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A pandemic in prisons

In reaction to the 2019 COVID-19 pandemic, there have been as many as 40 prison uprisings in places as diverse as Italy, Thailand, Iran, Colombia and the USA. With densely populated cell blocks, poorly circulated air, and substandard water and food supplies, prisons are the worst places to be during a pandemic. Moreover, COVID-19 has proven deadliest for the fastest-growing incarcerated populations in the Global North: the elderly (Skarupski et al. 2018) and the chronically ill (Udo 2019). As an ethnographer who taught anthropology to prisoners during the US COVID-19 outbreak, I paid close attention to how understandings of disease, pandemic and quarantine were filtered through the problematic conditions of a carceral state.

Politicians, and in some cases anthropologists (Lombroso 1876), have presented criminality as a 'disease' that threatens the social body. In a space where hand sanitiser is banned due to its inebriating properties, prison life can dehumanise individuals and conflict with the basic self-care guidelines encouraged by epidemiologists. There are also notable efforts to criminalise COVID-19 transmission (i.e. coughing on super-market produce and disregarding quarantine orders), revealing how a disease and a social ill are treated as one and the same.

The COVID-19 'pandemic' is comparable to other 'states of emergency' that defined 21st-century wars against crime, drugs and terror. The United States' Donald Trump has even described himself as a 'Wartime President' during the pandemic. Trump's administration also used the coronavirus pandemic to seek indefinite detention for youth, adults and immigrants held in federal detention facilities. These actions have led many prison reformers to raise concerns that a pandemic was being used to fortify the carceral state.

Echoing Foucault's discussions of the prison and the clinic, 'social distancing' is part of both the carceral regime and the curative method of Western biomedicine. Wardens across the globe responded to COVID-19 the same way that they responded to H1N1 and Swine Flu: lockdowns, segregation and visitation restrictions. While social distancing is impossible within a prison during a pandemic, quarantine offers an opportunity to maximise carceral authority. Many of my students described how a fear of life after quarantine mirrored the social anxieties that many incarcerated individuals have once they leave prison. This suggests that the fear of social rejection can be as toxic as a biological disease (Owen 2008).

To paraphrase Angela Davis (2012 [1972]), one can 'look towards (society's) dungeons and there you will see in concentrated and microcosmic form the sickness of the entire system'. I see prison abolitionists such as Davis as presenting a valuable model of pandemic recovery based on social inclusion, community-based rehabilitation and the freedom of movement. These activists have appropriated the exclusionary rhetoric of social disease, pandemic and quarantine by claiming that everyone, including the incarcerated, should be 'safer at home'.

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