



SEASON 4 EPISODE 4

Why COVID-19 Goes from Jails to Communities

This special roundtable of experts looks at how policing and incarceration practices are impacting COVID-19 rates in BIPOC communities around the country. Because being jailed means an increased risk of getting COVID-19, those released might unknowingly bring the virus home, putting their loved ones and communities at risk. Our editor, Jen Chien, moderates the conversation with Nicole Lewis, senior editor of the jurisprudence section at Slate Magazine, Eric Reinhart, medical anthropologist, psychoanalyst and resident physician at Northwestern University, and Alicia Virani, former public defender and current professor at UCLA School of Law. Produced by Lisa Bartfai.

Mitzi Miller: I'm Mitzi Miller, and this is *70 Million*.

39 of 50 of the largest COVID-19 outbreaks in the U.S. have happened in prison. Within the prison system, incarcerated people live in close quarters without the ability to socially distance, and with limited access to hygiene products like hand sanitizers and masks.

Incarcerated people in jails are also at increased risk, with high infection numbers inside and little ability to keep safe from the virus.

Brandi Jefferson: *A lot of us have serious health conditions. And I asked to be moved out and to be tested, and they refused to...*

Jesenia Campbell: *...The deputies in there don't wear a hazmat suit. And then these inmates will leave out of quarantine after they 14 days and they wouldn't change their bedrooms. So they get one of the disposable masks that they're supposed to have changed. They only changed those like maybe once a week or whatever, and they wouldn't change their mess until they got into the general population...*

Milton Thomas: *...So far, stage three out there on the street, while the jail, we still--you know, being locked, you know--21 hours in order to come out and an hour and a half. In the morning, I was here in the east...*

Kameela Burton: *...They haven't tested anyone yet...*

Jesenia Campbell: *...A lot of things has not been sanitized. When our units was on the quarantine, we were sharing a food bin. So they were still opening the door, exposing us to the air and things like that...*

Milton Thomas: *...You know, I mean, of course clothes or whatever. It's like, you know, daily, get into them, because ... right now, I'm just doing dead time.*

Miller: Those were the voices of Kameela Burton, Jesenia Campbell, Brandi Jefferson and Milton Thomas calling into the Community Hotline for Incarcerated People in South Florida.

There are hundreds of thousands of people in jail at any one time across the U.S., And when they're released, they may be unwittingly bringing the coronavirus to their communities. COVID-19 made visible a new complication in how Black people and other marginalized people are policed—and the far ranging health effects of that policing.

This special roundtable episode will examine these major challenges—policing, incarceration and COVID-19— and explore how they impact each other. We've invited three experts who've been following the pandemic's effects on prisons and jails, and studying the communities most affected by arrests and incarceration.

Nicole Lewis is an award-winning journalist. She's the senior editor of the jurisprudence section at Slate Magazine. Prior to that, she was a staff writer at The Marshall Project.

Eric Reinhart is a medical anthropologist, psychoanalyst, and resident physician at Northwestern University. He and his research partner, Dr. Daniel Chen, have extensively studied the spread of COVID-19 in communities connected to the Cook County Jail in Chicago.

And Alicia Virani is a professor at UCLA School of Law. She was previously a Deputy Public Defender in Orange County.

Jen Chien, 70 Million's Executive Editor, moderated the conversation.

Chien: I'm so glad you could all join us today. Hi Alicia. Thank you so much for being here. And hi, Eric. So happy to have you. Hi Nicole. Thanks for joining us today.

So, Nicole, I'm going to start with you. You've been closely following the COVID situation with incarcerated people, including corresponding with several people in prison over the course of the pandemic. And you've noted that many officials failed to properly prepare for the spread of this virus. So can you tell me a little more about what you've seen and learned over time?

Lewis: Absolutely. So in March, one of the first stories I did with the Marshall Project was actually about family members of incarcerated people. And so I had been hearing from people that they were struggling to get in touch with their loved ones. They were wondering what the plan was. Should someone test positive that there just was a total lack of information coming out of the prison systems? You know, a lack of information that's making families even more nervous than I think they already are on any given day of having someone they love who's locked up. And so through a survey, I actually heard from about 500 people across the country, and this was my first real glimmer into what this pandemic might mean for people who were behind bars. And so we heard that people didn't have access to very simple hygiene products, such as soap.

Lewis: They couldn't get bleached to disinfect their cells. There's no social distancing, right? We got this sort of window into how, just how bad the situation could be. And this was back in March, this was before cases were really spreading. And this was before in some instances, many cities shut down. And then over the course of the pandemic, of course, many of those family members, biggest fears actually did play out, unfortunately.

And so, you know, in the worst case scenarios, people lost their lives. Many people died, right? Many people became sick with COVID, prison officials, you know, mishandled some of the, and this is across the country as well as in the federal system mishandled some of

the opportunities that they had to make this pandemic go a little bit differently, right. To sort of have a better outcome.

And what I mean by that is, you know, downplaying the threat of the virus from the very start, not issuing masks quickly enough, right. Not decarcerate so people could get home and there could be more social distancing for several thousand people. It meant that they were never coming home.

Chien: Right now with the rise of the Delta variant and the cases going up, are you seeing officials doing anything differently now?

Lewis: So, you know, at every moment, you know, every sort of quarter we would look back and say, gee, has the prison system learned anything about what it needs to do to keep people in their custody safe and by and large, the answer has been not really, you know, it is good to know that vaccination rates have been pretty high amongst the incarcerated population. There's been a generally good uptake of the vaccine, or we could, we could imagine that the numbers would be much lower given how much distrust and how much people don't believe in the medical system in prison.

However, there are many correctional officers who are refusing and high numbers to be vaccinated. And so, you know, I'm pointing this out because vaccines are the first and sort of biggest and most robust step we have against preventing the spread of COVID.,

Chien: Right. Either inside or outside.

Lewis: Absolutely. Absolutely. And especially for people who are inside, who again, don't have access to some of the more basic forms of prevention, like social distancing, like soap, you know, hand-washing right, good hygiene. That's something that they don't have control over. And so I think there are still lingering questions about, you know, just how much prison officials have learned, whether or not, you know, enough people have been sent home or released early in order to create some space when people do get sick. One of the things we kept hearing was that many folks were reluctant to say that they had COVID symptoms because it meant that they were going to go to solitary confinement. They're going to be fully isolated from other people. And so that meant that they don't want to be incredibly sick and all alone, right.

Solitary is, is the worst form of punishment. So, you know, there's some indication that that is still happening. So that's a sort of missed opportunity there. So I would say overall, you know, we're talking about 50 different prison systems plus the federal system and the lessons just, you know, we, we really wish that the lessons were more fully distilled.

Chien: Eric, I'm going to turn to you. I'm going to turn to you. You've done a lot of research around jails. Now, Nicole, you've been focusing more on the prison population, but as we know, people who are incarcerated either in jail or in prison face a lot of the same challenges at the same time, there's a difference in how in how in the length of time that people stay in either place. So you did a study last year in Cook County in Chicago, that showed a correlation between people returning from jail and a corresponding rise in COVID cases, in the communities, they were coming home to something that you called jail community cycling. So could you break down that feedback loop and tell us what you found?

Reinhart: One of the obstacles to effective policy response to the pandemic in prisons and jails and

ICE facilities around the country is that most Americans and a lot of our policymakers don't appreciate the difference between jails and prisons and ICE facilities, but that's a kind of a separate category that we can, we should also discuss. These are obviously interrelated institutions. There are at the beginning of pandemic, over 2 million people who were incarcerated in the U S about 650,000 people are incarcerated in jails every single day. And the remainder generally in prisons. In jails, but nationally about 75% of the people who are incarcerated, there are, there are, are, are they're pretrial. They have not yet been convicted of a crime, and many will not be.

The remaining 25% of people nationally in jails have been convicted of minor offenses for which they are serving sentences of less than a year. So this is the jail population. Why this is important to distinguish from prisons is because you have really rapid turnover inside jails in the U S. According to the Bureau of Justice statistics, you have about 55% turnover weekly in jails. So most people go to jail and they stay a matter of days, or maybe a matter of weeks. Jails are part of our communities. A lot of Americans like to imagine, it's easier to imagine the jails and prisons are a separate incarcerated paper or separate population. If you live or work in the neighborhoods where I've been doing ethnographic work for the last decade, you know very well that these institutions are not separate.

They're very much part of your everyday lives. You know, a woman who I'm very close to here, for example, she's passed through jails 37 times, she's 67 years old now. She's never stayed very long, but she knows them very, very well. She knows the staff very well. So during the pandemic or any epidemic, this cycling becomes really important. The cycling between hyper policed neighborhoods, hyper incarcerated neighborhoods and jails. And when you have a space like a jail, which is the highest risk space for the transmission of infectious disease that we know of your pet, you're pushing, you're pushing people through these infectious disease, disease, incubators, essentially keeping them in for a matter of days, exposing them to a virus and then releasing them back out into communities. So that's what I studied last year in this paper that you mentioned that came out in health affairs, and we found that--

Chien: You're describing it, just you couldn't design a better system for--

Reinhart: Yeah. So the production of a virus epidemic spread. Yeah. And we've seen, this is not unique to COVID. This is, what's so frustrating about this. Everything that we've seen during COVID was in prisons and jails. So this is completely anticipated will, and you don't just have to theorize about it. Although logically of course, it's going to happen. You can look at history and you can see TB epidemics around the world for decades that are very well-documented that operate on the same principles

So this is what we saw with that study that in Cook County, just looking at one jail in Illinois, the Cook County jail in Chicago, we found that the passage of people through this jail, usually for very minor offenses for short stays, a few weeks later was responsible for 16% of cases. So you could attribute rather 16% of cases in the entire state to passage through this facility, which had a huge outbreak at that time.

Chien: Can you explain just a little bit of what, you know, what is the, what was the mechanism that you found? What caused that?

Reinhart: The fact is that jails and prisons are constantly intertwined with our communities. If we have cases in our communities, they will appear in jails and prisons. The reason that matters so much is because they will rapidly multiply the multiplication rate in these

facilities is unlike any other scene we've seen in the world, including the Princess Diamond cruise ship,

So the transmission rate in these facilities is incredibly high. When cases come in from the outside, they multiply quickly and then they go back out and they go back out because we necessarily release people from these facilities. They haven't been convicted for crimes. There's no legal basis for detaining them. And then also, because there are 420,000 guards that work in jails and prisons across the U S they go in and out every single day. That's a huge army of people who are carrying infectious pathogens with them to their families, to their neighbors. So this, this was kind of what the study tried to say, *Hey, we need to wake up policymakers across the U.S.-- this is not just about one sheriff, about one county. We just happened to have data, to be able to show that this was happening in Chicago and in Illinois.*

Chien: Alicia, Eric had referenced earlier the fact that so many people who are in jail are pre-trial. So those are folks who are just waiting innocent until proven guilty and the pandemic slowed down or closed so many court systems and slowed down the criminal legal system so much. Can you talk a bit about how that affected this pretrial population in jail?

Virani: Yeah, so particularly in LA county, right now, we have close to 15,000 people across the six jails in LA county being held. And 44% of those folks are incarcerated. Pre-trial. The last available statistic that we had about the criminal trial case backlog was back in September of 2020. And it said that there were 7,000 unresolved criminal cases in LA county. And so the reason for this I believe is twofold. And we, along with my students worked on a study to, to kind of look more closely into this. One is that the Sheriff's department refuses to stop people from being exposed in the jails. And so, you see people going in between modules in between dorms Sheriff's deputies, aren't assigned to just one place. They may go from a quarantine dorm.

And every time a module or a dorm gets exposed and somebody tests positive, they have to shut that module down. And when they shut that module down and put them in quarantine, which is good public health policy, I'm not going to say that they shouldn't be shutting those dorms down, but the problem is that they have not done anything to stop people from being exposed inside those modules. So they're being quarantined multiple times in a row for 10 to 14 days, right? So if they are quarantined three times in a row, they're unable to access medical appointments for that period of time.

So maybe over a month, they are unable to access attorney calls or attorney videos and they're unable to access the courts. They can't come to court.

On top of the quarantine issue, that's preventing them from accessing the courts. The judicial council of California has allowed counties throughout California to continue to apply for delays in trial dates. And so, LA county has taken huge advantage of that opportunity and delayed trial dates for months and months and months starting in, I believe June of last year. And so they continue to delay trial dates. So people have been incarcerated for longer periods of time during COVID pretrial than pre COVID, which just makes absolutely no sense, given all the things we just heard about, about the dangerous conditions inside the jails

Chien: Well, there's the very obvious in a horrific public health and health individual health consequences of what you're talking about. But I'm wondering also about the constitutionality of all of these delays. Does that play into things in terms of both the length

of time before gets a court date, but I'm curious also about the right to health care for incarcerated people.

Virani: Absolutely. I mean, I do think that these policies are infringing upon people's speedy trial rights, unfortunately courts around the country have not agreed with my opinion on that. But as we get, you know, further and further down the road with people having longer and longer periods of time, their case for saying that their speedy trial rights have been violated, get stronger, because it is about the length of time. You can imagine that somebody who's been in custody for a very long period of time, maybe witnesses' memories have faded, maybe evidence has been destroyed, right? There are lots of things that prejudice their case as they spend longer and longer pretrial

So it really is truly an issue with COVID, but then it has exacerbated all of the things that were already terrible about the jails to begin with.

Chien: Nicole, I'm curious what you have seen and observed in prisons, in terms of healthcare and in terms of that right to health for inmates.

Lewis: Absolutely. So, you know, when we sort of way into this is that when we knew that there was going to be a vaccine and that incarcerated people might get access to the vaccine early specifically because of the risk that they're in and the risk, you know, like Eric pointed out to not only themselves, but then to the surrounding community. We had this bigger question about, well, will anybody take it, you know, are they going to be really skeptical and embedded in that line of questioning was the idea that so many people who are incarcerated simply have had a horrific experience with the medical system during the time of their incarceration. And again, using a survey technique, we asked, you know, as many people as we could, and pretty much everyone said, I do not trust the medical system here. I go to, I wait hours to see, or days in some cases to see a healthcare.

You know, if I get in front of them, my issues are often dismissed and I'm sent back to myself with a little more than ibuprofen and being told to drink a glass of water or something along those lines. Right. And this was a narrative that was coming up over and over again, it wasn't just one person saying it, it was multiple people and different states saying they send me ibuprofen, or they tell me to take ibuprofen and send me home. And so, you know, there have been numerous lawsuits. I'm thinking about a lot of the work coming out of Arizona about this, just how negligent the care has been. And a lot of this has focused on the fact that the care in some cases is outsourced to private contractors who have a huge incentive to run the medical system with, you know, an eye towards profit.

And, you know, it just doesn't make sense. And so people are neglected, they're harmed. They go in, they come out with more severe or chronic conditions than, you know, they had when they got there in the first place, right. Or, or their conditions are overlooked. And so it's, this is a huge systemic problem, something that has been an issue for, you know, far beyond the pandemic. I think the pandemic is the first time that a more broader swath of the public is starting to contend with, what does it actually mean that we're putting, you know, 2.2 million people in prison and jail, and then not really taking care of them at all and, and harming them in many cases once they're there, you know, how does that actually work? How do we feel about ourselves as a society? That that's what we do, right?

There's some bigger questions that we have to ask. But healthcare has long been an issue. And again, it is important to point out that people have a constitutional right to be

taken care of, to not be mistreated, to not be subjected to anything that seems like cruel and unusual punishment.

Reinhart: This point about the right to healthcare among incarcerated people is incredibly important and incredibly neglected, nothing that has happened during the pandemic, or frankly, the vast majority of what has happened within our carceral systems before the pandemic also has been legal or constitutional. This is a gross violation of the constitutional rights of incarcerated people

There are facilities in this country where there is not a single doctor and not a single element of healthcare.

And there is nobody who is looking over their shoulder of wardens or sheriffs and saying, why are you not respecting the constitutional rights of these people who are put under your custodial care? Now, the idea that these people are put in these facilities for care in the first place is absurd, but then they're put there for care ostensibly, and then they don't even receive it. This is a massive, massive problem. And as Nicole was saying, this is something that's been really brought out by the pandemic because most people to this day still are not aware of this, but a lot more people are now than they were two years ago. And part of the reason why people are aware is because suddenly our self-interest as you know, relatively well off middle class white people on the north side of Chicago is implicated. If you don't care for the welfare and the health of incarcerated people, it harms national public health. It harms global biosecurity, this is I think, a really important point that is undersold in, in media, for sure.

Chien: Yeah, definitely. Well, I'd like to turn a little bit toward that because we've talked about strategies for mitigation of the situation that's already in place. So decarceration of the existing population, improvements in health care for those inside, but there's also the dimension of keeping people out of the system from the beginning. And so I'm curious, and any of you can answer this, if there's anything you've seen over the past year, you know, we've had the defund, the police, the black lives matter movement, bringing a lot of attention to police behavior and conduct. Have you seen any change in, you know, how police are arresting people or, or whether the pandemic is entering into that mind space?

Virani: I think, so in LA county last year, at some point the jails population went below the rated capacity. So it went from over 17,000 to just under 12,000 in the matter of a couple of months. Now we're back up right to almost 15,000. So, you know, I think there's a couple things there. One is that the fact that we could, decarcerate so many people in two months, it means we can do it again. But there is no political will to do it.

I think that there was a small blip on the radar. There were some things changed and law enforcement behavior changed and they stopped arresting people, at least in LA county for a little while. Judges, I think are the biggest block right now in LA county because law enforcement officers are saying we're, we're mandated to, to hold some people in custody, at least until their arraignment and then judges continue to hold them in custody.

I have seen some really exciting and innovative things happening. So for example, in LA county, we passed Measure J which is a local ordinance that allows for 10% of unrestricted funds of the county budget to go towards alternatives to incarceration. And it can not be used for any law enforcement function whatsoever, and it's really strong language. And so that has happened in the past year and a half. The alternatives to incarceration initiative here in LA county has developed in the last year and a half after years of work, putting

together a plan for what is it that we should do instead, we're developing an alternative to 911 phone number here in LA county.

So these things are happening, but I think as we've seen over time with criminal justice, the pendulum swings one way and then it swings back the other and the forces against all of this change are really strong and really organized and have really persuasive messaging, unfortunately. And so I think that that's a lot of what we're seeing now is those forces being mobilized both for law enforcement budgets to be increased, for more people to end up in jail for legislation that's more punitive rather than decarcerate. So it's a little concerning, you know, we have to keep our eyes really, really on the goal and, and keep the pressure up because I feel that political will is completely gone, from what it was last year.

Chien: In terms of political will, we've seen activists and organizers, really surge, taking research like yours Alicia's and yours, Eric, and reporting like yours, Nicole, and using it to push for policy changes. So where do you see that happening? Is there anywhere in the country where you see that happening in a really powerful way?

Reinhart: You know, you do this kind of work that we've all been doing in some ways it's very disheartening because you put it out there and then nothing changes. You know, like when I first put out the health affairs study, I thought, okay, now when said, when people realize this is happening, there'll be real action. You know, nobody will buy this anymore. And they recognize that they themselves are being harmed by these systems that they've otherwise been content to let run rampant, but then nothing really changed. And one of it's very disheartening when you put a lot of energy into this work and you hope to have a real world effect, the one scene in which I've really gotten a kind of gratification from the work where I feel like it's actually the road, the rubber is meeting the road is with working with lawyers like the people at the ACLU, for example.

So the ACLU brought cases to try to depopulate ICE facilities in California, and most of the cases around the country in jails and prisons. And I still, these actually were tanked by judges who were just, were not sympathetic and really didn't listen to the cases, but in a few cases, they were successful. And there were ICE facilities that were depopulated by 85% and maintained at that level for over a year. Thousands of people who would have been incarcerated and would have been subjected to enormous health risk, we're able to be free because of the dedicated action of lawyers like this. Basically it was just one group, but it was really only the pandemic that made me finally realize how important these activists, legal groups are for protecting the US. Not just people whose rights are being infringed upon, but everyone,

Lewis: So again, going back to this, the question of vaccines, every single public health expert made very clear incarcerated people needed to be prioritized for the vaccine because prisons and jails are coronavirus hotspots. And, you know, Eric's research is showing us this connection between spread on the inside and spread on the outside and public health officials echoed that message left and right throughout the entire pandemic. And so in some states the task force that was in charge of thinking about when do we allocate into whom and you know, at what time did put incarcerated people at the top of the list, I said, yes, this makes sense. We're going to follow the science. We're going to follow the good thinking here. And then in some places Republican lawmaker said, absolutely not.

And went ahead and overrode those committees and then deprioritized incarcerated people, right? Move them down to the middle of Alyssa, bottom of list, really against the science. And if you look at the conversation that surrounded those decisions, it was so

toxic and so negative, and it showed just how much stigma exists. Stigma. There is against incarcerated people saying that their lives are not nearly as valuable or as important as lives of the people on the outside, right? That like this line that sticks with me that like, a murderer and a rapist is getting the vaccine before your grandma can, right. It's sort of this very simple, very ugly way of thinking about why we do what we do. And so I bring this up just to sort of point out that policy political will, all of that is necessary. And one of the big roadblocks, one of the big holdup, it's just the stigma, just how vital it is and how much the public, you know, has categorized and thought about every single person behind bars.

Again, regardless of whether or not they've been convicted of a crime, as this is the case with many people who are, you know, in jail, regardless of whether or not they're actually truly guilty, which is I think a question that we always have to raise, right. And so, you know, I just think that looking at the pandemic and kind of watching the response in this, you know, two steps forward and then the inevitable backlash, it's just so clear to me, you know, how work we really have to do to humanize people who are in prison to help people understand that if you're thin on compassion, there are still a very good science-based reasons for why we need to do certain things, right. If you don't care about people in prison, okay. That's okay, we'll work on you. However, right. There still might be very good reasoning, fiscal reasoning, you know, public health reasoning for why we need to think about these people in a particular way, clearly as human beings.

Chien: So we, we've talked about a lot of hard truths in this discussion so far and about the challenges ahead and solving a lot of these issues. I really would love to hear from all of you from each of you, let me start that sentence again. I'd really love to hear from each of you, what gives you hope in moving forward? What do you, what do you find inspiring and where do you see the space for movement? Maybe I'll start with you, Alicia.

Virani: Yeah, I think what gives me hope is the movement. All of the organizers and the folks who have been able to push the public dialogue in a different direction. I feel like I came across a little bit negative in my last answer, talking about how there isn't political will, but what I do see is just a lot more people joining forces and organizing in a really smart way, in a real, in a really effective way. And so it gives me hope to work with the organizers that I do, like the Justice LA Coalition here in Los Angeles, just have to shout them out because I have learned so much from organizing with them over the past year and the ways in which they're organizing from a place of building relationships.

But you know, working with county officials to change the way that they are working on things, you know, the county and Los Angeles just voted to close men's central jail, which would require the decarceration of around 4,000 to 5,000 people in LA county. It would be huge, right? And so now, now it's the real test and the real work of implementation. And can we actually get that done? But that was because of 10 years of organizing from people on the ground, formerly incarcerated people, people who've been doing this work forever, people whose family members are incarcerated. And so those are the folks that give me hope and give me the strength to, to continue doing what I do.

Lewis: You know, I draw my hope, you know, directly from many of the incarcerated people who I'm in touch with and who I've reported on. And who've told me all of the stories about how they survived this pandemic and continued to survive, you know, every day, the conditions of their incarceration. And I have looked for places and tried to lift up these stories, that show just how much, you know, many of the people behind bars take care of one another and form real relationships. And it, you know, there, those stories do exist. And so I think, you know, I always find inspiration just hope in those stories. And I think, you know, turning my focus on the outside, I'm very moved by what I think is a younger

generation of activists and organizers, and just general young people who are very moved, who were very moved by all of the work, you know, all of the unfortunate sort of loss and chaos of this past summer of 2020, but who were kind of swept up into a push for rethinking a lot of these systems.

Reinhart: I think for me, the pandemic has given me a lot of hope in a strange perverse way and that the pandemic has laid, you know, this is a cliché at this point that has laid so many things about American society bare. And it's also implicated self-interest in things that a lot of people formally thought really had nothing to do with them. This is a problem of racialized criminalized communities, not of my own family, et cetera, that's shifting. And part of what has emerged in that, I think, is a gap between public safety and policing and incarceration. These two things have been constructed in American policing propaganda and American public discourse as overlapping for so long that to see just a little bit of a gap open up between them, I think is very encouraging for me. And I think this is extremely important. So long as the language of public safety continues to be aligned with criminalization as it is in current political discourse, we have a very, very big obstacle to overcome.

So as this gap opens up, and I think part of what's made that possible. That gap, is the emergence of abolitionists discourses that have been worked on for decades and decades by people who are dismissed as utopian radicals, just doesn't, you know, you can actually do this. And now people are saying, well, you know, actually we need to put some of these abolitionists principles into actual practice. This is actually rather pragmatic. This makes a lot of sense

And I think the pandemic has allowed us to show this as researchers, as journalists, as activists in a new kind of way, that's particularly salient.

Chien: Thank you. There is a lot to be hopeful about after all. So I want to thank you all for your time and the work that you all do and the care that you put into all of these issues that we've discussed today. Thanks so much for joining me.

Reinhart: Thank you, Jen.

Virani: Thank you.

Lewis: Thanks, Jen.

Miller: Thanks to our executive editor Jen Chien, who moderated our roundtable.

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