

My name is Jocelyne Chen and I am here to testify on behalf of my incarcerated friends and community members. I urge the city to preemptively release incarcerated people from city jails to prevent the devastating spread of COVID-19 through a highly vulnerable population made more vulnerable by lack of access to adequate basic medical care.

The spread of coronavirus has made abundantly clear the inadequacy of our public health infrastructure nationally and within New York City. Across the country, local and federal jails, prisons, and immigration detention facilities are lacking basic hygiene supplies like soap and sanitizer, do not have COVID-19 tests, and are relying on protocols developed for the normal flu to address this novel health crisis.

While Governor Cuomo has already announced a “state of emergency” due to the spread of coronavirus through New York State, it is not unsurprising, but highly alarming, **that the specific vulnerability of incarcerated people to deadly infection has yet to be addressed.**

I would also like to note the depravity and cruelty of using incarcerated people’s hyper-exploited and forced labor to produce hand sanitizer, which incarcerated people **themselves** are **prohibited from possessing**, and visitors are **unable to use** because hand sanitizer triggers false positives on ion drug scans.¹ This only goes to show how much the current conversation about COVID-19 ignores the specific risks and barriers to health faced by incarcerated people.

People in jails and prisons are likely to be **sicker, poorer, and without healthcare**:² in other words, especially vulnerable to infection. The communities who are hyper-policed and hyper-incarcerated—Black and brown working class people, people who use drugs, homeless people, trans and gender nonconforming people, people with disabilities, and people with mental illness—**also are the communities most impacted by lack of access to medical care prior to being incarcerated.** On top of this, jails expose people to incarceration-specific health risks,³ exacerbating existing health conditions and provoking new ones. **In other words, jails make already-sick people sicker, and make healthy people less healthy.** Under non-pandemic conditions.

Existing medical care in city jails is already dangerously inadequate, as everyone in this room knows. For example, in 2018, incarcerated people missed **nearly a quarter of all medical and mental health appointments**,⁴ and dozens of people have **died in city jails** over the past few years alone.⁵ City jails fail to deliver healthcare to incarcerated people under normal conditions; **we cannot now expect them to do better in the face of a pandemic.**

And proposed reforms to jail healthcare like placing **locked jail wings overseen by the DOC** in existing public hospitals merely expands carceral control and co-mingles punishment with spaces of purported care. Expanding DOC and police presence in our public hospitals will inevitably prevent the most vulnerable among us from accessing healthcare,⁶ increasing the vulnerability to COVID-19 that criminalized and policed people already face. **Criminalization is a threat to public health.**

Failing adequate healthcare provisions, NYC jails are likely to do what incarcerated people across the country are already reporting: **using keeplock, facility-wide lockdowns, and curtailing family visits** to quarantine possibly-sick incarcerated people and ostensibly prevent the spread of illness. But restricting the movement of incarcerated people and preventing them from accessing programs, recreation, family visits, and sunlight, **exacerbate the strain and violence of incarceration, producing more vulnerability to illness.** **Lockdowns are not healthcare.**

¹<https://twitter.com/JimmyVielkind/status/1237033414378864640?s=20>

²<https://www.nychealthandhospitals.org/wp-content/uploads/2016/07/Correctional-Health-Report-201605.pdf#page=4>

³<https://www.npr.org/sections/health-shots/2019/03/18/704424675/former-physician-at-rikers-island-exposes-health-risks-of-incarceration>

⁴<https://citylimits.org/2019/10/15/opinion-11-reasons-why-de-blasios-11-billion-jails-plan-will-fail/>

⁵<https://sites.google.com/view/public-health-letter/home>

⁶<http://harvardpublichealthreview.org/public-health-and-the-policing-of-black-lives/>

Fortunately, the **public health evidence is clear**. While incarceration exacerbates ill health and contributes to the disproportionate vulnerability of Black, immigrant, TGNC, disabled, and working class people to sickness and death, **preventing people from entering jail in the first place and freeing people who are already detained** are always good for the public health, the health of incarcerated people, and the health of their communities.

I urge the Board of Correction to recommend that City Council and NYC DOC **follow the example set by Iran**, which recently released 54,000 incarcerated people to slow the spread of COVID-19.⁷ And while I recognize that this isn't necessarily the purvey of the BoC, I urge all city and state leaders to take steps to **lower “jail churn”** by reducing arrests, dropping charges and declining prosecutions, and releasing people on their own recognizance when arraigned, because jail churn increases the risk of COVID-19 spreading through vulnerable populations **locked in institutions inadequately and drastically unprepared for their health and welfare**.⁸

By pursuing a **strategy of radical decarceration—preventing people from entering jail and releasing people already detained**—NYC can divest from the **jails that are making our communities sick and sicker**, and invest in providing community-based, humane, and dignified healthcare for all, in the face of COVID-19 and beyond.

⁷<https://www.thedailybeast.com/iran-releases-54000-prisoners-to-contain-coronavirus-spread>

⁸<https://www.prisonpolicy.org/blog/2020/03/06/pandemic/>