities>

Public Facing Advocacy Writing

One critical but overlooked aspect of managing the crisis of COVID-19 behind bars? Corrections staff. A worrisome trend has emerged in correctional facilities with grave implications for public health: despite the soaring rates of infection, a large number of corrections officers are refusing to get vaccinated.

There have been at least [101,785 cases of COVID-19](#) among prison staff nationwide who are [3.2 times](#) more likely to contract the virus than the general public and at least 377,497 cases and 2,400 deaths among incarcerated people. Jails and prisons also [represent](#) the 15 largest coronavirus clusters in the country.

In [California](#), [Connecticut](#), [Iowa](#), [Massachusetts](#), [Oregon](#), and [West Virginia](#), reports from departments of corrections have confirmed that at least 40 percent of corrections officers, workers, and contracted healthcare staff have elected not to receive a vaccine. In some jurisdictions, the numbers are higher in Shawnee County, Kansas, [70 percent](#) of eligible employees have declined a vaccine, and only 35 percent of prison workers in [North Carolina](#) have opted in. Although corrections leaders and unions in states like Pennsylvania have [called](#) for state officials to prioritize prison workers for vaccination, the difficulty of combating a [torrent of misinformation](#) has reduced public confidence in the vaccination process and has made it a challenge to convince staff in many congregate settings, even outside of corrections, to follow health and safety protocols. In Nevada, corrections officials told the states Sentencing Commission that some employees said they would [rather quit](#) than get vaccinated.

Making the vaccine available and encouraging participation from both corrections staff and people who are incarcerated is vital to stemming the spread of COVID-19. Although several states have prioritized vaccination for correctional staff, only [six states](#) have designated incarcerated people as eligible to be early recipients of the vaccine in direct contradiction of Centers for Disease Control and American Medical Association guidelines. Given the legacy of white supremacy in both the criminal legal and public health systems, it is no coincidence that incarcerated people [33 percent](#) of whom are Black are neglected in the fight against COVID-19 behind bars. Histories of medical racism and experimentation on marginalized communities that have [suffered](#) disproportionately during this pandemic pose a further challenge, even when vaccination is available. Public health officials must demonstrate that this time they will protect those they have [failed in the past](#).

And COVID-19 clusters that develop in correctional facilities [will not be contained](#) within their walls. Approximately 200,000 people are booked into and released from U.S. jails each week. Corrections staff can also carry the virus home to their families and neighborhoods or into facilities. A [study](#) of Cook County Jail in Chicago found that an outbreak behind bars that spread to neighboring communities was associated with 15.7 percent of all documented COVID-19 cases in Illinois. What's more, the same study showed that the rate of incarcerated people and staff entering and leaving the jail was a more accurate predictor of variance in COVID-19 infection rates than any other factor.

Although jail populations in many cities [declined](#) in the first half of 2020, in recent months they've been steadily on the rise. This country cannot end the pandemic without vaccinating a critical mass of the people who work and are incarcerated in correctional facilities. But more is needed: even with a vaccine, [medical experts](#) agree that decarcerating jails and prisons is the best and only practice for truly eliminating the spread.

There are other steps that federal, state, and local officials can take in conjunction with corrections leaders to reduce the transmission of COVID-19 and improve conditions in correctional facilities:

In a moment in which the health of all is more interconnected than ever, states should lead courageously, guided by principles of human dignity and [transparency](#), by encouraging vaccination among corrections staff and prioritizing vaccines for those who are incarcerated. Our collective health depends on it.

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