

HE HAS A HOME TO GO TO

FAMILY AND FRIENDS OF PEOPLE
IN PRISON IN NEW YORK RESPOND
TO CANY'S COVID-19 SURVEY

Correctional Association of New York
175 Years of Independent Oversight

May 2020



INTRODUCTION

The following publication constitutes the first report by the Correctional Association of New York (CANY) on the impact of COVID-19 on people in prison in New York State, as reported to us in this case by their family members and friends. This is an early step in what promises to be a long journey of monitoring the spread of the pandemic in prisons across this state.

COVID-19 has highlighted shameful inequalities in our society. These inequalities – in healthcare, education, housing, employment, and every aspect of American life – drive and uphold mass incarceration, placing people in prison at the epicenter of this crisis. Even in the best of times, people in prison describe neglect, abuse, material deprivation, and extreme personal hardship. These conditions are likely to be amplified and exacerbated by the coronavirus. One family member of an incarcerated person wrote to us, “This is a death sentence that no one will be able to fix in time.”

In this report, we provide background information about the heightened vulnerability of people in prison; information about infection rates in prisons in New York, as compared to other populations; information that we have gathered about the official response by the New York State Department of Corrections and Community Supervision (DOCCS) and by Governor Andrew Cuomo; a description of our survey methodology; and our findings, data analysis, and discussion.

BACKGROUND

In early March, CANY released a monitoring report¹ which cited the troubling finding that nearly 74% (n=227) of incarcerated people who responded to our survey reported being unable to receive medical care when they needed it in the prior one year period. This survey was conducted in late summer and early fall 2019, months before the coronavirus pandemic. It is this context, in addition to the inability of incarcerated people to observe social distancing guidelines,² that leads medical experts to conclude that the coronavirus will disproportionately impact incarcerated people, who are already at higher risk due to increased prevalence of chronic medical conditions^{3, 4, 5}.

These concerns are amplified by findings from the Centers for Disease Control that “suggest a disproportionate burden of illness and death among racial and ethnic minority groups”⁶. In the general population, Black Americans are thought to be harder hit by the virus for reasons that include higher rates of underlying medical conditions, uneven access to information, and greater likelihood of living in dense, multigenerational households⁷. As of January 1, 2020, people identified as Black

1 CANY. (2020). Connection with the outside world: Prison Monitoring and Findings (p. 16) Brooklyn, NY.

2 <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

3 Wilper AP, Woolhandler S, Boyd JW, Lasser KE, McCormick D, et al. 2009. The health and health care of US prisoners: results of a nationwide survey. *Am. J. Public Health* 99: 666–72

4 Dumont, Dora, Brockmann, Brad, Dickman, Samuel, Alexander, Nicole, Rich, Josiah. (2012). Public Health and the Epidemic of Incarceration. *Annual Review of Public Health*. 33:1. 325-339.

5 Binswanger IA, Krueger PM, Steiner JF. 2009. Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population. *J. Epidemiol. Community Health* 63: 912–19.

6 <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

7 <https://www.washingtonpost.com/politics/2020/04/10/4-reasons-coronavirus-is-hitting-black-communities-so-hard/>

BACKGROUND

TABLE 1. RACE AND ETHNICITY OF PEOPLE INCARCERATED IN NEW YORK STATE PRISONS.

RACE	HISPANIC	NON-HISPANIC	UNKNOWN	TOTAL
ASIAN	3 0.01%	250 0.58%	3 0.01%	256 0.59%
BLACK	1,816 4.20%	21,270 49.20%	44 0.10%	23,130 53.50%
NATIVE AMERICAN	160 0.37%	419 0.97%	1 0.00%	580 1.34%
OTHER	4,894 11.32%	611 1.41%	7 0.02%	5,512 12.75%
UNKNOWN	130 0.30%	30 0.07%	168 0.39%	328 0.76%
WHITE	2,889 6.68%	10,508 24.30%	32 0.07%	13,429 31.06%
TOTAL	9,892	33,088	14	43,325

non-Hispanic alone made up 49.2% of the New York prison population⁸ (see Table 1). In other words, people in prison in New York State face compounded risk factors in a pandemic.

RATES OF INFECTION

In the early days of the COVID-19 crisis in the United States, medical doctors⁹, lawyers¹⁰, advocates¹¹, prosecutors¹², and corrections officials¹³ warned of the dangers of the virus inside prisons and jails, which have been described by experts as “petri dishes” for the disease, and called for swift action to dramatically reduce the number of people incarcerated. As of May 18, 2020, DOCCS had reported 465 confirmed cases of COVID-19 and 16 deaths among incarcerated people and 1,206 confirmed cases among staff. DOCCS prisons collectively held 40,135 people as of May 18, down from 43,235 or 7.17% since January 1, 2020, a reduction likely attributable to halted intake to prisons from county jails.

Table 2 shows the infection rates among incarcerated people at the ten New York State prisons with the highest infection per capita. To calculate the rates of infection by prison, we divided each prison’s May 18, 2020 COVID-19 infection data by its respective May 18, 2020 population counts. For comparison, the rates of infection for the United States as a whole, New York State, New York City, and Rikers Island

8 According to DOCCS Under Custody data for January 1, 2020. Race and ethnicity categories are those used by DOCCS.

9 <https://www.nydailynews.com/opinion/ny-oped-why-we-must-reduce-jail-populations-now-20200319-d456pialmfa6ngctxk6rwaopci-story.html>

10 <https://www.nydailynews.com/opinion/ny-oped-let-vulnerable-people-out-of-federal-prisons-20200414-zk7uqy7cxjbmffz43nwbun5qq-story.html>

11 <https://www.lohud.com/story/opinion/2020/03/18/clemency-needed-new-york-prisoners-exposed-covid-19/2865285001/>

12 <https://www.nytimes.com/2020/03/30/opinion/nyc-prison-release-covid.html>

13 <https://theappeal.org/a-public-health-doctor-and-head-of-corrections-agree-we-must-immediately-release-people-from-jails-and-prisons/>

RATES OF INFECTION

(whose high infection rate has been widely publicized) are shown in Table 3. Notably, the reported infection rate at Otisville Correctional Facility is over 8%, not much lower than the reported 9.23% infection rate at Rikers Island. Furthermore, all ten prisons listed in the table report higher rates of infection than the general NYS population, and the six prisons with the highest rates of infection report more than double the NYS infection rate.

TABLE 2. TEN NEW YORK PRISONS WITH THE HIGHEST RATES OF COVID-19 INFECTION

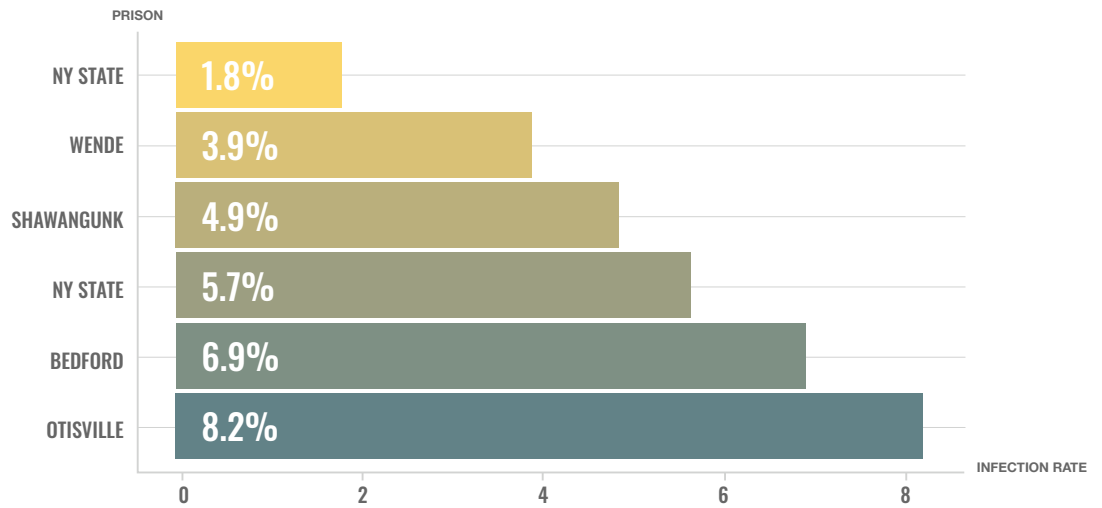
PRISON	RATES OF INFECTION	# OF POSITIVE TEST RESULTS	POPULATION SIZE
OTISVILLE	8.227%	45	547
BEDFORD HILLS	6.942%	42	605
FISHKILL	5.716%	85	1487
SHAWANGUNK	4.883%	23	471
WENDE	3.911%	28	716
SING SING	3.815%	51	1337
WALLKILL	3.543%	18	508
SULLIVAN	3.383%	16	473
GREEN HAVEN	2.75%	49	1782
GREAT MEADOW	2.664%	37	1389

TABLE 3. BENCHMARK INFECTION RATES FOR MAY 18, 2020

REGION	RATES OF INFECTION	# OF POSITIVE TEST RESULTS	POPULATION SIZE
U.S.	0.45%	1,478,679	328,239,523
NYS	1.83%	355,037	19,453,561
NYC	2.27%	190,316	8,398,748
Rikers	9.23%	365	3954

RATES OF INFECTION

FIGURE 1. NY STATE COVID-19 INFECTION RATE VS SELECTED NY STATE PRISONS, AS OF MAY 18, 2020



DOCCS
RESPONSE TO
COVID-19

Since March 14, 2020, when DOCCS suspended visits¹⁴ at the state’s 52 prisons in an effort to reduce the spread of COVID-19, CANY has sought to document the impact of the pandemic on prisons in New York and DOCCS’ response. To date, CANY has participated in five conference calls¹⁵ with senior DOCCS officials about the state’s response to the pandemic in prison. During these calls, which have been informative and detailed, CANY has posed questions about facility protocols, availability of tests and personal protective equipment, numbers of confirmed cases and deaths, and a host of other issues. We have also reported issues to DOCCS that have been reported to us by people in prison, their family members and friends, and by advocacy groups and service providers working across the state.

CANY has issued a set of 32 recommendations¹⁶ to Governor Andrew Cuomo and DOCCS which urge transparency, adherence to public health guidelines, adjustments to operational policy or practice, and broad-based clemency and early release. As of May 18, 2020, to the best of our knowledge and as reported by DOCCS, the following recommendations made by CANY have been implemented, in some cases partially:

- **Recommendation:** Update the DOCCS website to include the number of incarcerated people who have tested positive for COVID-19 by facility.
- **Action Taken:** DOCCS publishes a COVID-19 Report on its website with this information: <https://doccs.ny.gov/doccs-covid-19-report>.
- **Recommendation:** Publish basic information about conditions, treatment, and operations.
- **Action Taken:** High level information about changes to protocols, programs, visiting, and other measures taken is also available on the COVID-19 Report website.

14 <https://doccs.ny.gov/visitation-suspension-details-community-supervision-restrictions-office-visits>
 15 Dates of calls were: 3/14/2020, 3/31/2020, 4/9/2020, 4/23/2020, and 5/11/2020.
 16 <https://www.canyxcovid19.org/monitoring>

**DOCS RESPONSE
TO COVID-19**

- **Recommendation:** Institute a weekly conference call with advocacy and legal services organizations to discuss the latest updates and concerns.
- **Action Taken:** CANY participates in periodic (nearly bi-weekly) conference calls with senior DOCCS officials, along with a small number of other advocacy and legal services organizations.

- **Recommendation:** Make all phone calls and secure messages free for the duration of the COVID-19 crisis.
- **Action Taken:** DOCCS negotiated with their vendors to provide three free 30 minute phone calls each week and two free secure messages per week for "incarcerated individuals with access to a general confinement tablet" through Saturday, June 6, 2020.

- **Recommendation:** Ensure that people in Special Housing Units (SHU) are afforded free phone calls each week along with the rest of general population.
- **Action Taken:** According to DOCCS, as of April 23, 2020, individuals in SHU can make one free phone call using tablets.

- **Recommendation:** Pass out facemasks to all incarcerated people.
- **Action Taken:** As of May 11, 2020, DOCCS reported that it will distribute three facemasks to every person in prison, including surgical masks and fabric masks.

- **Recommendation:** Allow members of the public to mail/donate facemasks to the incarcerated population, if DOCCS will not provide them.
- **Action Taken:** DOCCS accepted a donation from the New York Consortium for Higher Education in Prison (NYCHEP) to provide masks for every incarcerated person. As of May 11, 2020, DOCCS had received 9,000 masks.

- **Recommendation:** Discipline staff who remove their facemasks while working in any area of a facility where incarcerated people are present.
- **Action Taken:** DOCCS has reported that the Office of Special Investigations inspects prisons every week to ensure compliance with the Commissioner's memos and health practices regarding COVID-19. If staff are observed not wearing masks, they are subject to loss of preferred position and are ineligible for overtime.

- **Recommendation:** Test staff for symptoms every day prior to being admitted entry into the facility.
- **Action Taken:** DOCCS reports that all employees are screened for symptoms of COVID-19 prior to entry to the prison.

GOVERNOR CUOMO'S RESPONSE TO COVID-19 IN PRISONS

CANY joined many other groups in calling for broad-based clemency and early release from the outset of the crisis. To date, Governor Cuomo has not exercised his clemency power to commute the sentences of any individuals in state prison in light of the risk of the spread of the coronavirus.

Instead, Governor Cuomo authorized the release of up to 1,100 people held in county jails on technical parole violations and authorized DOCCS to release individuals¹⁷ who meet the following criteria: are within 90 days of their release date; were not convicted of a violent or sex offense; and have a place to live. As of May 11, 2020, according to DOCCS, 164 individuals had been released early from prison under these criteria (which initially only applied to people age 55 or older). DOCCS reports that up to 1,000 people will be released early under these criteria.

On March 30, 2020, the World Health Organization (WHO) issued guidance during a press conference¹⁸ that encouraged increased testing among populations reporting higher than 10% infection rates, "as a general benchmark of a system that's doing enough testing to pick up all cases." The May 18, 2020 rate of positive tests within DOCCS is 63.5%¹⁹, more than six times higher than the benchmark articulated by the WHO. A May 16, 2020 news article²⁰ reported that Governor Cuomo had recently announced increased testing across the state, including in prisons. As of May 21, 2020, CANY has not received any additional information from the Executive Chamber about implementation of expanded testing in state prisons.

SURVEY METHODOLOGY

Early reports CANY received by mail, email, and telephone from incarcerated people and their family members suggest that DOCCS policy is not being uniformly implemented across all 52 prisons. In a recent interview with the Brennan Center for Justice²¹, Dr. Homer Venters – a physician, epidemiologist, and the former chief medical officer of NYC Correctional Health Services, which provides medical services in all New York City jails – described the toll of COVID-19 on jails and prisons. "There is an enormous disconnect between what's being reported publicly and what people are actually experiencing in jails and prisons," Dr. Venters said. "None of that should surprise anybody who knows the criminal justice system."

In an effort to understand the extent of this disconnect in New York's prisons, CANY launched a survey on our website dedicated to the coronavirus crisis.²² The survey, which was designed for family and friends of people in prison in New York, included yes/no, multiple choice, and open-ended questions about physical and mental health concerns; communication by phone, mail, and secure email messages; and perceptions of the state's response to the health crisis. CANY collected responses between April 12 and April 27, 2020. We received 91 responses to the survey from friends and family members of people incarcerated at 27 different state prisons²³. To analyze the data, responses from the survey were tallied and open-ended comments

17 Pursuant to Correction Law 73.

18 <https://twitter.com/WHO/status/1244637360706342917>

19 There were 465 total positive tests and 267 negative tests as of May 18, 2020.

20 <https://romesentinel.com/stories/more-covid-testing-will-include-prisons-cuomo-says,98202>

21 <https://www.brennancenter.org/our-work/analysis-opinion/covid-19-continues-its-toll-jails-and-prisons>

22 www.canyxcovid19.org

23 Responses were made by people connected to individuals incarcerated at Adirondack, Albion, Attica, Auburn, Bedford Hills, Coxsackie, Clinton, Eastern, Elmira, Five Points, Fishkill, Franklin, Gouverneur, Gowanda, Green Haven, Greene, Groveland, Hale Creek, Mid-State, Mohawk, Orleans, Otisville, Shawangunk, Southport, Wende, Woodbourne, and Wyoming.

SURVEY METHODOLOGY

were coded for themes. We present our quantitative findings below, and use our qualitative analysis to illustrate the respondents' reports of conditions within New York's prisons, as well as commonly expressed perspectives on DOCCS's response to COVID-19.

CANY targeted this group of respondents for several reasons. First, family members and friends of people in prison are often those in closest contact with and most actively involved in caring for their incarcerated loved ones, as suggested by the title of this report.²⁴ Second, during the first two months of the pandemic in New York, CANY did not conduct prison monitoring visits in order to protect the health of our staff, incarcerated people, and essential workers in the prisons. Finally, mail processing in prisons across the state seems to have been impacted by the crisis, which has in turn impacted our ability to receive reports directly from incarcerated people. Although DOCCS has reported to us that mail is being processed as usual, we have seen a precipitous decline since mid-March in the number of letters we typically receive from incarcerated people: for the one-year period prior to the pandemic, we received an average of 65 letters per week; since March 16, we have received an average of just six letters per week.

We recognize that the survey dataset used in this report derives from a self-selected sample that is not necessarily representative of the experience of all individuals incarcerated in New York. However, the similarity in responses describing conditions across facilities provides some data triangulation, and some of the experiences have been publicly corroborated by DOCCS itself, such as the issuance of handkerchiefs to be used as face coverings.

FINDINGS

Our survey points to several areas where official policy is not reflected in the lived experience of incarcerated people. We found that family members, friends, and incarcerated people themselves are deeply concerned about potential COVID-19 infection and fear that if infected, their capacity to fight the virus will be impeded by pre-existing medical conditions and lack of access to medical care. This concern is exacerbated by the lack of confidence in DOCCS's response to the pandemic within its prisons; there is a widespread perception that DOCCS is failing to follow guidelines to mitigate the spread of and treatment for COVID-19.

We also found that in addition to concerns about their loved ones' physical health, respondents fear for the mental and emotional health of those in New York prisons. Survey responses indicate many incarcerated individuals are suffering from diagnosed, but inadequately treated, mental and emotional disorders, which have been adversely impacted by either a discontinuation of medication and care, or by the additional stress and fear caused by the health crisis. COVID-19, as well as what is perceived to be a poor response by DOCCS, has also created a climate of fear and anxiety among many incarcerated individuals, as well as their families and friends. Respondents used dire language to convey their concern for their loved ones throughout their open-ended comments, which indicate their sense of urgency to garner attention from DOCCS to protect incarcerated people and release those who are most vulnerable.

²⁴ Extensive research has demonstrated the benefits to both families and incarcerated people of maintaining strong ties during imprisonment, including reduced recidivism, reincarceration, and substance use. See, for example, Christian, Johnna, et al. "Social and Economic Implications of Family Connections to Prisoners." *Journal of Criminal Justice*, vol. 34, no. 4, July 2006, pp. 443–452. EBSCOhost, doi:10.1016/j.jcrimjus.2006.05.010; Mowen, T. J., & Visher, C. A. (2016). Changing the Ties that Bind. *Criminology & Public Policy*, 15(2), 503–528. <https://doi-org.ez.lib.jjay.cuny.edu/10.1111/1745-9133.12207>; Farmer, M. (2017). The importance of strengthening prisoners' family ties to prevent reoffending and reduce intergenerational crime. Ministry of Justice.

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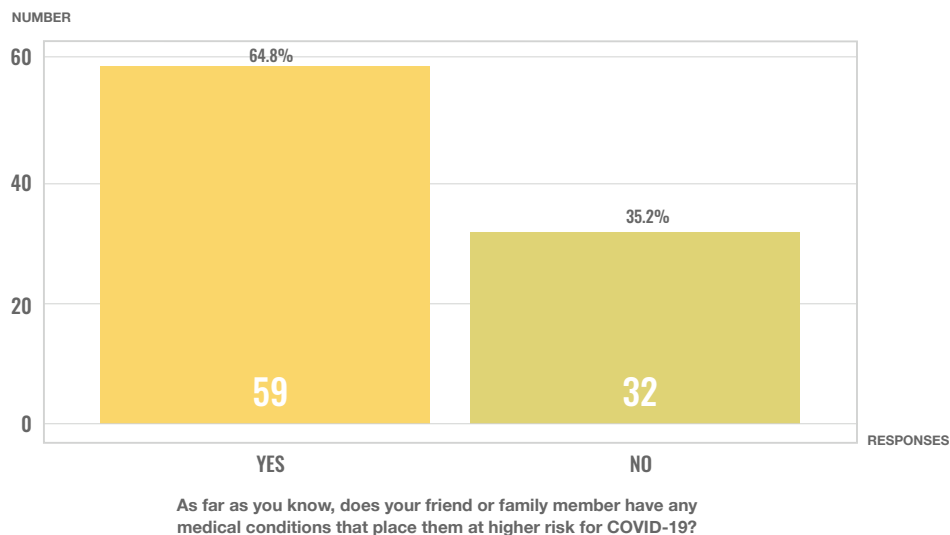
Moreover, our survey found that amidst this climate of anxiety, communication between incarcerated people and those who care about them outside the prison walls has been significantly disrupted and, in some cases, nonexistent.²⁵ This lack of communication has served to heighten the fear that incarcerated people and their families are experiencing.

Finally, their loved ones report that DOCCS is not implementing sufficient measures to combat COVID-19. This concern, combined with reports of pre-existing unsafe and unsanitary conditions within DOCCS's facilities²⁶, have confirmed a belief among many respondents that DOCCS staff is indifferent to the suffering of people in prison, or in some cases, inflicting intentional cruelty upon them amidst the virus.^{27, 28, 29} This belief, the lack of regular and predictable communication between incarcerated people and their loved ones, and the longstanding and well-documented inadequacy of medical services in New York prisons have culminated in a high level of distrust in DOCCS to properly care for incarcerated people during this pandemic.

PHYSICAL HEALTH

The majority of respondents (64.8% of respondents, n=59) reported that their loved one has a medical condition that places them at higher risk for complications from COVID-19 (see Figure 2).

FIGURE 2. PERCENTAGE OF RESPONDENTS REPORTING HIGH-RISK MEDICAL CONDITIONS



25 The suspension of visiting at prisons has been extended to June 1, 2020. <https://doccs.ny.gov/doccs-covid-19-report#new-protocols>

26 CANY. (2020). Connection with the outside world: Prison Monitoring and Findings (p. 14) Brooklyn, NY.

27 Armstrong, A. C. (2019). The Missing Link: Jail and Prison Conditions in Criminal Justice Reform.

28 Busko, A., Soe-Lin, H., Barber, C., Rattan, R., King, R., & Zakrisson, T. L. (2019). Postmortem incidence of acute surgical-and trauma-associated pathologic conditions in prison inmates in Miami Dade County, Florida. *JAMA surgery*, 154(1), 87-88.

29 De Avila, C., Fonseca, M., Gonzalez, L., & Lutrick, L. (2019, February). From Fields to Cells: A Discussion on how the US Prison System is Today's Slavery. In *Iowa State Conference on Race and Ethnicity* (Vol. 20, No. 1). ISCORE.

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Our qualitative analysis also revealed that respondents are concerned about a number of serious health issues which are known to be risk factors for those infected with COVID-19³⁰. In open-ended comments, respondents worried that underlying physical and mental health problems would exacerbate the effects of COVID-19 if their family member or friend should become infected. Among these were cardiovascular disease, cancer, asthma, chronic obstructive pulmonary disease (COPD), and multiple mental health disorders such as schizophrenia, bipolar disorder, and anxiety/depression.

One respondent described the plight of one incarcerated man in stark terms: "He has a collapsed lung and if he gets infected he could die." Another, expressing concern for her husband, said he has "high blood pressure; [he is] over 50 years old; [he has] Asthma; [he is] prone to respiratory illnesses - he has outside clearance and work release and should be released so his life isn't at risk. He has a home to go to." Other respondents reported a suspension and/or denial of needed medical services to treat underlying medical conditions. One person wrote, "My son has medical needs and all are being neglected. He has not seen a medical provider to refill prescriptions and is completely out of his meds. I pray my son's health won't continue to deteriorate while being subjected to such poor, inhumane care and neglect by staff and medical personnel."

PREVENTION AND PROTECTION MEASURES

These fears are compounded by what survey respondents report to be limited access to hand sanitizer (see Figure 3) and other protective measures such as masks. Additionally, respondents expressed concern that the congregate nature of prison life would not allow for sufficient social distancing, and that people known to be infected were being housed with those who were not, or returned from quarantine without being tested first. Nearly half (43%, n=40) of respondents reported that corrections staff had taken no action to mitigate the spread of the virus. Another 24% (n=22) reported very limited or late implementation of the mitigation strategies which were sanctioned by DOCCS policy (e.g., use of handkerchief or mask, availability of bleach for cleaning, and isolating people with symptoms).

One specific example a respondent shared illustrated the unsanitary conditions incarcerated people are reporting to their friends and family. "These incarcerated people share the phone that isn't properly sanitized, if at all, after each use, they share the kiosk and it isn't being disinfected after each use."

Worried about the consequences of such conditions, one respondent implored, "I feel all [incarcerated people] should have access to something to protect them. Even the mentally ill! I was told they had absolutely nothing!! Just give them their basic human rights please. It's not like they can run and hide from this. Please just give them masks and sanitizer." And another said, "People [are] getting sick and left to suffer without proper medical treatment."

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FIGURE 3. PERCENTAGE OF THOSE REPORTING AVAILABILITY OF HAND SANITIZER

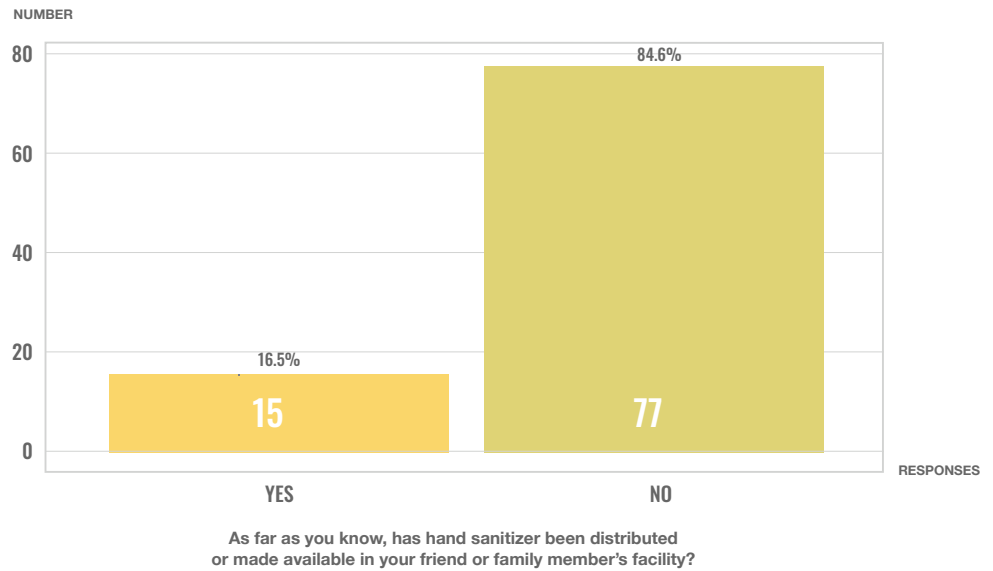
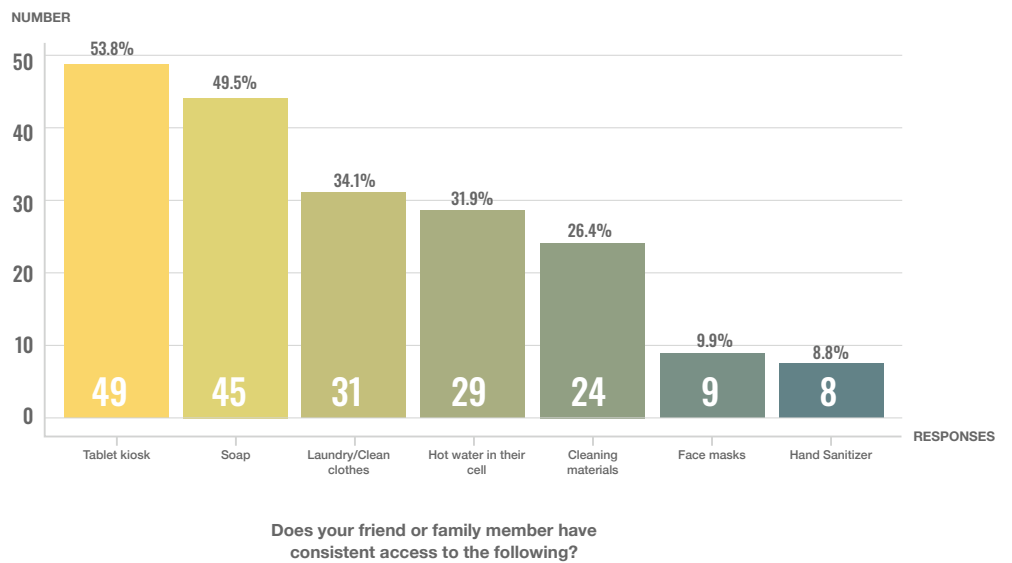


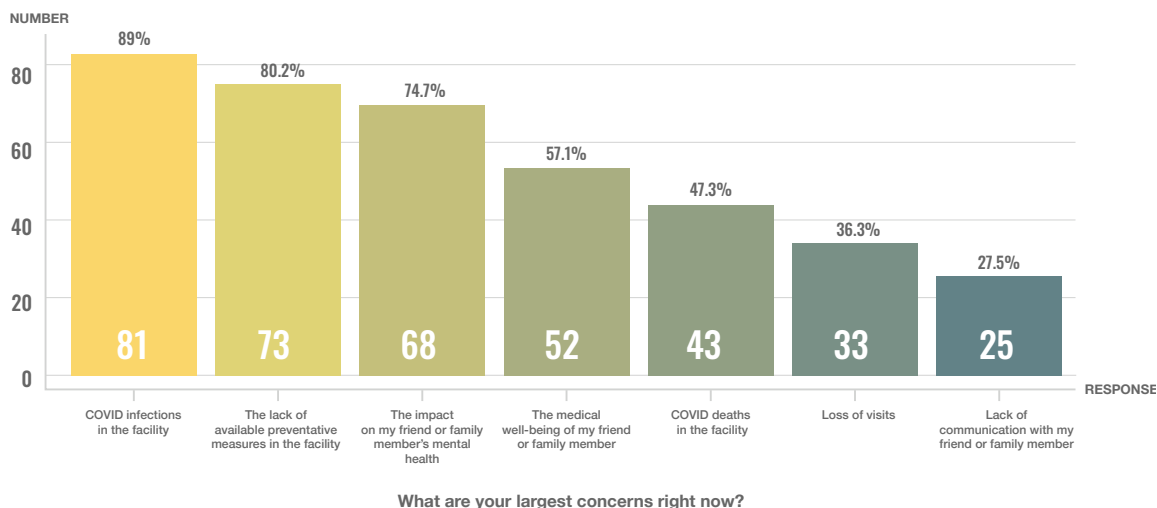
FIGURE 4. ACCESS TO HYGIENE AND COMMUNICATION ITEMS



Lack of access to adequate hygiene items has translated into deep concern for incarcerated people's risk of infection. Figure 5 shows that 89% of respondents (n=81) indicated that one of their greatest concerns was the spread of COVID-19 infections in a DOCCS prison, and 80.2% (n=73) said they were concerned about the lack of available preventative measures. Likely as a result of concerns about the virus and the lack of measures taken to mitigate its spread, worries about the medical well-being of incarcerated people were among the greatest concerns for 57.1% (n=52) of respondents. Furthermore, nearly half, 47.3% (n=43), cited COVID-19 deaths as an area of great concern.

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FIGURE 5. RESPONDENTS' AREAS OF GREATEST CONCERN



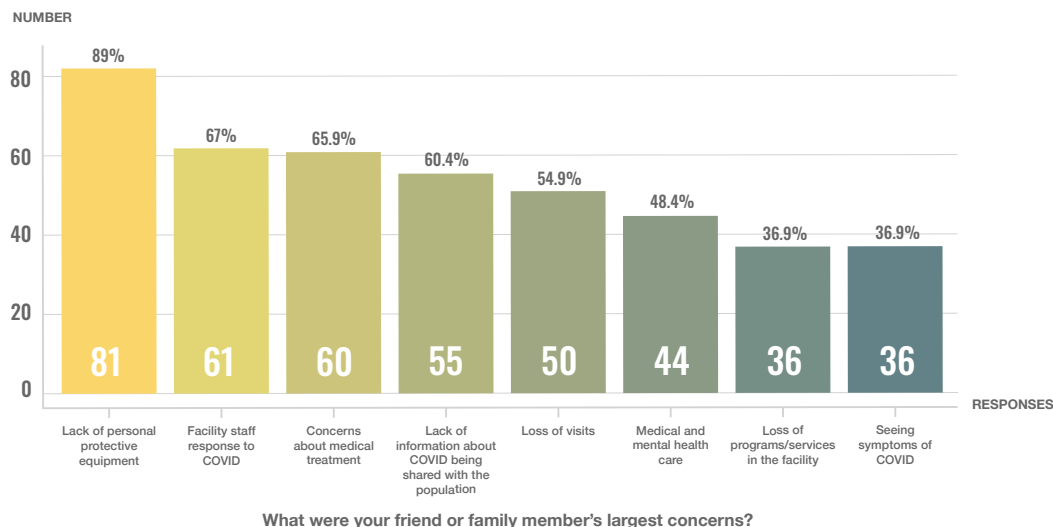
These areas of concern were mirrored in the reported concerns of incarcerated people themselves. Ninety percent of respondents indicated that their incarcerated family member or friend was most concerned about a lack of protective equipment such as masks and gloves to help stop the spread of COVID-19 in the prison in which they are housed. They were also concerned about medical care and the overall response of DOCCS staff to the crisis. These concerns were amplified by a paradoxical situation in which incarcerated people have reported seeing people around them who are experiencing symptoms of COVID-19, but at the same time are being given limited official information about the disease: 60.4% (n=55) of respondents say their loved one is concerned about the lack of information about COVID-19 being shared with incarcerated people (see Figure 6).

Further, in response to the open-ended question, What has your friend or family member told you about how their facility is responding to COVID-19?, many respondents indicated a lack of communication to incarcerated individuals about the virus. Examples of responses to this question include, “they know very little,” “he has not been told,” and “[t]he facility is not providing enough information on Covid.” This lack of communication has presumably increased the fear among those in prison, as they, like the general public, face an invisible threat, but do not have access to even basic information about the disease, how seriously it is affecting their facility, or how DOCCS staff are responding. As one respondent told us, “DOCCS released statistics do not do us any good because they have stopped releasing them by facility -- this is about as useful as knowing how many cases there are in the U.S. without knowing how many, if any, are in my state or city.”³¹

31 DOCCS has subsequently begun to release facility-specific data: <https://doccs.ny.gov/doccs-covid-19-confirmed-facility-5132020>

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FIGURE 6. INCARCERATED PEOPLE'S AREAS OF GREATEST CONCERN



MENTAL AND EMOTIONAL HEALTH

Respondents whose loved ones suffer from mental and emotional illness reported a particular lack of attention to mental health issues during this crisis. One respondent told us there are “inconsistencies in dispensing mental health medications,” and that “[psych] meds [are] being denied if [an] inmate is on a ‘callout.’” They worried that such neglect would further endanger loved ones with mental health issues. One respondent wrote, “She has serious psychological issues and I worry about them being met now AND about her contracting COVID-19”; another wrote, “My son is autistic, and often doesn’t pick up on normal social cues or express emotions, so for him to express being very afraid is unusual. He has needed major medical care in the past and knows that he probably won’t be attended.”

Other respondents worried for the mental and emotional health of their loved ones without official diagnoses. Nearly three-quarters of respondents (74.7% or n=68) expressed that one of their greatest concerns was for their loved ones’ mental health, notably 18% higher than the percentage that indicated that their greatest concern was for the medical well-being of their friend or family member (see Figure 5). Fear that the crisis was creating panic among incarcerated people was common, and was articulated by a respondent who predicted, “On top of the real threat of the virus, Corrections staff does not have the resources to handle the mental health issues of panic and desperation as the men realize they are trapped and left to die.”

FINDINGS

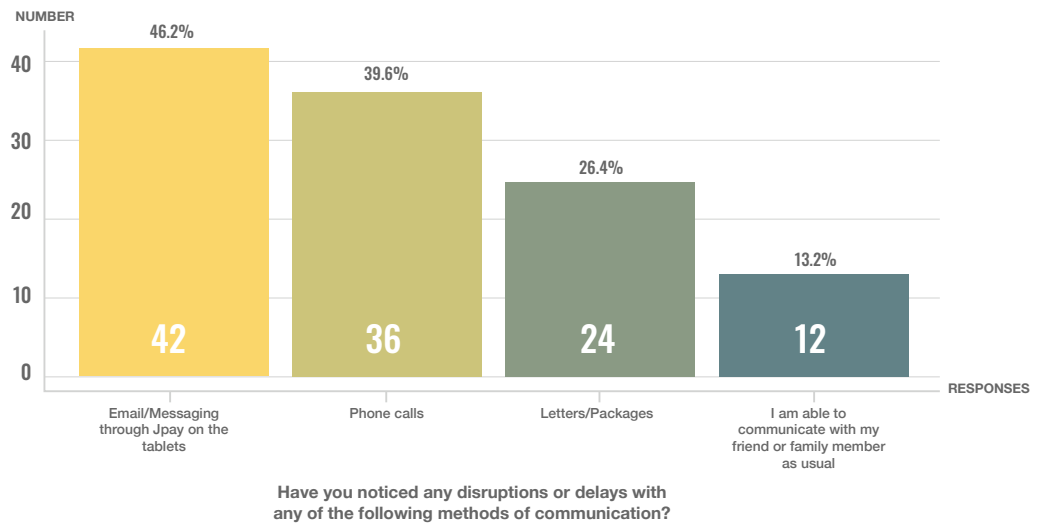
Yet other respondents acknowledged the strain the worry for their loved ones was placing on their own mental health. One person described the impact the prison system has had on a loved one and the acute worry for him the pandemic has caused:

My loved one went into prison having just turned 18 years old with mental health issues. 5 years immersed in a violent and chaotic environment with a lack of meaningful therapeutic and educational programming has taken a toll. He was kept in some form of Solitary Confinement for 3 of the nearly 5 years he has been incarcerated. He has suffered unimaginable horrors, many at the hands of Corrections Officers. He is now classified by DOCCS as a person with severe mental health issues. He was a kid with a profound history of trauma. The "criminal justice" system has destroyed parts of him that I am afraid will never recover. I have painfully witnessed the warmth, joy, light and humanity be drained from his soul. Now he is so close to coming home and he is left vulnerable to contracting Covid 19 and dying alone in that hell hole. This thought is not good for any of our mental health.

COMMUNICATION

In addition to concerns about their loved ones' physical, mental and emotional health, respondents told us that communication with their loved ones had been significantly disrupted. The overwhelming majority of respondents reported disruptions or delays in communication with their loved ones. Only 13.2% (n=12) reported that communication was commensurate with pre-COVID levels, while nearly half of respondents (46.2%, n=42) said access to email and messaging loved ones had been disrupted or delayed and nearly 40% (n=36) said phone calls had been. Moreover, 26.4% (n=24) reported interruptions in communication via letters and packages (see Figure 7).

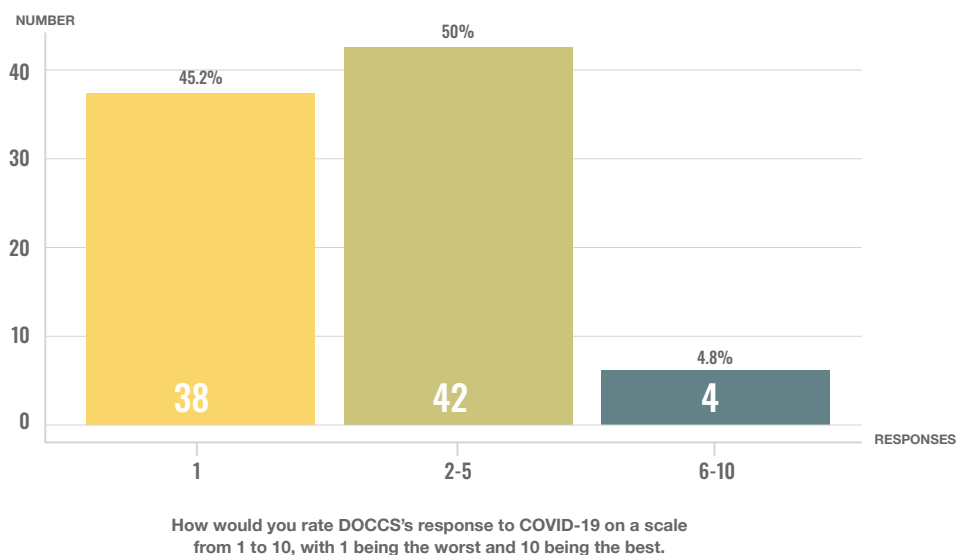
FIGURE 7. DISRUPTIONS AND DELAYS IN COMMUNICATION BY TYPE



FINDINGS

Given the skepticism and fear expressed about DOCCS's response to the COVID-19 crisis, it is not surprising that respondents gave low ratings to DOCCS's response. On a scale of 1 to 10, with 1 being the worst possible response and 10 being the best possible response, 45.2% (n=38) of respondents rated DOCCS's performance a "1," and 95% of respondents gave a rating under 5 (see Figure 8).

FIGURE 8. SATISFACTION WITH DOCCS'S RESPONSE TO COVID-19



Many of the comments included pleas for help for their loved ones, including pleas for clemency and early release. Many conveyed a sense that such pleas would fall on deaf ears. Of the 91 respondents, more than a quarter indicated that they perceived DOCCS to be indifferent to the plight of incarcerated people and/or DOCCS staff to be intentionally cruel. One respondent wrote, "The officers do nothing but play cards day and night. Don't want to be bothered for showers, calls nothing." Several respondents described the ways in which DOCCS's response has highlighted what they believe is a culture of cruelty within some DOCCS facilities. One person worried, "My Husband is housed in an open dorm with 59 men that have beds only 2-3 ft apart. His mess hall job exposes him more so to staff & peers. Staff told him if he submits for a change of program - he'll get a ticket." Another person told us, "People who were already being mistreated are suffering above and beyond on top of the COVID-19 issue and are more scared of further mistreatment. The infection is coming from the outside, but the population on the inside is being blamed, and the facilities are not equipped to accommodate them."

DISCUSSION

The foregoing results suggest that COVID-19 has already taken a toll on the physical and mental health of New Yorkers incarcerated in state prisons and the people who care about them. The results may pre-date some of the steps DOCCS has since reported taking regarding facemasks and hand sanitizer for incarcerated people. Specifically, on or about April 9, 2020, DOCCS allowed incarcerated people to use their state-issued handkerchiefs as face coverings.³² On that same date, DOCCS also confirmed that hand sanitizer dispensers had been delivered and installed at each

DISCUSSION

prison for use by incarcerated people. While the survey responses were collected between April 12 and April 26, it is possible that some prisons were delayed in implementing these new directives. As of May 11, DOCCS confirmed that it had begun to receive and distribute to all incarcerated people washable, cloth facemasks that were donated by the New York Consortium for Higher Education in Prison (NYCHEP).

Even allowing for differences in timing of new safety measures, the survey responses otherwise suggest a disconnect between what DOCCS has reported is happening in prisons and what the friends and family of incarcerated people perceive is happening. While there are many commonalities in these responses, there is also variation in responses from individuals writing about different facilities, which suggests that the response to COVID-19 has not been implemented uniformly across prisons. For example, one respondent wrote, "Prison is prison but not all the same issues I have 2 people in prison the men's facility are very bad the women's are a little better and probably less crowded." This variation may also be related to the reality that certain prisons have been harder hit by the virus (see Figure 2).

These findings highlight the need for greater transparency and communication from Governor Cuomo and DOCCS about their response to COVID-19 in state prisons. They also suggest the need for more consistent implementation and stronger quality assurance practices to address and reduce the impact of COVID-19 in the NYS prison system. Our findings also strongly corroborate ample evidence of heightened vulnerability of people in prison and the need to dramatically reduce the number of people incarcerated.

More broadly, the foregoing data and analysis point to significant distrust among the families and friends of incarcerated people – a distrust in state government to provide adequate care for people in prison. The responses we received from family members and friends did not suggest expectations for special treatment or extraordinary measures. As one incarcerated person wrote to us in March 2020, "I am 64 years old and *I want to protect myself like anyone else*. I want to make it out of prison like I came in" (emphasis added). The family and friends of incarcerated people want protection for their loved ones, like anyone else.

HE HAS A HOME TO GO TO

FAMILY AND FRIENDS OF PEOPLE
IN PRISON IN NEW YORK RESPOND
TO CANY'S COVID-19 SURVEY

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