

AN ANALYSIS OF PRE-VACCINE COVID-19 DEATHS IN ILLINOIS JAILS AND PRISONS



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Abstract: In this study, researchers analyzed Illinois jail and prison deaths that occurred between January 2020 and February 2021 to determine COVID-19 mortality among incarcerated populations pre-vaccine availability. They found over 40% of the 242 deaths occurring in Illinois correctional facilities during that time were COVID-19-related. Most of these deaths occurred in prisons, with seven of the state's 28 prisons accounting for over half of them. The rate of positive cases per 100 persons was about four times higher among people in prison than those in the general Illinois population. This article explores policies and procedures to reduce COVID-19 death and infection, such as vaccine administration and medical furloughs.

Introduction

COVID-19 is a highly contagious virus and new, more dangerous strains have been detected in the United States since late 2020.¹ COVID-19 spreads quickly among groups of people, putting incarcerated populations at increased risk for infection. Although jail and prison visitors were restricted at the pandemic's onset, correctional staff passing through the facility each day may have exacerbated the virus's spread. Overcrowding, poor ventilation, and limited supplies may also be contributing factors.² Finally, those held in correctional facilities may be more vulnerable to COVID-19, as they often suffer from chronic health conditions and are older.³

On March, 26, 2020, Georgia documented the first COVID-19-related death of an individual confined in prison.⁴ Illinois also lost its first prison inmate to the virus that March at Stateville Correctional Center.⁵ According to The Marshall Project, as of June 15, 2021, Illinois ranked 27th in prison COVID-19 case rates at 2,955 per 10,000 prisoners, with a total of 10,913 cases.⁶ In addition, Illinois ranked 10th in prison rates of COVID-19 deaths at 24 per 10,000 prisoners with 88 deaths.⁷ One study found that Cook County Jail detainees accounted for 16% of all Illinois COVID-19 cases documented in April 2020.⁸

Since late January 2021, COVID-19 vaccines have become freely available to all persons 12 and older in Illinois, including correctional populations. People held in correctional facilities were included in the "1B" group of Illinois' COVID-19 vaccine distribution plan intended to provide early vaccine doses to those most vulnerable to COVID-19 contraction and death.⁹ By May 2021, 69% of the Illinois Department of Corrections (IDOC) population were fully vaccinated against COVID-19 (S. Shipinski, personal communication, May 21, 2021). To understand the full impact COVID-19 had on correctional populations, we analyzed the period of the pandemic prior to full vaccination of individuals held in correctional facilities.

Using Illinois death in custody data, we examined deaths in county jails and state prisons that have occurred between January 1, 2020, and February 28, 2021, to roughly capture what occurred during the first year of the pandemic. We sought to answer the following research questions:

- What trends can be identified in non-COVID-19 deaths and COVID-19 deaths in Illinois jails and prisons?
- What are the demographic characteristics of those who died from COVID-19 infections while in jail or prison?

Methodology

Data Source

The Death in Custody Reporting Act of 2013 (DICRA)¹⁰ requires states and federal law enforcement agencies to report deaths in custody to the U.S. Department of Justice. ICJIA is the state agency designated to collect and report DICRA data for Illinois and we used this data in our analyses.¹¹ DICRA requires reporting the death of any person who is:

- Detained by law enforcement.
- Under arrest.
- In the process of being arrested.
- En route to being incarcerated or detained.
- Incarcerated at any correctional facility, including contract facilities.

We focused on DICRA reports collected from IDOC on deaths that occurred to those in custody of Illinois state prison facilities and county and municipal jails. Publicly available IDOC data on COVID-19 infections and testing was used to supplement the DICRA data. Publicly available data (e.g., COVID-19 infections and testing) provided by the Illinois Department of Public Health (IDPH) also was analyzed.

We generated descriptive statistics using IBM SPSS Statistics Version 21.0 software to determine statistical associations between variables. We conducted statistical tests (i.e., chi-square tests and independent samples t-tests) to determine the statistical significance of associations between cause of death and categorical and continuous variables.

One limitation of the DICRA data was that some causes of deaths were still being investigated. The cause of death was undetermined or pending in roughly 20% of all jail and prison death cases during the period analyzed ($n = 47$).

Although not included as an explicit research question, we also compared infection rates between the general Illinois population and those in prison. Rates were calculated as positive test results per 100 people. IDOC data indicated that more COVID-19 tests were administered per capita among people held in prison than in the general Illinois population. As testing frequency increases, it becomes more likely that COVID infections will be detected. Despite this explanation, it stands to reason that differences in infection rates between the prison population and general population may be explained by the unique characteristics of prison: numerous persons housed indoors in a situation where contact avoidance is difficult to achieve.

Findings

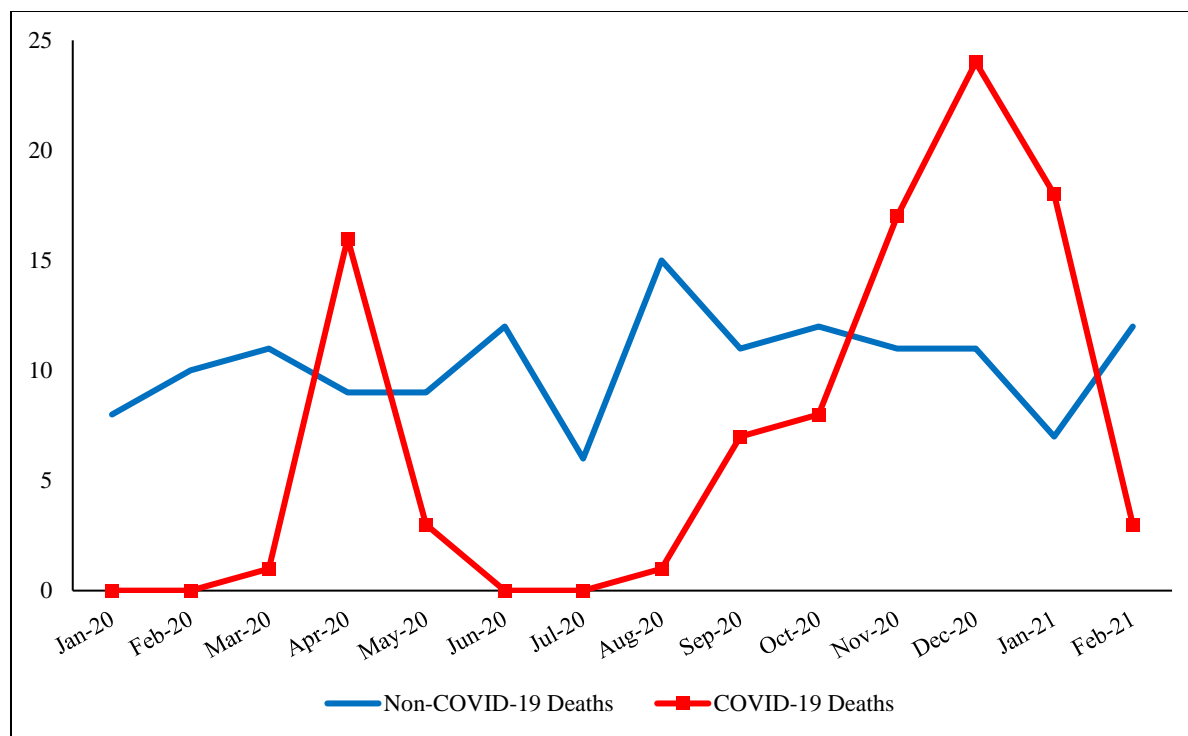
From January 2020 through February 2021, jail and prison administrators recorded 242 deaths of detained individuals. Of those, 98 (41%) were attributed to the effects of COVID-19 infection. A total of 12 deaths occurred among people under custody of county or municipal jails, including 10 in custody of the Cook County Department of Corrections.



4 of **10** deaths within Illinois correctional facilities were due to COVID-19 between January 2020 and February 2021.

Figure 1 shows monthly in-custody COVID-19 and non-COVID-19 death trends from January 2020 to February 2021. While non-COVID-19 deaths remained relatively constant at between six and 15 per month during this period, COVID-19 deaths fluctuated greatly, peaking at 24 in December 2020.

Figure 1
COVID-19- and Non-COVID-19-Related Deaths in Illinois Correctional Facilities, January 2020 to February 2021



Note. ICJIA analysis of IDOC data on deaths in prisons and jails.

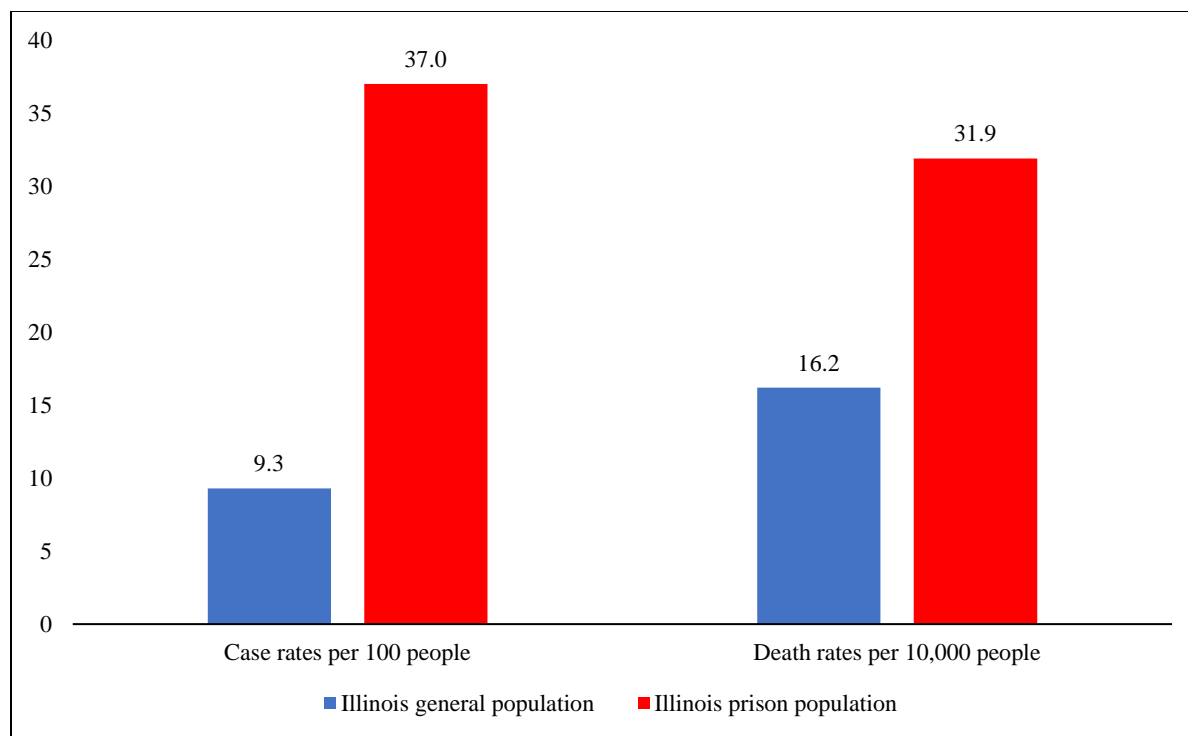
A chi-square test of significance found no relationship between correctional facility type (jail or prison) and cause of death (COVID-19 or non-COVID-19). This suggests that while COVID-19 deaths were higher among people held in prison than those held in jail, the proportion of COVID-19 deaths among all causes were similar.

Between March 2020 and February 2021, more than 18 million COVID-19 tests were administered in Illinois, which had a population of about 12.7 million, and over 325,000 tests were administered to people held in IDOC (population of over 29,000).¹² By the end of February 2021, Illinoisans received an average of 1.4 tests per person; persons incarcerated within IDOC received an average of 11.2 tests per person.¹³

The COVID-19 case rate for incarcerated persons was roughly four times that of the general Illinois population (Figure 2). The COVID-19 death rate for those in IDOC facilities was about twice that of the general Illinois population.

Figure 2

Rates of Positive COVID-19 Cases and Deaths in Correctional Facilities and the General Population in Illinois, January 2020 to February 2021

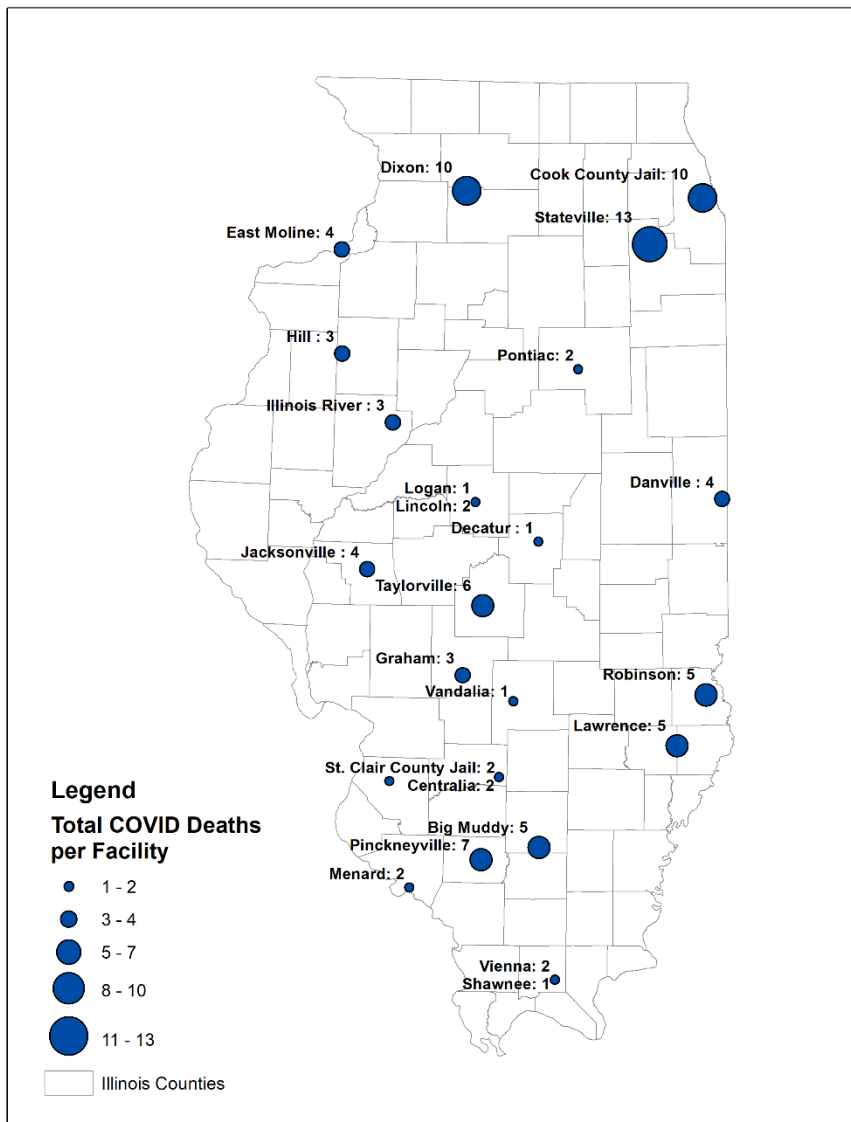


Note. ICJIA analysis of IDOC, IDPH, and U.S. Census Bureau data.

The first prison inmate to die of the virus was in March 2020 at Stateville Correctional Center in northern Illinois. In April 2020, 12 people died of COVID-19 while in custody at Stateville Correctional Center and six died of the virus while in custody at Cook County Jail. Illinois prisons and jails saw few COVID-19-related inmate deaths between late spring and early fall, when statewide deaths began trending up, especially in central and southern Illinois.

Map 1

COVID-19-Related Death Totals in Illinois Correctional Facilities, January 2020 to February 2021



Note. ICJIA analysis of IDOC data on deaths in prisons and jails.

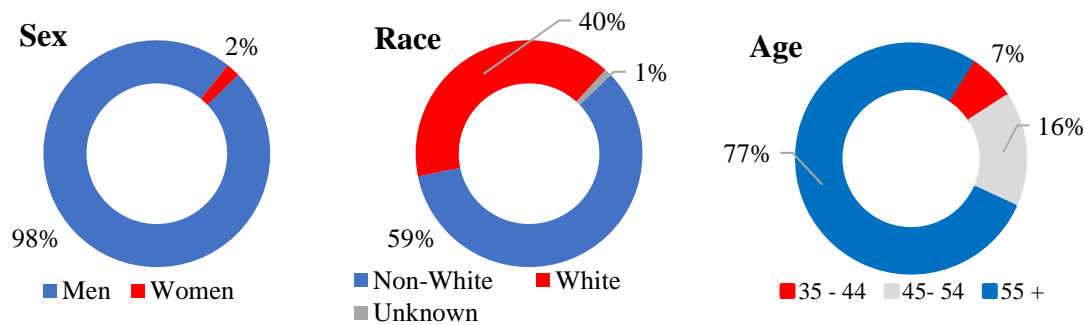
Facilities with the most COVID-19-related deaths during the period analyzed include Stateville Correctional Center ($n = 13$), Dixon Correctional Center ($n = 10$), Cook County Jail ($n = 10$), and Pinckneyville Correctional Center ($n = 7$). In total, 24 facilities lost at least one inmate to COVID-19, and inmates at eight facilities (Big Muddy River, Cook County Jail, Dixon Lawrence, Pinckneyville, Robinson, Stateville, and Taylorville) accounted for nearly two-thirds of all COVID-19 deaths (62%, $n = 61$).

Nearly all those who died of COVID-19 in custody were men (Figure 3) and a majority were non-White (57%; $n = 54$). Black decedents accounted for 48% of all COVID-19 deaths ($n = 45$) and Latino or Hispanic decedents accounted for 10% of COVID-19 deaths ($n = 9$). The mean age of those who died of COVID-19 in custody was 62 years old (median age = 62). The youngest

person to die as a result of a COVID-19 infection while in custody was 35 years old and the oldest was 87. People over the age of 55 accounted for 76% of all COVID-19 deaths in custody.

Figure 3

Demographics of COVID-19 Decedents in Illinois Correctional Facilities, January 2020 to February 2021 (n = 95)



Note. ICJIA analysis of IDOC data on deaths in prisons and jails.

We conducted an independent samples t-test to examine differences in mean age of COVID-19 decedents and non-COVID-19 decedents in Illinois correctional facilities. The mean age of COVID-19 decedents ($M = 62.2$, $SD = 11.2$) was higher than those who died due to other causes ($M = 55.0$, $SD = 15.8$), $t(239.5) = -4.23$, $p < .001$. We found no significant difference in the mean age of prisoners who died from COVID-19 ($M = 62.6$, $SD = 10.8$) compared to jail detainees who died from COVID-19 ($M = 59.6$, $SD = 14.1$), $t(96) = .870$, $p = .386$. However, we did find a significant difference in the mean age of prisoners who died of any cause ($M = 60.1$, $SD = 12.9$) compared to jail detainees who died of any cause ($M = 47.0$, $SD = 17.0$), $t(51.5) = 4.76$, $p < .001$.

Discussion and Implications for Policy and Practice

COVID-19 infections highly contributed to the number of in-custody deaths among people incarcerated in Illinois from January 2020 through February 2021, accounting for 41% of 242 deaths during that period. The number of COVID-19-related in-custody deaths initially spiked in April 2020 but did not grow again until the fall and winter months of 2020 and 2021.

The rate of COVID-19 cases per person in IDOC was roughly four times higher than the rate among people in the Illinois general population. Additionally, the rate of COVID-19 deaths per person in IDOC was twice as high as in the general population. Two factors may have played a role in these findings. First, roughly 11.2 COVID-19 tests were administered per person among those held in IDOC facilities compared to 1.4 given among those within Illinois' general population during the period analyzed. As such, a greater proportion of all COVID-19 cases were recorded among people in prison than in the general population, where people are not generally subjected to more frequent compulsory testing. This may have suppressed the true positive case total within the state's general population. Second, correctional facilities' inherent conditions likely impacted COVID-19 case rates among incarcerated populations. Research suggests COVID-19 spreads quicker in crowded indoor spaces, where social distancing may not be possible and limited airflow allows COVID-19 particles to accumulate.¹⁴

The analysis showed the COVID-19 death rate was twice as high among the IDOC population compared to the general Illinois population. Two compounding reasons may explain this finding. First, the IDOC population sampled was relatively older, with more risk factors than those within the general population. While roughly 25% of the estimated 2019 Illinois general population was younger than 20 years old, less than 0.5% of the Illinois prison population in 2020 was younger than 20 years old, with no one younger than 18 years old in an Illinois prison.¹⁵ In fact, the rate of death as a result of COVID-19 among people younger than 20 in Illinois as of February 2021 was 0.04 per 10,000; for people 20 or older, it was 20.2 per 10,000.¹⁶ Second, prior research has shown that correctional populations tend to suffer more chronic illnesses (e.g., hypertension, asthma, arthritis, cancer) than the general population.¹⁷ and chronic illness is a risk factor for COVID death.¹⁸ As such, the presence of an older/aging population with risk factors making them more susceptible to COVID-19 may have influenced a higher death rate within IDOC.

The data showed a majority of in-custody COVID-19 deaths occurred among people incarcerated in prisons. This may be explained by the nature and function of prisons. Jails typically operate as short-term facilities. As such, those detained in jail who were infected with COVID-19 may have been released from custody or transferred to a prison before the effects of the disease resulted in death. One study found that the short stays in Cook County Jail were associated with 15.7% of COVID-19 cases in Illinois and 15.9% of all cases in Chicago.¹⁹

Another factor that might explain why COVID-19 deaths were more frequent among prison populations than jail populations is that prison populations appear to be older on average. For the entire sample, we found that people who died from COVID-19 were older than those who died of other causes, which was consistent with research indicating older people are more susceptible to COVID-related death.²⁰ Additionally, the data showed no significant difference in mean age between prisoners and jail detainees who died from COVID-19, but jail detainees who died from all causes were significantly younger than prisoners who died from all causes, on average. Given that prison populations tend to be older than jail populations and the national prison population is aging,²¹ people held in prison appear to be more susceptible to death as a result of a COVID-19 infection than those held in jail based on their average ages.²² IDOC reported other potential reasons for more deaths in prisons compared to jails, such as population density (single-celled vs. double-celled arrangements), facility staff COVID-19 positivity rates, and positivity rates for new admissions (S. Shipinski, personal communication, May 21, 2021).

The data showed no statistically significant association between decedent race and cause of death (COVID-19 or non-COVID 19). This finding is contrary to research suggesting people of color are at higher risk for COVID-19-related death than White individuals²³ and may be attributed to IDOC healthcare access. While research shows healthcare is less accessible to non-White individuals within the general population, which contributes to COVID-19 death disparity by race,²⁴ incarcerated people, theoretically, have equitable access to healthcare, regardless of race.

Safety Precautions

Overall, the data suggested those held in prison are particularly vulnerable to COVID-19 infection and death. The following policies and practices can mitigate the spread and negative health effects of COVID-19 in prison and jail settings.

Limited Visits

In 2020, U.S. prisons began suspending attorney and family visits to slow the spread of COVID-19.²⁵ In Illinois, personal visits to prisons were suspended in March 2020. Personal visits resumed at all IDOC facilities by May 2021, with implementation of certain COVID-19 safety measures, such as social distancing and providing masks to visitors.²⁶ Legal visits were allowed, but attorneys were screened upon arrival.²⁷ IDOC reported expanding opportunities for video visits and phone calls.²⁸ Such visits allow those in correctional facilities to have contact with the outside world without increasing the risk of COVID-19 infection, an important consideration as the lack of visits could lead to increased stress, anxiety, and self-harm.²⁹

Medical Isolation and Quarantine

The Centers for Disease Control (CDC) recommended medical isolation and quarantine to reduce the risk of COVID-19 transmission in correctional facilities.³⁰ Medical isolation is the practice of separating someone confirmed or suspected to have COVID-19 from the population; quarantine refers to preemptively separating those who have had close contact with someone with COVID-19 for a period of time. The CDC also emphasizes that medical isolation and quarantine conditions for incarcerated persons should not be tantamount to punishment, such as solitary confinement.³¹

IDOC has implemented administrative quarantine for all facilities and implemented medical quarantine for facilities with confirmed cases of COVID-19.

COVID-19 Testing and Vaccines

The CDC recommends testing people held in correctional facilities for COVID-19 infections or antibodies. The official CDC guidelines for testing in correctional and detention facilities list three scenarios for which COVID-19 testing may be necessary. They include:

1. Testing people with signs or symptoms of COVID-19.
2. Testing asymptomatic people with recent known exposure to COVID-19.
3. Testing asymptomatic people without known exposure to COVID-19 in environments with moderate or high levels of COVID-19 transmission.³²

The CDC recommends facilities base testing frequency on available resources and in collaboration with state and local health departments.³³ In December 2020, IDOC started surveillance and outbreak mitigation testing strategies to identify staff who may have been exposed to COVID-19 infection, regardless of whether symptoms were present.³⁴

Vaccines are perhaps the most important practice to reduce COVID-19 transmissions and death in prison settings. Currently available COVID-19 vaccines are up to 95% effective at preventing

symptoms and reducing risk of death.³⁵ Illinois committed to distributing vaccines to incarcerated people in the second phase (or Phase 1B) of Illinois vaccine distribution.³⁶ Vaccinating incarcerated people may help reduce COVID-19 infections statewide. As of May 2021, 69% of the IDOC population had been vaccinated (S. Shipinski, personal communication, May 24, 2021).

Medical Furlough

Given the nature of correctional facilities, where adequate space for social distancing may be unavailable, their residents are at an elevated risk of contracting COVID-19. Jail and prison populations may be reduced, and infections may be avoided, by granting medical furloughs or executive clemency and easing pretrial detention policies.³⁷

On April 6, 2020, Illinois Governor J.B. Pritzker issued an executive order allowing IDOC to grant medical furloughs to protect people in prison who are medically vulnerable to risks posed by COVID-19.³⁸ Medical furloughs are leaves of absence from secure custody for medical purposes. They are granted to those who are deemed to be physically limited or terminally ill.³⁹ Medical furloughs also allow for access to more robust health care services provided by hospitals, as opposed to prison infirmaries.

Requests for medical furlough are reviewed by multidisciplinary teams composed of representatives of the prison warden, medical and mental health departments, prison programming and reentry experts, and security staff. In addition to medical criteria, the multidisciplinary teams are tasked with evaluating the requestor's criminal history, sentence length, disciplinary history, risk assessment, and other factors.⁴⁰

According to IDOC, 35 people in their custody were granted medical furlough between March 2020 and May 2021 (R. Davis, personal communication, May 20, 2021). However, a recent lawsuit settlement between IDOC and IDOC inmates stipulates that IDOC must expedite the process to identify and evaluate medically vulnerable prisoners for release.⁴¹

Conclusion

We examined Illinois in-custody deaths occurring between January 2020 and February 2021 to better understand COVID-19 infection and death trends in jails and prisons before vaccines became available. Illinois jails and prisons tallied a combined 98 deaths within their populations as a result of COVID-19 infections. COVID-19 in-custody deaths spiked in the spring of 2020, declined through the summer, and increased again during the fall months of that year and into the early winter months of 2021. During the period examined, IDOC testing data indicated that the rate of COVID-19 cases per 100 persons in IDOC was about four times that of the Illinois general population; the death rate per 10,000 persons was about twice that of the Illinois general population. These findings suggest those held in correctional facilities are at a higher risk of both becoming infected and dying as a result of COVID-19. However, on average, the prison population is considerably older than the general population and perhaps less resilient to COVID-19. In addition, incarcerated persons were tested approximately 11 times more

frequently than persons in the general population. This likely contributed to differences in COVID-19 case rates, as infections in the prison population may have been more likely to be detected.

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