

COVID-19 RESPONSE GUIDANCE FOR COMMUNITY BAIL & BOND FUNDS

People in prisons, jails, and immigration jails are particularly vulnerable to COVID-19 outbreaks. We know that prisons and jails are already and inherently sites of violence and death. We also know that in times of crisis—whether climate catastrophe or mass quarantine—conditions of confinement only worsen. Examples of this include increased reliance on solitary confinement, limits on or elimination of visits from loved ones, increased exposure to unsanitary or dangerous living conditions, refusal to transport people to court dates, cancelation of court proceedings, and other punitive measures.

As community bail and bond funds, we are fighting to abolish detention in all of its forms and for all individuals. In times of crisis such as the current COVID-19 pandemic, we uplift our call to #FreeThemAll with more urgency than ever. There are local and state-specific responses to the current COVID-19 crisis, many with specific calls to release individuals in local jails, prisons, and ICE detention. We hope this is an additional resource for community bail and bond funds to support and amplify efforts to release as many people as possible.

FACTUAL BACKGROUND

- Locked down facilities have incredibly high infection rates.
- People who are incarcerated have limited ability to fight the spread of infectious disease since they are isolated from regular medical care, do not have access to (and may even be punished for taking) preventive health measures, and are unable to avoid contact with people who may be exposed.
- At baseline, even in the absence of a pandemic likely to strain healthcare systems, jails and prisons are unhealthy environments which do not provide quality healthcare.
- Immigration prisons are equally toxic environments rampant with medical neglect and inadequate healthcare, unsanitary conditions and overcrowding, where infectious diseases can spread rapidly with little oversight or intervention.
- In times of crisis, jails and prisons respond by further punishing and isolating people who are incarcerated. These responses make it LESS likely that people will self-report feeling unwell and again heighten the possibility of a mass spread of infection.

CORE PRINCIPLES

Local conditions and response are going to vary, particularly as public health resources are stretched. Across the country, we know there are unifying principles in our demands to #FreeThemAll:

- People in prisons, jails, and ICE jails deserve safety and health, including protection from COVID-19. Given the inherent high risk of all incarceration settings, the best protection is release for everyone in the custody of federal prisons, pre-trial detention, local jails, state prisons, & ICE jails and prisons. This includes release of people from local and state facilities that lease space to ICE.
- Law enforcement agencies must prevent future incarceration and stop admitting people into jails and prisons.
- No one should be criminalized for disclosing or failing to disclose COVID-19 symptoms or diagnosis.
- People should have access to medical care regardless of immigration status. Hospitals, public health departments and local governments should actively protect noncitizens seeking medical care from interactions with ICE and CBP.
- Public health concerns must not be used as excuses for xenophobic and white supremacist changes to immigration policies and laws. Increased dismantling of the asylum process, additional country-specific bans, and other measures that prevent freedom of movement and migration with dignity and safety are not legitimate responses to COVID-19.

SPECIFIC ASKS AND ACTIONS

1. **Release people from incarceration.** This includes releasing people through mechanisms that can happen immediately, such as reviewing and removing release conditions that keep people incarcerated (such as an unpaid money bail and immigration bond, and immigration and probation detainer “holds”) so that people can be released on their own recognizance; grants of clemency and commutation; and permission to go on furlough, parole, or compassionate release. It will also involve less used or new release mechanisms that prioritize releasing as many people as possible in order to prevent the spread of infection that will certainly happen inside jails and prisons. Additionally, current avenues to release MUST remain accessible. This means, for example, that people should continue to be able to pay bail or bond if bails or bonds are not vacated as they should be, including online payment options if physical payment locations are closed.

2. **Stop asking for new people to be incarcerated.** Every time a judge, prosecutor, or a probation or parole officer takes action resulting in someone’s incarceration, they are heightening the risk of infection and the spreading of this pandemic. These stakeholders should be pressed to STOP seeking incarceration as part of prosecution. This means pressuring them to STOP asking for anyone to be incarcerated pretrial, as part of an alleged probation or parole violation, in immigration cases, OR as part of sentencing. This means pressuring immigration courts and ICE to STOP ordering people deported and detaining them if they miss an immigration court hearing or check-in.

3. **Loosen restrictions on GPS, Electronic Monitoring (“EM”) or “House Arrest.”** When people are required by the state to live with electronic monitoring or other community surveillance conditions, access to medical care must be unfettered. People should not be worried about violating surveillance conditions in addition to worrying about whether or how a potential illness will affect them, their family, and their community. This means pressing stakeholders like judges, prosecutors, and probation and parole officers, to first NOT impose EM or onerous supervision in the first place, but also to liberally permit “movement” or travel if EM or “house arrest” is imposed. It is imperative that the conditions of EM or home confinement allow people to seek medical help AND leave their homes to care for family and community members in need.

4. Eliminate pretrial, parole, probation check-ins, ICE-check-ins and mandatory appearance at court continuances. Every time an individual is forced to attend an in-person pretrial check-in, court hearing with no outcome (“continuance”), probation check-in, ICE check-in, other immigration monitoring check-in, parole meeting, pay a court fine or fee, or adhere to a random drug or alcohol testing, because missing it would mean a violation and possible incarceration or an order of deportation and possible deportation, they are forced to put themselves and others in danger. This unnecessary travel and public interaction contradicts public health advice to stay home and avoid unnecessary public outings. Additional contact with the threat of incarceration should be removed.

5. People who are incarcerated should have thorough access to preventive measures, medical testing, and treatment without co-pays or additional costs. Releasing people from incarceration is the best, safest way to prevent the spread of infectious diseases in a prison or jail. If people remain incarcerated, they should have increased, unrestricted access to hygiene products and opportunities, such as soap, showers, sanitizing wipes, and clean water, frequently and at no cost to incarcerated people or their families. Additionally, testing and treatment should be available without fear of reprisal or punishment. People should feel safe reporting illness or symptoms, which means that no further punitive measures should be implemented. Policies adopted in response to COVID-19 should be transparent and public and jails and prisons must provide clear and immediate information on the status and health of loved ones to families and friends.

6. People who are incarcerated should not be subjected to further punitive measures as guise for containing the virus. People should not be put in solitary confinement, be denied or have restrictions on visits, lose opportunities to communicate with people outside through mail/phone/video, or have restricted access to legal assistance, programming, or privileges within the facility. These restrictions only further exacerbate negative mental and physical conditions.

7. People who are incarcerated should continue to be able to meaningfully contribute to their legal case. If they are not released, as they should be, incarcerated people should continue having access to attorney visits, regular communication with their legal & support team, and [access to court proceedings](#).

8. Cease all ICE and CBP operations. Noncitizens, their families, and migrant communities cannot seek needed medical care if they are afraid of endangering future immigration relief because of the Public Charge bar on accessing certain public services or if they are afraid of encountering immigration law enforcement at hospitals or health centers. At a minimum, [the implementation of the Public Charge rule should be stayed in service of public health](#).

9. Incarcerated people should not be forced to provide services for emergency response. Forcing incarcerated people who are at an incredibly high risk of infection to provide services for people who are not incarcerated against their will is not a valid emergency response and is exploitation.

10. Government agencies in charge of prosecution and incarceration should have a plan in place and that plan should be transparent and public. This means asking your elected officials and the entities responsible for incarceration WHAT they are doing, WHY they are doing it, and pushing them to do it differently using the above suggestions if appropriate for your location.

ADDITIONAL MUTUAL AID RESOURCES

In practicing mutual aid, we take responsibility for caring for one another by providing one another with material support, while also building new social relations that are not built on hierarchy or oppressive power dynamics. Community bail and bond funds can be a form of mutual aid. But this moment demands mutual aid projects that attend to the needs of incarcerated individuals as they are released and for families and organizers who are supporting those inside during this crisis.

Below are just a few examples of mutual aid efforts that are currently being deployed by organizers. These may or may not be possible depending on local rules and regulations about what can be sent or brought into jails and prisons, but we encourage considering organizing to:

- Send soap to incarcerated comrades.
 - Survived and Punished NY did a [flash fundraiser and raised over \\$900 to send soap to survivors incarcerated in NY prisons](#).
- Bring soap with you to visits at jails, prisons, immigration jails, or court buildings. Be sure to bring enough soap to share with other visitors. Check your local rules before bringing hand sanitizer as it often sets off security alarms and is considered contraband for folks inside.
- Add money on the commissary accounts of incarcerated comrades.
- Add money on the phone or video accounts of incarcerated comrades.

More Resources

- [Demands from Grassroots Organizers Concerning COVID-19 from Transformative Spaces](#)
- [Coronavirus Resource from Organized Communities Against Deportations](#)
- [Resource for determining who is impacted by Public Charge rule for advocating for public health access](#)
- [Big Door Brigade Mutual Aid Toolbox](#)
- [Pod Mapping for Mutual Aid By Rebel Sidney Black](#)
- [COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs](#)