The COVID-19 Pandemic Series

WOMEN AND COVID-19

A CLINICAL AND APPLIED SOCIOLOGICAL FOCUS ON FAMILY, WORK AND COMMUNITY

Edited by
Mariam Seedat-Khan and Johanna O. Zulueta

ROUTLEDGE

Women and COVID-19

Women and COVID-19: A Clinical and Applied Sociological Focus on Family, Work and Community focuses on women's lived experiences amid the pandemic, emphasising migrant labourers, ethnic minorities, the poor and disenfranchised, the incarcerated, and victims of gender-based violence, to explore the impact of the pandemic on women.

The COVID-19 pandemic highlighted and exacerbated pervasive gender inequalities in homes, schools, and workplaces in the developed world and the Global South. Female workers, particularly those from poor or ethnic minority backgrounds, were often the first to lose their jobs amidst unprecedented lay-offs and economic uncertainty. National lockdowns and widespread restrictions blurred the boundaries between work and home life and increased the burden of domestic work on women within patriarchal societies. This so-called 'new normal' in everyday life also exposed women to increased levels of gender-based violence and the likelihood of contracting COVID-19 due to overcrowding. This edited volume includes contributions from leading applied and clinical sociologists working and living in Asia, Africa, Europe, and the Americas and gives a global overview of the impact of the pandemic on women. Each chapter adopts an applied and clinical sociological approach in analysing gendered vulnerabilities. The volume innovatively uses personal accounts, including narratives, interviews, autoethnographies, and focus group discussions, to explore women's lived experiences during the pandemic.

This edited collection will greatly interest students, academics, and researchers in the humanities and social sciences with an interest in gender and the impact of the COVID-19 pandemic.

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The COVID-19 Pandemic Series

This series examines the impact of the COVID-19 pandemic on individuals, communities, countries, and the larger global society from a social scientific perspective. It represents a timely and critical advance in knowledge related to what many believe to be the greatest threat to global ways of being in more than a century. It is imperative that academics take their rightful place alongside medical professionals as the world attempts to figure out how to deal with the current global pandemic, and how society might move forward in the future. This series represents a response to that imperative.

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This edited volume is dedicated to the women academics that came before, academics that were lost to COVID-19 and a legacy of women that will come after.

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List of Abbreviations

4IR	Fourth Industrial Revolution
ALT	Assistant Language Teacher
ANM	Auxiliary Nurses and Midwives
APEDFI	Associação de Pessoas com Doença Falciforme de Ilhéus
ASHA	Accredited Social Health Activists
CHW	Community health worker
CIEYA	Centre for Integrated Education Youth and Adults
CLAIR	Council of Local Authorities for International Relations
CNA	Certified Nursing Assistant
CNI	National Immigration Council
DV	Domestic Violence
DVA	Domestic Violence and Abuse
FENAFAL	Federation of Associations of People with Sickle Cell Disease of Brazil
GBV	Gender-Based Violence
HCP	Healthcare practitioner
HHA	Home Health Aid
IPV	Intimate Partner Violence
JET	Japan Exchange and Teaching
MCO	Movement Control Order
NRPF	No Recourse to Public Funds
SA	South Africa
SCD	Sickle cell disease
UK	United Kingdom
USA	United States of America

Notes on Contributors

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Series Foreword

We are very pleased to introduce *Women and COVID-19: A Clinical and Applied Sociological Focus on Family, Work and Community*. *Applied Sociology* refers to research for practical purposes, and *Clinical Sociology* focuses on the analysis of and intervention in problematic situations in order to improve the quality of all lives and the planet as a whole. Clinical sociology also often involves applied research.

As clinical sociologists, we have long been involved in topics such as human rights, environmental justice, whistleblowing, the protection of children in armed conflict, mandatory retirement of older adults, and the central inclusion of women and girls. Therefore, we very much looked forward to reading the contributions to this volume.

Women and COVID-19 analyses the situation of women during a global health crisis. The chapters cover very different topics in several regions of the world as well as at least ten countries – Zimbabwe, South Africa, India, Brazil, the United States, Nigeria, Malaysia, Japan, Australia, and the United Kingdom. The editors of the volume – Mariam Seedat-Khan and Johanna O. Zulueta – asked authors to document and analyse how people adapted to a **new normal** in their lives. The authors show how the new normal 'intensified gender-based and intimate partner violence' and focus on the urgent need to prioritise dealing with women's vulnerability. The editors emphasise that since COVID-19, the 'challenges, risks, inequalities, and marginalization' usually facing women have become more difficult for women.

We certainly support the editors' call for a solution-driven approach to dealing with these critical issues. We look forward to the development of clinical sociology programmes and initiatives that seek to dramatically reduce or eliminate the identified problems through a combination of analysis and intervention. Research should allow the direct voices of community members to be heard, and policymakers need to be involved at every step to make sure that they hear those community voices. The involvement of representatives of foundations and government agencies could help in providing any needed resources to ensure the participation of women from different backgrounds and communities of all sizes in the development of interventions as well as the evaluation and monitoring of initiatives.

Tina Uys, DLitt et Phil, CCS

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Acknowledgements

The editors and authors recognise the devastation that women, families, workspaces, and communities have experienced amid COVID-19. The resilience is evident in the narratives. Families and communities have provided the impetus for this book. COVID-19 lived experiences, fatalities, and economic, political, and social disruption have redirected a global future. Clinical and applied sociologists are recognised for their commitment to social change during an unprecedented time. Heartfelt thanks are extended to the women who supported and encouraged this edited volume. We acknowledge Professors Tina Uys (South Africa), Jan Marie Fritz (USA), Emma Porio (Philippines), and the team of academic peer reviewers, all of whom challenged our thinking and writing. Thank you to our families, workspaces, friends, and communities that carried the authors as we worked tirelessly to assemble this edited volume. This edited volume is a product of the international research network for applied and clinical sociology. The editors remained committed to the vision of bringing women's lived experiences to life from scholars across the globe.

17 Women behind Bars in the United States

A Hidden and Vulnerable Population in Pandemic Times

Daniela Jauk-Ajamie

Introduction

The United States of America is the largest incarcerator in the world. The US incarceration rate of 698 per 100,000 people is 1.07% of all working adults in the country (Wagner and Bertram, 2020). While male incarceration is in a slight downturn, female incarceration has risen by 700% over the last few decades (Sentencing Project, 2020). As of 2019, 231,000 women and girls are behind bars in the USA. Over one million women are under criminal justice system supervision including probation and parole (see Kajstura, 2019; Sentencing Project, 2020).

This chapter sheds light on the hidden and vulnerable population of women and girls incarcerated in the USA and the impact of the COVID-19 pandemic. The research report comes from reports on women in American correctional institutions and a study of a clinical sociological gardening programme for women in a residential community correction setting in the American Midwest. Clinical sociology as a rights-based and liberatory approach to sociological practice calls for a sociology that reflects the needs of all humans (Brunsma et al., 2013; Fritz and Rheaume, 2014). Along these lines, the gardening programme uncovers voices hidden behind barbed wire fences, while growing more nutritious food and providing meaningful leisure time behind prison walls.

While I use the term 'woman/women' to refer to individuals held in correctional facilities for individuals assigned female at birth, it should not be forgotten that at least 4,890 transgender individuals are held in prisons in the USA, the vast majority not accommodated based on their lived gender identity (Lacoste et al., 2021). Transwomen of colour (who are overrepresented in prison) are particularly vulnerable to mistreatment behind bars from staff and fellow residents and are ten times more likely to experience sexual assault (National Centre for Transgender Equality, 2018). For the USA, there is no published research on COVID-19 and the transgender incarcerated population currently.

The American corrections system is broadly divided into institutional and community-based supervision. Institutional corrections facilities encompass prisons and jails. Typically, prisons are state or federal facilities that hold people convicted of felonies with sentences longer than a year. Jails are facilities of local

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law enforcement and usually hold individuals with sentences of one year or less and those awaiting trial. Community supervision includes probation, parole, and residential community corrections programmes. Residential community corrections are housing facilities that count as re-entry or prison diversion programmes. Residents are entirely confined for a defined period and then gradually gain access to the community based on their treatment progress. However, during their stay in a community corrections facility, residents technically count as 'incarcerated' and lose state-sponsored health benefits.

In the next section, I give a brief overview of the problem of mass incarceration of women and girls in the USA, followed by a review of the research on COVID-19 behind bars in the USA with a focus on women. I then turn to the clinical sociological Garden Project, explaining the methodological approach and data analysis. The analysis draws from data collected during the COVID pandemic and speaks to women's perceptions of the lack of protection, inconsistent institutional responses, limited access to treatment and social support, and deteriorating food quality in the facility. The chapter concludes with a call to embrace a feminist clinical sociology that can be of service to incarcerated women and girls and their communities and for gardening to be used as a therapeutic intervention that can bring respite and a sense of agency to incarcerated women.

Literature Review

How Does Mass Incarceration Impact Women and Girls in the USA?

Over the past quarter-century, women have been significantly more involved with the criminal justice system in the USA because of more expansive law enforcement efforts, stiffer drug sentencing laws, and post-conviction barriers to re-entry that uniquely affect women (Kajstura, 2019; Swavola, Riley, and Subramanian, 2016). In recent decades, the female incarcerated population has grown at twice the pace of men's incarceration and is now eight times higher than in 1980. Wacquant (2001) argued that 'hyper-incarceration' describes the phenomenon because the risk of imprisonment is heavily weighted towards sub-communities. Hyper-incarceration of women is gender-based but also reveals a racialised dynamic (Richie, 2012; Kaba, 2018). For example, while the rate of imprisonment for African American women has been declining since 2000, in 2019, the imprisonment rate for African American women (83 per 100,000) was still over 1.7 times the rate of imprisonment for white women (48 per 100,000). Additionally, Latinx women were imprisoned at 1.3 times the rate of white women (63 vs. 48 per 100,000; Sentencing Project, 2020).

It is critical to understand women's criminalisation and incarceration in the larger context of the patriarchal gender order that permeates the socialisation and life chances of women and girls (including gender diverse identities). Ranking 30 of 156 in the latest Global Gender Gap report, American society is characterised by systematic gender violence (36% of women experience violence in their lifetime) and low political participation of women (World Economic Forum, 2021). Substance abuse, mental illness, and severe physical, sexual, and mental

abuse often predates women's convictions; a pattern that has been captured in feminist criminology literature, particularly by the 'Pathways Perspective' (Chesney-Lind and Pasko, 2013; Daly, 1992; Kruttschnitt et al., 2019). This perspective accounts for five gendered pathways to crime in response to traumatisation and victimisation (Daly, 1992) and calls for a gender-responsive approach in correctional treatment (Covington and Bloom, 2007; Wright et al., 2012). Empirical evidence shows that more incarcerated women than men struggle with severe psychological distress (Bronson and Berzofsky, 2017) and substance use challenges (Swavola et al., 2016). Class also matters, and economic marginalisation may play a more significant role than originally theorised (Kruttschnitt et al., 2019). Criminal justice-involved women face greater economic marginalisation and poverty than their male counterparts. Additionally, incarcerated women are also often financially responsible for dependents. The vast majority (80%) of women in jails are mothers and frequently the primary caretakers of their children and families (Sawyer and Bertram, 2018). Over half (58%) of women in state and federal prisons reported having at least one minor child (Maruschak et al., 2015).

Women's bodies pose a unique challenge not adequately addressed in the American criminal justice system. More than half of women in jails have a current medical problem (compared to 35% of men). About two-thirds of jailed women report a chronic condition – compared to half of the men in jails and 27% of people in the general population (Swavola et al., 2016). Gynaecological, obstetric, and pregnancy care are often unavailable, especially in jails where women have shorter stays (Swavola et al., 2016). As of 2021, 29 states shackle women during childbirth, and the practice of immediate postpartum separation is still widely used (Swavola et al., 2016). As of 2019, only prisons in eight states (Illinois, Indiana, Nebraska, New York, Ohio, South Dakota, Washington, and West Virginia) hosted nursery programmes that allow women to care for their infants for varying periods of time (Arregi et al., 2020).

What Do We Know about COVID-19 behind Bars in the USA?

Mass incarceration and prison overcrowding have been a structural driver of health inequities, amplifying COVID-19 and health disparities in already disproportionately policed communities (Novisky et al., 2021; Reinhart and Chen, 2021). Prisons and jails continue to be hotbeds of COVID-19 infection and source of spread in the USA (Macmadu et al., 2020; Marquez et al., 2021; Saloner et al., 2020). Information on the extent of the pandemic crisis has been lagging and deliberately omitted by some states. While for much of the pandemic, at least data on COVID infections and deaths of residents and staff in state and federal prisons were available on individual State Departments of Corrections (DOC) websites, some states have ceased publication of data; others have decreased the frequency of reports and the variety of data provided (Lao and Behne, 2021). Generally, there is no concerted effort from the Department of Justice in the USA to report on COVID-19, and data is being collected from independent research teams.[1] As a

result, data on the vaccination status of incarcerated people and staff across all states remain vague.[2]

Bearing in mind that we face under-reporting, as of 14 June, 590,757 COVID-19 infections and 2,896 related deaths of incarcerated people have been reported (data derived 15 June 2022 from https://covidprisonproject.com/). Marquez et al. (2021) compared these rates with the overall USA population for the first 52 weeks of the pandemic and found that the incidence rate of COVID-19 in incarcerated settings was more than three times higher than in the general populations (30,780 cases of incarcerated people versus 9,350 cases in 100,000), and the mortality rate more than double the community death rate (80.9 deaths per 100,000 in the general population versus 199.6 among incarcerated individuals). Data are primarily collected from the federal and state prison system, and no conclusions can be made about the pandemic within jails. Jails currently host some 650,000 detainees every day with a 55% weekly turnover rate and involve approximately 220,000 full-time jail staff who commute from their communities each day (Reinhart and Chen, 2021). The 'jail churn' thus poses a threat not only to those incarcerated but to the community exposed to elevated infection risks outside the jail walls.

What Do We Know about the Impact of COVID-19 on Incarcerated Women?

There is a lack of official reporting on COVID in sex-aggregated form. However, a few independent studies have been published about women and girls during the pandemic (Arregi et al., 2020; Lacoste et al., 2021; Welch and Deitch, 2021). Lacoste et al. (2021) compiled the most comprehensive report on gender-specific data on COVID-19. They identified at least 54 women's prisons that have reported more than 100 infections and 56 with cumulative infection rates above 15% (as of November 2021), showing at least 20,125 documented COVID-19 infections among incarcerated women during the pandemic. These data are drawn from 107 state and federal prisons; many more prisons and jails do not report this information. It is thus impossible to know how many cases occurred in women's facilities (Lacoste et al., 2021). Even in systems that report facility-level data, data are not disaggregated by sex within mixed facilities. Lacoste et al. (2021) complement available quantitative data with narratives from California women's prisons that demonstrate how systematic transparency failures have hidden the impacts on women.

Welch and Deitch (2021) describe a 'pandemic gender gap' with faltering services for women in prisons that are still predominantly designed for males. They suggest that releasing women with nonviolent charges would be the best mitigation strategy in the pandemic, yet androcentric risk assessments result in women's 'over classification' and overly restrictive eligibility criteria for release (Welch and Deitch, 2021). In addition, pregnant women have not been prioritised for release, even though they are especially vulnerable to complications from COVID (Arregi et al., 2020; Ellis, 2020; Welch and Deitch, 2021).

Andrea High Bear was the first woman to die in an American prison from the novel virus. She had been transferred to a federal prison in Texas on a nonviolent drug-related charge in North Dakota when she was seven and a half months pregnant; she contracted COVID-19 shortly after her arrival. After being put on a ventilator, she delivered a premature baby on 1 April 2020 by caesarean section and passed away on 28 April 2020 (Ellis, 2020; LeBeau, 2020). Andrea High Bear's grandmother, who is caring for the infant, called for accountability, saying she never received any information. The first communication from the prison was a letter stating that Andrea had died (LeBeau, 2020). This is symptomatic of the separation women and their families suffer, exacerbated in the pandemic through lockdowns and the non-transparency of decisions by prison officials.

Arregi et al. (2020) compiled a snapshot of data available in September 2020 on COVID infections in women's prisons, including an interactive map. They offered profiles of the hardest hit prisons (for which data were available) located in Louisiana, Florida, Texas, Massachusetts, California, and Michigan (Arregi et al., 2020). However, nearly half of incarcerated women are held in jails (Kajstura, 2019) which act as pandemic super spreader sites (Reinhart and Chen, 2021).

The Garden Project

In this chapter, I draw from available reports on women in the American prison system during the pandemic, as well as my research in a residential community corrections facility for women with the goal of diverting clients from prison and facilitating their re-entry into the wider community (give the place a name so you can reference it throughout). The field site for this clinical sociological intervention is a residential community facility in which female clients are incarcerated on a full-time basis for a minimum of 30 days; they gradually receive access to the community. The length of stay depends on progress towards treatment goals and compliance in the programme and averages approximately 4.5 months. The facility had an average of 215 intakes/year from 2015 to 2018, with a 76% programme completion rate. Clients in this time had a median age range of 26–35, and 40% did not have a high school degree. In terms of race, about 75% of clients identified as white, and about 12% identified as African American. The racial identity of the remaining 13% was undetermined.

My research interest emerged when I worked as a full-time applied sociologist for the large community corrections agency (hereafter called 'the agency') that operates the field site. As an applied sociologist for the agency, I analysed 'exit evaluations' of residential clients. Clients complained with the highest frequency about the low quality of the food and the extensive 'downtime' between treatment classes. To address these needs by taking women's voices seriously and seeking to empower them (Mancini, Billson, and Disch, 1990), I helped to develop a therapeutic garden programme (Jauk and Blackwood, 2022; Jauk and Blackwood, 2020) inspired by the need for gender-responsive programming (Covington and Bloom, 2007; Fleming et al., 2021) and research evidence of the benefits of gardening in correctional settings (Ascencio, 2018; van der Linden, 2015; Toews et al., 2018).

The curriculum was adapted from a prison garden project developed by fellow clinical sociologists in Alabama, with the goal of comparative research (Jauk, et al., 2022; Jauk and Everhardt, 2018).

Two crucial community partners supported the garden project: *Sunflower Gardens*,[3] a local food justice initiative that supports 100 community gardens in the urban area where the facility is located, and the local Extension Office.[4] As such, the garden intervention is an example of a clinical sociological community intervention (Fritz and Rheaume, 2014) that connects incarcerated women with community resources. Thanks to the hands-on help and material donations of *Sunflower Gardens*, a garden of approx. 400 square feet was established in May 2019 and doubled in fall 2019 to 800 square feet. A horticultural curriculum was administered to clients weekly from May to November 2019 with the goal of creating a nurturing space of agency for the women inside the facility, addressing the problem of idle time, supplementing healthy snacks, and equipping women with re-entry skills.

Data Collection

I used multiple qualitative methods to answer the research question '(How) Can an educational horticultural programme in a community correction setting benefit female clients?' The larger data pool I derived from the clinical sociological garden

Figure 17.1 Establishing the garden in 2019 (image by author)

intervention includes participatory observation of gardening lessons, a focus group with clients discussing food and facility experiences and expectations of the garden programme, and a focus group with all stakeholders including facility management and community partners. Participatory observation meant that I was actively participating in the garden, working alongside the women, engaging in deep and natural field conversation, and observing social interactions closely. I wrote copious fieldnotes and additionally conducted interviews with community partners (n = 5) and staff members (n = 2) involved in the garden programme. The data set also includes written anonymous reflection narratives (n = 120) from female clients after the completion of individual gardening lessons.

With the onset of the COVID-19 pandemic in early Spring 2020, facility management terminated the garden programme, and the field site was on complete lockdown until August 2020. The garden operated for four weeks in August 2020 before shutting down again. During the pandemic, the garden programme director and I met for five weeks with an average of five women weekly in the garden. We were supported by a Social Work intern who helped develop the women's programme in prior months. From these five weeks of gardening in the women's corrections facility during the pandemic, I have rich fieldnotes I draw on for this chapter.

Research Results

Perceived Lack of Protection from COVID

Prisons and jails in the USA are overcrowded and social distancing is impossible. At the beginning of the pandemic, incarcerated people faced inadequate healthcare and lacked access to supplies like soap and masks (Ellis, 2020; Scott, 2021; Reinhart and Chen, 2021). Jennifer, imprisoned for life at a Florida Reception Centre, reports in April 2020 that 'they told us we must remain six feet apart. But I sleep in an open dorm with 78 beds, eight showers, 12 toilets, and eight sinks. Our bunks are only two feet apart, side by side' (quoted in Lewis, 2021). The women I worked with in the agency were not affected by overcrowding, as the facility was not at maximum capacity during this time. Yet, they did not feel adequately protected from COVID-19. The participants reported that they had not received any COVID-19 testing and that 'someone is always sick in there,' and when they report sick, they are told 'not to spread panic' (Fieldnotes, 1 August 2020).

In contrast to women's reports, the garden program director of the agency cautioned that COVID-19 rapid tests were widely available in the agency (Fieldnotes, 3 August 2020). In addition, masks seemed available, as all women who came out to the garden were in possession of masks (some wore them below their chin). Other problems women noted related to water quality. One participant shared, 'The water is brown and yellow. We must take our medications with brown water' (Fieldnotes, 3 August 2020). Given the cancellation of in-person visits and lockdown restrictions, the correctional staff was likely the leading factor in introducing the virus into facilities (Lacoste et al., 2021). While I did not observe staff members disregarding safety precautions at my field site, incarcerated women across

the USA reported that correctional staff had not complied with safety protocols. Women were concerned about retaliation if they voiced their concerns (Scott, 2021; Welch and Deitch, 2021).

Inconsistent Responses from the Criminal Justice System

Reinhard and Chen (2021) estimate that non-carceral management of nonviolent alleged offences would have been associated with a 2.0% reduction in daily COVID-19 case growth rates. This would have amounted to more than ten million cases that could have been avoided. At the beginning of the pandemic, significant policy changes were enacted to depopulate crowded prisons and jails by reducing admissions and increasing releases. Most policy changes were late and insufficient, and states and counties abandoned their efforts as the pandemic wore on (Prison Policy Initiative, 2021).

The court in the county where my field site is located shut down for a year, with most trials delayed and handled via telephone and video conferencing. That also meant that the court reduced intake numbers for the facility because fewer women were sentenced in the first year of the pandemic. While this was a positive development, detained women in our research revealed dynamics that created strain. A few women consistently reported attempts to keep them in the facility longer. Entering the garden for the first time after the shutdown, I noted that the facility, which holds approximately 60 beds, was only filled to a third, according to staff and participant reports. I documented in my field notes:

> The unit for medication-assisted drug treatment is currently closed, and two of the three garden volunteers today reported that there were attempts to keep them in the facility for a lot longer than their original sentencing. Both had to contact their lawyers to confirm that they could be released because there were. (Fieldnotes, 1 August 2020)

Natalie, a frail young white woman, eagerly participated in every gardening lesson we offered during the pandemic. She was new to the facility, having been incarcerated because she failed to show up for three drug tests due to a lack of childcare and transportation, typical barriers for women's re-entry (Michalsen, 2019). Missing the drug tests was a violation of her probation, but Natalie said she had been sober and clean and had not relapsed.

Overall, one-third of incarcerated girls are held for status offences or for violating the terms of their probation (Sentencing Project, 2020). For example, Natalie 'believed she would be in there for three months, but she did not know.' It is concerning that there is a lack of transparency about the length of her confinement that can be reduced or extended depending on a client's treatment completion and compliance violations. Facility management decides release dates together with treatment and counselling staff. Given the fact that the agency receives day rates for each client, a financial motive for the practice of sentence extensions is plausible. Kouri and Lemoine (2021) find a similar dynamic in their analysis of a

roundtable with representatives of eight community-based residential facilities in Canada. Participants highlighted that the use of de-carceration measures can conflict with maintaining the financial stability and capacity of agencies and described challenges to advocating for the release of lower-risk individuals.

Limited Access to Social Support, Treatment, and Programming

Overall, women reported that access to treatment was limited in pandemic times due to the cessation of movement between inside and outside. We were invited back to the garden for a short period in August 2020 because it was the safest leisure time activity the facility could offer at the time. It was outdoors, which allowed for social distancing, and we made sure to bring gloves, surgical masks, and sanitiser to every session. However, other programming had been entirely cut. External contractors and volunteers provide much of prison programming (12-step programmes, faith groups, educational classes, etc.), and family and friend visits are essential for social support. Unfortunately, these opportunities for outside contact had been halted as part of the agency's COVID-19 policies.

One of the garden evaluation outcomes was how much the women appreciated that people came in from the outside and took the time to work with the women (Jauk and Blackwood, 2021; Jauk, Blackwood, and Boros, 2020). Unfortunately, this outlet was wholly erased for them during COVID-19. All programming had ceased because the facility was on lockdown, and the women were deprived of social contacts that had been minimised as a protection measure. Maintaining contact with family members during incarceration significantly lowers concerns about re-entry (Baker et al., 2021) and is crucial for women's desistance from crime (Michalsen, 2019).

Consider the case of Lillith, a Black woman in her mid-20s, who missed her five-year-old son's birthday. She reported that she was allowed one meeting a week, but her counsellor said that the meeting must be in the treatment plan, and seeing her son is not part of the treatment. She was furious and stated she didn't get any treatment. She said that she saw a crisis counsellor for two weeks but never again (Fieldnotes, 3 August 2020). Brenda, a young white woman nearing her release date, said she kept requesting appointments with her caseworker that were then postponed (Fieldnotes, 20 August 2020). Our observations confirmed analyses of other researchers. In-person counselling has been suspended in most facilities and available activities did not substitute for professional treatment. Compounding this gap, the COVID crisis required correctional health care staff to focus on the needs of people with the virus, reducing their ability to provide critical preventive care for women in custody. Without access to care, stress can exacerbate mental health challenges and cause the immune system to deteriorate, leading to worse outcomes for those infected with COVID (Arregi et al., 2020; Ellis, 2020; Welch and Deitch, 2021).

Deteriorating Food Quality and Quantity

Access to healthy food at my field site had been a problem before the pandemic. 'This food is not for human consumption' was one of many complaints in the

Figure 17.2 Pandemic gardening (image by author)

anonymous exit evaluations. 'It's not good enough for humans, not good enough for dogs like that's how bad it is … it's like punishment in itself,' said Etta in a focus group I conducted shortly before the pandemic (Focus Group, 18 February 2020). The food for my field site is supplied by the largest of the three major corporations that share the 4.1-billion-dollar prison food industry in the USA. Still, incarcerated people and their loved ones must spend an additional 1.4 billion dollars a year to supplement the inadequate and often spoiled food (Camplin, 2017; Worth Rises, 2020). On average, just over $2 per day is spent on food for an incarcerated person (Soble et al., 2020) for a diet typically composed of low-cost carbohydrates and processed meat. In the most comprehensive report on prison food to date, carceral institutions are conceptualised as 'out-of-sight food deserts' (Soble et al., 2020), perpetuating patterns of ill health amongst marginalised populations that already experience profound inequalities and food insecurity in their home communities (Testa and Jackson, 2019).

While the high-carb diet that often leads to weight gain and obesity is more common among incarcerated women (37%–43%) compared to incarcerated men (20%–27%) (Maruschak et al., 2015), data from our research indicate that meal skipping is a strategy women use, especially if they lack funds to supplement their diet. Amber reported that 'I lost weight when I couldn't eat the food anymore. I didn't want to eat it anymore. I didn't have money to buy vending machines stuff.'

Instead, Amber would just eat one piece of bread a day, a practice she kept up for an entire month (Focus Group, February 18.2020). This finding is in line with Soble et al. (2020) who found that 94% of survey respondents reported never being full in prison, and 93% being hungry between meals.

The pandemic has exacerbated the dire food situation behind bars. According to Blakinger (2021), prisoners said the food had become largely 'inedible and sometimes unidentifiable.' Many facilities reduced from three meals to two meals a day. In several instances, 'lockdown meals' or 'emergency menus' were served, and these tended to leave residents hungry and without a warm meal for weeks. The Marshall Project published pictures of 'food' served in American jails and prisons since the onset of the pandemic in early Spring 2020. The pictures reveal dry milk powder as a meal, green-grey meat patties, mould spots on bread, and a food diary revealing that many meals were skipped altogether (Blakinger, 2021). During the first visit and the preparation for the short pandemic gardening season, I noted:

> They also said they have been eating baloney sandwiches ninety days in a row every night and that the 'food is garbage.' And they also said that they call it 'mystery meat' because they never know what kind of meat they get to eat or if it is even real meat. (Fieldnotes, 1 August 2020)

The garden programme was attractive to the women because it offered access to alternative food sources. After the first gardening session, we decided we would bring some snacks. We brought celery sticks in individual plastic snack bags, portioned peanut butter in containers, and flavoured water, which the participants eagerly ate. Even if only briefly, the garden provided respite from a harsh environment that had become a danger zone in a global pandemic. The engagement of women and the opportunities for nurturing interactions with humans and plants demonstrate the potential for clinical sociology to permeate total institutions and bring hope to hidden and vulnerable populations.

Conclusion

This chapter focused on the effects of COVID-19 on the hidden and vulnerable population of women and girls behind bars in the USA during the pandemic through the lens of a clinical sociological garden project in a women's community corrections facility. Data speak to the perceived lack of protection from COVID-19, inconsistent and opaque responses from the criminal justice system, limited access to social support, and deteriorating food quality during the pandemic. As clinical sociologists, we find creative and research-based interventions to improve human lives. With this line of work, I seek to develop and apply a feminist rights-based approach in clinical sociology that focuses on healing and strengthening the voices of incarcerated women and girls (Brunsma et al., 2013; Fritz and Rheaume, 2014; Mancini Billson and Disch, 1990). Gardening can be designed as a gender-responsive treatment (Covington and Bloom, 2007; Fleming et al., 2021) that empowers women and in the spirit of clinical sociology, gardening in correctional

settings can help to strengthen human rights for the female prison population in the USA (Barberet and Jackson, 2017).

In the truncated growing season during the pandemic, I saw the garden in the women's community corrections facility as a respite and sociological intervention that was able to bring positive interaction, extra healthy outside time, and validation for the women's voices we were able to capture. This applied not only to the women residents but also to the staff member who had been assigned to supervise the gardening lessons. I noted in my field notes:

> Andria did a lesson on soil today and brought a jar filled with soil and water to explain the different layers of sediment. Women were eagerly listening and sitting around her in a half-circle. She brought a compost tumbler set that had to be put together for the practical part. It was remarkable how staff member Misty was really into gardening and actively participated throughout the entire session. This has never happened before. When asked how she feels

Figure 17.3 Building a tumbler and staff member watering in the background (image by author)

> about the garden, she said, 'wonderful.' She feels 'wonderful and excited about the garden and eager to see the fruits.' Misty and Natalie jumped at the opportunity to put the tumbler together, and it took a good half hour to 40 minutes to put all the parts in the right places. It was so fulfilling to see how Misty and Natalie collaborated as equals, and hierarchical boundaries were transgressed as they struggled with the black plastic and the vague instructions. It made clear to me that collaborative gardening is not only good for the rapport between staff and clients but also empowers women to be active and 'create' something as well as strengthens skills (in this case, following instructions, persevering through challenges, communicating), and finally, is also an outlet for staff members to break through routines and get some extra outside time.
>
> (Fieldnotes, 13 August 2020)

In terms of the larger context of COVID-19 in American penal institutions, there is an urgent need for de-carceration, i.e., the release of incarcerated populations, especially women serving time for nonviolent offences (Arregi et al., 2020; Lacoste et al., 2021; Reinhart and Chen, 2021; Welch and Deitch, 2021). We need to move away from hyper-imprisonment and adopt a healthier approach that will simultaneously strengthen public health and improve safety for women in custody and their children, families, and communities. We must view women in prison and jails as a priority group with unique needs in our responses to the COVID-19 crisis (Ellis, 2020), and urge institutions to better implement the UN Rules for the Treatment of Women Prisoners (Bangkok Rules) as human rights framework that recognises that female incarcerated individuals have different needs respecting their diverse backgrounds (Barberet and Jackson, 2017; Welch and Deitch, 2021).

The strategies that correctional systems have implemented to mitigate the spread of the virus within prisons and jails (i.e., additional separation and isolation) exacerbate harm for women (Welch and Deitch, 2021). Additionally, DOCs and the Department of Justice need to be held accountable to report COVID-19 metrics disaggregated by facility and sex-disaggregated for mixed facilities to help researchers and the public better understand the COVID-19 situation in carceral institutions (Lacoste et al., 2021; Welch and Deitch, 2021). While these are more significant big-picture issues and need a radical restructuring of the penal complex, we can take actions today to support incarcerated women and girls in the USA.

Arregi et al. (2020) suggest supporting organisations led by formerly incarcerated women, such as the National Council for Incarcerated and Formerly Incarcerated Women (https://www.nationalcouncil.us/). Another option is contributing to bail-out funds for incarcerated mothers such as The National Bail Out Collective (https://www.nationalbailout.org/) which is a Black-led initiative coordinating the #FreeBlackMamas campaign. We can also promote the planting of more prison gardens for women who remain in custody. Researchers of the pandemic in women's penal institutions in the USA have loudly called to expand and enhance the programmes and services available for women and particularly expand wellness programmes that promote women's health, including better food

options (Arregi et al., 2020; Ellis, 2020; Lacoste et al., 2021; Welch and Deitch, 2021). Educational gardening is a restorative practice and a safe outdoor activity with the potential to enhance health and well-being and supply additional nutrition. Gardening as a clinical sociological intervention should challenge dominant discourses of personal responsibility and employ a gender-sensitive and trauma-informed approach that can account for structural violence and injustice shaping re-entry experiences for women. It is a space for women's agency and resistance in pandemic times. It is a space to envision a better future and create a better Now.

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Notes

1 The two major data hubs are *The UCLA Law COVID Behind Bars Data Project* (https://uclacovidbehindbars.org) and The Covid Prison Project (https://covidprisonproject.com/) collecting and combining available data published by individual DOCs.
2 Data on vaccination frequency and status is tracked and updated based on media reports and DOC websites and shows gaping holes; see_https://covidprisonproject.com/covid-19-vaccinations-system-report/, accessed 18 November 2021.
3 All names in this chapter are altered for confidentiality; geographic data is de-identified.
4 Extension Offices are sponsored by the United States Department of Agriculture in collaboration with land-grant universities and state and local governments. They provide research-based information and education to the public on subjects relating to agriculture and food, home, the environment, community economic development, and youth.

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I am writing to confirm peer review and publication of your chapter *in Women and COVID-19: A Clinical and Applied Sociological Focus on Family, Work and Community*.

The book will be published in hardback and eBook formats on 29 September 2023 by Routledge, an imprint of Taylor & Francis Group. The chapter was peer-reviewed by the editors of the book, Mariam Seedat-Khan and Johanna O. Zulueta.

Please find enclosed herewith the front matter of the book, including the title and imprint page, table of contents and list of contributors. For further information about the book and chapter, please see the book's page on the Routledge website at https://www.routledge.com/Women-and-COVID---19-A-Clinical-and-Applied-Sociological-Focus-on/Seedat-Khan-Zulueta/p/book/9781032211756.

If you need any additional information, please do not hesitate to contact me.

Yours faithfully,

Chris Parry

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