

PANDEMIC EUGENICS:
DISCRIMINATION, DISABILITY, & DETENTION DURING COVID-19

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The hidden blueprint of eugenics continues to shape the treatment of captive and vulnerable populations throughout the current pandemic. Though nominally discredited, eugenic thinking continues to guide our twenty-first century incarceration policies and our discriminatory treatment of detained, disabled, and neglected populations. During COVID-19, our unrecognized reliance on eugenics has caused a cascade of disasters: disregard for the welfare of incarcerated people who have fought COVID-19 without supplies, social distancing ability, or compassionate release; hospital rationing policies which limit use of ventilators, hospital beds, and other medical devices by disabled and elderly individuals; the skyrocketing death toll in nursing and long-term care homes; and the profound neglect of group home

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residents, including children in foster care and the cognitively and developmentally disabled.

These inequitable practices follow a pattern consistent with the philosophy of eugenics. Our society has isolated a class of “unfit” and “unvalued” people, whose lives and dignity are treated as less worthy than others. This article reveals the hidden eugenic thinking supporting our mistreatment of disabled, captive, and vulnerable individuals during the pandemic, and proposes broad and longer-lasting solutions to this legacy of discrimination.

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INTRODUCTION

An invisible blueprint of eugenic philosophy has guided our approach to battling COVID-19, resulting in discriminatory treatment of captive and vulnerable populations. Indeed, “the long tail of eugenics still explains our twenty-first-century incarceration policies.”¹ Tragically, this long tail also explains our callous treatment of individuals during the pandemic who are either physically confined, less able to control their living conditions, or both; specifically, those who are residing in institutions, care facilities, group homes or corrections facilities. The legacy of eugenic thinking still leads to various troubling outcomes, including an almost complete abandonment of prisoners, who have suffered explosive COVID spread without safeguards or treatment. Likewise, the extraordinary death toll in long-term care homes and psychiatric institutions reflects the societal disregard for individuals residing in such organizations, who were too often ignored when it came time to distribute personal protective equipment (PPE) and institute proper safety measures. Finally, the longstanding neglect of intellectually and developmentally disabled individuals and foster care children in group residential homes has had a damaging and dangerous effect. Although the pandemic has shone a spotlight on the long-lasting power of eugenic philosophy, eugenic practices have affected these populations for over a

¹ Laura I Appleman, Deviancy, Dependency, & Disability: The Forgotten History of Eugenics and Mass Incarceration, 68 Duke L.J. 417, 420 (2018).

century. Eugenics is so deeply embedded in our thinking that it can be extremely difficult to tease out, strand by strand.

America's historically-embraced philosophy of eugenics, although nominally-discredited,² has shaped our response to the COVID epidemic in ways both subtle and overt. Eugenic philosophy, more formally defined as selective breeding in order to increase desirable heritable characteristics,³ is a global scientific and social movement focusing on the manipulation of the racial and ethnic stock to improve society.⁴ Put another way, eugenic philosophy is a combination of policies "influenced by core beliefs that many of the worst social problems facing America could be solved by segregating, sterilizing, or even eliminating the physically, mentally, and morally disabled."⁵ Our COVID-19 policies

². Although eugenics fell out of mass popularity following WWII and the Nazi's embrace of the practice, the philosophy underlying such beliefs and practices were never truly rejected. See id. at 448.

³. See Laura Rivard, America's Hidden History: The Eugenics Movement, Scitable (Sept. 14, 2014), <https://www.nature.com/scitable/forums/genetics-generation/america-s-hidden-history-the-eugenics-movement-123919444>.

⁴. Jonathan Simon, The Criminal Is to Go Free: The Legacy of Eugenic Thought in Contemporary Judicial Realism About American Criminal Justice, 100 B.U. L. Rev. 787, 787 (2020).

⁵. Jonathan Simon, The Long Tail of Eugenics, JOTWELL (Nov. 5, 2019), <https://crim.jotwell.com/the-long-tail-of-eugenics> (reviewing Laura I Appleman, Deviancy, Dependency, and Disability: The Forgotten History

help reify this philosophy by creating a literal underclass of the “unfit” and “unvalued,” whose lives are treated as less valuable. Accordingly, our eugenics-based approach to this pandemic is not an aberration, but instead a reflection of our long-held but little discussed eugenic beliefs, established in the late nineteenth century and still endemic today. The remnants of eugenic philosophy repeatedly surface in modern legal and medical practice, most evident in the treatment of populations we seem to minimally value.⁶

The standard history of American law and medicine gives short shrift to the role of eugenics.⁷ Following Buck v. Bell, which legitimized

of Eugenics and Mass Incarceration, 68 DUKE L. J. 417 (2018)).

⁶ Simon, supra note 4, at 788.

⁷ Cf. generally THOMAS LEONARD, ILLIBERAL REFORMERS: RACE, EUGENICS, AND AMERICAN ECONOMICS IN THE PROGRESSIVE ERA (2016); PAUL A. LOMBARDO, THREE GENERATIONS, NO IMBECILES: EUGENICS, THE SUPREME COURT, AND Buck v. Bell (2008) (detailing factual and legal history of Buck v. Bell); DAVID J. ROTHMAN, CONSCIENCE AND CONVENIENCE: THE ASYLUM AND ITS ALTERNATIVES IN PROGRESSIVE AMERICA (1980) (discussing influence of eugenics on progressive American law); Mary Crossley, Reproducing Dignity: Race, Disability, and Reproductive Controls, 54 U.C. DAVIS L. REV. 195, 204–234 (2020); Michael Willrich, The Two Percent Solution: Eugenic Jurisprudence and the Socialization of American Law, 1900–1930, 16 LAW & HIST. REV. 63, 64 (1998) (discussing minimal mention of eugenics in criminal justice history).

sterilization of those deemed “mentally unfit,” 32 states passed eugenic sterilization laws in the first few decades of the twentieth century.⁸ Innumerable human medical experiments were performed upon the disabled, the incarcerated, and the aged, frequently funded by the federal government.⁹ We have long since given up espousing the philosophy of eugenics. And yet eugenics, and the racist belief system it created, is burrowed deeply into the inner workings of both law and medicine.¹⁰

The COVID-19 global pandemic has laid bare the inextricably entwined roots of the legal and medical professions, both supported by eugenic thinking. This Article will reveal the hidden motivations behind our discriminatory treatment of captive and vulnerable populations during COVID-19 and highlight the legacy of eugenics present in our government response to the pandemic. Part I traces the hidden role of eugenic philosophy in both past and present approaches to law and medicine, detailing its strong influence throughout the past 100 years. Part II scrutinizes our reaction to COVID-19, exposing the neglect and discrimination against those populations we still view as “lesser” and “unworthy.” Specifically, Part II looks at incarcerated people, individuals under correctional control, nursing home residents, institutionalized

⁸. Appleman, supra note 1, at 448.

⁹. Laura I Appleman, The Captive Lab Rat: Human Medical Experimentation in the Carceral Era, 61 B.C. L. REV. 1,8 (2020).

¹⁰. See Simon, supra note 4, at 787–88; see generally Karen Norrgard, Human Testing, The Eugenics Movement, and IRBs, 1 NATURE EDUC. 170 (2008).

patients, and those living in long-term care. Part III discusses some legal responses to our insufficient COVID-19 measures, including lawsuits brought to halt medical rationing plans, legal attempts for early inmate release, and the proposed COVID-19 Safer Detention Act. Part IV calls for improvement in our approach to treating disabled, captive, and vulnerable populations. This would include a new Commission on Ethics and Eugenics, overseeing all health services, medical treatment, and new research experiments proposed for such individuals. In addition, Part IV advocates for increased educational efforts to teach the true history of eugenics. Finally, this Article concludes with a call to scrutinize our medical and legal practices for the taint of eugenic thinking.

This effort is among the first to expose how both the philosophy and actual practice of eugenics is still occurring today, particularly for certain populations.¹¹ We can only eradicate the stains of the past by teaching the truth of our history, flawed as it may be. Although we have begun the painful task of examining how eugenics has influenced our past decision making, we have not yet reckoned with how this corrosive philosophy still affects our present. Only by identifying, exposing, and eradicating all traces of eugenics can we ensure that our approaches to issues of medical and legal ethics are free from structural and systemic discrimination.

¹¹. Cf Jonathan Simon, *The Criminal Is to Go Free: The Legacy of Eugenic Thought in Contemporary Judicial Realism About American Criminal Justice*, 100 B.U. L. Rev. 787 *passim* (2020).

I. PAST IS PROLOGUE: TRACING THE HIDDEN BLUEPRINT OF EUGENICS

Our response to the COVID-19 pandemic has resulted in startling neglect and mistreatment towards vulnerable populations residing in correctional facilities, alternative corrections, psychiatric institutions, long-term care facilities, and foster-care group homes. This is largely attributable to the subliminal blueprint of eugenics underlying our legal and medical treatment of the disabled, detained, and dependent. Despite its absence in the customary narratives of law¹² and medicine, the continuing force of eugenics cannot be dismissed, as it drives many of our historical and current medical actions.

Standard American history gives short shrift to the powerful role of eugenics in creating forms of detention, such as our criminal justice system and institutions for people with disabilities. Indeed, our checkered past, which includes using human subjects for experimentation, is tangled with our history of imprisonment. Although embarrassing to recall, “historians have shown that eugenics made a massive and lasting influence on American law and society and on criminal justice in particular.”¹³ Eugenic philosophy has guided our past decisions to detain and incarcerate individuals with psychiatric disabilities, those with developmental and physical disabilities, and the “socially undesirable.”¹⁴ From the very beginning of the United States, segregation and detention have been used to control those on the margins: the poor (in

¹². With the exception of disability law and some aspects of family law.

¹³. Simon, supra note 4, at 790.

¹⁴. Appleman, supra note 1, at 419.

almshouses, workhouses, and ghettos), minorities (in convict labor farms and correctional institutions), and those who are disabled (in cages, asylums, and hospitals).¹⁵ Eugenic philosophy was the blueprint for these decisions, and its long tail still shapes the contours of much of the modern regulatory state.¹⁶

Theories of eugenics began to circulate in the late nineteenth century, and reached full fruition during the Progressive Era.¹⁷ Eugenic theory was closely intertwined with the late nineteenth century idea that social problems, including insanity, dependency, poverty, and disability, were fundamentally individual and moral in nature.¹⁸ Following the Civil War, the burgeoning field of hereditary science provided Americans an easy way to stratify and inculcate on the basis of class and race. Hereditary differentiation quickly became a means to socially control those

¹⁵. Id.

¹⁶. Simon, supra note 4, at 790.

¹⁷. Appleman, supra note 1, at 436.

¹⁸. See LIAT BEN-MOSHE, DECARCERATING DISABILITY: DEINSTITUTIONALIZATION AND PRISON ABOLITION 69–110 (2020); DAVID MITCHELL AND SHARON SNYDER, CULTURAL LOCATIONS OF DISABILITY 101–05 (2006); PAUL LOMBARDO, THREE GENERATIONS, NO IMBECILES 7–19 (2002); John Sutton, The Political Economy of Madness: The Expansion of the Asylum in Progressive America, 56 AM. SOC. REV. 665, 669 (1991).

considered “inferior”¹⁹ and deserving of fewer resources.²⁰ In this way, scientific racism and eugenics became fundamental in supporting certain societal ordering—one that valorized certain races, ethnicities, and genetic fitness—as natural and inevitable.²¹ Thus, eugenics functioned simultaneously as “a scientific and a social movement.”²²

By the advent of the Progressive Era, various legal, sociological, and scientific eugenic theories flourished, largely focused on dividing the “fit” from the “unfit.”²³ The common thread? Widespread societal assumptions about the appropriate treatment for those individuals categorized as “unfit,” “undesirable,” or “unemployable.”²⁴ Those considered “inferior” because of disability, mental illness, or congenital illness were viewed by the public as a continuing “threat to the vitality of the nation.”²⁵ The very existence of these “unfit” individuals posed a threat to the United States, because they would not only cost money to support, but also might spread their “degenerate” hereditary traits through reproduction, weakening the American stock.

^{19.} See Mary Nash, Social Eugenics and Nationalist Race Hygiene in Early 20th Century Spain, 15 HIST. EUR. IDEAS 741, 741 (1992).

^{20.} LOMBARDO, supra note 7, at 11.

^{21.} See Nash, supra note 19, at 741.

^{22.} LEONARD, id. at 112.

^{23.} Appleman, supra note 1, at 437.

^{24.} Id.

^{25.} Harry G. Hutchison, Waging War on the “Unfit”? From Plessy v. Ferguson to New Deal Labor Law, 7 STAN. J. C.R. & C.L., 1, 4 (2011).

Indeed, policy makers used eugenics to help distinguish and separate the different types of “inferior” persons (certain undesirable members of society), in order to better control and contain them by imposing involuntary custodial care (the asylum, the work farm, the prison).²⁶ This was to shrink the costs of supporting the mentally and physically disabled.²⁷ Instead, resources were to go to those who were most worthy of both surviving and thriving, as it was the fittest, in their view, who deserved to populate the earth—a contrast between “the beasts that prey and those they prey upon, between those of the animals that have to work hard for their food and the sedentary parasites that cling to their bodies and suck their blood.”²⁸

Eugenic philosophy was prevalent among Anglo-American educated elites throughout the first three decades of the twentieth century. This elite class included powerful community figures such as scientists, politicians, clergy, doctors, and lawyers.²⁹ The focus of eugenics was to ensure that “everything possible is done to have fewer hereditary defectives.”³⁰ Progressive belief systems were remarkably stable in their

^{26.} Appleman, supra note 1, at 436, 444.

^{27.} Id. at 447.

^{28.} Francis Galton, Eugenics: Its Definition, Scope, and Aim, AM. J. Soc., Vol. X, No.1 (1904), <http://galton.org/essays/1900–1911/galton-1904-am-journ-soc-eugenics-scope-aims.htm>.

^{29.} See DANIEL KEVLES, IN THE NAME OF EUGENICS: GENETICS AND THE USES OF HUMAN HEREDITY 57–58, 60, 64 (1985).

^{30.} See A EUGENICS CATECHISM, AM. EUGENICS SOC’Y 2–3, 10

disdain towards disability, dependency, and deviancy,³¹ with the majority of reformers viewing eugenic thinking as common intellectual ground.³²

State policies and legal proceedings codified eugenic thinking and helped crystallize such beliefs.³³ The codification of eugenic philosophy led to a major expansion of the criminal justice system. This included the institution of probation and parole, indeterminate sentencing, juvenile courts, and proactive policing techniques.³⁴ These forms of correctional control, still used widely today, required the preventive incapacitation of those deemed permanent or habitual offenders—in other words, those whom eugenics had classified as hereditarily criminally defective.³⁵ Those who could not be rehabilitated due to inbred criminal tendencies had to be overseen for a lifetime.³⁶

The spread of eugenic thinking also spurred a redefinition of disabilities, both mental and physical, transforming people deemed “unfit” from their status as community outsiders into societal dangers.³⁷ The fear of a “rising tide of feeble-mindedness,”³⁸ spawned from

(1926), <https://www.uvm.edu/~eugenics/primarydocs/oraesec000026.xml>.

³¹. Appleman, supra note 1, at 433.

³². Simon, supra note 4, at 791.

³³. Appleman, supra note 1, at 433.

³⁴. Simon, supra note 4, at 791.

³⁵. Simon, supra note 4, at 805–06.

³⁶. Id.

³⁷. LOMBARDO, supra note 7, at 15.

³⁸. A Rising Tide of Feeble-mindedness, Chi. Trib., Feb. 2, 1923, at 8.

indiscriminate “degenerate” breeding, was entangled with the fear that the national intelligence of the Anglo-American world was in decline.³⁹ Simultaneously, the fear of a growing population of disabled individuals increased, for they would supposedly bankrupt and overtake local communities.⁴⁰ As a result, more “permanent” solutions were sought to stem the flood, including the establishment of asylums, sterilization, and euthanasia, to segregate the “defective” from the flow of community life.⁴¹

Such imprisonment of the vulnerable, whether through asylum, institution, or prison, were then effectively combined with widespread sterilization schemes.⁴² Sterilization intended to eradicate the inherited aspects of mental illness, degenerate criminality, and intellectual and developmental disability.⁴³ Isolation and segregation, combined with a rigorous sterilization regime, would help “annihilate the hideous serpent

³⁹. Appleman, supra note 1, at 448.

⁴⁰. Id. at 447.

⁴¹. See, e.g., Walter Fernald, Address, The Burden of Feeble-Mindedness, 611 BOS. MED. & SURGICAL J. 911, 913– 14 (1912) (discussing “widespread prevalence of feeble-mindedness” and “large numbers of feeble-minded persons” in Massachusetts); Appleman, supra note 1, at 442, 448.

⁴². Appleman, supra note 1, at 446.

⁴³. Laura I Appleman, Deviancy, Dependency, & Disability: The Forgotten History of Eugenics and Mass Incarceration, 68 DUKE L.J. 417, 446 (2018).

of hopelessly vicious protoplasm.”⁴⁴ Once appropriately disposed of, these “inferior” individuals would no longer be a bother to society, and their genes would eventually die out.⁴⁵

This type of eugenic thinking strongly influenced Progressive era public health policies.⁴⁶ The beginning collection of data, along with advances in the field of statistics, were used by public health officials to attempt to control disease and track health.⁴⁷ Both public health policies and eugenicists contended that preventing disease spread was more efficient than finding cures, whether that was a vaccine (public health) or sterilization to prevent inferior reproduction (eugenicists).⁴⁸ Public health physicians also adopted eugenics as a practical way to apply the insights

44. CHARLES B. DAVENPORT, *EUGENICS: THE SCIENCE OF HUMAN IMPROVEMENT BY BETTER BREEDING* 34 (1910).

45. Appleman, *supra* note 1, at 446.

46. See Martin Pernick, *Eugenics and Public Health in American History*, 87 AM. J. PUB. HEALTH 1767, 1768 (1997) (“Public health agencies and eugenics organizations often overlapped in goals and methods, programs, and personnel.”).

47. See *Public Health in the Progressive Era*, OHSU HIST. COLLECTIONS, <https://www.ohsu.edu/historical-collections-archives/public-health-progressive-era> (last visited Apr. 6, 2021).

48. See Paul Lombardo, *Eugenics and Public Health: Historical Connections and Ethical Implications*, in *OXFORD HANDBOOK OF PUBLIC HEALTH ETHICS* 642–43 (2019).

of medicine.⁴⁹ Ultimately, the public health movement emphasized population-based solutions for health problems, and most practitioners agreed that prevention of social problems was a “necessary condition for social progress.”⁵⁰ The passage of eugenics based public health laws—such as denial of marriage certificates to “defectives” and mandatory sterilization laws—exemplified this cooperation.⁵¹

These discriminatory and destructive attitudes reached their zenith in the two decades before World War II. World War II and the effort to defeat Nazism stemmed the overt tide of enthusiasm for eugenic rhetoric, since Nazi policies not only embraced American eugenics but implemented it to horrifying levels.⁵² Nonetheless, many of the radical, brutal therapies used to treat the disabled continued indiscriminately throughout the 1940s, including mass sterilization, malarial fever therapy (injecting the patient with malaria to “cure” syphilis), lobotomies, shock treatments to induce painful convulsions, and other types of outrageous human medical experiments.⁵³

Following World War II, the Anglo-American elite moved away from outright endorsement of eugenics, but never internally repudiated it.⁵⁴ As such, the blueprint of eugenics can still be traced in law and healthcare.

^{49.} Id. at 643–44.

^{50.} Id. at 644.

^{51.} Id. at 646–47.

^{52.} Appleman, supra note 1, at 448.

^{53.} Id. at 449–50.

^{54.} Simon, supra note 4, at 791.

The longstanding emphasis on an individual's community "value" continues to frame treatment of those with disabilities, the aged, and the incarcerated.

The standard historical narrative tells us that American eugenic policies ended in the 1960s and 1970s.⁵⁵ Although some of America's most obvious eugenics policies—such as highly restrictive immigration laws, state-wide mandatory sterilization statutes, and interracial marriage restrictions—were dismantled or erased,⁵⁶ much of its infrastructure remained. Indeed, the "pervasiveness and persistence"⁵⁷ of American eugenic thinking following World War II is startling in its breadth and power.⁵⁸

What has been called the "second wave of eugenics"⁵⁹ still relied heavily on sterilization initiatives following WWII. This sub rosa continuation of eugenic principles and philosophy included policy organizations like Birthright, Inc., the renamed Sterilization League of New Jersey espousing sterilization, racial discrimination, and carefully

^{55.} See ALEXANDRA STERN, EUGENIC NATION: FAULTS AND FRONTIERS OF BETTER BREEDING IN AMERICA 183–84 (2005).

^{56.} Id. at 184.

^{57.} See Roberta Bivins, Book Review: Eugenic Nation, 50 MED. HIST. 544, 545 (2006), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1592626/>.

^{58.} Appleman, supra note 1, at 461.

^{59.} See Kevin Begos, The American Eugenics Movement After World War II, Part I, INDYWEEK (May 18, 2011), <https://indyweek.com/news/american-eugenics-movement-world-war-ii-part-1-3/>.

selected human breeding beginning in 1943.⁶⁰ Over 31 states had sterilization programs enduring well into the 1970s, with the most prominent programs in California, Virginia, and North Carolina.⁶¹ Eugenics-based sterilization programs clearly targeted minority women during the 1960s and 1970s.⁶² But other groups' fitness to survive and reproduce were also targeted, including the poor, those with disabilities, and those who had been convicted of criminal acts.⁶³

Medical practices based on eugenic beliefs have continued well into the twenty-first century. Repeated sterilizations performed on incarcerated women in California prison systems, for example, continued until roughly 2010.⁶⁴ From 2006–2010, statefunded doctors sterilized approximately 148 women held in California correctional facilities,

^{60.} See generally Association for Voluntary Sterilization Records, UNIV. MINN. LIBR., <https://archives.lib.umn.edu/repositories/11/resources/2395> (last visited Apr. 6, 2021).

^{61.} See Kim Severson, Thousands Sterilized, a State Weights Restitution, N.Y. Times (Dec. 9, 2011), <https://www.nytimes.com/2011/12/10/us/redress-weighed-for-forced-sterilizations-in-north-carolina.html>.

^{62.} Begos, supra note 59.

^{63.} Id.

^{64.} See Corey G. Johnson, Female Inmates Sterilized in California Prisons without Approval, CENT. INVEST. REP. (July 7, 2013), <https://www.revealnews.org/article/female-inmates-sterilized-in-california-prisons-without-approval/>.

with evidence of roughly 100 more sterilizations dating back to the late 1990s.⁶⁵ The imprisoned women alleged that prison medical staff coerced them, particularly targeting women who were Black and Latina,⁶⁶ along with those deemed likely to recidivate.⁶⁷ California's long history of forced sterilization was implemented through a robust program in selective breeding—designed to prevent “habitual criminals, inmates of insane asylums and sexual deviants”⁶⁸ from having children.

Eugenic practices continue to abound. In 2017, Glenwood Resource Center, an Iowa residential home for the seriously intellectually disabled, performed unauthorized medical experiments on residents.⁶⁹ Glenwood

^{65.} Id.

^{66.} See Shilpa Jindia, *Belly of the Beast: California's Dark History of Sterilizations*, Guardian (June 30, 2020), <https://www.theguardian.com/us-news/2020/jun/30/california-prisons-forced-sterilizations-belly-beast>.

^{67.} Johnson, supra note 64.

^{68.} Specifically, “California made it legal for state officials to asexualize those considered feeble-minded, prisoners exhibiting sexual or moral perversions, and anyone with more than three criminal convictions.” This included castrations and ovary removal. Tom Abate, State's little-known history of shameful science / California's role in Nazis' goal of 'purification', SFGATE (Mar. 10, 2003), <https://www.sfgate.com/business/article/State-s-little-known-history-of-shameful-science-2663925.php>.

^{69.} See Iowa Violated Constitutional Rights of People with Disabilities at Glenwood Resource Center, GAZETTE (Dec. 22, 2020), <https://www.thegazette.com/subject/news/government/>

staff conducted two types of experiments on residents without their consent.⁷⁰ The first experiment involved overhydrating residents, some of whom were on feeding tubes, causing physical harm to their nervous systems, skin, and cardiovascular systems.⁷¹ The second involved psychological research on impulsivity, with plans for a third set of experiments incorporating sexual arousal of residents.⁷² These experiments continued for two years before they were exposed.⁷³

Most recently, allegations arose regarding sterilization of undocumented women held at the Mexican border.⁷⁴ A facility gynecologist allegedly performed sterilization surgeries and other

feds-iowa-violated-constitutional-rights-of-people-with-disabilities-at-glenwood-resource-center-20201222.

^{70.} Id.

^{71.} See Rachel Droze, DOJ Report on Glenwood Resource Center Details Human Experiments, Lack of Communication with State, WE ARE IOWA (December 23, 2020), <https://www.weareiowa.com/article/news/local/local-politics/glenwood-resource-center-department-of-justice-report-human-experimentation-iowa-department-of-human-services/524-a0a15b9d-482a-4792-b246-11b4b30834a6>.

^{72.} Iowa Violated Rights, supra note 69.

^{73.} Id.

^{74.} See Catherine Shochet, In a Horrifying History of Forced Sterilizations, Some Fear the U.S. is Starting a New Chapter, CNN (September 18, 2020), <https://www.cnn.com/2020/09/16/us/ice-hysterectomy-forced-sterilization-history/index.html>.

procedures on detained female immigrants, procedures which the women neither sought nor fully understood.⁷⁵ The detainees' lack of consent and understanding obviously raises serious ethical concerns.⁷⁶

Both the penal state and public health practices have been strongly influenced by eugenic thinking. In this vein, a few criminal justice scholars have contended that eugenics have helped “drive the punitive turn of the late twentieth century and the rise of mass incarceration,”⁷⁷ leaving us with structural and racial inequity that is difficult to dismantle. Similarly, public health scholars have begun to re-examine the role that eugenics has played in shaping modern public health, noting how eugenic thinking became “a norm embedded in public health concepts, structures and interventions.”⁷⁸ The shameful yet persistent legacy of

^{75.} See Nomaan Merchant, More Migrant Women Say They Didn't OK Surgery in Detention, AP (September 18, 2020), <https://apnews.com/article/georgia-archive-only-on-ap-immigration-f2008d23c5f9087f4214d9722dfb097e>.

^{76.} Id.

^{77.} E.g., Simon, supra note 4, at 800; ELIZABETH HINTON, FROM THE WAR ON POVERTY TO THE WAR ON CRIME: THE MAKING OF MASS INCARCERATION IN AMERICA 44 (2016).

^{78.} Paul Weindling, Conceptualising Eugenics and Racial Hygiene as Public Health Theory and Practice, in CONCEPTUALISING PUBLIC HEALTH: HISTORICAL AND CONTEMPORARY STRUGGLES OVER KEY CONCEPTS 4 (2018), <https://radar.brookes.ac.uk/radar/file/ce1462f7-119b-4898-a82e-70b20f811649/1/Conceptualising%20>

eugenics continues, undergirding much of the treatment of the captive and vulnerable, in times of crisis and in times of peace.⁷⁹

II. MODERN PANDEMIC EUGENICS

Our treatment of the captive and vulnerable in the midst of a long-running pandemic starkly exemplifies how an underlying eugenic philosophy still structures health care for those who are disabled, detained, or imprisoned. The State's minimal effort put forth to protect these members of our community belies our reliance on eugenic thinking. Specifically, the State continues to prioritize the healthy, free, and able-bodied over the medically fragile, incarcerated, and disabled. With COVID-19 still spreading through the United States, we neglect these populations at our own peril.

A. Jails and Prisons

COVID-19 has been a global catastrophe that has impacted everyone. The pandemic, however, has disproportionately threatened the health and safety of individuals in formal correctional facilities. The risk of COVID-19 infection in jails and prisons has been aptly described

eugenics%20and%20racial%20hygiene%20as%20public%20 health%20 theory%20and%20practice%20-%202018%20-%20Weindling.pdf.

⁷⁹. See Cassie DaCosta, The New Documentary “Belly of the Beast” Explores the Epidemic of Forced Sterilizations within the Female Prison Population of California, DAILY BEAST (May 18, 2020), <https://www.thedailybeast.com/inside-americas-horrifying-modern-day-eugenics-movement>.

as “lethally systemic.”⁸⁰ Prisons and jails are almost perfectly configured to harbor COVID-19 outbreaks, since most correctional facilities are overcrowded, located in aging buildings lacking decent sanitation and medical care, and have high concentrations of older individuals with multiple underlying conditions.⁸¹ When combined, these factors increase the possibility for widespread virus infection and severe symptoms, with minimal capabilities for treatment.⁸² Penal institutions also see a constant influx of staff, guards, and healthcare workers in and out of facilities, not to mention the prisoners themselves.⁸³ Accordingly, correctional facilities have rapidly become hotspots for infection.⁸⁴ At last count, 378,812 inmates have tested positive for COVID-19, and approximately 2,263

^{80.} See Lee Kovarsky, Pandemics, Risks and Remedies, 106 VA. L. REV. ONLINE 71, 71 (2020).

^{81.} See Kelly Davis, Coronavirus in Jails and Prisons, THE APPEAL (July 8, 2020), <https://theappeal.org/coronavirus-in-jails-and-prisons-27/>.

^{82.} See Abene Clayton, ‘People Are Terrified’: A Coronavirus Surge Across California’s Prisons Renews Calls for Releases, GUARDIAN (December 29, 2020), <https://www.theguardian.com/us-news/2020/dec/29/california-coronavirus-cases-prison-system>.

^{83.} See Davis, supra note 81.

^{84.} Kovarsky, supra note 80, at 71. See also Covid-19 Infection Tracking in NYC Jails, LEGAL AID SOC. (May 20, 2020) <https://legalaidnyc.org/covid-19-infection-tracking-in-nyc-jails/> (showing that coronavirus infection rates for inmates (9.18%) and staff (12.45%) in New York’s DOC much higher than the general NY state population (1.85%).

have died.⁸⁵ As Justice Sotomayor wrote: “[I]nmates everywhere have been rendered vulnerable and often powerless to protect themselves from harm.”⁸⁶

A rational response to the COVID-19 pandemic would have been to release some current inmates, especially individuals near the end of their sentences, those with health conditions, those of advanced age, and those convicted of non-violent crimes. This would have protected the lives of the released by allowing them to live safely at home, as well as protecting both facility employees and people who remained incarcerated by reducing the population density. Unfortunately, that was not the U.S. approach. Rather than value the lives of incarcerated people in the face of a deadly pandemic, we continue to “lock up and lock out more people than any other country on earth.”⁸⁷

1. Prisons

People incarcerated in prisons have experienced far higher rates of COVID-19 infection and death than the United States population at large.⁸⁸ Infection has spread quickly in prisons, due to confinement in

^{85.} See Totals for February 4, 2021, COVID PRISON PROJECT, <https://covid.prisonproject.com/data/national-overview/> (last visited on Apr. 6, 2021).

^{86.} *Valentine v. Collier*, 140 S. Ct. 1598, 1601 (2020).

^{87.} See Michelle Alexander, Let Our People Go, N.Y. Times (May 13, 2020), <https://www.nytimes.com/2020/05/13/opinion/coronavirus-prison-outbreak.html>.

^{88.} See Caitlin Hoffman, Coronavirus Infections and Death

very tight (often overcrowded) quarters, extremely limited access to PPE, and high rates of preexisting respiratory and cardiac conditions.⁸⁹ In addition, many state prisons are failing to take even simple precautionary measures to halt the spread of the virus. For example, in the East Moline Correctional Center in Illinois, the prison staff do not take inmates' temperatures, allow inmates to eat in the cafeteria together, and have not provided inmates with basic sanitation supplies such as hand sanitizer.⁹⁰ Likewise, at the Mississippi Department of Corrections, there are no sanitation protocols for telephones and minimal access to soap and cleaning supplies. CDC flyers provided the only COVID-19 education for inmates.⁹¹

Simply being imprisoned can rapidly exacerbate the spread of COVID-19. The infection rate for inmates is roughly 5.5 times higher than the rate for the general U.S. population, and the death rate is three

Rate Higher Among Incarcerated People, JOHNS HOPKINS

UNIV. HUB (July 8, 2020), <https://hub.jhu.edu/2020/07/08/coronavirus-infection-and-death-rates-higher-in-prisons/>.

⁸⁹. Id.

⁹⁰. See Hunter Nagai, East Moline Corr. Ctr., IL, COVID-19 Jail/Prison Policies, UCLA L. COVID BEHIND BARS DATA PROJECT, <https://law.ucla.edu/academics/centers/criminal-justice-program/ucla-covid-19-behind-bars-data-project> (last visited Apr. 6, 2021).

⁹¹. Id.

times as high.⁹² Infection rates in many prisons rose to almost 65% by the beginning of June 2020.⁹³

The most shocking example is California's San Quentin prison, which suffered a massive increase in coronavirus infection (over 1,400 cases) after the prison received a transfer of infected inmates.⁹⁴ As of December 2020, San Quentin has had 2,243 cases and twenty-eight COVID-19 related deaths.⁹⁵ The San Quentin outbreak was so disastrous that in October 2020, the California Court of Appeals ordered a 50 percent reduction in inmate population.⁹⁶ The result of the San Quentin COVID-19 spread harmed not just the inmates and staff, but also

^{92.} See Hoffman, supra note 88 (after adjusting for age/sex differences between prison inmates and general population).

^{93.} Id.

^{94.} See Adamu Chan, The View from Inside San Quentin State Prison, SLATE (July 6, 2020), <https://slate.com/human-interest/2020/07/san-quentin-coronavirus-outbreak-prison-diary.html>.

^{95.} See Jaskiran Soomal, "COVID-19 Could Only Have Reached Death Row Via Staff. Many of Us Believe This Was Intentional," DAVISVANGUARD (Dec. 20, 2020), <https://www.davisvanguard.org/2020/12/staff-intentionally-introduced-covid-19-to-san-quentin-death-row/>.

^{96.} See Kristen Sze, California Court of Appeals Orders 50% Population Reduction at San Quentin Prison, ABC7NEWS (Oct. 20, 2020), <https://abc7news.com/san-quentin-prison-coronavirus-outbreak-inmates-covid-hadar-aviram/7198733/>.

the entire population of California, as corrections transferred seriously-ill inmates to outside hospitals. The secondary effect of confinement-accelerated infection not only burdens the community and health care workers, but also can facilitate community spread.⁹⁷ As of the end of October 2020, over 15,306 COVID-19 positive cases emerged in California state prisons alone.⁹⁸

Conditions in federal prisons have been equally alarming. The federal Bureau of Prisons (BOP), which imprisons over 163,000 people, reported 229 inmate and three staff deaths due to COVID-19, with actual numbers of inmate deaths likely much higher.⁹⁹ The missteps by the BOP have been numerous and deadly. First, BOP staff have ignored or minimized inmates' COVID-19 symptoms, mixing both sick and healthy people together in slapdash quarantines.¹⁰⁰ Second, the

^{97.} See Eric Westervelt, “Shocking, Heartbreaking” Coronavirus Outbreak in Calif. Prison Alarms Health Experts, NPR (June 27, 2020), <https://www.npr.org/2020/06/27/884149444/shocking-heartbreaking-coronavirus-outbreak-in-ca-prison-alarms-health-officials>.

^{98.} Sze, supra note 96.

^{99.} See UCLA Law COVID-19, BEHIND BARS DATA PROJECT, FED. FACILITIES, <https://uclacovidbehindbars.org/federal> (last visited Apr. 6, 2021).

^{100.} See Keri Blakinger and Keegan Hamilton, “I Begged Them to Let Me Die:” How Federal Prisons Became Coronavirus Death Traps, MARSHALL PROJECT (June 18, 2020), <https://www.themarshallproject.org/2020/06/18/i-begged-them-to-let-me-diehow-federal-prisons->

BOP also transferred thousands of inmates between prisons in February and early March, spreading the virus cross-county.¹⁰¹ Third, BOP did not even follow its own pandemic response plan, failing to space out prisoners, and only testing approximately thirteen percent of incarcerated individuals.¹⁰² Finally, and most troubling, BOP inmates were quarantined either in filthy, formerly-abandoned buildings, or in tents prone to rainstorm flooding.¹⁰³

Even these startling numbers may very well be undercounted, as many prisons have either failed to track COVID-19 cases or purposely ignored them, some are not reporting any cases, and others not even testing inmates.¹⁰⁴ A combination of dangerous conditions has created a perfect storm of infectious transmissions in correctional facilities.

Neglecting COVID-19 in prisons has resulted not only in a rampant spread of the virus within institutional walls, but also increased the rate of infection outside, putting inmates, staff, and the community at much higher risk.¹⁰⁵ Indeed, only five states (Massachusetts, Michigan,

became-coronavirus-death-traps.

^{101.} Id.

^{102.} Id.

^{103.} Id.

^{104.} Id.

^{105.} See Emily Widra & Dylan Hayre, Failing Grades: States Responses to COVID-19 in Jails and Prisons 2, ACLU PRISON POL. INITIATIVE (June 25, 2020), https://www.aclu.org/sites/default/files/field_document/failing_grades_states_responses_to_covid-19_in_jails_prisons_063020.

Tennessee, West Virginia, and Vermont) completed comprehensive testing of the inmate population in state prisons.¹⁰⁶ Thirty-six states provided PPE to prisoners consisting solely of masks.¹⁰⁷ Given the 1.3 million individuals currently incarcerated in state prisons,¹⁰⁸ this COVID-19 response is woefully inadequate. As of December 28, 2020, over 1,700 jail and prison inmates have died from COVID-19,¹⁰⁹ and over 275,000 have been infected.¹¹⁰ These numbers will surely continue to increase unless more steps are taken to protect prisoners.

There are a variety of steps that state and federal government could have taken to limit COVID-19 spread, which created a prison mortality rate twice as high as the adjusted mortality rate of the general population.¹¹¹ Governors could have commuted sentences of medically

pdf.

^{106.} Id. at 5.

^{107.} Id. at 15–20 (Appendix A).

^{108.} Id. at 8.

^{109.} See Madeleine Carlyle, [With Over 275,000 Infections and 1,700 Deaths, COVID-19 Has Devastated the U.S. Prison and Jail Population](https://time.com/5924211/coronavirus-outbreaks-prisons-jails-vaccines/), TIME (Dec. 28, 2020), <https://time.com/5924211/coronavirus-outbreaks-prisons-jails-vaccines/>.

^{110.} See id.

^{111.} See Deniz Araturk, [What Prisons Could Still Do to Save Lives](https://wcsj.law.duke.edu/2020/09/what-prisons-could-still-do-to-save-lives/), WILSON CTR. SCI. & JUST. (Sept. 18, 2020), <https://wcsj.law.duke.edu/2020/09/what-prisons-could-still-do-to-save-lives/>.

vulnerable prisoners.¹¹² Corrections departments could have increased how many prisoners are eligible for early release.¹¹³ Legislatures could have passed laws requiring the release of aged or ill prisoners.¹¹⁴ States and the BOP could have also ensured that, at minimum, prisons obtained proper PPE and sanitizing tools, healthcare, and mass testing supplies.¹¹⁵

Why have states and the federal government been so slow to safeguard prisoners from this deadly virus? This hesitancy to protect is rooted in our long, eugenic history of neglecting and abusing the incarcerated.¹¹⁶ To truly understand our failure to shield the incarcerated from the virus, it is critical to trace “the history of eugenics from its beginning, through its inexorable intertwining with the criminal justice system to understand how we arrived at our current level of mass incarceration.”¹¹⁷

Most correctional facilities were originally created with an underlying eugenic vision, leading to their evolution “into a permanently dangerous,

^{112.} Id.

^{113.} Id.

^{114.} Id.

^{115.} Id.

^{116.} See Shobana Shankar, For Mississippi to Fix Its Prisons, It Must Recognize Their Dehumanizing, Eugenic Roots, WASH. POST (Jan. 29, 2020). In part, the failure to protect prisoners is due to extremely retributivist attitudes towards those convicted of crimes, viewing inmates as deserving of all punishment, even severe illness and death.

^{117.} Appleman, supra note 1, at 436.

violent environment.”¹¹⁸ Principles of eugenic philosophy, particularly in the Progressive Era, developed into tenets of both criminal law and health law, as detailed above.¹¹⁹ Leading social elites such as judges, attorneys, social workers, prison officials, and other Progressive leaders used eugenic science to help contain certain dangerous individuals and eradicate crime, incarcerating them to improve society.¹²⁰

The twinned eugenic fears of “born criminality” and “feeblemindedness”¹²¹ were used to justify harsh institutional control of Black people and “lesser” whites.¹²² Indeed, eugenics held that the state had a duty to “identify and sort out the unfit as part of an effort to regulate breeding and promote racial progress.”¹²³ And even those

¹¹⁸. Shankar, supra note 116.

¹¹⁹. “[C]riminality remained intimately connected to racial identity and biological makeup.” ANTHONY GRASSO, PUNISHMENT AND PRIVILEGE: THE POLITICS OF CLASS, CRIME, AND CORPORATIONS IN AMERICA 165 (2018), <https://repository.upenn.edu/cgi/viewcontent.cgi?article=4860&context=edissertations>.

¹²⁰. See Miroslava Chávez-García, Youth of Color and California’s Carceral State: The Fred C. Nelles Youth Correctional Facility, J. AM. HIST. 47, 48, 50 (2015).

¹²¹. Appleman, supra note 1, at 443.

¹²². Shankar, supra note 116.

¹²³. ANTHONY GRASSO, PUNISHMENT AND PRIVILEGE: THE POLITICS OF CLASS, CRIME, AND CORPORATIONS IN AMERICA 159 (2018).

Progressive reformers who did not fully embrace eugenics still felt it rational to focus crime-fighting efforts on the individuals believed to be unfit.¹²⁴ This understanding helped develop and nurture the emerging carceral state,¹²⁵ one that still gives short shrift to inmate rights, dignity, and personal safety.

Ultimately, as Shankar observed, “we cannot save prisoners’ lives without first believing that they are worth saving.”¹²⁶ Our reasons for assuming, consciously or subconsciously, that the criminally convicted are less worthy of human dignity and proper treatment stem in large part from the blueprint of eugenics upon which we continue to depend.

2. Jails

Jails function similarly to prisons as an incarcerative setting premised on eugenic beliefs and values. Not only do jails imprison many individuals serving shorter sentences for minor felonies and misdemeanors, but they also detain numerous citizens who are legally innocent, who simply cannot afford bail. Incarcerating individuals merely charged with crimes, who have not yet been found guilty, is frequently based on the fear that they will continue to commit crimes unless they are temporarily removed from society. But both the fear and the science underlying this judicial determination—that people who are arrested and

^{124.} Simon, supra note 4, at 798.

^{125.} Chávez-García, supra note 120, at 48.

^{126.} Deniz Ariturk, What Prisons Could Still Do to Save Lives, DUKE L., WILSON CTR. SCI. & JUST. (Sept. 18, 2020), <https://wcsj.law.duke.edu/2020/09/what-prisons-could-still-do-to-save-lives/>.

indicted for crimes are usually dangerous—has its roots in the eugenic belief system. The imposition of bail and pre-trial detention because of a specious fear of “dangerousness” harks directly back to the eugenic-based fears of the “unfit,” who would endanger society if they were not caged. The reasoning may be different, but the rhetoric is the same.

Unfortunately, jails have proven to be another ideal breeding ground for the rapid spread of COVID-19, due to the punishing conditions of most state and local jails. Pretrial detainees often suffer harsher conditions of confinement than convicted defendants.¹²⁷ Even before the arrival of COVID-19, jails frequently presented dangerous and unhealthy environments, far more than prisons for a number of reasons.¹²⁸ Many jails are unequipped to treat major health issues on site.¹²⁹ Because most detainees are not jailed for long periods of time, providing adequate healthcare has not been a priority, nor has connecting them to treatment in the community upon release.¹³⁰ Finally, many jails function as revolving doors, with individuals frequently circulating between the facility and the community.

^{127.} See Laura I Appleman, Justice in the Shadowlands: Pretrial Detention, Punishment, & the Sixth Amendment, 69 WASH. & LEE L. REV. 1297, 1312 (2012).

^{128.} Id. at 1318.

^{129.} Id. at 1318–19.

^{130.} See Ram Sabraham et al., Incarceration’s Front Door: The Misuse of Jails in America 17, VERA INST. OF JUST. (July 2015), https://www.vera.org/downloads/publications/incarcerations-front-door-report_02.pdf.

Jails are often more overcrowded than prisons, with some facilities lacking cells or separate rooms, instead packing defendants into tight quarters with bunk beds.¹³¹ Inside the jail facility, physical distancing is all but impossible.¹³² Detainees live in packed cells with open communal toilets and close sleeping quarters.¹³³ In fact, some jails contain double the amount of residents they were built to hold.¹³⁴ Due to the extreme space issues inherent in most jail facilities, jails cannot effectively social distance.¹³⁵

^{131.} See Tyler Hicks, As Covid-19 Cases Surge, Some Incarcerated People Remain Behind Bars, TEX. OBSERVER (June 29, 2020), <https://www.texasobserver.org/pretrial-covid-dallas-electronic-monitoring/>.

^{132.} See Ashley Remkus, Alabama Jail Refuses Inmates COVID-19 Masks Because ‘They’re Going to Eat Them,’ ALABAMA.COM (July 9, 2020), <https://www.al.com/news/2020/07/alabama-jail-refuses-inmates-covid-19-masks-because-theyre-going-to-eat-them.html>.

^{133.} See John Cheves, Kentucky’s Overcrowded Jails Could Be ‘Petri Dishes’ for Coronavirus, Officials Fear, GRANT COUNTRY NEWS (Mar. 25, 2020), <https://www.grantky.com/content/kentucky%E2%80%99s-overcrowded-jails-could-be-%E2%80%98petri-dishes%E2%80%99-coronavirus-officials-fear>.

^{134.} Id.

^{135.} See Reducing Jail & Prison Populations During the COVID-19 Pandemic, BRENNAN CTR. (Jan. 22, 2021), <https://www.brennancenter.org/our-work/research-reports/reducing-jail-and-prison-populations-during-covid-19-pandemic>.

Controlling the spread of COVID-19 in jails, however, is just as important as controlling prison spread. An epidemiological study of COVID-19 found that keeping individuals out of jail can save both their lives and the lives of the people in the community surrounding them.¹³⁶ This reality is based on two reasons. First, jails, unlike prisons, have a frequent churn, with individuals cycling in and out of these short-term facilities on a daily basis.¹³⁷ U.S. jails are turnstiles for accused and incarcerated individuals, counting approximately 10.7 million admissions per year.¹³⁸

Second, jail staff also interact on a daily basis with both incarcerated individuals and their families, along with various community members.¹³⁹ Jails are COVID-19 vectors for local communities.¹⁴⁰ For example, the rate of inmate infection at the local jails in New York City in early July (after NY's peak of COVID-19 infection) was 7.86%, compared to 2.62% in the city as a whole.¹⁴¹ Add in infected corrections staff, and the rate

^{136.} See Covid-19 Model Finds Nearly 100,000 More Deaths Than Current Estimates, Due to Failures to Reduce Jails 2, ACLU ANALYTICS (Apr. 2020), <https://www.aclu.org/report/flattening-curve-why-reducing-jail-populations-key-beating-covid-19>.

^{137.} Id.

^{138.} Id.

^{139.} Id.

^{140.} Id.

^{141.} See COVID-19 Infection Tracking in NYC Jails, LEGAL AID SOC'Y (July 3, 2020), <https://legalaidnyc.org/>

of infection jumps to 11.79%.¹⁴² Yet, these “high-transmission hubs” have not been recognized as critical junctures for control of COVID transmission.¹⁴³

A few states have realized jails are potential COVID-19 transmission hubs and significantly decreased their jail populations.¹⁴⁴ Reducing overcrowding is the best way to prevent COVID-19 spread in jails, and the best way to shrink jail populations is releasing people through bail, probation, or reducing arrests.¹⁴⁵

Those detained in jails have disproportionately suffered from the spread of COVID-19. Although many jails have reduced some of their overcrowding, the confines are still fairly packed. In addition, the amount of PPE provided to jail inmates is often minimal. For example, in Alabama, the Madison County jail refused to provide masks for its residents, despite a diagnosed case of COVID-19, because of concerns that “they’re going to eat them,” or use the metal on the masks to injure themselves, each other, or jail staff.¹⁴⁶ Similarly, cleaning supplies for inmates to sanitize their cells are frequently in short supply or

covid-19-infection-tracking-in-nyc-jails.

^{142.} See ACLU Covid-19 Model, supra note 136, at 3.

^{143.} Id.

^{144.} See Widra & Hayer, supra note 105, at 7.

^{145.} See Responses to the COVID-19 Epidemic, PRISON POL. INITIATIVE (July 14, 2020), <https://www.prisonpolicy.org/virus/virusresponse.html> (detailing ways states have reduced jail populations).

^{146.} See Remkus, supra note 132.

non-existent; residents are ordered to clean their own rooms but are given few supplies.¹⁴⁷

Even when defendants are granted bail, they are not always able to leave jail facilities. Some simply cannot afford to pay bail, even when it is a low amount. Although California has ordered judges to free defendants accused of lower-level felonies by reducing their bail to \$0, New York recently suspended the rule limiting jail time to six days for those not indicted by a grand jury.¹⁴⁸ Some courts, including those in Florida, New York, Iowa, and New Jersey, have simply stopped convening grand juries due to the threat of COVID-19. New York's bewildering response to the cessation of grand juries has been to keep defendants in jail, despite the threat of infection.¹⁴⁹

Even those preliminarily released from jail are not always free to go. In Texas, for example, individuals granted pre-trial release must wear electronic monitors to track their movements in the community.¹⁵⁰

^{147.} See David King, Pandemic Leads to Early Prisoner Release, But Finding Housing for Them Remains Difficult, SHELTERFORCE (May 11, 2020), <https://shelterforce.org/2020/05/11/pandemic-leads-to-early-prisoner-release-but-finding-housing-for-them-remains-difficult>.

^{148.} See Simone Weichselbaum, Can't Make Bail, Sit in Jail Even Longer Thanks to Coronavirus, MARSHALL PROJECT (May 1, 2020), <https://www.themarshallproject.org/2020/05/01/can-t-make-bail-sit-in-jail-even-longer-thanks-to-coronavirus>.

^{149.} Id.

^{150.} See Hicks, supra note 131.

The Texas tracking companies, however, have refused to work with—or even touch—defendants infected with COVID-19.¹⁵¹ Thus, despite having been granted bail, these individuals cannot leave the correctional facility.¹⁵² And even if a pretrial detainee is released from jail, societal reentry can be very challenging, given that the individual is released into a pandemic and lockdown.¹⁵³

3. The Failure of Compassionate Release

The compassionate release of state and federal prison inmates has been quite limited.¹⁵⁴ Only twenty-one states overall have released inmates from state correctional facilities, and a mere twelve states have released inmates from local correctional facilities.¹⁵⁵ California, for example, only released 7,000 inmates from its state prisons and 3,500 from its rehabilitation and correctional control facilities. All of the released prisoners were incarcerated for non-violent crimes, and most had already

^{151.} Id.

^{152.} Id.

^{153.} King, supra note 147.

^{154.} See Prison Inmate Release Responses in Response to the Coronavirus (COVID-19) Pandemic, 2020, BALLOTPEDIA (July 1, 2020), [https://ballotpedia.org/Prison_inmate_release_responses_in_response_to_the_coronavirus_\(COVID-19\)_pandemic,_2020](https://ballotpedia.org/Prison_inmate_release_responses_in_response_to_the_coronavirus_(COVID-19)_pandemic,_2020).

^{155.} Prison Inmate Release Responses in Response to the Coronavirus (COVID-19) Pandemic, 2020, BALLOTPEDIA (July 1, 2020), [https://ballotpedia.org/Prison_inmate_release_responses_in_response_to_the_coronavirus_\(COVID-19\)_pandemic,_2020](https://ballotpedia.org/Prison_inmate_release_responses_in_response_to_the_coronavirus_(COVID-19)_pandemic,_2020).

been scheduled for release over the next six months.¹⁵⁶ Given that California has approximately 115,000 people incarcerated at any one time,¹⁵⁷ the percentage of released inmates to those still incarcerated was very low (although, of course, meaningful to each released individual).

Likewise, in Texas, early release via parole is possible for mentally ill, disabled, and terminally ill individuals, or those who require long-term care. These inmates can qualify for medically recommended intensive supervision.¹⁵⁸ The Texas parole board, however, rarely approves that type of parole, even in the midst of a global pandemic.¹⁵⁹ Texas even refused early release for the individuals residing at the geriatric prison in Houston.¹⁶⁰

Similarly, the federal release effort has been minimal. Although former-Attorney General William Barr twice gave orders to federal prisons to release medically vulnerable prisoners or transfer such inmates to home confinement, the Department of Justice resisted.¹⁶¹ Overall, fewer than three percent of federal prisoners have been sent to home confinement.¹⁶²

^{156.} Id.

^{157.} California's Prison Population, PUB. P. INST. OF CA. (July 2019), <https://www.ppic.org/publication/californias-prison-population>.

^{158.} See Davis, supra note 81.

^{159.} Id.

^{160.} Id.

^{161.} See Blakinger and Hamilton, supra note 100.

^{162.} Id.

Meaningful reduction of America's prison population and a slowdown of the rate of COVID-19 transmission will require the release of not just nonviolent drug offenders, but also those individuals convicted of violent crimes.¹⁶³ Even amidst the pandemic, this has been a difficult selling point.

Moreover, simply releasing incarcerated inmates does not solve the problem of COVID-19 spread in correctional facilities. Many people released from prisons and jails have difficulty finding safe, affordable housing.¹⁶⁴ This is an underappreciated but critical issue when releasing prisoners en masse, because early release individuals must have a housing plan arranged before they may leave prison.¹⁶⁵ If inmates cannot find appropriate housing or complete their parole or probation programs, then they must stay incarcerated until they do, pandemic or no.¹⁶⁶ Securing special post-release housing is difficult under normal circumstances; arranging it in the middle of a pandemic can be nearly impossible, given the overflow of inmates needing to be housed, the

^{163.} See Barbara Bradley Hagerty, Releasing People from Prison is Easier Said than Done, ATLANTIC (July 2020), <https://www.theatlantic.com/ideas/archive/2020/07/releasing-people-prison/613741>.

^{164.} See King, supra note 147.

^{165.} Id.

^{166.} See Beth Schwartzapfel, COVID-19 Has Trapped Thousands of Parolees in Prison, Slate (May 7, 2020), <https://slate.com/news-and-politics/2020/05/covid-19-probation-parole-limbo.html>.

reluctance of some organizations to place released individuals due to overcrowding, and a general paralysis related to the emergency.¹⁶⁷

In addition, even the state and federal prisons permitting pandemic-based early release of inmates failed to lessen any of the onerous regulations required for an inmate's release.¹⁶⁸ In other words, the numerous requirements necessary for inmates to complete before their actual release from prison, even when release is formally granted, must still be fulfilled. These mandatory requirements include taking special release courses while still incarcerated,¹⁶⁹ securing an employment offer before release,¹⁷⁰ completing a drug or alcohol program,¹⁷¹ undergoing mandated programming such as Tennessee's "therapeutic community programming" for substance use disorder,¹⁷² and completing education,

^{167.} See David King, Pandemic Leads to Early Prisoner Release, But Finding Housing for Them Remains Difficult, SHELTERFORCE (May 11, 2020).

^{168.} See Schwartzapfel, supra note 166.

^{169.} Id.

^{170.} What Type of Release Plan Must Be in Order, FAQs, U.S. PAROLE COMM., <https://www.justice.gov/uspc/frequently-asked-questions#q27> (last visited May 18, 2021).

^{171.} See Emily Widra & Wendy Sawyer, When Parole Doesn't Mean Release: The Senseless "Program Requirements" Keeping People Behind Bars During A Pandemic, PRISON P. INITIATIVE (May 21, 2020), <https://www.prisonpolicy.org/blog/2020/05/21/program-requirements>.

^{172.} See Substance Use Disorder Program, TN DEP'T OF CORR.,

life skills, and employment training.¹⁷³ Although these curricula might prove useful, such required courses should be postponed or eliminated, in order to more easily free parolees from COVID-19.¹⁷⁴

In sum, although early prisoner release due to the pandemic is a common sense necessity, prisons hinder an individual's ability to seek release using standard bureaucratic measures.¹⁷⁵ Specifically, the current mechanisms governing prisoner release are "too slow, require too much multilateral unanimity, and vest discharge powers in the wrong institutions."¹⁷⁶

This disregard of inmate needs is especially harsh, because incarcerated people suffer disproportionately from serious health problems.¹⁷⁷ Individuals under correctional control are particularly vulnerable to COVID-19, including those with lung disease, asthma, serious heart conditions, diabetes, and renal or liver disease, along

<https://www.tn.gov/correction/redirect—rehabilitation/redirect—offender-health-care/substance-use-disorder-program.html> (mandatory program lasting 9–12 months).

^{173.} See Widra and Sawyer, supra note 171.

^{174.} Id.

^{175.} Id.

^{176.} See Kovarsky, supra note 80, at 73.

^{177.} See Pete Wagner & Emily Widra, Five Ways the Criminal Justice System Could Slow the Pandemic, PRISON P. INITIATIVE (March 27, 2020), <https://www.prisonpolicy.org/blog/2020/03/27/slowpandemic>.

with various other immunocompromising conditions.¹⁷⁸ At least 20,000 individuals in jails alone are elderly (over the age of 60),¹⁷⁹ and the prison population is rapidly graying.¹⁸⁰ Add in overcrowding, general poor health, lack of sanitation, failure to test and properly quarantine, a constantly shifting inmate population, and the like, and a perfect storm of contagion and transmission swirls and kills.

This cavalier treatment of the incarcerated and their health is par for the course in American history. Incarcerated lives are treated as lesser. Correctional facility residents have frequently been seen as less than human, given their captivity, their limited freedoms, their poverty, and their criminal status.¹⁸¹

^{178.} Pete Wagner & Emily Widra, Five Ways the Criminal Justice System Could Slow the Pandemic, PRISON P. INITIATIVE (March 27, 2020), <https://www.prisonpolicy.org/blog/2020/03/27/slowpandemic>.

^{179.} See Wendy Sawyer & Pete Wagner, Mass Incarceration: The Whole Pie 2020, PRISON P. INITIATIVE (March 24, 2020), <https://www.prisonpolicy.org/reports/pie2020.html> (with 381 county jails that report DOB, 2,413/79,556 detainees (3%) were at least 60 years old on 3/21. Using the PPI 2020 estimate of 631,000 total county jail pop., scales to ~20,000 current detainees 60+ years old).

^{180.} See Emily Widra, The Graying of U.S. Prisons, 2001–2016, PRISON POL'Y. INITIATIVE, https://www.prisonpolicy.org/graphs/graying_prisons_2001_2016.html (last visited Apr. 6, 2021).

^{181.} See Appleman, supra note 9, at 16.

4. Failing to Include Incarcerated Individuals in Vaccine Priority Timeline

One relatively simple way that incarcerated individuals could be protected from COVID-19 is by prioritizing them for the COVID vaccine. Prison and jail inmates, however, were not prioritized in federal distribution criteria.¹⁸² Instead, only correctional staff were prioritized for the first phase of vaccines, and federal prisons set aside the vaccines distributed solely for these workers.¹⁸³

The failure to prioritize inmates seems shortsighted given that prison outbreaks frequently spur community spread. The porous nature of prisons and jails means that spread within a correctional facility quickly permeates outside. In addition, many correctional facilities are located in rural areas, which often have fewer health care resources to treat patients.¹⁸⁴

^{182.} See Roni Rabyn, Prisons are COVID Hot-Beds. When Should Inmates Get the Vaccine?, N.Y. TIMES (Nov. 30, 2020) <https://www.nytimes.com/2020/11/30/health/coronavirus-vaccine-prisons.html?action=click&module=Spotlight&pgtype=Homepage>.

^{183.} Id.

^{184.} See Jordyn Hyatt, Send First Vaccines to Pennsylvania's Prisons, PHILA. INQUIRER (Dec. 7, 2020), <https://fusion.inquirer.com/opinion/commentary/coronavirus-vaccine-distribution-pennsylvania-prison-inmates-20201207.html>.

Although the American Medical Association¹⁸⁵ and the National Academies of Sciences, Engineering, and Medicine have argued for inclusion of prisoners on vaccine priority,¹⁸⁶ the placement of prisoners on the federal vaccine priority list did not change.¹⁸⁷ Only seven states designated inmates, along with those living in congregate care, to be in the first group for vaccines.¹⁸⁸ Several other states placed prisoners into their second tranche of vaccine priority.¹⁸⁹ However, the majority ignored incarcerated people's forced vulnerability.

^{185.} See Erin Schumaker, Prisons Should Be Covid-19 Vaccine Priority: Experts, ABC NEWS (Dec. 4, 2020), <https://abcnews.go.com/Health/prisons-covid-19-vaccine-priority-health-experts/story?id=74501889>

^{186.} Figure: A Phased Approach to Vaccination Allocation for Covid-19, NAT'L ACAD. SCI., <https://www.nap.edu/resource/25917/FIGURE%20-%20A%20Phased%20Approach%20to%20Vaccine%20Allocation%20for%20COVID-19.pdf> (last visited Apr. 6, 2021).

^{187.} See Rabyn, supra note 182.

^{188.} See Jamiles Lartey, et. al Should Prisoners Get COVID-19 Vaccines Early, MARSHALL PROJECT (Dec. 3, 2020), <https://www.themarshallproject.org/2020/12/03/should-prisoners-get-covid-19-vaccines-early>.

^{189.} Id. Oregon recently moved inmates to the top of its priority list. See David Williams, Federal Judge Moves Oregon Prisoners Ahead of Seniors on Covid-19 Vaccination List, CNN (Feb. 4, 2021), <https://www.cnn.com/2021/02/03/us/oregon-prison-coronavirus-vaccine-trnd/index.html>.

Another possibility was to prioritize giving the vaccine to inmates who are high risk due to medical conditions or advanced age.¹⁹⁰ This solution, however, does not take into account that all people confined under correctional control are highly susceptible to the virus, given the living conditions and lack of spacing. Although one prominent bioethicist has urged vaccine prioritization, because the “ethical obligation is to protect the lives of prisoners, not just see them as sources of disease,” this was not the prevailing rule.¹⁹¹ This, of course, ties back to the eugenic beliefs underlying our general treatment of incarcerated individuals, that they must be held captive to halt the spread of crime, disease, and poverty.¹⁹²

B. Alternative Corrections

Although frequently overlooked in the national dialogue about corrections, many individuals are currently sentenced to alternative corrections in lieu of incarceration.¹⁹³ Out of the 6.7 million adults engaged in the criminal legal system, approximately 4.5 million people are under correctional control outside of prisons and jails, and roughly 2.1 million people are on probation.¹⁹⁴ Alternative corrections is an expansive and ever-growing universe, including probation, parole, diversion, halfway

^{190.} Raby, supra note 183.

^{191.} Id.

^{192.} See LOMBARDO, supra note 48, at 648.

^{193.} See generally Laura I Appleman, The Treatment-Industrial Complex: Alternative Corrections, Private Prison Companies, & Criminal Justice Debt, 55 HARV. C.R. – C.L. L. REV. 1 (2020).

^{194.} Id. at 2.

houses, and work camps. These forms of correctional control often have little supervision or oversight, particularly when they are run by private, for-profit companies.¹⁹⁵ Such lack of oversight is particularly true of alternative corrections sites such as halfway houses, work camps, and drug recovery programs.¹⁹⁶

The sites of alternative correctional control have become hotspots for COVID spread. In Houston, for example, the Leidel Comprehensive Sanction Center has continually ignored a coronavirus epidemic among its residents.¹⁹⁷ The residents point to the lack of proper cleaning and sanitation, limited medical access, and inadequate food.¹⁹⁸ The explosion of COVID-19 at the Leidel Center exemplifies the troubling risks faced by halfway houses and other alternative corrections facilities during the pandemic.¹⁹⁹ These men are sent to such centers from various nationwide prisons, sharing small, intimate rooms, bathrooms, and dining areas.²⁰⁰ There is a constant influx of staff and residents who leave each

^{195.} Id.

^{196.} Id. at 13–18, 19–23.

^{197.} Liliana Segura, How the Coronavirus Became a Death Sentence at a Geo Group Halfway House, THE INTERCEPT (July 3, 2020), <https://theintercept.com/2020/07/03/halfway-house-pandemic-coronavirus-geo-group>.

^{198.} Id.

^{199.} Id.

^{200.} Liliana Segura, How the Coronavirus Became a Death Sentence at a Geo Group Halfway House, THE INTERCEPT (July 3, 2020).

day for work.²⁰¹ As of June 2020, the Bureau of Prisons officially counted 301 cases in over fifty-seven federal halfway houses, which is likely a fraction of the real number of cases.²⁰² COVID-19 spread is particularly likely to be true in federal halfway houses run by private, for profit companies such as the GEO group, which is notorious for providing poor living conditions.²⁰³

The residents' mandated labor worsens the COVID-19 spread in alternative corrections facilities. Many are required to work in meatpacking or chicken processing plants.²⁰⁴ These work sites have become COVID hot spots,²⁰⁵ remaining open during the pandemic due to their "critical infrastructure" status within the food and agriculture sector.²⁰⁶

^{201.} Id.

^{202.} Id.

^{203.} Appleman, supra note 194, at 17.

^{204.} Id. at 19–23.

^{205.} See Lewis Kendall, Revealed: Covid-19 Outbreaks at Meat-Processing Plants Kept Quiet, GUARDIAN (July 1, 2020), <https://www.theguardian.com/environment/2020/jul/01/revealed-covid-19-outbreaks-meat-processing-plants-north-carolina>.

^{206.} See Meat and Poultry Workers and Employers, Interim Guidance from CDC and OSHA, CDC (July 9, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/meat-poultry-processing-workers-employers.html>.

Conditions and spread at halfway houses have also been almost entirely ignored during the pandemic, although they are a major part of post-release sentencing and part of the criminal justice system's network of correctional control.²⁰⁷ Halfway houses are particularly at risk because most of their residents are required to work outside the facility every day, often in close quarters in offsite factories.²⁰⁸

Like jails, the conditions inside the halfway houses are easy vectors for the virus.²⁰⁹ Residents live in jail-like conditions, sleep in closely spaced bunk beds, and share poorly-serviced group bathrooms.²¹⁰ Many do not have masks to wear, nor any hand sanitizer, thermometers, or medical personnel available.²¹¹ COVID-19 testing is sparse, and

^{207.} Id.

^{208.} See Brian Doherty, Prisoner in Ohio Halfway House Complains About Lack of COVID-19 Preparations. He's Sent Back to Prison. Now Ohio Prisons are Exploding with COVID-19, REASON (Apr. 23, 2020), <https://reason.com/2020/04/23/prisoner-in-ohio-halfway-house-complains-about-lack-of-covid-19-preparations-hes-sent-back-to-prison-now-ohio-prisons-are-exploding-with-covid-19>.

^{209.} See Segura, supra note 197.

^{210.} See Joseph Neff, Photos Show No Social Distancing in Federal Halfway House, MARSHALL PROJECT (May 15, 2020), <https://www.themarshallproject.org/2020/05/15/photos-show-no-social-distancing-in-federal-halfway-house>.

^{211.} Id.

many administrators do not share results of positive tests.²¹² In some halfway houses, all cleaning must be done by the inmates themselves.²¹³ Although some of the residents have been released to home confinement due to COVID, others have been stranded at the residence, with few staff and resources.²¹⁴ The lack or absence of any protection or social distancing at halfway houses greatly increases the risk that COVID-19 will spread.²¹⁵

Worse, although most halfway house residents are sentenced to these community correctional facilities for approximately six months, their release is now uncertain due to COVID-19.²¹⁶ Many of the residents do not have any place to live if released, which lengthens their stay.²¹⁷

Not only are the people within halfway houses put at risk of COVID-19 spread, but the greater community's immunological health is compromised by unsafe conditions. For example, the Topeka, Kansas, community suffered a COVID-19 outbreak as a result of the hazardous

^{212.} See Lauren Gill, Halfway House Residents Describe 'A Scary Situation' As Coronavirus Sweeps The U.S., THE APPEAL (Mar. 31, 2020), <https://theappeal.org/halfway-house-residents-describe-a-scary-situation-as-coronavirus-sweeps-the-u-s>.

^{213.} See Segura, supra note 197.

^{214.} Id.

^{215.} See Joseph Neff, Photos Show No Social Distancing in Federal Halfway House, MARSHALL PROJECT (May 15, 2020).

^{216.} Gill, supra note 212.

^{217.} Id.

conditions within the Leavenworth Center. Several women residing at the federal halfway house were working at Triumph Foods, a pork-processing plant which suffered widespread virus infection.²¹⁸ Cases rose so quickly at the plant that they began to infect the surrounding Kansas City, Missouri area.²¹⁹ Unsurprisingly, Leavenworth-area residents were also exposed to COVID, and almost all the women who worked at the plant tested positive.²²⁰ When a population is oppressed by eugenics policies, the whole community suffers as a result.

Drug and alcohol rehabilitation houses are also sites of heightened potential transmission. Designed for communal living, residents share bedrooms, bathrooms, common rooms, kitchens, and supplies.²²¹ The client base of these houses complicates any sanitary precautions, since many residents tend to cycle in and out of emergency departments, addiction treatment centers, homeless shelters, and correctional facilities,

^{218.} See Lilitana Segura, GEO Group's Blundering Response to the Pandemic Helped Spread Coronavirus in Halfway Houses, THE INTERCEPT (June 17, 2020), <https://theintercept.com/2020/06/17/halfway-house-coronavirus-geo-group>.

^{219.} Id.

^{220.} Id.

^{221.} See Chris Vogner, I Found Shelter from Coronavirus and Loneliness in a Halfway House, L.A. TIMES (June 15, 2020), <https://www.latimes.com/opinion/story/2020-06-15/coronavirus-pandemic-halfway-house-houston>.

all of which expose people to high virus levels.²²² Additionally, many of the residents have compromised lung capacity, since long-term use of substances like tobacco, cannabis, and crack cocaine reduce lung function and increase susceptibility to respiratory infections.²²³ Likewise, those who have abused drugs and alcohol may be more susceptible to COVID-19 due to weak immune systems and existing infections such as chronic lung disease, hepatitis C, or HIV.²²⁴ These types of residential treatment facilities have suffered from widespread COVID-19 infection, sometimes requiring them to go into total lockdown to try to prevent spread.²²⁵

^{222.} See Lipi Roy, [Addiction Treatment Facilities: Are They Prepared for the COVID-19 Coronavirus Outbreak?](https://www.forbes.com/sites/lipiroy/2020/03/16/addiction-treatment-facilities-are-they-prepared-for-covid-19/#67edb9ae44ea), FORBES (Mar. 16, 2020), <https://www.forbes.com/sites/lipiroy/2020/03/16/addiction-treatment-facilities-are-they-prepared-for-covid-19/#67edb9ae44ea>.

^{223.} Id.

^{224.} See Martha Bebinger, [Opioid Addiction Is ‘A Disease of Isolation,’ So Pandemic Puts Recovery at Risk](https://www.npr.org/sections/health-shots/2020/03/27/820806440/opioid-addiction-is-a-disease-of-isolation-so-pandemic-puts-recovery-at-risk), NPR (Mar. 27, 2020), <https://www.npr.org/sections/health-shots/2020/03/27/820806440/opioid-addiction-is-a-disease-of-isolation-so-pandemic-puts-recovery-at-risk>.

^{225.} See Shelly Conlon, [The Arch Halfway House Goes on Full Lockdown as COVID-19 Cases Climb to 16](https://www.argusleader.com/story/news/2020/04/20/arch-halfway-house-goes-full-lockdown-covid-19-cases-climb-16/5168549002), SIOUX FALLS ARGUS LEADER (Apr. 20, 2020), <https://www.argusleader.com/story/news/2020/04/20/arch-halfway-house-goes-full-lockdown-covid-19-cases-climb-16/5168549002>.

This reckless treatment of those sentenced to work farms, halfway houses, and rehabilitation sites parallels treatment given 100 years ago, when eugenicists enthusiastically promoted the long-term detention and sequestration of the impoverished, the addicted, and the criminally convicted.²²⁶ We tend to ignore those undergoing community corrections, viewing them in the same negative light as the incarcerated, precisely as we did in the past.

Frequently overlooked by the media, the public, and the criminal justice system, halfway houses, drug and alcohol rehabilitation sites, and community corrections facilities have all been loci of COVID-19 spread. In many ways, these alternative corrections sites have an even higher danger of spreading COVID-19 than jails and prisons, given that so many residents rotate through them and out.²²⁷ Like so much in the alternative corrections world, there is a vast undergirding of correctional control operating just under the radar, with potential to be a tremendous nexus of virus spread and replication.

²²⁶. Appleman, supra note 1, at 441–44.

²²⁷. See Rachel Dissell and John Caniglia, Coronavirus Concerns Leave Halfway Houses Scrambling for Guidance, Ways to Protect Residents, Staff and the Public, CLEV. PLAINS DEALER (Mar. 19, 2020), <https://www.cleveland.com/coronavirus/2020/03/coronavirus-concerns-leave-halfway-houses-scrambling-for-guidance-ways-to-protect-residents-staff-and-the-public.htm>.

C. Nursing homes

Long-term adult care facilities have been notoriously deadly hubs during the pandemic. Approximately forty percent of all COVID-19 deaths in the United States have been linked to nursing homes.²²⁸ Up through November 2020, 100,033 residents and staff at long-term care facilities have died from COVID-19.²²⁹ In at least twenty-three states, the majority of COVID-19 deaths have occurred in adult long-term care facilities.²³⁰ Ultimately, deaths in nursing homes and long-term care facilities may comprise at least 50% of the total coronavirus deaths nationwide.²³¹

The neglect of vulnerable, aged individuals fits into the eugenics playbook, as many Progressives viewed the elderly (particularly the impoverished elderly) as unfit, sequestering them in poorly-resourced asylums.²³² The casual abandonment of many seniors to the ravages

^{228.} See Priya Chidambaram, COVID-19 Has Claimed the Lives of 100,000 Long-Term Care Residents and Staff, KFF (Nov. 25, 2020), <https://www.kff.org/policy-watch/covid-19-has-claimed-the-lives-of-100000-long-term-care-residents-and-staff>.

^{229.} Id.

^{230.} Id.

^{231.} See Brenda Gazzar, 'Pandemic within a pandemic:' What's fueling LA County's coronavirus death toll in nursing homes?, L.A. DAILY NEWS (June 20, 2020), <https://www.dailynews.com/2020/06/20/pandemic-within-a-pandemic-whats-fueling-la-countys-coronavirus-death-toll-in-nursing-homes>.

^{232.} Appleman, supra note 1, at 446.

of COVID-19 in poorly regulated nursing and care homes parallels the institutionalization and disregard of elderly citizens during the pinnacle of eugenic thinking.

State and federal response to this high infection and death rate, however, has been minimal. The protection of vulnerable seniors and other at-risk adults from the coronavirus was grossly inadequate.²³³ Even before the coronavirus, American nursing homes were poorly staffed. Many underreported their nursing and caretaking staffing levels to regulators for years.²³⁴ Essential medical tasks, such as repositioning patients to avoid bedsores (which can cause hospitalization), were often left undone, leaving significant gaps in care.²³⁵

These preexisting deficiencies created an ideal petri dish for COVID spread. Coupled with existing supply shortages, poor reporting of COVID-19 infections, failure to adequately monitor disease symptoms, and improper compliance with mask wearing, COVID-19 infection exploded in long-term care home facilities.²³⁶ The high rates of infection and deaths within facilities have not abated since the pandemic began.

^{233.} See Priya Chidambaram, COVID-19 Has Claimed the Lives of 100,000 Long-Term Care Residents and Staff, KFF (Nov. 25, 2020).

^{234.} See Jordan Rau, 'It's Almost Like a Ghost Town.' Most Nursing Homes Overstated Staffing for Years, N.Y. TIMES (July 7, 2018), <https://www.nytimes.com/2018/07/07/health/nursing-homes-staffing-medicare.html>.

^{235.} Id.

^{236.} See Nic Querolo, COVID Ravaging Long-Term Care

In one Massachusetts veterans care facility, for example, a staffing shortage led the management to combine two locked dementia wards,²³⁷ mixing infected residents with those who tested negative.²³⁸ Seventy-six of these residents died.²³⁹ Moreover, staff members at this home were specifically directed not to wear masks and gowns while caring for ill patients.²⁴⁰ On September 25, 2020, two former leaders of the facility were indicted on charges of criminal neglect, connected to these COVID deaths.²⁴¹

Centers at Fastest Pace Since May, BLOOMBERG (Nov. 18, 2020), <https://www.bloomberg.com/news/articles/2020-11-18/covid-ravaging-long-term-care-centers-at-fastest-pace-since-may>.

^{237.} See MARK PEARLSTEIN, THE COVID-19 OUTBREAK AT THE SOLDIER'S HOME IN MT. HOLYOKE 114–16 (2020), <https://www.mass.gov/doc/report-to-governor-baker-re-holyoke-soldiers-home/download>.

^{238.} See Ellen Barry, 'Total Pandemonium': What Went Wrong at a Veterans' Home Where 76 Died, N.Y. TIMES (June 24, 2020), <https://www.nytimes.com/2020/06/24/us/holyoke-soldiers-home.html?searchResultPosition=5>.

^{239.} Id.

^{240.} See PEARLSTEIN, supra note 237, at 84–87.

^{241.} See Criminal Charges Are Filed After 76 Deaths at Massachusetts Veterans' Home, N.Y. Times (September 25, 2020), <https://www.nytimes.com/2020/09/25/world/covid-19-coronavirus.html?action=click&module=Top%20Stories&pgtype=Homepage#link-2bb4231b>.

A cavalcade of missteps has plagued nursing home experiences with management of COVID-19. Often, nurses were required to bring in their own medical supplies like thermometers and blood pressure cuffs to treat failing residents,²⁴² because so many facilities were under-provisioned and understaffed.²⁴³ There were major failures to isolate properly potentially-infected residents.²⁴⁴ Additionally, multiple states failed to provide enough coronavirus tests to use on residents.²⁴⁵

Many facilities also downplayed potential infections,²⁴⁶ since a publicized COVID outbreak would hurt their image and bottomline. This attitude, combined with a failure to explain what was happening to families, outside agencies, and even first responders, only made things

^{242.} Id.

^{243.} See E. Tammy Kim, This Is Why Nursing Homes Failed So Badly, N.Y. Times (Dec. 31, 2020), <https://www.nytimes.com/2020/12/31/opinion/sunday/covid-nursing-homes.html>.

^{244.} Criminal Charges Filed, supra note 241.

^{245.} See Gazzar, supra note 231.

^{246.} See Chris Kirkland, Pandemic Exposes Systemic Staffing Problems at U.S. Nursing Homes, REUTERS (June 10, 2020), <https://www.reuters.com/article/us-health-coronavirus-nursinghomes-speci/special-report-pandemic-exposes-systemic-staffing-problems-at-u-s-nursing-homes-idUSKBN23H1L9>.

worse.²⁴⁷ Several nursing homes have punished whistleblowers and watchdogs, exacerbating the crisis.²⁴⁸

Compounding the problem, several states allowed hospitals to send COVID-19 patients into nursing homes and long-term care facilities, ultimately increasing infections and deaths.²⁴⁹ New York, for example, issued a state directive in March 2020 permitting COVID-19 patients to be placed in nursing homes in order to free up hospital beds.²⁵⁰ The order required nursing homes to readmit former residents with COVID-19 who were released from hospitals, as well as accept new “medically stable” residents, whether or not they were infected with COVID-19.²⁵¹ The nursing homes were also explicitly barred from testing new or

^{247.} See Ellis & Hicken, COVID-19 Is Ravaging Nursing Homes. Government Records Show Why, CNN (Apr. 24, 2020), <https://www.cnn.com/2020/04/24/us/nursing-homes-coronavirus-invs/index.html>.

^{248.} Id.

^{249.} See Luis Ferré-Sadurní and Amy Julia Harris, Does Cuomo Share Blame for 6,200 Virus Deaths in N.Y. Nursing Homes?, N.Y. Times (July 14, 2020), <https://www.nytimes.com/2020/07/08/nyregion/nursing-homes-deaths-coronavirus.html?searchResultPosition=1>.

^{250.} Id.

^{251.} See Hospital Discharges and Admissions to Nursing Homes, N.Y. STATE DEP’T OF HEALTH (Mar. 25, 2020), https://coronavirus.health.ny.gov/system/files/documents/2020/03/doh_covid19-_nhadmissionsreadmissions_-032520.pdf.

returning residents for the coronavirus.²⁵² Minnesota also sent recovering COVID-19 patients from the hospital directly to nursing homes, and then faced a similar explosion of infections and deaths.²⁵³

No one seems willing to take responsibility for high COVID rates in long term care facilities, but everyone is eager to assign blame.²⁵⁴ With at least 15,000 nursing home deaths in New York state alone,²⁵⁵

^{252.} Id. at 1 (“Nursing Homes are prohibited from requiring a hospitalized resident who is determined medically stable to be tested for COVID-19 prior to admission or readmission.”).

^{253.} See Olga Khazan, The U.S. Is Repeating Its Deadliest Pandemic Mistake, ATLANTIC (July 6, 2020), <https://www.theatlantic.com/health/archive/2020/07/us-repeating-deadliest-pandemic-mistake-nursing-home-deaths/613855>.

^{254.} See Jesse McKinley and Luis Ferre-Sadurni, Blame Spreads for Nursing Home Deaths Even as N.Y. Contains Virus, N.Y. TIMES (July 23, 2020), <https://www.nytimes.com/2020/07/23/nyregion/nursing-homes-deaths-cuomo.html? action=click&module=Top%20Stories&pgtype=Homepage>; see also Factors Associated with Nursing Home Infections and Fatalities in New York State During the COVID-19 Global Health Crisis 3, N.Y. STATE DEP’T OF HEALTH (July 20, 2020), https://health.ny.gov/press/releases/2020/docs/nh_factors_report.pdf (finding staff infections were main driver of spreading COVID-19 to residents).

^{255.} See J. David Goodman, FBI Investigating Whether Cuomo Aides Gave False Data on Nursing Homes, N.Y. Times (Mar. 19, 2021), <https://>

the discussion within states has shifted from responsibility within the nursing homes to which parties are eligible to sue.²⁵⁶ In addition, the FBI is investigating whether Governor Andrew Cuomo and his aides purposefully gave false data to the Justice Department on New York's nursing home COVID-19 deaths.²⁵⁷ Allegations have been made that the Cuomo administration drastically understated the number of nursing home deaths to the public.²⁵⁸

The nationwide deaths have been so high that Congress has launched a general investigation to scrutinize the practices of long-term care facilities in Florida.²⁵⁹ The Congressional investigation alleges a "widespread and persistent" pattern of deficiencies that include "chronic understaffing, low wages, lack of paid sick leave, improper hand hygiene and poor disease prevention practices – all of which have contributed to the crisis."²⁶⁰ Many of these care homes have demonstrated severe

www.nytimes.com/2021/03/19/nyregion/cuomo-nursing-homes-covid.html.

^{256.} McKinley & Ferre-Sadurni, supra note 255.

^{257.} See Goodman, supra note 255.

^{258.} See id.

^{259.} See Julie Ochoa & Daylina Miller, Congress Investigates Owner of 69 Long-Term Care Facilities in Florida after Coronavirus Deaths, WUSF NEWS (June 22, 2020), <https://wusfnews.wusf.usf.edu/post/congress-investigates-owner-69-long-term-care-facilities-florida-after-coronavirus-deaths>.

^{260.} See Julie Ochoa & Daylina Miller, Congress Investigates Owner of 69 Long-Term Care Facilities in Florida After Coronavirus Deaths, WUSF

deficiencies in infection control that placed residents' health and safety in "immediate jeopardy," including staff members who routinely failed to wash their hands, wear masks, or follow isolation protocols.²⁶¹

In response to these high infection and death rates, local and national public health regulators eventually began to implement regulations to protect older patients residing in congregate settings.²⁶² These new rules included banning visitors and implementing resident and staff screening.²⁶³ Nonetheless, most skilled nursing and long-term care facilities have reported high infection and death rates, due to a combination of factors: the lack of attention paid to asymptomatic transmission occurring with both residents and staff; the difficulty in social distancing memory-impaired residents; and failing to adhere to other sanitary protocols.²⁶⁴

Even the PPE that has belatedly been shipped to many nursing homes was substandard quality. After many promises, FEMA sent boxes

NEWS (June 22, 2020).

²⁶¹. Id.

²⁶². See SCOTT GOLDBERG ET. AL., CLINICAL INFECTIOUS DISEASES, PRESYMPTOMATIC TRANSMISSION OF SARS-COV-2 AMONGST RESIDENTS AND STAFF AT A SKILLED NURSING FACILITY: RESULTS OF REAL-TIME PCR AND SEROLOGIC TESTING 4 (2020), https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa991/5871989#.XxWe71_6Cdl.twitter.

²⁶³. Id. at 4.

²⁶⁴. Id. at 8–9.

of PPE supplies to various Medicaid and Medicare-certified nursing and long-term care homes across the country in May, providing two shipments of a 14-day supply of surgical masks, gowns, gloves, goggles, and other eye protection.²⁶⁵ When the shipments were opened, however, staff discovered that the supplies were useless or low quality such as “[e]xpired surgical masks, [i]solation gowns that resemble oversize trash bags [with no openings for hands], [e]xtra-small gloves that are all but useless for the typical health worker’s hands.”²⁶⁶ The insufficient FEMA provisioning reflects the halfhearted federal effort to protect nursing home residents.²⁶⁷ In general, the failure to safeguard elderly and medically fragile individuals can be traced back to the eugenic disregard for those who were considered unfit, sequestered away in asylums and institutions. The tremendous neglect suffered by nursing home residents during

^{265.} See Coronavirus Pandemic Response: PPE Packages for Nursing Homes, FEMA (May 2, 2020), <https://www.fema.gov/news-release/2020/05/02/coronavirus-pandemic-response-ppe-packages-nursing-homes>.

^{266.} See Andrew Jacobs, FEMA Sends Faulty Protective Gear to Nursing Homes Battling Virus, N.Y. TIMES (July 24, 2020), <https://www.nytimes.com/2020/07/24/health/coronavirus-nursing-homes-PPE.html?action=click&module=Top%20Stories&pgtype=Homepage>.

^{267.} See Brian New, Nursing Homes Receive ‘Unusable’ Gowns, Gloves and Masks From FEMA, CBS DFW (June 22, 2020), <https://dfw.cbslocal.com/2020/06/22/texas-nursing-homes-unusable-gowns-gloves-masks-fema>.

COVID-19 has its direct antecedents in our eugenic approach to the captive and vulnerable.

Despite the horrifying illness and death rate in nursing and long-term care homes, the national outcry has been muted. The public lack of a response reflects a defeatist acceptance that long-term residents are a population who will necessarily succumb to COVID-19.²⁶⁸

Also disturbing, some of the medical establishment has begun using nursing home and long-term care residents as convenient populations upon which to test experimental coronavirus treatments. In Pennsylvania, various nursing homes administered hydroxychloroquine to their residents without even bothering to test them for COVID-19.²⁶⁹ For example, in the Southeastern Veterans Home, approximately thirty residents received the drug, eleven of whom did not test positive for the virus.²⁷⁰ Hydroxychloroquine was seemingly randomly prescribed, with

²⁶⁸. See Kimiko de Freytas-Tamura, 'If It's Here, It's Here': America's Retirees Confront the Virus in Florida, N.Y. TIMES (July 21, 2020), <https://www.nytimes.com/2020/07/20/us/coronavirus-florida-elderly.html> (noting Florida required nursing home/assisted care facilities to test staff biweekly, but not long-term care).

²⁶⁹. See Vinny Vella, Nursing Homes Treating Coronavirus Patients with Malaria Drug, GOV. TECH. (May 11, 2020), <https://www.govtech.com/em/safety/Nursing-Homes-Treating-Coronavirus-Patients-with-Malaria-Drug.html>.

²⁷⁰. See Shawn Mulcahy, Southeastern Veterans' Center, Pa. Facility That Gave Residents Hydroxychloroquine, Cited for Infection-Control

little proof that the drug would be effective.²⁷¹ As the nursing home's former medical director commented, "the risks and potential benefits were completely unknown—no real scientific studies were conducted."²⁷²

Hydroxychloroquine carries some serious risks and side effects, including vision changes, muscle weakness, and irregular heart rhythms, sometimes leading to death.²⁷³ Given the age and general health conditions of many residents, the drug was prescribed without any parameters.²⁷⁴ Despite these serious risks, none of the nursing homes giving the medication to residents received informed consent from either the patients or their families.²⁷⁵ Some homes did not even tell families

Failures, TODAY HEADLINE (July 21, 2020), <https://todayheadline.co/southeastern-veterans-center-pa-facility-that-gave-residents-hydroxychloroquine-cited-for-infection-control-failures>.

^{271.} See Debbie Cenziper and Shawn Mulcahy, The 'Covid Cocktail': Inside A Pa. Nursing Home That Gave Some Veterans Hydroxychloroquine Even Without Covid-19 Testing, WASH. POST (July 7, 2020), <https://www.washingtonpost.com/business/2020/07/07/covid-cocktail-inside-pa-nursing-home-that-gave-some-veterans-hydroxychloroquine-even-without-covid-19-testing>.

^{272.} Id.

^{273.} See Vella, supra note 269.

^{274.} See Cenziper & Mulcahy, supra note 271.

^{275.} See Vella, supra note 269.

that the drug was being administered at all.²⁷⁶ Experimental treatments on patients without consent violates Pennsylvania state law.²⁷⁷

One resident filed a lawsuit alleging that such prescriptions violated “every national and international protocol on the ethical performance of medical experimentation.”²⁷⁸ Plaintiffs alleged that “unsanctioned and unsupervised biomedical research”²⁷⁹ upon captive and vulnerable patients replicated some of “the horrors of Nazi experimentation on human subjects.”²⁸⁰

Other experimental COVID-19 drugs and treatments are being tested in nursing or longterm care homes. Restorbio is running a Phase III clinical trial of its experimental drug, RTB101, in a number of Rhode Island nursing homes.²⁸¹ RTB101, or Dactolisib,²⁸² is an oral, selective, and potent TORC1 inhibitor, an anti-neoplastic agent which

^{276.} Id.

^{277.} Id.

^{278.} See Hannah Albarazi, Pa. Faces Suit Over Nursing Home’s COVID-19 Drug Studies, LAW 360 (Apr. 28, 2020), <https://www.law360.com/articles/1268158/pa-faces-suit-over-nursing-home-s-covid-19-drug-studies>.

^{279.} See Vella, supra note 269.

^{280.} Id.

^{281.} See Phase 3 Study to Determine if RTB101 Reduces the Severity of COVID-19 in Older Adults Residing in Nursing Homes, CLINICAL TRIALS (June 1, 2020), <https://clinicaltrials.gov/ct2/show/NCT04409327>.

^{282.} Id.

was previously tested as a tool against clinically symptomatic respiratory infections.²⁸³ Those Phase III trials were not successful in combating respiratory infections.²⁸⁴ This failure of the drug, however, did not stop Restorbio from engineering another Phase III trial in nursing home residents over the age of sixty-five.

Considering that RTB101 failed to improve elderly people's respiratory disease,²⁸⁵ the company's decision to retry it as a coronavirus treatment is questionable. As the American Society Healthcare Pharmacists (ASHP)²⁸⁶ noted: "Given the lack of pharmacokinetic and safety data for the high favipiravir dosages proposed for treatment of COVID-19, the drug should be used with caution at such dosages, since it is associated with QT prolongation (heart issues)."²⁸⁷ Presumably,

^{283.} See Steve Hill, [Disappointing Results for RestORbio Human Trial](https://www.lifespan.io/news/disappointing-results-for-restorbio-human-trial), LIFESPAN (Nov. 18, 2019), <https://www.lifespan.io/news/disappointing-results-for-restorbio-human-trial>.

^{284.} Id.

^{285.} See Joanne Fogg and Jason Plieth, [Puretech's Cautionary Tale About Pivotal Study Read-Across](https://www.evaluate.com/vantage/articles/news/trial-results/puretechs-cautionary-tale-about-pivotal-study-read-across), EVALUATE, (November 18, 2019), <https://www.evaluate.com/vantage/articles/news/trial-results/puretechs-cautionary-tale-about-pivotal-study-read-across>.

^{286.} The ASHP represents over 55,000 pharmacists who serve as patient care providers in acute and ambulatory settings. See About, ASHP, <https://www.ashp.org/About-ASHP> (last visited Apr. 7, 2021).

^{287.} See Assessment of Evidence for COVID-19 Related Treatments, Favipiravir 5, ASHP COVID Ctr. (July 23, 2020), <https://www.ashp.org/-/>

Restorbio hopes to salvage their investment by repurposing RTB101 as a COVID-19 treatment.

Finally, when COVID-19 cases threatened to skyrocket in the early weeks of the pandemic, many states implemented ventilator and ICU-bed rationing plans, either prioritizing nondisabled patients or generally excluding a variety of patients with certain disabilities or above a certain age.²⁸⁸ States backed off such rationing plans when numbers improved over the summer, but once case counts began rising in the late fall and winter, many began planning rationing protocols once again.²⁸⁹ In Oregon, for example, a hospital denied ventilator use to a disabled woman to treat COVID-19, pushing instead for a waiver to deny her care entirely.²⁹⁰ This was only one of numerous instances of Oregon health

media/assets/pharmacy-practice/resource-centers/Coronavirus/docs/ASHP-COVID-19-Evidence-Table.ashx.

^{288.} Jasmine E. Harris, The Frailty of Disability Rights, 169 U. PA. L. REV. ONLINE 33 (2020), https://scholarship.law.upenn.edu/penn_law_review_online/vol169/iss1/3.

^{289.} See R. Lin, L.A. County Outlines Wrenching Moves to Ration Healthcare if COVID-19 Hospital Crisis Worsens, L.A. TIMES (Dec. 19, 2020), <https://www.latimes.com/california/story/2020-12-19/los-angeles-county-coronavirus-hospitalization-surge-rationing>.

^{290.} See Joseph Shapiro, Oregon Hospitals Didn't Have Shortages. So Why Were Disabled People Denied Care, NPR (Dec. 21, 2020), <https://www.npr.org/2020/12/21/946292119/oregon-hospitals-didnt-have-shortages-so-why-were-disabled-people-denied-care>.

care rationing COVID-19 treatment to people with disabilities.²⁹¹ Such discriminatory practices have happened all over the country, negatively affecting elderly individuals as well.²⁹² The denials of care have been specifically linked to a healthcare provider's determination that the affected individuals have a "low quality of life," essentially not worth preserving or "wasting" PPE to treat.²⁹³

Such COVID-19 rationing protocols "inflict discrimination 'by reason of' or 'on the basis of' disability."²⁹⁴ Various states, in their hospital triage planning documents, have stated that certain disabilities would push an individual further down the list for ventilator use, in certain circumstances disqualifying them completely. Disqualifying or delaying critical medical care for disabled or elderly individuals on the basis that their lives are not "worthy" of saving or extending²⁹⁵ is a fairly clear-cut tenet of eugenic philosophy.

Eugenic philosophy still undergirds much current state guidance to medical professionals regarding the rationing of treatment, medical equipment, and medication, since our "overt and implicit bias" against

^{291.} Id.

^{292.} Id.

^{293.} Joseph Shapiro, Oregon Hospitals Didn't Have Shortages. So Why Were Disabled People Denied Care, NPR (Dec. 21, 2020).

^{294.} Samuel Bagenstos, Who Gets the Ventilator? Disability Discrimination in COVID-19 Medical-Rationing Protocols, 130 YALE L.J. F. 1, 5 (2020).

^{295.} Shapiro, supra note 290.

the disabled continues to shape the way we prioritize people for COVID-19 treatment.²⁹⁶ This bias proves doubly true for experimentation on society's captive and vulnerable populations in the search for a COVID-19 cure or treatment.²⁹⁷ Although the toll of COVID-19 on nursing home residents and staff has been deadly, using this population as a convenient, captive group of test subjects, under emergency conditions, borders on the unethical. Obtaining informed consent from either nursing home patients or their medical proxies for these clinical trials simply may not suffice in the panic, fear, and desperation of an uncontrolled world-wide pandemic.

Our approach to nursing homes during the pandemic has followed the discriminatory blueprint of eugenic thinking. The disregard and neglect these residents have endured tragically parallels the long-standing eugenic beliefs that those who were aged or unfit should be parceled off to asylums to die. Unregulated or questionable medical experimentation performed on vulnerable residents during the midst of such neglect, without consent, links back to our eugenic past.

D. Psychiatric Hospitals and Mental Institutions

Despite minimal media coverage and little public response, psychiatric hospitals and other mental-health institutions have also been hit hard by the spread of COVID-19. Like correctional facilities, alternative corrections, and nursing homes, psychiatric wards have been hotbeds for the spread of COVID-19, given most hospitals' close

^{296.} See Bagenstos, supra note 294, 8–11.

^{297.} Id.

confines and revolving door of untested patients. Many psychiatric patients cycle through institutions with high COVID-19 rates, such as homeless shelters, emergency rooms, nursing homes, and jails.²⁹⁸ In New York alone, over thirty-eight patients in psychiatric hospitals died from COVID-19 in the first few months of the pandemic.²⁹⁹

Controlling COVID-19 spread in psychiatric hospitals is particularly challenging due to the revolving door of patients and lack of patient segregation inside.³⁰⁰ Enforcing social distancing and mask wearing for patients is extremely difficult, given certain psychiatric issues.³⁰¹ Poor personal hygiene is not uncommon, which makes it hard to

^{298.} See Brian Barnett and Jack Turbin, COVID-19 Is Ravaging America's Psychiatric Facilities, THE HILL (Apr. 27, 2020), <https://thehill.com/opinion/healthcare/494801-covid-19-is-ravaging-americas-psychiatric-facilities>.

^{299.} See Tom Schuba, State-Run Mental Hospitals See Smaller Toll From COVID-19, But 'The Threat Has Not Dissipated,' CHICAGO SUN TIMES (May 19, 2020), <https://chicago.suntimes.com/coronavirus/2020/5/19/21264332/illinois-mental-health-hospitals-covid-19>.

^{300.} See Danny Hakim, "They Want to Forget Us": Psychiatric Hospital Workers Feel Exposed, N.Y. TIMES (Apr. 24, 2020) <https://www.nytimes.com/2020/04/24/nyregion/coronavirus-new-york-psychiatric-hospitals.html>.

^{301.} See Kit Ramgopal, Coronavirus in a Psychiatric Hospital: "It's the Worst of All Worlds," CBS NEWS (Apr. 17, 2020), <https://www.nbcnews.com/health/mental-health/coronavirus-psychiatric-hospital-it-s-worst-all-worlds-n1184266>.

follow COVID-19 safety regimes such as washing hands frequently.³⁰² Patient immunity can be seriously compromised due to some of their medications, which can interfere with their immune systems.³⁰³ Staff have to worry about ingestion of alcohol-based hand sanitizer.³⁰⁴ Windows are often sealed shut to prevent suicide.³⁰⁵ The physical space of the hospitals themselves promotes the spread of COVID-19; “air systems are old, hallways are narrow, and shared bedrooms are intentionally spartan,” in order to foster patient interaction.³⁰⁶ Patients cannot be forcibly secluded in their rooms.³⁰⁷ There is little PPE available, despite staff workers’ need to sometimes physically restrain patients.³⁰⁸ Accordingly, many staff workers and nurses have also contracted the virus.³⁰⁹ In addition, there is diminished ability to test either patients or staff, due to rationed coronavirus tests.³¹⁰

^{302.} Barnett and Turbin, supra note 298.

^{303.} Hakim, supra note 300.

^{304.} Ramgopal, supra note 301.

^{305.} Barnett and Turbin, supra note 298.

^{306.} Ramgopal, supra note 301.

^{307.} See Masha Gessen, Why Psychiatric Wards Are Uniquely Susceptible to the Coronavirus, NEW YORKER (April 21, 2020), <https://www.newyorker.com/news/news-desk/why-psychiatric-wards-are-uniquely-vulnerable-to-the-coronavirus>.

^{308.} See Barnett and Turbin, supra note 298.

^{309.} Hakim, supra note 300.

^{310.} See Elly Belle, We Can’t Forget About Psychiatric Workers During

It has been challenging to obtain precise numbers regarding the spread of the coronavirus in psychiatric hospitals. As of April 2020, 63 state institutions had been infected with COVID-19, with approximately 1,450 cases.³¹¹ Other than that, there are very few casualty statistics.³¹²

Equally troubling, many psychiatric hospitals are turning away patients with serious mental illnesses due to the fear of COVID-19. Sometimes patients must languish in ERs for days, awaiting placement; some patients in danger must be sent home because hospitals have nowhere to send them.³¹³ Some patients needing psychiatric beds return to crowded homeless shelters, where the virus is prevalent.³¹⁴

The poor conditions in mental hospitals nationwide have led to at least one federal lawsuit. In Baton Rouge, Louisiana, two current patients seek release from an institution where nine people have died from COVID-19.³¹⁵ The patients allege that the facility failed to maintain

the Covid-19 Outbreak, HEALTHLINE (June 30, 2020), <https://www.healthline.com/health/mental-health/psychiatric-hospitals-during-covid-19#How-will-psych-wards-have-to-adjust-moving-forward-to-treat-patients?>

³¹¹. Ramgopal, supra note 301.

³¹². Gessen, supra note 307.

³¹³. See Barnett and Turbin, supra note 298.

³¹⁴. See id.

³¹⁵. See Mental Hospital's Poor Hygiene Led to Covid-19 Outbreak, WBRZ 2 (May 15, 2020), <https://www.wbrz.com/news/lawsuit-mental-hospital-s-poor-hygiene-led-to-covid-19-outbreak>.

hygiene and did not isolate infected patients.³¹⁶ Moreover, the patients claim that the institution is so infrequently cleaned that “maggots grow in drains.”³¹⁷ The lawsuit also claims that initial attempts at isolating patients stopped when the institution simply gave up.³¹⁸

Although COVID-19 continues to spread in psychiatric hospitals, attention has largely moved elsewhere.³¹⁹ For example, Florida’s Department of Children and Families simply failed to report COVID-19 infections at the state’s largest mental hospital, until a local newspaper did an investigation.³²⁰ Like the fate of psychiatric patients in general, the issue is too often forgotten. Following the blueprint of eugenic thinking has meant that once psychiatric residents are placed in wards,

^{316.} See Matt Sledge, Louisiana Mental Hospital Patients Claim Isolation, Hygiene Lacking Amid Coronavirus Outbreak, TIMES-PICAYUNE (May 13, 2020), https://www.nola.com/news/coronavirus/article_f17e145a-956d-11ea-b348-434f49c401e9.html.

^{317.} Id.

^{318.} Id.

^{319.} See Michael Gormley, Psychiatric Hospital Patients Vulnerable Amid Pandemic, NEWSDAY (Apr. 27, 2020), <https://www.newsday.com/news/health/coronavirus/covid-19-psychiatric-hospital-new-york-1.44082128>.

^{320.} Nada Hassanein, ‘I don’t want to die’: Almost three dozen coronavirus cases now at Florida State Hospital, TALLAHASSEE DEMOCRAT (July 22, 2020), <https://www.tallahassee.com/story/news/2020/07/22/almost-three-dozen-coronavirus-cases-now-florida-state-hospital/5485504002>.

institutions, or asylums, they tidily disappear from view—resulting in permanent isolation for the “socially inadequate.”³²¹

E. Foster Care / Group Homes for Intellectual/Developmental Disabilities

Group care homes have been another largely overlooked setting for COVID-19 infection and death, whether for children in foster care or people with developmental or intellectual disabilities. Both populations have suffered greatly in these types of facilities during the recent pandemic, and yet public attention and awareness of these homes’ plight has been negligible.

1. Group Homes and Institutions for the Intellectually & Developmentally Disabled

Group homes and care facilities housing intellectually and developmentally disabled (IDD)³²² individuals have struggled with protecting residents from COVID-19. Because these homes are rarely in

³²¹. Appleman, supra note 1, at 446.

³²². In the US, “IDD typically includes more common disabilities such as intellectual disability, cerebral palsy, and Down syndrome, in addition to rare developmental disabilities, such as fragile X and Prader-Willi syndromes.” See Scott Landes & Margaret Turk, COVID-19 Outcomes Among People with Intellectual and Developmental Disability Living in Residential Group Homes in New York State, 13 DISABILITY & HEALTH J. 1, 1 (2020), <https://www.sciencedirect.com/science/article/pii/S193665742030100X>.

the public eye, little attention has been paid to the plight of those residing and working in congregate living settings. Approximately 66,000 people nationwide live in intermediate care facilities,³²³ and an even higher number of individuals live in group homes, although the exact number is unclear.³²⁴

The toll the coronavirus has taken on people with IDD has been grave. One advocacy group has estimated that over 18,000 residents and staff members have perished from COVID-19, and another 90,000 have been infected.³²⁵ Recent coronavirus death rates for all individuals

³²³. An intermediate care facility is one that provides, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment that a hospital or skilled nursing facility is designed to provide, but who because of their mental or physical condition require care. See Intermediate Care Facilities for Individuals with Intellectual Disability, MEDICAID.GOV., <https://www.medicaid.gov/medicaid/long-term-services-supports/institutional-long-term-care/intermediate-care-facilities-individuals-intellectual-disability/index.html> (last visited May 18, 2021).

³²⁴. See Thousands Sick from COVID-19 in Homes for the Disabled, VOICE OF AM. NEWS (June 11, 2020), <https://www.voanews.com/covid-19-pandemic/thousands-sick-covid-19-homes-disabled>.

³²⁵. See Michelle Diamant, COVID-19 Cases at Group Homes, Institutions Going Untracked, DISABILITY SCOOP, (May 11, 2020), <https://www.disabilityscoop.com/2020/05/11/covid-19-cases-at-group-homes-institutions-going-untracked/28313/2020>.

with developmental disabilities have been estimated near fifteen percent, compared to 7.9% in New York City, especially for those living in congregate settings.³²⁶ The higher death rate from COVID-19 holds not just for adults, but children as well.³²⁷

The majority of IDD individuals living in group homes and institutions do not have access to personal protective equipment.³²⁸ The staff in such settings often have little access to PPE as well.³²⁹ In addition, as many facilities have restricted visitors to halt COVID-19 spread, many residents are unable to report abuse and neglect.³³⁰ Finally, these group homes and institutions are no longer being inspected during the pandemic to control virus spread.³³¹ Little oversight exists to ensure that

^{326.} Landes & Turk, supra note 322, at 2.

^{327.} See Katie Camero, Covid-19 Kills Children with Intellectual Disabilities at Higher Rates. Here's Why, MIAMI HERALD (July 19, 2020), https://www.miamiherald.com/news/coronavirus/article243470691.html?fbclid=IwAR0Fy4j46MB5nqblnSxT435l9lJyfmOCe_zkfjJxjccapGiU7j2IHs0Ju8.

^{328.} See Covid-19 Tracker, AUTISTIC SELF-ADVOCACY NETWORK (May 8, 2020), <https://autisticadvocacy.org/covid19>.

^{329.} Id.

^{330.} Id.

^{331.} See FAQ FOR STATE SURVEY AGENCY AND ACCREDITING ORGANIZATION CORONAVIRUS DISEASE 2019 SURVEY SUSPENSION, CTRS, FOR MEDICAID AND MEDICARE SERV. (Mar. 13, 2020), <https://www.cms.gov/files/document/>

staff implement proper infection control measures, for both themselves and residents.³³²

IDD residents in group homes and intermediate care facilities have a higher risk of contracting COVID-19.³³³ The reasons for this include living in a congregate setting and the difficulty some of these residents have in practicing social distancing.³³⁴ Residents also often rely upon closely proximate support staff.³³⁵ It also can be more difficult to detect early-stage COVID-19 for such residents, since they may have more challenges in communicating their needs and emotions.³³⁶ Finally, many individuals with IDD also have pre-existing conditions and special

covid19survey-activity-suspension-faqs.pdf.

^{332.} Covid-19 Tracker, supra note 328.

^{333.} See Disability Rights Louisiana Collects Data on COVID-19 Cases in Group Homes, DISABILITY RTS. LA. (May 6, 2020), <https://disabilityrightsla.org/disability-rights-louisiana-collects-data-on-covid-19-cases-in-group-homes>.

^{334.} Id.

^{335.} See Caitlin Gibson, A Time of Unprecedented Fear for Parents of Adults with Intellectual and Developmental Disabilities, WASH. POST (April 4, 2020), <https://www.washingtonpost.com/lifestyle/on-parenting/a-time-of-unprecedented-fear-for-parents-of-adults-with-intellectual-and-developmental-disabilities/2020/04/02>.

^{336.} Disability Rights Louisiana, supra note 333.

healthcare issues, which intensifies the threat of contracting and becoming seriously ill from COVID-19.³³⁷

In Louisiana, for example, individuals with IDD have contracted COVID-19 at a rate four times higher than the rest of Louisiana.³³⁸ Tragically, this is also true of the death rate.³³⁹ In New York, one home for individuals with severe disabilities saw 36 out of 47 residents stricken with coronavirus by April, with two dead and nine still hospitalized.³⁴⁰ Over the entire state, 1,100 of the 140,000 people with developmental disabilities had contracted the virus by that same time, with 105 dead – a far higher rate of death than that of nursing homes, although considerably less publicized.³⁴¹ Likewise, in Pennsylvania, people with intellectual disabilities and autism who contracted COVID-19 died at twice the rate

^{337.} See generally Scott Landes et al., Cause of Death in Adults with Intellectual Disability in the United States, 65 J. INTELL. DISABILITY RSCH. 47 (2020) (higher rates of heart disease, cancer, choking, and diabetes).

^{338.} Disability Rights Louisiana Collects Data on COVID-19 Cases in Group Homes, DISABILITY RTS. LA. (May 6, 2020).

^{339.} Id.

^{340.} See Danny Hakim, 'It's Hit Our Front Door': Homes for the Disabled See a Surge of Covid-19, N.Y. TIMES (Apr. 17, 2020), <https://www.nytimes.com/2020/04/08/nyregion/coronavirus-disabilities-group-homes.html>.

^{341.} Id.

of others who contracted the virus.³⁴² In general, the intellectually and developmentally disabled are four times as likely to contract COVID-19 than the general population, and twice as likely to die from the disease once contracted.³⁴³ Congregate living has turned deadly with the advent of COVID.³⁴⁴

Despite this high-risk population, many states have failed to provide proper oversight for these congregate care settings, particularly during the beginning of the pandemic. In New York, for example, residents with IDD were still taken on outings as late as mid-March 2020, despite growing spread of coronavirus,³⁴⁵ nor did all day treatment facilities close.³⁴⁶ Given the difficulty of finding and retaining staff, many homes and care facilities are having trouble maintaining safe staff to resident

^{342.} See Joseph Shapiro, COVID-19 Infections and Deaths are Higher Among Those with Intellectual Disabilities, NPR (June 9, 2020), <https://www.npr.org/2020/06/09/872401607/covid-19-infections-and-deaths-are-higher-among-those-with-intellectual-disabili>.

^{343.} Id.

^{344.} See Scott Landes et al., People with Disabilities in COVID-19: Fixing Our Priorities, 7 AM. J. BIOETHICS 187, 188 (2000).

^{345.} Hakim, supra note 340.

^{346.} See Caitlin McGlade, “Virtually No Way” To Protect Against Coronavirus Outbreaks at Disability Group Homes, AZ CENT. (Apr. 2, 2020), <https://www.azcentral.com/story/news/local/arizona-health/2020/03/30/arizonas-disability-group-homes-unprepared-coronavirus-outbreak/2917657001>.

ratios, because residents remain at home around the clock.³⁴⁷ In addition, necessities have been so depleted for some congregate care settings that they have begun to run out of basic cleaning supplies such as bleach wipes, paper towels, gloves, and toilet paper.³⁴⁸

Notwithstanding these risks and difficulties, facilities serving disabled individuals have not received enough financial assistance to weather COVID-19. Even though staff are working longer hours to minimize exposure and ensure their clients get proper care during the pandemic, many institutions are unable to get supplemental federal or state funding to help with increased costs.³⁴⁹

People with intellectual and developmental disabilities living in care facilities “are marginalized across the spectrum.”³⁵⁰ Medicare and Medicaid have required nursing homes to publicly report COVID-19 infection rates, but have not extended such requirements to facilities for the disabled.³⁵¹ Nor has Medicaid increased reimbursements to

^{347.} See Jane Coaston, “We’re Being Punished Again”: How People with Intellectual Disabilities Are Experiencing the Pandemic, VOX (Apr. 9, 2020), <https://www.vox.com/2020/4/6/21200257/disabilities-coronavirus-group-homes-isolation-policy>.

^{348.} See McGlade, supra note 346.

^{349.} See Sarah Mudd, Center for Developmentally Disabled Responds to COVID-19, HEALTH FORWARD (July 9, 2020), <https://healthforward.org/your-story-center-for-developmentally-disabled-responds-to-covid-19>.

^{350.} Hakim, supra note 340.

^{351.} Danny Hakim, ‘It’s Hit Our Front Door’: Homes for the Disabled See

intermediate care facilities and group homes to cover the extra costs of more staff and supplies to prevent COVID-19 spread.³⁵² Many facilities have spent a third of their annual revenue on unexpected pandemic costs, leaving them with only enough cash reserves to cover a month or fewer of operations.³⁵³ Although Medicaid disability facilities have called on Congress for emergency relief, it has not been granted.³⁵⁴ The Department of Health and Human Services granted a \$15 billion disbursement, but the financial relief must be split between all Medicaid-eligible facilities as well as Medicaid providers.³⁵⁵ No specific funding has been earmarked for facilities caring for intellectually and developmentally

a Surge of Covid-19, N.Y. Times (Apr. 17, 2020).

^{352.} See Shapiro, supra note 342.

^{353.} See Congressional Leaders Author Bipartisan Letter Calling on Trump Administration to Commit Emergency Funding, INS. NEWS NET. (June 4, 2020), <https://insurancenewsnet.com/oarticle/american-network-of-community-options-and-resources-congressional-leaders-author-bipartisan-letter-calling-on-trump-administration-to-commit-emergency-funding#>.

^{354.} Id.

^{355.} See Maggie Flynn, HHS to Release \$15B in COVID-19 Relief Funds to Medicaid Providers, Skilled Nursing News (June 9, 2020), <https://skillednursingnews.com/2020/06/hhs-to-release-15b-in-covid-19-relief-funds-to-medicaid-providers-nursing-home-impact-unclear>.

disabled individuals, even after the passage of the December 2020 COVID relief bill.³⁵⁶

Additionally, despite high-risk status, many states have not prioritized IDD adults for the COVID vaccine. Although the CDC has classified disabled residents of long-term-care facilities and their caregivers as “1a priority,” many people with disabilities who receive long-term care outside of these settings are excluded.³⁵⁷ In some states, such as Maryland and Alabama, and in the District of Columbia, long-term care residents with disabilities are even further down the priority vaccine list. Many states do not give intellectually disabled adults any prioritization at all.³⁵⁸ Other than noting that individuals with Down syndrome should be prioritized, the CDC does not mention any other disabilities, or mention group care homes at all.³⁵⁹

^{356.} See Pam Katz, Shut Out Again: Covid-19 Relief Package Again Excludes Needs of People With Disabilities, Families, Service Providers, THE ARC (Dec. 22, 2020), <https://thearc.org/shut-out-again-covid-19-relief-package-again-excludes-needs-of-people-with-disabilities-families-service-providers>.

^{357.} See Jessica Contrera, People with Disabilities Desperately Need the Vaccine. But States Disagree on When They'll Get It, WASH. POST (Jan. 13, 2021), <https://www.washingtonpost.com/dc-md-va/2021/01/13/disabled-coronavirus-vaccine-states>.

^{358.} Id.

^{359.} Id.

The lack of vaccine prioritization is simply another COVID oversight for intellectually disabled adults, following the failure to provide disability care workers with protective equipment, failure to make testing sites wheelchair accessible, imposing funding cuts to in-home care programs, and failure to increase funding to community-based disability services.³⁶⁰ Indeed, the federal government has not even tracked the number of COVID deaths of disabled adults living in institutions or group facilities, as they have done in nursing homes.³⁶¹

The nationwide failure to protect people with intellectual and developmental disabilities from COVID or prioritize them in vaccine distribution may sadly mirror how society values these populations.³⁶² Our neglect of these populations reflects their marginalized status, which often translates to overt discrimination. Such overt discrimination can be directly linked back to eugenic thinking, which sought to control, sequester, and ultimately eradicate the very existence of people with intellectual and developmental disabilities.³⁶³ The handling of the coronavirus pandemic is just another way that this discrimination and

^{360.} Id.

^{361.} Id.

^{362.} See Scott Landes et. al., [Less Worthy Lives? We Must Prioritize People with Intellectual and Developmental Disabilities in COVID-19 Vaccine Allocation](#), LERNER CTE. PUB. HEALTH PROMOTION (Dec. 10, 2020), <https://lernercenter.syr.edu/2020/12/10/ib-42>.

^{363.} Appleman, [supra](#) note 1, at 446–47.

neglect appears,³⁶⁴ tragically this time with deadly consequences. Ironically, July 26, 2020, marked the thirtieth anniversary of the Americans with Disabilities Act (ADA),³⁶⁵ the civil rights legislation which provides legal protection from discrimination to individuals with disabilities.³⁶⁶ Although individuals with IDD are three times more likely to die from COVID, little note of this tragedy has been taken.³⁶⁷ These individuals have once again become forgotten.³⁶⁸

2. Foster Care Group Homes

Another set of forgotten, vulnerable individuals in the coronavirus pandemic are children living in foster care group homes. Though little discussed, foster group homes across the country have reported multiple

^{364.} Emily DeCiccio, Forgotten Population of COVID-19: Developmentally Disabled and Group Home Workers, FOX NEWS (Apr. 22, 2020), <https://www.foxnews.com/media/forgotten-population-of-covid-19-developmentally-disabled-and-group-home-workers>.

^{365.} See Doron Dorfman, Thirty Years Later, Still Fighting Over the ADA, REG. R. (Dec. 7, 2020), <https://www.theregreview.org/2020/12/07/dorfman-burke-thirty-years-fighting-over-ada>.

^{366.} An Overview of the Americans with Disabilities Act, ADA NAT'L NETWORK, <https://adata.org/factsheet/ADA-overview> (last visited Apr. 7, 2021).

^{367.} See Roni Rabin, Developmental Disabilities Heighten Risk of COVID Death, N.Y. Times (Nov. 10, 2020), <https://www.nytimes.com/2020/11/10/health/covid-developmental-disabilities.html>.

^{368.} DeCiccio, supra note 364.

coronavirus outbreaks, including in Florida,³⁶⁹ New York, Pennsylvania, Michigan, Missouri, and Nevada.³⁷⁰ Although COVID-19 has been far less prevalent in children, this is not true for the youth residing in foster care group homes, who have not been able to socially distance following pandemic rules.³⁷¹ Many foster care systems are struggling with COVID-19 spread in group homes and residential facilities, making the resident children's lives even more volatile and unstable.³⁷²

^{369.} See Bianca P. Ocasio, 18 Test Positive for COVID-19 at His House, Florida's Largest Foster Group Home, MIAMI HERALD (June 19, 2020), <https://www.miamiherald.com/news/local/community/miami-dade/article243455611.html#storylink=cpy>.

^{370.} See Lindsay Schnell, Foster Care Teen's Death Draws Scrutiny to Group Home Outbreaks: Who Is Looking Out For These Children?, USA TODAY (May 15, 2020), <https://www.usatoday.com/story/news/nation/2020/05/15/coronavirus-foster-care-death-draws-scrutiny-group-home-outbreaks/5196297002>.

^{371.} See Matt Stout, Covid-19 Has Largely Spared the State's Youngest. But in Massachusetts Group Homes, Infection Touches Many More, BOSTON GLOBE (June 29, 2020), <https://www.bostonglobe.com/2020/06/29/nation/covid-19-has-largely-spared-states-youngest-massachusetts-group-homes-infections-touch-many-more>.

^{372.} See Kate Cray, How Do You Find a Home for a Foster Child in Times Like This?, ATLANTIC (Oct. 11, 2020), <https://www.theatlantic.com/family/archive/2020/10/challenge-finding-home-foster-child-pandemic/616673>.

Like many of the other captive and vulnerable populations discussed above, the callous disregard of foster children living in group homes during COVID-19 can be traced back to eugenic thinking. Eugenicians focused on child dependency, particularly those “poor, ‘feeble-minded,’ and . . . ‘defective’ members of society,” and they theorized that dependent children’s behavior potentially threatened the stability of the urban industrial social order.³⁷³ Many eugenicians believed that very little separated dependent children from delinquent children. In other words, they believed that dependency was no accident. Indeed, they thought many children were dependent because the child’s entire genetic line was deeply flawed. Consequently, eugenicians rationalized that dependent children must be sequestered away from society, in an institution or in colonies.³⁷⁴ Dependent children were assumed to be inherently “defective,” and any care given to them need not be at the same level as that given to children from better stock.³⁷⁵ The public’s fear of hereditary defectiveness in dependent children was palpable.³⁷⁶

Our current neglect of older foster children in group homes particularly reflects this type of eugenic thinking. In the Progressive

³⁷³. PHYLLIS WENTWORTH, CHILD WELFARE REFORMERS, ACADEMIC PSYCHOLOGISTS, AND THE DEPENDENT CHILD IN PROGRESSIVE ERA AMERICA 125 (2002), <https://core.ac.uk/download/pdf/215514617.pdf>.

³⁷⁴. Id. at 132.

³⁷⁵. Id. at 131.

³⁷⁶. Id. at 136.

era, “unfit” female teens of reproductive age were assumed to be as dangerous as dependent adults, and thus needed to be sequestered away from society, in fear of their becoming mothers.³⁷⁷ Recall that the plaintiff in Buck v. Bell, which legalized sterilization of the “feebleminded,” was a 17-year-old foster child who had given birth.³⁷⁸ It was fear of dependent teenagers like Carrie Buck that unleashed a wave of involuntary sterilizations across the United States.³⁷⁹

COVID-19 has spread in foster group homes for a myriad of reasons. First, like many individuals who live in congregate care settings, children in foster care are significantly more likely to have underlying conditions such as asthma, obesity, and other chronic medical conditions, placing them in a higher risk category for catching the coronavirus.³⁸⁰

In addition, foster group homes are struggling with staffing levels, an issue only exacerbated by the pandemic.³⁸¹ In New York, for example, the Administration for Children’s Services is actively attempting to find

^{377.} LOMBARDO, supra note 7, at 16–17.

^{378.} See The Supreme Court and the Sterilization of Carrie Buck, FACING HIST., <https://www.facinghistory.org/resource-library/supreme-court-and-sterilization-carrie-buck> (last visited Apr. 7, 2021).

^{379.} Buck v. Bell, 274 U.S. 200 (1927).

^{380.} See Sofia Rudin, Covid-19 Spreads in Youth Homes; How Life Inside is Changing, PUBS. RADIO (May 18, 2020) <https://thepublicsradio.org/article/covid-19-spreads-in-youth-group-homes-how-life-inside-is-changing>.

^{381.} See Schnell, supra note 370.

space to house foster children.³⁸² Too many New York group homes are now understaffed, since the caretakers, afraid of contracting the coronavirus, are staying home.³⁸³ Given how easily the virus can spread from children to staff in the group foster homes, maintaining proper staffing levels has been extremely difficult.³⁸⁴ And like many other congregate care settings, obtaining enough PPE and cleaning supplies has been difficult.³⁸⁵ Complicating matters, there currently are not enough foster parents to accommodate the numbers of children residing in group homes.³⁸⁶

In addition, social services for these children are very minimal due to the pandemic. At-risk youth are not receiving the in-person services to which they are entitled, including counseling, visits with birth parents, physical therapies, and pre-adoption visits.³⁸⁷ Many child welfare workers

^{382.} See Eli Hager, Coronavirus Leaves Foster Children With No Place to Go, MARSHALL PROJECT (Mar. 24, 2020), <https://www.themarshallproject.org/2020/03/24/coronavirus-leaves-foster-children-with-nowhere-to-go>.

^{383.} Id.

^{384.} See Rudin, supra note 380.

^{385.} See Ocasio, supra note 369.

^{386.} Lindsay Schnell, Foster Care Teen's Death Draws Scrutiny to Group Home Outbreaks: Who Is Looking Out For These Children?, USA TODAY (May 15, 2020).

^{387.} Id.

will not visit children in person, fearing COVID-19 exposure.³⁸⁸ The federal government issued guidance to child welfare agencies in March 2020, allowing the government to loosen the rules requiring caseworkers to meet face to face with abused or neglected children.³⁸⁹

Finally, several states, including California, have been pushed by labor leaders into allowing caseworkers to stay home during the pandemic.³⁹⁰ Accordingly, although caseworkers have been deemed essential workers, most of them have been working at home, not interacting in person with their vulnerable clients.³⁹¹

Older children and teenagers are the primary residents of foster care group homes, and reports indicate that they are suffering.³⁹² Teenagers often have difficulty in following required social distancing rules,³⁹³

^{388.} See Garrett Therolf et al., Children Vulnerable to Abuse Are Imperiled as Caseworkers Stay Home, N.Y. Times (Aug. 7, 2020), <https://www.nytimes.com/2020/08/07/us/virus-child-abuse.html?action=click&module=Top%20Stories&pgtype=Homepage>.

^{389.} Id.

^{390.} Id.

^{391.} Id.

^{392.} See Kelley Whitener, Covid-19 and Child Welfare, Georgetown Cent. for Fam. & Child. (May 29, 2020), <https://ccf.georgetown.edu/2020/05/29/covid-19-and-child-welfare>.

^{393.} See Elana Schor, Pandemic Piles New Pressures on Foster Children, Caretakers, AP NEWS (May 13, 2020), <https://apnews.com/fee1f76876fe936a1fd1c666550342d7>.

sometimes believing social distancing is meant as punishment.³⁹⁴

For children with behavioral struggles, the rules can be very hard to understand.³⁹⁵

As a result of safety precautions, foster children in these homes have been isolated from visitors.³⁹⁶ The lack of visitors, including friends and family members, has led to an interruption in critical bonding, adversely affecting the children's mental health.³⁹⁷ The visitations ban also encompasses court-appointed special advocates, meaning that reunification or adoption proceedings often must be put on hold.³⁹⁸ Complicating matters, the majority of family courts are closed,

^{394.} Schnell, supra note 370.

^{395.} See Nina Shapiro, Coronavirus Outbreak at Seattle Teen Group Home Raises Questions About Quarantine Plans, SEATTLE TIMES (June 21, 2020), <https://www.seattletimes.com/seattle-news/coronavirus-outbreak-at-teen-group-home-raises-questions-about-quarantine-plans>.

^{396.} See Jeremy Loudonback, Coronavirus Cases Near 100 for Youth in California Residential Facilities, CHRON. SOC. CHANGE (July 9, 2020), <https://chronicleofsocialchange.org/child-welfare-2/coronavirus-cases-near-100-for-youth-in-california-residential-facilities/45164>.

^{397.} See Alex Ellerbeck, COVID-19 Rules Threaten Parents' Bonds with Their Kids in Foster Care, DENV. POST, (June 7, 2020), <https://www.denverpost.com/2020/06/07/covid-19-rules-threaten-parents-bonds-kids-foster-care>.

^{398.} Id.

with indefinitely extended legal deadlines.³⁹⁹ This judicial shutdown leaves both adoptions and family reunifications for foster children in limbo,⁴⁰⁰ causing pain and stress for the children. In addition, although children residing in foster care group homes have a tremendous need to communicate online with family, social workers, and teachers, far too many of them lack proper access to technology.⁴⁰¹ Given that the pandemic has led to severe budget cuts in many states, child protection systems have been pressured to find the lowest-cost solutions possible.⁴⁰²

Regular outings have also been curtailed, increasing the children's loneliness and seclusion.⁴⁰³ Due to feelings of isolation, some foster children living in group homes are more likely to run away, putting them

^{399.} See Ocasio, supra note 369.

^{400.} See Lindsay Schnell, Foster Care Teen's Death Draws Scrutiny to Group Home Outbreaks: Who Is Looking Out For These Children?, USA TODAY (May 15, 2020).

^{401.} Lindsay Schnell, Foster Care Teen's Death Draws Scrutiny to Group Home Outbreaks: Who Is Looking Out For These Children?, USA TODAY (May 15, 2020).

^{402.} See Angie Schwartz and Cathy Krebs, The Risk of Hidden Foster Care During COVID-19, ABA (June 1, 2020), <https://www.americanbar.org/groups/litigation/committees/childrens-rights/articles/2020/the-risk-of-hidden-foster-care-during-covid19>.

^{403.} See Jeremy Loudanback, Coronavirus Cases Near 100 for Youth in California Residential Facilities, CHRON. SOC. CHANGE (July 9, 2020).

at heightened risk of catching COVID-19.⁴⁰⁴ If they return to the same group home, this again increases the possibility of viral spread.⁴⁰⁵

The results of these pressures are troubling. In Washington state, for example, foster children were quarantined in a government office building after their group home closed.⁴⁰⁶ Likewise, in Washington, D.C., a group of COVID-positive children spent several evenings sleeping in the Aid to Families with Dependent Children offices, after a failed attempt to place them elsewhere.⁴⁰⁷ In addition, many foster parents are trying to relinquish their foster children after they have run away, due to fears of COVID spread.⁴⁰⁸ At the same time, in-home foster care placements are becoming more difficult to find for at-risk children as the pandemic stretches on.⁴⁰⁹

Like the other captive, vulnerable groups discussed above, foster children in group homes are at the mercy of the coronavirus, with little state relief on the way. Foster care children are in extreme crisis due to COVID-19 because the pandemic has widened the already-gaping holes in the child welfare net.⁴¹⁰

404. Id.

405. See Ocasio, supra note 369.

406. See Cray, supra note 372.

407. Id.

408. Id.

409. Id.

410. See Kristina Garcia, Care in Crisis, PENN. TODAY (July 16, 2020), <https://penntoday.upenn.edu/news/foster-care-covid>.

The long tail of eugenic fears about dependent children has manifested in our treatment of children in long-term foster care homes, who are often the most troubled and hardest to place. The virtual abandonment of these children during COVID simply highlights the low priority we have given them in our society.

III. TWO CHEERS FOR LAW POTENTIAL STATUTORY/LEGAL STOPGAPS

Given such discriminatory and neglectful conduct, can the law help? Or to put it differently, are private civil lawsuits, new statutes, and new regulation the right response to this crisis? To answer this question, this Article looks at three legal responses to the pandemic treatment of the captive and vulnerable: 1) class lawsuits to halt medical rationing protocols; 2) requesting inmate early release; and 3) the COVID Safer Detention Act. Although these three responses have spurred some minor change, they unfortunately have not transformed state, local, or federal conduct in any meaningful way, as explained below. Far more must be done to ameliorate the damage done by our society's continued reliance on eugenic beliefs.

A. Halting Discriminatory Healthcare Rationing Protocols

COVID-19 rationing protocols, imposed by many states and local hospitals, directly discriminate against elderly and disabled individuals. The hidden eugenic belief system undergirding such protocols has always been present, but the pandemic has laid bare the underlying discrimination for all to see.⁴¹¹ “[D]isability is an explicit factor used

⁴¹¹. See, e.g., Joseph Shapiro, COVID-19 Infections and Deaths are

to deny treatment—a factor that will be decisive in many cases.”⁴¹²

Using disability as a factor in rationing care and resources is plainly discriminatory,⁴¹³ with deep roots in the eugenic thinking that promoted euthanasia to best resolve the costs of custodial care for disabled individuals.⁴¹⁴

Designating disability as a pivotal disqualifying factor within medical rationing is seemingly blocked by existing discrimination law.⁴¹⁵ Indeed, Congress has barred the use of disability, on its own, to disqualify a person from needed benefits from either the government or medical providers.⁴¹⁶ There are three main ways that advocates for the elderly and disabled can challenge discriminatory healthcare rationing protocols during the pandemic.

1. ADA/Office of Civil Rights (OCR)

Disability-based discrimination is prohibited by the ADA.⁴¹⁷ Healthcare rationing based on disability, age, or potential lifetime left in a disabled patient is also forbidden. More specifically, the ADA bans

Higher Among Those with Intellectual Disabilities, NPR (June 9, 2020).

⁴¹². Bagenstos, supra note 294, at 6.

⁴¹³. Harris, Disability Rights, supra note 288, at 32.

⁴¹⁴. Appleman, supra note 1, at 442.

⁴¹⁵. Harris, Disability Rights, supra note 288, at 36–37.

⁴¹⁶. Id. at 10.

⁴¹⁷. Id. at 5; see also ADA § 302, 42 U.S.C. § 12182 (2018); *Bragdon v. Abbott*, 524 U.S. 624, 629 (1998) (stating that Title III’s definition of a covered “public accommodation” includes a private healthcare provider).

treatment decisions that are on “judgments about a person’s relative ‘worth’ based on age.”⁴¹⁸ Thus, any age-based decisions resulting in denial of medical devices to those with shorter lifespans likely also violates the Age Discrimination Act.⁴¹⁹

In order to challenge these sorts of discriminatory protocols in Texas and Arizona, the Center for Public Representation and a raft of partners filed a complaint with the Department of Health and Human Services, Office for Civil Rights (OCR), contending these two states have implemented health protocol plans discriminating against individuals with disabilities, older adults, and people of color.⁴²⁰ They contend that if these protocols are implemented, such individuals may suffer great harm through withholding of both basic and emergency treatment.⁴²¹

^{418.} See Civil Rights, HIPAA, and COVID 1, HHS (Mar. 28, 2020), <https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>; Bagenstos, supra note 294, at 16.

^{419.} See Jessica Silver, From Baby Doe to Grandpa Doe: The Impact of the Federal Age Discrimination Act on the “Hidden” Rationing of Medical Care, 37 CATH. U. L. REV. 993, 1049–50 (1988).

^{420.} See Crisis Standard of Care Plans in COVID-19 Hotspots Arizona and Texas Challenged by CPR and Partners, CENT. PUB. REP. (July 22, 2020), <https://www.centerforpublicrep.org/news/crisis-standard-of-care-plans-in-covid-19-hotspots-arizona-and-texas-challenged-by-cpr-and-partners>.

^{421.} Id.

Likewise, in Kansas, a combination of advocacy groups filed a complaint with OCR challenging the state's proposed ventilator rationing plan.⁴²² The complaint alleges that the Kansas plan violates the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act (Section 504) and Section 1557 of the Affordable Care Act (ACA) by placing the lives of disabled individuals at serious risk.⁴²³

Such targeted medical rationing is particularly troubling, given that individuals with intellectual and developmental disabilities have both a higher chance of contracting and becoming seriously ill from COVID-19.⁴²⁴ Accordingly, establishing guidelines that limit the ability to obtain proper care is doubly discriminatory, as these individuals are far more likely to need medical care in the first place.

Individuals with disabilities have long had their lives undervalued, with necessary resources often denied or refused.⁴²⁵ The ventilator and

^{422.} See Lane Williams & Ami Hyten, Disability Groups File Discrimination Complaint Challenging Kansas' COVID-19 Treatment Rationing Policy Guidance, BAZELON CTR. (Mar. 27, 2020), <http://www.bazon.org/wp-content/uploads/2020/03/3-27-20-Kansas-OCR-Press-Release.pdf>.

^{423.} Id.

^{424.} COVID-19 Hotspots, supra note 420.

^{425.} See Laura Guidry-Grimes, et al., Disability Rights as a Necessary Framework for Crisis Standards of Care and the Future of Health Care, HASTUNGS CTR, REP. (June 29, 2020), <https://onlinelibrary.wiley.com/doi/10.1002/hast.1128>.

medical services rationing plans established by many states is simply more of the same treatment. These emergency health protocols are just the latest in a series of decisions bolstered by the hidden blueprint of eugenic thinking.

2. § 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973⁴²⁶ forbids disability discrimination by federal agencies and recipients of federal financial assistance.⁴²⁷ OCR enforces § 504, assuring that covered entities do not deny a disabled individual the benefits of a program or activity, provide any less effective services to a disabled individual, or provide different or separate services to a disabled individual unless these services are equal to what others are given.⁴²⁸

In the context of many state medical rationing protocols, § 504 forbids providing either limited or less effective treatment to an individual with disabilities—including treatment and medical devices for the treatment of COVID-19. OCR has issued specific guidance cautioning HHS-funded programs, such as hospitals and other medical care facilities, that the law prohibits medical rationing policies⁴²⁹ based on “stereotypes, assessments of quality of life, or judgments

^{426.} 29 U.S.C. § 794(a).

^{427.} See Bagenstos, supra note 294, at 5.

^{428.} See Rights and Responsibilities under Section 504 and the ADA, HHS, <https://www.hhs.gov/civil-rights/for-individuals/disability/index.html> (last visited Apr. 7, 2021).

^{429.} Harris, Disability Rights, supra note 288, at 34.

about a person's relative 'worth' based on the presence or absence of disabilities or age."⁴³⁰

Some states have supported OCR's guidance in regards to medical rationing protocol, issuing directives of their own. For example, the California Department of Health Care Services issued its own guidance to medical COVID-19 protocols, advising that "rationing care based on a person's disability status is impermissible and unlawful under both federal and state law."⁴³¹ California also notes that individuals with disabilities may not be "unlawfully denied full and equal access to state-funded programs."⁴³² Finally, California's guidelines refer to the American Medical Association's Code of Medical Ethics for further instruction.⁴³³ Granted, as noted above, even this kind of cautionary guidance can evaporate under fear of COVID spread.

In contrast, eleven states have all proposed potentially discriminatory medical rationing plans.⁴³⁴ Lawsuits were subsequently filed against the

^{430.} See Civil Rights, HiPAA, and the Coronavirus Disease, HHS OFF. FOR CIV. RTS. IN ACTION (Mar. 28, 2020), <https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>.

^{431.} See CAL. DEP'T HEALTH CARE SERVS., GUIDANCE RELATING TO NON-DISCRIMINATION IN MEDICAL TREATMENT FOR NOVEL CORONAVIRUS 2019 1 (2020), <https://www.dhcs.ca.gov/Documents/COVID-19/Joint-Bulletin-Medical-Treatment-for-COVID-19-033020.pdf>.

^{432.} Id. at 2.

^{433.} Id.

^{434.} See Elizabeth Pendo, COVID-19 and Disability-Based Discrimination

state of Washington,⁴³⁵ Tennessee,⁴³⁶ Kansas,⁴³⁷ Utah,⁴³⁸ New York,⁴³⁹

in Health Care, ABA (May 22, 2020), <https://www.americanbar.org/groups/diversity/disabilityrights/resources/covid19-disability-discrimination>.

^{435.} See Pam Katz, Disability Discrimination Complaint Filed Over COVID-19 Treatment Rationing Plan in Washington State, ARC (Mar. 23, 2020), <https://thearc.org/disability-discrimination-complaint-filed-over-covid-19-treatment-rationing-plan-in-washington-state>.

^{436.} See Resolution of Federal Civil Rights Complaint Raises the Bar in Prohibiting Medical Discrimination against People with Disabilities during Covid-19 Pandemic, CPR (June 26, 2020), <https://www.centerforpublicrep.org/wp-content/uploads/TN-press-release-revised-6.26-20.pdf>.

^{437.} See Hyten & Williams, Disability Groups File Discrimination Complaint, supra note 420.

^{438.} See David Carlson, Complaint of Disability Law Center and Jodi Hansen on Behalf of Jacob Hansen, DISABILITY L. CENT. (Apr. 6, 2020), <https://www.centerforpublicrep.org/wp-content/uploads/2020/04/Utah-OCR-Rationing-Final-.pdf>.

^{439.} See Katrin Haldeman, DRNY Seeks Clear Guidance from DOH to Prevent Discriminatory Rationing of Healthcare, DISABILITY RTS. N.Y. (Apr. 7, 2020), <https://myemail.constantcontact.com/UPDATED-DRNY-Seeks-Clear—Guidance-from-DOH-to-Prevent-Discriminatory-Rationing-of-Healthcare.html?soid=1128997988588&aid=61IM0GQ2VFU>.

Oklahoma,⁴⁴⁰ Connecticut,⁴⁴¹ North Carolina,⁴⁴² Oregon,⁴⁴³ Nebraska,⁴⁴⁴

^{440.} See Melissa Sublett, Complaint of the Oklahoma Disability Law Center, OK DISABILITY L. CENT. (Apr. 21, 2020), <http://okdlc.org/wp-content/uploads/2020/04/4.21-Oklahoma-OCR-Complaint-Final.pdf>.

^{441.} See Connecticut Agrees to Assure Equal Access to Medical Care for Individuals with Disabilities Hospitalized During Covid-19, DISABILITY RTS. CENT. (June 9, 2020), <https://static1.squarespace.com/static/5952983059cc68ff83ce3153/t/5edf8da47cfff3d0487cf89/1591709092800/DR+CT+NEWS+RELEASE+6.9.2020.pdf>.

^{442.} See Virginia Marcus, Complaint of Disability Rights North Carolina, DISABILITY RTS. N.C. (May 5, 2020), <https://www.centerforpublicrep.org/wp-content/uploads/OCR-Complaint-5.5.20.pdf>.

^{443.} See Jake Cornett, Complaint Regarding Oregon's Crisis Care Guidance, DISABILITY RTS. OR. (May 8, 2020), <https://www.centerforpublicrep.org/wp-content/uploads/2020.05.08-Letter-to-HHS-OCR-Regarding-Crisis-Care-Guidance-in-Oregon.pdf>.

^{444.} See Eric Evans, Illegal Disability Discrimination Concerning TestNebraska, DISABILITY RIGHTS NEB., (June 17, 2020), file:///Users/appleman/Downloads/OCR%20Complaint_Nebraska_6-17-20-1.pdf.

Arizona,⁴⁴⁵ Texas,⁴⁴⁶ Alabama,⁴⁴⁷ and Pennsylvania.⁴⁴⁸

Some states did try to comply with OCR, changing their protocols after these complaints were filed. For example, Alabama removed its proposed guidelines for ventilator triage.⁴⁴⁹ Similarly, OCR imposed three changes to Pennsylvania's medical rationing protocols: 1) protocols ranking individuals with certain disabilities low-priority were eliminated; 2)

^{445.} See Maya Abela et. al., Complaint of Donna Jeffrey, et. al, against Arizona Department of Health Services, ARIZ. CTR. DISABILITY L. (July 17, 2020), <https://www.centerforpublicrep.org/wp-content/uploads/HHS-OCR-Complaint-re-Arizona-CSC-7.17.2020.pdf>.

^{446.} See Richard LaVallo, Complaint Regarding North Texas Mass Critical Care Guidelines for Adults and Children, DISABILITY RTS. TEX. (July 22, 2020), <https://www.centerforpublicrep.org/wp-content/uploads/HHS-OCR-Complaint-re-North-Texas-Mass-Critical-Care-Guidelines.pdf>.

^{447.} See David Carlson, Complaint of Alabama Disabilities Advocacy Program and The Arc of the United States, ALABAMA DISABILITIES ADVOCACY PROGRAM (Mar. 24, 2020), https://www.centerforpublicrep.org/wp-content/uploads/2020/03/AL-OCR-Complaint_3.24.20.docx.pdf.

^{448.} See Kelly Dar, Complaint of Disability Rights Pennsylvania concerning Pennsylvania's Interim Crisis Standards of Care for Pandemic Guidelines, DISABILITY RIGHTS PENNSYLVANIA (Apr. 3, 2020), <https://www.centerforpublicrep.org/wp-content/uploads/2020/04/04.03.2020-DRP-OCR-Complaint-with-Exhibit-A-1.pdf>.

^{449.} Pendo, supra note 434.

individual medical evaluations were required if triage was used; and 3) no individual would be refused care based on any stereotype.⁴⁵⁰

The vast majority of states, however, have not complied with the OCR's guidance, despite outstanding complaints. This failure to act, combined with OCR's failure to impose any reprimands or penalties, shows the limitations of the court and administrative oversight regarding discriminatory state policies concerning medical rationing.

3. The Affordable Care Act, § 1557451

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities.⁴⁵² Specifically, § 1557 prohibits disability-based discrimination by any health programs receiving federal financial assistance, as well as those operating under a federal program or activity.⁴⁵³ This includes nursing homes, institutions for the intellectually and developmentally disabled, mental institutions, and any other facility that receives funding from the Department of Health

^{450.} See OCR Resolves Civil Rights Complaint Against Pennsylvania After it Revises its Pandemic Health Care Triage Policies to Protect Against Disability Discrimination, HHS (Apr. 16, 2020), <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>.

^{451.} 42 U.S.C. § 18116(a).

^{452.} See Section 1557 of the Patient Protection and Affordable Care Act, HHS, <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>.

^{453.} Bagenstos, supra note 294, at 5.

and Human Services. This also covers discrimination against disabled individuals in prisons, jails, and other state correctional facilities.⁴⁵⁴

In addition, disability discrimination laws are broadly applicable to medical treatment decisions. In Alexander v. Choate,⁴⁵⁵ the Court held that disabled beneficiaries cannot be denied “meaningful access” to health care benefits.⁴⁵⁶ Likewise, both Pennsylvania Department of Corrections v. Yeskey⁴⁵⁷ and Olmstead v. L.C.⁴⁵⁸ held that states must “adhere to the ADA’s nondiscrimination requirement with regard to the services they in fact provide.”⁴⁵⁹ Olmstead also concluded, however, that in some circumstances, reduced supplies can limit resources which maximally accommodate people with specific disabilities, if such accommodation deprives other patients.⁴⁶⁰

⁴⁵⁴. Penn. Dep’t of Corr. v. Yeskey, 524 U.S. 206, 207 (1998).

⁴⁵⁵. Alexander v. Choate, 469 U.S. 287, 301 (1985).

⁴⁵⁶. Id. at 301, 309.

⁴⁵⁷. Yeskey, 524 U.S. at 207 (applying Title II of ADA, Court held that prison inmate could not be denied access to prison program due to medical history of hypertension).

⁴⁵⁸. Olmstead v. L.C., 527 U.S. 581, 603 (1999) (holding that ADA imposes significant obligations on states regarding provision of mental health treatment).

⁴⁵⁹. Id. at 603, n.14.

⁴⁶⁰. Id. at 604 (allowing state to show that “in the allocation of available resources, immediate relief for the plaintiffs would be inequitable, given the responsibility the State has undertaken for the care and treatment of a

Overall, § 1557 prohibits medical rationing protocols that deny necessary care based on disability.⁴⁶¹ There is no stated exception to this prohibition for any public health emergency, pandemic or otherwise.⁴⁶² Even allocation of scarce resources in a pandemic must still follow the dictates of federal law.⁴⁶³

Despite these rules and regulations, however, complaints raised about COVID-19 health rationing have not been overwhelmingly successful. Only a few states have changed their medical rationing protocols after suit was filed, leaving the vast majority with discriminatory procedures if medical care needs to be triaged. Even the best attempts of disability law advocates have not been able to overcome the eugenic thinking undergirding state responses to a public health emergency.

large and diverse population of persons with mental disabilities.”).

^{461.} See Disability Rights Education and Defense Fund, Preventing Discrimination in the Treatment of COVID-19 Patients: The Illegality of Medical Rationing on the Basis of Disability, CENT. HIV L. & POV., at 1 (Mar. 25, 2020) <https://www.hivlawandpolicy.org/resources/preventing-discrimination-treatment-covid-19-patients-illegality-medical-rationing-basis>.

^{462.} Id. at 3.

^{463.} See Wendy Hensel & Leslie Wolf, Playing God: The Legality of Plans Denying Scarce Resources to People with Disabilities in Public Health Emergencies, 63 FLA. L. REV. 719, 739 (2011).

B. Early Release of Inmates

Another legal approach to resolving COVID-19 issues for captive populations is the battle to release prisoners from correctional facilities, whether before trial or serving their sentence. These attempts have also had limited success.

1. Bail Reform

One way to mitigate COVID-19 risks for arrested defendants is through COVID-19-based bail reform. Reforming existing bail rules, either to allow arrestees to be released on their own recognizance or to post a token bail, would shrink the number of pretrial detainees and alleviate jail overcrowding. As of December 2020, approximately 631,000 people were currently in jail,⁴⁶⁴ 74% of whom had not been convicted of a crime.⁴⁶⁵ Indeed many pretrial detainees are incarcerated precisely because they cannot afford their bail.⁴⁶⁶ Given the dangers of COVID-19 infection and death in crowded jail facilities, reducing or eliminating money bail for most pretrial detainees seems like an obvious course of action.⁴⁶⁷

^{464.} See JACOB KANG-BROWN ET AL., PEOPLE IN JAIL AND PRISON IN 2020 1 (2021), <https://www.vera.org/downloads/publications/people-in-jail-and-prison-in-2020.pdf>.

^{465.} See Sawyer & Wagner, supra note 178.

^{466.} See Sully Barrett, How the Coronavirus Could Kill the \$2 Billion U.S. Bail Bond Industry, CNBC (May 9, 2020), <https://www.cnbc.com/2020/05/09/how-coronavirus-could-kill-the-us-bail-bond-business.html>.

^{467.} See Ronal Serkas & Taryn Merkl, Law Enforcement Leaders Agree:

For individuals detained due to lack of access to bail money, it is virtually impossible to socially distance, wear masks, obtain proper cleaning supplies, and avoid infection while jailed.⁴⁶⁸ Those legally innocent individuals could be released on their own recognizance, or, if necessary, be provided with electronic tracking devices. Given both their lack of funds and current COVID travel restrictions, the risk of flight is lower.⁴⁶⁹

As an initial response to the pandemic, some states set \$0 bail for certain crimes. In California, for example, a temporary measure was passed to set bail amounts at zero for individuals accused of misdemeanors and lower-level, non-violent felonies.⁴⁷⁰ This was passed in an attempt to reduce the spread of coronavirus in the state's

Money Bail Has to End, Especially in A Pandemic, THE APPEAL (Apr. 21, 2020), <https://theappeal.org/law-enforcement-leaders-agree-money-bail-has-to-end-especially-in-a-pandemic>.

^{468.} See Seann Riley, As Coronavirus Spreads, Cash Bail Is A Virtual Death Sentence, USA TODAY (Apr. 15, 2020), <https://www.usatoday.com/story/opinion/policing/2020/04/14/coronavirus-cash-bail-virtual-death-sentence/5125312002>.

^{469.} Id.

^{470.} See Merrill Balassonne, California Counties Keeping Emergency Bail Order, CAL. CTS. NEWSROOM (July 10, 2020), <https://newsroom.courts.ca.gov/news/california-counties-keeping-covid-19-emergency-bail-schedules>.

overcrowded jails.⁴⁷¹ For two months, this emergency bail measure kept over 20,000 defendants out of jail while they awaited trial or pretrial hearings,⁴⁷² or approximately one-third of California's daily jail population.⁴⁷³ Although the bail measure expired on June 20, 2020,⁴⁷⁴ thirty California counties (home to 78% of the state's citizens), continued the zero bail measure in some form.⁴⁷⁵

Similarly, Philadelphia, Seattle, New Orleans, and Tulsa have embraced bail reform as an appropriate way to reduce virus spread in jails. Both Seattle's and Philadelphia's DA asked his office to limit bail requests to serious cases that pose a threat to public safety.⁴⁷⁶ In New

^{471.} See Aja Goare, COVID-19 No Bail Order Ending but CA Voters Could Adopt Permanent Bail Reform, KSBY NEWS (June 19, 2020), <https://www.ksby.com/news/local-news/covid-19-no-bail-order-ending-but-ca-voters-could-adopt-permanent-bail-reform>.

^{472.} See Bob Egelko, Coronavirus Era Ban on Bail for Non-Violent Cases Will End on June 20, S.F. CHRON. (June 10, 2020), <https://www.sfchronicle.com/news/article/Coronavirus-era-ban-on-bail-for-nonviolent-cases-15331687.php>.

^{473.} See Rosalia Ahumada, No More \$0 Bail: Rule to Slow Coronavirus in California Jails and Courts Is Rescinded, SACRAMENTO BEE (June 10, 2020), <https://www.sacbee.com/news/california/article243446216.html#storylink=cpy>.

^{474.} See Goare, supra note 471.

^{475.} See Balassonne, supra note 470.

^{476.} See Jane Roh, District Attorney Krasner Announces Acceleration

Orleans, public defenders have requested lower bail amounts for many crimes, allowing the accused to obtain pre-trial release more readily.⁴⁷⁷ In Tulsa, any arrested individual not judged to be a safety threat is released on personal recognizance, sometimes with ankle monitors, or at reduced

of DAO Reforms in Response to COVID-19 Emergency, MEDIUM (Mar. 16, 2020), <https://medium.com/philadelphia-justice/district-attorney-krasner-announces-acceleration-of-dao-reforms-in-response-to-covid-19-emergency-e2340f587f25>.

⁴⁷⁷. See Mike Perlstein, Coronavirus Threat, Low Bail Brings New Orleans Jail Population to Post-Katrina Low, WWLTV (Mar. 19, 2020), <https://www.wwtv.com/article/news/health/coronavirus/coronavirus-threat-low-bail-brings-new-orleans-jail-population-to-post-katrina-low/289-648f659e-3d32-4cfa-8a46-1eab5715c66a>. However, this should be contrasted against earlier New Orleans measures which actually increased arrests in the early months of the pandemic, including unconstitutional checkpoints. The end result was that more Black and Brown individuals were detained in COVID-19-unsafe jails. Finally, the Macarthur Center was able to convince New Orleans lawmakers to reduce the number of arrests during COVID-19. Our Response to Covid-19, MACARTHUR JUST., <https://www.macarthurjustice.org/home/our-response-to-covid-19> (last visited Apr. 7, 2021).

bail.⁴⁷⁸ As a result, the Tulsa county jail quickly reached new lows in residence, decreasing fifteen percent in a ten-day period.⁴⁷⁹

Conversely, New York's response to COVID-19 made pretrial release more difficult. In 2019, New York instituted bail reform, eliminating cash bail for nonviolent crimes and requiring prosecutors to produce evidence within fifteen days of arrest.⁴⁸⁰ After only three months, however, law enforcement backlash to the bail reform resulted in limitations of the reforms during the April 2020 budget process.⁴⁸¹ The changes included reinstating bail for certain crimes and giving prosecutors up to 35 days to provide evidence.⁴⁸² Revisions to bail

^{478.} See Samantha Vicent, [Tulsa County Jail Occupancy Hits Record Low as Judges, Attorneys, Police Adjust To COVID-19 Pandemic](https://tulsaworld.com/news/local/crime-and-courts/tulsa-county-jail-occupancy-hits-record-low-as-judges-attorneys-police-adjust-to-covid-19/article_9ba4c86d-0fdc-5223-983b-89fa572ad54f.html), TULSA WORLD (Mar. 28, 2020), https://tulsaworld.com/news/local/crime-and-courts/tulsa-county-jail-occupancy-hits-record-low-as-judges-attorneys-police-adjust-to-covid-19/article_9ba4c86d-0fdc-5223-983b-89fa572ad54f.html.

^{479.} Id.

^{480.} See Karen DeWitt, [New York Bail Reform Rollback Takes Effect](https://www.wamc.org/post/ny-bail-reform-rollback-takes-effect), WAMC N.E. PUB. RADIO (July 2, 2020), <https://www.wamc.org/post/ny-bail-reform-rollback-takes-effect>.

^{481.} See Taryn Merkl, [New York's Latest Bail Law Changes Explained](https://www.brennancenter.org/our-work/analysis-opinion/new-yorks-latest-bail-law-changes-explained), BRENNAN Ctr. (Apr. 16, 2020), <https://www.brennancenter.org/our-work/analysis-opinion/new-yorks-latest-bail-law-changes-explained>.

^{482.} DeWitt, supra note 479.

reform went into effect July 1, 2020,⁴⁸³ despite the continuing COVID-19 threat in state jails.⁴⁸⁴

Setting bail to zero and releasing arrested individuals on their own recognizance offers a simple and effective way to reduce jail population, preventing COVID-19 spread in correctional facilities and surrounding communities. The safest way to ensure that jails do not continue to serve as vectors for the coronavirus is to reduce the number of people incarcerated.⁴⁸⁵ At minimum, eliminating money bail and low-level felony arrests, along with mandated petty and gross misdemeanors citations, would go a long way toward preventing jail overcrowding.⁴⁸⁶ Those charged with crimes should not face increased COVID-19 infection risk simply because they are poor.⁴⁸⁷

2. ACLU Jail and Prison Release Lawsuits

Another way to potentially speed inmate release is to bring civil rights lawsuits. State and federal correctional facilities across the country have been hit with multiple lawsuits, arising from both the poor management of COVID and the resulting infection and death.⁴⁸⁸

^{483.} Merkl, supra note 480.

^{484.} DeWitt, supra note 479.

^{485.} See Coronavirus Spread, The Bail Project, <https://bailproject.org/covid-19> (last visited Apr. 7, 2021).

^{486.} Id.

^{487.} Id.

^{488.} See Carolyn Casey, Dozens of Prisons Now Face COVID-19-Related Civil Rights Lawsuits, EXPERT INST. (June 25,

At the beginning of the pandemic, Congress designated \$100 million to the federal Bureau of Prisons (BOP) for prison staff overtime, testing kits and personal protective equipment, along with the authority to determine which low-risk offenders could be released to home confinement.⁴⁸⁹ By mid-March, however, when the pandemic was in full flower, the BOP had failed to release many eligible prisoners early, including those most in need of release.⁴⁹⁰

The ACLU brought multiple lawsuits against numerous state jails and prisons in order to obtain early inmate release.⁴⁹¹ The ACLU initiated or supported such lawsuits in Arizona,⁴⁹² Arkansas,⁴⁹³

2020), <https://www.expertinstitute.com/resources/insights/dozens-of-prisons-now-face-covid-19-related-civil-rights-lawsuits>.

⁴⁸⁹. Id.

⁴⁹⁰. Id.

⁴⁹¹. See Settlement Reached in Federal Lawsuit Seeking to Protect Incarcerated People from COVID-19, ACLU (June 8, 2020), <https://www.aclu.org/press-releases/settlement-reached-federal-lawsuit-seeking-protect-incarcerated-people-covid-19>.

⁴⁹². See Lawsuit Seeks Class-Action Relief for People Detained in Federal Custody in Arizona, ACLU (May 8, 2020), <https://www.aclu.org/press-releases/aclu-sues-protect-people-incarcerated-private-prison-covid-19>.

⁴⁹³. See Andrew DeMillo, Lawsuit Filed Over Coronavirus Outbreak at Arkansas Prison, AP NEWS (Apr. 21, 2020), <https://apnews.com/a4c42840e6e742ae72011a8684cc4798>.

Connecticut,⁴⁹⁴ D.C.,⁴⁹⁵ Georgia,⁴⁹⁶ Kansas,⁴⁹⁷ Kentucky,⁴⁹⁸ Louisiana,⁴⁹⁹

^{494.} See Settlement Reached, supra note 491.

^{495.} See Banks v. Booth - Challenging Life-Threatening Lack of COVID-19 Precautions at the D.C. Jail, ACLU (July 2020), <https://www.acludc.org/en/cases/banks-v-booth-challenging-life-threatening-lack-covid-19-precautions-dc-jail>.

^{496.} See Southern Center for Human Rights File Motion for Preliminary Injunction to Require Clayton County Sheriff to Protect People in Jail from Escalating COVID-19 Outbreak, ACLU (July 27, 2020), <https://www.aclu.org/press-releases/aclu-southern-center-human-rights-file-motion-preliminary-injunction-require-clayton>.

^{497.} See Nomin Uyediin, Kansas Prisons Are Fighting A Lawsuit to Release Prisoners to Reduce COVID-19 Spread, KCUR (Apr. 30, 2020), <https://www.kcur.org/news/2020-04-30/kansas-prisons-are-fighting-a-lawsuit-to-release-prisoners-to-reduce-covid-19-spread>.

^{498.} See ACLU-KY Files Federal Lawsuit to Free Seven Medically Vulnerable People from Kentucky Correctional Institution for Women, ACLU (June 15, 2020), <https://www.aclu.org/press-releases/aclu-ky-files-federal-lawsuit-free-seven-medically-vulnerable-people-kentucky>.

^{499.} See ACLU of Louisiana Demands Immediate Release of Asylum-Seekers and People Awaiting Trial, Expedited Parole Hearings for Elderly Prisoners During Coronavirus Pandemic, ACLU (March 12, 2020), <https://www.aclu.org/press-releases/aclu-louisiana-demands-immediate-release-asylum-seekers-and-people-awaiting-trial>.

North Carolina,⁵⁰⁰ Ohio,⁵⁰¹ Pennsylvania,⁵⁰² Tennessee,⁵⁰³ Texas,⁵⁰⁴ and Virginia.⁵⁰⁵ These lawsuits included demands for officials to effectuate the rapid downsizing of those facilities and highlighted their

^{500.} See ACLU Sues to Protect People at Butner Federal Prison From COVID-19, ACLU (May 8, 2020), <https://www.aclu.org/press-releases/aclu-sues-protect-people-butner-federal-prison-covid-19-0>.

^{501.} See Appeals Court Strikes Down Ruling Requiring Bureau of Prisons to Release Medically Vulnerable People at Elkton Prison, ACLU (June 9, 2020), <https://www.aclu.org/press-releases/appeals-court-strikes-down-ruling-requiring-bureau-prisons-release-medically>.

^{502.} See Matthew Santoni, Inmates Say Pittsburgh Jail Not Following COVID-19 Guidance, LAW360 (April 9, 2020), <https://www.law360.com/articles/1261781/inmates-say-pittsburgh-jail-not-following-covid-19-guidance>.

^{503.} See Federal Court Certifies Class, Orders Sheriff to Release List of People in Shelby County Jail Most Vulnerable to COVID-19, ACLU (June 11, 2020), <https://www.aclu.org/press-releases/federal-court-certifies-class-orders-sheriff-release-list-people-shelby-county-jail>.

^{504.} See Civil Rights Groups File Lawsuit to Stop Spread of COVID-19 in Dallas Jails, ACLU (May 21, 2020), <https://www.aclu.org/press-releases/civil-rights-groups-file-lawsuit-stop-spread-covid-19-dallas-jails-0>.

^{505.} See ACLU of Virginia Sends Notice of Noncompliance in COVID-19 Lawsuit Against VDOC for Failure to Follow Court-Approved Settlement, ACLU (June 25, 2020), <https://www.aclu.org/press-releases/aclu-virginia-sends-notice-noncompliance-covid-19-lawsuit-against-vdoc-failure-follow>.

failure to review candidates for early release, to inform individuals of their eligibility for early release, and to expedite consideration of conditional pardons.⁵⁰⁶

These efforts have been insufficient in preventing mass prisoner infection, however.⁵⁰⁷ Although some prisoners have been released, the incarcerated population numbers have generally remained stable.⁵⁰⁸ Moreover, the Supreme Court has halted orders requiring prisons and jails to use better safety and health procedures or release inmates early.⁵⁰⁹ In Barnes v. Ahlman, for example, the Court upheld a stay of a preliminary injunction requiring the Orange County Jail to implement particular safety measures to protect inmates from the coronavirus.⁵¹⁰ This is despite the fact that over 300 jail detainees had contracted COVID-19 in less than a month's time, with little attempt at social distancing, provision of cleaning materials, PPE, or proper testing supplies.⁵¹¹ Although the Orange County Jail released 53% of

^{506.} Id.

^{507.} See Kovarsky, supra note 80, at 2.

^{508.} See Sandra Garcia, U.S. Prison Population Remained Stable as Pandemic Grew, N.Y. Times (May 14, 2020), <https://nyti.ms/3cu58Xc>.

^{509.} See, e.g., Barnes v. Ahlman, 240 S. Ct. 2620, 2622 (2020) (Sotomayor, J., dissenting).

^{510.} Id. at 2620.

^{511.} Id. at 2621 (Sotomayor, J., dissenting).

its residents, it still holds approximately 3,000 detainees, 488 of them medically fragile.⁵¹²

In short, although lawsuits have fostered some movement in forcing correctional facilities to increase some early release and improve COVID-19 precautions, they have been an insufficient tool to solve the continuing crisis. This failure to release prisoners directly relates back to the eugenic belief system underlying so much of mass incarceration: that detained and convicted individuals are unfit and unworthy of protection, due to their criminogenic genetics and inferior bloodlines. Refusing to acknowledge the effect of a world-wide pandemic and the danger it poses to captive, vulnerable individuals is ultimately another version of the eugenic thinking that rationalizes injury and death of those whose lives are adjudicated less valuable. We need better, more comprehensive solutions to the mistreatment of captive individuals, ones that recognize eugenics-based prejudices and seek to address them at their core.

3. Alternative Corrections Release

Many states have ordered their probation and parole officers to temporarily suspend the return of parole or probation violators to jail.⁵¹³ Many of these arrests are for minor violations breaking the rules of correctional control supervision—drinking alcohol, traveling without

⁵¹². Id. at 2624 (Sotomayor, J., dissenting).

⁵¹³. See Beth Schwartzapfel, Probation and Parole Officers Are Rethinking Their Rules as Coronavirus Spreads, MARSHALL PROJECT (Apr. 3, 2020), <https://www.themarshallproject.org/2020/04/03/probation-and-parole-officers-are-rethinking-their-rules-as-coronavirus-spreads>.

permission, or missing appointments.⁵¹⁴ Thus, relaxing standards for violations for parolees and probationers helps keep jail and prison populations down.

Approximately two-thirds of state probation and parole departments have halted mandatory office visits and no longer issue arrest warrants for technical violations.⁵¹⁵ In addition, many states only drug test the highest-risk probationers and parolees.⁵¹⁶ California, for example, has relaxed its rules of probation, and no longer requires individuals under supervision to take drug tests, attend mandated therapy, or meet weekly with their supervision officer while social distancing rules are still in effect.⁵¹⁷ Likewise, Idaho suspended its parole and probation sentencing matrix, allowing the officers to tailor a non-jail sentence instead.⁵¹⁸ Massachusetts shrunk the number of offenders sentenced to

^{514.} Id.

^{515.} See Caroline Harting, Parole and Probation Reform in the COVID-19 Era, COLUM. NEWS (July 31, 2020), <https://news.columbia.edu/news/parole-probation-vincent-schiraldi-hrw-aclu>.

^{516.} Id.

^{517.} See Lauren White, Probation Conditions Relaxed During the Pandemic. Some Say They Should Stay That Way, THE APPEAL (June 8, 2020), <https://theappeal.org/coronavirus-probation-parole-technical-violations>.

^{518.} See Tommy Simmons, 'A little more creative': How the Coronavirus Has Changed Probation, Parole in Idaho, KTVB (May 3, 2020), <https://www.ktvb.com/article/news/>

electronic monitoring and limited the non-serious violations resulting from the tracking.⁵¹⁹

For those sentenced to halfway houses, work farms, or other forms of alternative correction, however, there has been little relief. In New Jersey, no high-risk individuals have been released early from halfway houses.⁵²⁰ Florida has not only detained probationers in work camps, but also continues to use their labor. Work camp residents live in tight confines and travel to and from work sites on crowded buses, both powerful vectors for coronavirus spread.⁵²¹ Similarly, in Minnesota's Challenge Incarceration Program, a minimum-security boot camp for non-violent offenders, there have been few releases to alleviate the

crime/a-little-more-creative-how-covid-19-has-changed-probation-parole-in-idaho/277-ad46e588-d77a-4da9-aba2-1ee3b86a06fa.

^{519.} See Community Supervision Response to COVID-19, MARSHALL PROJECT (Apr. 2, 2020), <https://www.themarshallproject.org/documents/6823500-Community-Supervision-Response-to-COVID-19#document/p22/a558866>.

^{520.} See Colleen O'Dea, New Jersey's COVID-19 Release Program for Prisoners Is Slammed for Major Failings, N.J. SPOTLIGHT (May 26, 2020), <https://www.njspotlight.com/2020/05/njs-covid-19-release-program-for-prisoners-is-slammed-for-major-failings>.

^{521.} See Kevin Bliss, Florida Continues to Use Slave Labor During Coronavirus Outbreak, PRISON LEGAL NEWS (June 1, 2020), <https://www.prisonlegalnews.org/news/2020/jun/1/florida-continues-use-slave-labor-during-coronavirus-outbreak>.

overcrowding.⁵²² Those under alternative correctional control have been largely overlooked throughout the pandemic.⁵²³

The spread of COVID-19 in alternative corrections is little discussed, with minimal information about those sentenced to community control. For the most part, the push for early release has not ameliorated any restrictive conditions in alternative corrections. This failure can largely be attributed to the dehumanization process we impose on those who have gone through the criminal justice system. The core elements of the eugenics blueprint for criminal justice⁵²⁴—that criminals are unfit and should be removed from society—still resonate for those under correctional control. Our strong belief in such Progressive era innovations such as parole, probation, and work camps have remained deeply popular in American criminal justice.⁵²⁵

C. The COVID-19 Safer Detention Act

Despite significant COVID spread in correctional facilities, various procedural hurdles and rigorous legal standards continue to prevent

^{522.} See Dan Kraker, Coronavirus Spread Puts Minnesota's Willow River Boot Camp on Edge, MPR NEWS (Apr. 20, 2020), <https://www.mprnews.org/story/2020/04/20/coronavirus-spread-puts-minnesotas-willow-river-boot-camp-on-edge>.

^{523.} See Laura I Appleman, The Treatment-Industrial Complex: Alternative Corrections, Private Prison Companies, & Criminal Justice Debt, 55 HARV. C.R.–C.L. L. REV. 1, 5–6 (2020).

^{524.} Simon, supra note 4, at 792.

^{525.} Id. at 815.

prisoners from appealing to federal court for pandemic relief.⁵²⁶ A prisoners' ability to apply for release can vary tremendously, depending on the type of incarceration—prison or jail—and whether their sentence is state or federal.⁵²⁷ In addition, federal prisoners must first apply to the Bureau of Prisons for release.⁵²⁸ The Bureau's response to the pandemic and the question of early release, however, has been chaotic and dysfunctional.⁵²⁹

In response, Senators Richard Durbin and Chuck Grassley introduced the COVID-19 Safer Detention Act (SDA).⁵³⁰ The SDA

^{526.} See Taryn Merkl & Brooks Weinberger, [What's Keeping Thousands in Prison During Covid-19](https://www.brennancenter.org/our-work/research-reports/whats-keeping-thousands-prison-during-covid-19), BRENNAN CTR. (July 22, 2020), <https://www.brennancenter.org/our-work/research-reports/whats-keeping-thousands-prison-during-covid-19>.

^{527.} Id.

^{528.} Id.

^{529.} See [Coronavirus Crisis in Prisons Won't Stay Behind Bars](https://www.nytimes.com/2020/06/25/opinion/coronavirus-prisons-compassionate-release.html), N.Y. TIMES (June 25, 2020), <https://www.nytimes.com/2020/06/25/opinion/coronavirus-prisons-compassionate-release.html>.

^{530.} See [Durbin, Grassley Introduce New, Bipartisan Legislation to Reform Elderly Home Detention and Compassionate Release Amid COVID-19 Pandemic](https://www.durbin.senate.gov/newsroom/press-releases/durbin-grassley-introduce-new-bipartisan-legislation-to-reform-elderly-home-detention-and-compassionate-release-amid-covid-19-pandemic), DICK DURBIN, <https://www.durbin.senate.gov/newsroom/press-releases/durbin-grassley-introduce-new-bipartisan-legislation-to-reform-elderly-home-detention-and-compassionate-release-amid-covid-19-pandemic> (last visited Apr. 7, 2021). The SDA was re-introduced to Congress by Durbin and Grassley on February 10, 2021.

reforms the existing Elderly Home Detention Pilot Program (EHDPP) and expands compassionate release of federal inmates.⁵³¹ The bill seeks to release elderly offenders, a growing percentage of the federal prison population, who have much lower rates of recidivism and higher costs due to health issues.⁵³² The SRA clarifies the amount of time an inmate must serve before release, expands eligibility to allow non-violent offenders to apply to the EHDPP, requires judicial review for elderly prisoner release decisions, and specifies that COVID-19 vulnerability can be used as a release basis.⁵³³

The SDA is certainly a step in the right direction. It is a fundamentally modest proposal, however, that attempts to patch existing laws affecting compassionate release and home confinement.⁵³⁴ The SDA fails to address the chaos and disorganization involved with federal prisoner release programs.⁵³⁵ It also ignores the continuing issues with state

Durbin, Grassley Introduce Bipartisan Legislation to Reform Elderly Home Detention and Compassionate Release Amid COVID-19 Pandemic,

DICK DURBIN, <https://www.durbin.senate.gov/newsroom/press-releases/durbin-grasslet-introduce-bipartisan-legislation-to-reform-elderly-home-detention-and-compassionate-release-amid-covid-19-pandemic> (last visited Apr. 7, 2021).

^{531.} Id.

^{532.} Id.

^{533.} Id.

^{534.} See Coronavirus Crisis in Prisons, supra note 529.

^{535.} See Zoe Tillman, “I Had Hit the Lottery”: Inmates Desperate to

prisoner release.⁵³⁶ Far more will be needed to address the continuing spread of COVID in correctional facilities across the nation.

IV. DRAFTING A BLUEPRINT FOR THE FUTURE

Our continued reliance on eugenic thinking has resulted in the discriminatory, inadequate treatment of captive and vulnerable populations during the COVID-19 pandemic. The effects of this treatment will ripple through communities long after the pandemic is over, because our standard legal remedies provide few solutions, primarily reifying the underlying eugenics-based policies. Thus, although eventually this particular pandemic will recede, the subliminal eugenic blueprint will still remain if we do not take action to counter it.

Accordingly, we need to take steps to start eradicating the hidden pattern of eugenic thinking, particularly when it comes to our behavior towards captive and vulnerable populations. The best approach is two-fold. First, we must teach the complicated history of eugenics throughout all levels of education, in order to expose eugenic thinking at

Get Out of Prisons Hit Hard by the Coronavirus Are Racing to Court, BUZZFEED (Aug. 6, 2020), <https://www.buzzfeednews.com/article/zoetillman/coronavirus-prison-release-rules-inconsistency>.

⁵³⁶. See, e.g., Anat Rubin et al., Inside the U.S.'s Largest Maximum-Security Prison, COVID-19 Raged. Outside, Officials Called Their Fight a Success, PROPUBLICA (June 24, 2020), https://www.propublica.org/article/inside-the-uss-largest-maximum-security-prison-covid-19-aged?utm_source=pardot&utm_medium=email&utm_campaign=majorinvestigations&utm_content=feature.

its root, making it a standard part of educational curriculums. This would include not only the true history of American eugenics, both past and present, but also contextualizing many scientific and medical discoveries stemming from victimizing individuals with disabilities, impoverished and elderly citizens, and people of color.

Second, the critical second step would create a permanent Commission on Ethics and Eugenics. This Commission would review all medical treatment of certain groups, including those incarcerated and under correction control, care home residents, foster care children, individuals with developmental and mental disabilities, and any other individuals in congregate living who have been historically discriminated against or neglected. The Commission would also oversee and regulate any kind of proposed human medical experiments, including drug trials. The general aim of the Commission would be to both inform and educate the public about current eugenic practices, as well as protect vulnerable and captive communities from risks and damages, in the public health and research arenas.

The general ignorance about the long history of American eugenics partially explains why the eugenics blueprint is so frequently used. Even among historians, academics, and medical professionals, the reality of our shameful past and present is rarely discussed, let alone specifically acknowledged and delineated. Accordingly, one way to spotlight our continued reliance on eugenic philosophy is to prominently teach its history in all levels of schooling.

It is well past time to teach our eugenic history and eradicate what is left of eugenic thinking in our present. Education and permanent ethical oversight will help make this a possibility.

A. Highlight the History of Eugenics in Secondary, College, Law & Medical Schools

Eugenic history would ideally be taught in middle or high school as a basic teaching module, and then become more complex and potentially more specialized in post-secondary education, whether college, law school, medical school, or nursing/parahealth training. The standard middle and high school history curriculum largely ignores American eugenics and its influence on public policy.⁵³⁷ At best, it is mentioned incidentally.

For children in secondary education, there are a few programs that can be used in social studies, humanities, or science classes.⁵³⁸ For example, Facing History and Ourselves, which teaches about historical genocide, has a training course for teachers focusing on American eugenics.⁵³⁹ Based on the text Race and Membership in American History, the course explains how “the eugenics movement represents a moral fault line in our history,” and helps students trace the path.⁵⁴⁰ This

^{537.} See THOMAS CARGILL, EUGENICS IN HIGH SCHOOL HISTORY 6 (2020), <https://www.independent.org/publications/tir/article.asp?id=1489>.

^{538.} See Christopher Rearden, American Gothic, TOLERANCE MAG. (2003), <https://www.tolerance.org/magazine/spring-2003/american-gothic>.

^{539.} Id.

^{540.} See generally FACING OURSELVES AND HIST., <https://www>.

module underlines that “the eugenics movement was not a footnote in history.”⁵⁴¹

Once at the post-secondary education level, the teaching can become more specialized and complex. The inclusion of eugenics history into college pedagogy is particularly important given that so many institutions of higher learning have been loci of eugenic thinking.⁵⁴² But even at colleges and universities without those specific histories, it is crucial to explore and share our past decisions, in part because it is “a hidden part of American scientific history—people didn’t like to talk about it.”⁵⁴³ Too many educational institutions are still reluctant to discuss this painful history and present practices, which makes such teaching all the more important.

Critically, American eugenic thinking should be taught not just in History or American Studies classes, but also in science and genetics classes, whether undergraduate or graduate level. The history of American eugenics has long been “conspicuously absent” from most

facinghistory.org/resource-library?search=eugenics (last visited Apr. 7, 2021).

^{541.} See Rearden, supra note 538.

^{542.} See Jonathan Chernoguz, Why We Should Teach the History of Eugenics, BIOPOLITICAL TIMES (October 28, 2014), <https://www.geneticsandsociety.org/biopolitical-times/why-we-should-teach-history-eugenics?id=8164>.

^{543.} Id.

modern science and genetics textbooks.⁵⁴⁴ In contrast, Harvard now offers a graduate microbiology class entitled “Social Issues in Biology,” which specifically addresses the issues of eugenics, sterilization, reproducibility, and sexism in science.⁵⁴⁵ As the Genetics Society of America has pointed out, teaching eugenics in science classes makes future scientists “less likely to repeat the racist mistakes of our past.”⁵⁴⁶ Likewise, eugenics should be prominently taught in history and American studies classes, helping contextualize why such decisions were and still are being made.

It is equally important to teach about our history of eugenic thinking in law and medical schools. Law school currently gives very short shrift to eugenics past and present, at most discussing Skinner and Buck v. Bell. As Jonathan Simon has pointed out, however, influential judges such as Benjamin Cardozo relied heavily on eugenic thinking in their decision-making about crime control and incarceration, helping shape the modern criminal justice system, with its focus on public safety and punishments

^{544.} See Michelle Markstein et al., Want to Teach Eugenics History in Your Genetics Class? Advice and Resources to Take the Leap!, GENETICS SOC. AM. (June 29, 2020), <http://genestogenomes.org/resources-and-tips-for-including-eugenics-history-in-your-genetics-class>.

^{545.} See M.R.F. Buckley, When Science Can Harm, HARV. MED. SCH. (March 2, 2020) <https://hms.harvard.edu/news/when-science-can-harm>.

^{546.} Id.

of probation, parole, and habitual offender laws.⁵⁴⁷ Yet criminal law and procedure are rarely taught with any reference to eugenics.⁵⁴⁸

Likewise, medical schools give little time to eugenic philosophy, despite the medical world's deep involvement throughout the twentieth century. One shining counterexample is Harvard Medical School, which began a Personal Genetics Education Program (with a few other medical schools) to offer genetics education programs nationwide.⁵⁴⁹ The program offers workshops for all disciplines, including biology, social studies, law, government, health, humanities and bioethics.⁵⁵⁰ Aside from this program, however, medical education about eugenics is quite minimal.

This was recently exemplified in 2018, when faculty at UC Berkeley's School of Public Health realized that the university was dispersing monies from the Genealogical Eugenic Institute Fund, which supports

^{547.} See Simon, supra note 4, at 807–08.

^{548.} See Jonathan Simon, The Criminal Is to Go Free: The Legacy of Eugenic Thought in Contemporary Judicial Realism About American Criminal Justice, 100 B.U. L. REV. 787, 807–08 (2020).

^{549.} See Amy Marcus, Scientists Confront the Ghosts of Eugenics, WALL ST. J. (Aug. 17, 2018), <https://www.wsj.com/articles/scientists-confront-the-ghost-of-eugenics-1534523929>.

^{550.} See Professional Development, PERSONAL GENETICS EDUC. PROJECT, <https://pged.org/teacher-development> (last visited Apr. 7, 2021).

research and education in eugenics.⁵⁵¹ The fund offered approximately \$70,000 yearly to support research and education on policies, practices and technologies that could “affect the distribution of traits in the human race,” citing a “modern definition of eugenics.”⁵⁵² Although UC Berkeley ultimately froze the fund, it had benefited from it since 1975.⁵⁵³ Equally important, the fund’s continuing operation illustrates how “[e]ugenetic thinking did not disappear after the horrors of the Holocaust were revealed . . . it remains embedded in medicine and public health today.”⁵⁵⁴

In general, colleges and universities have only recently realized the major role of eugenics in their past. In October 2020, for example, USC removed the name of former president Rufus von KleinSmid from campus after recognizing its own role in helping California advance in the eugenics movement.⁵⁵⁵ In the same month, Stanford University resolved

^{551.} See Teresa Watanabe, UC Berkeley Is Disavowing Its Eugenic Research Fund After Bioethicist and Other Faculty Call It Out, L.A. TIMES (Oct. 26, 2020), <https://www.latimes.com/california/story/2020-10-26/uc-berkeley-disavows-eugenics-research-fund>.

^{552.} Id.

^{553.} Id.

^{554.} Watanabe, supra note 551.

^{555.} Theresa Watanabe, USC Removes Name of Rufus von KleinSmid, A Eugenics Leader, From Prominent Building, L.A. TIMES (June 11, 2020), <https://www.latimes.com/california/story/2020-06-11/usc-removes-name-of-former-president-rufus-von-kleinsmid-a-supporter-of-eugenics-from-prominent-building>.

to rename all buildings named after David Starr Jordan, a founding president of the university who was a driving force of the eugenics movement.⁵⁵⁶ Commendably, Stanford is not simply renaming buildings, but also attempting to “better explain the full range of Jordan’s legacy and contributions.”⁵⁵⁷ Given how many academics and scientists were involved in eugenics in the early twentieth century, this type of reckoning is extremely important.

Similarly, Pomona College and CalTech have also protested honoring Robert Millikan, a major CalTech scientist but also the leader of the Human Betterment Foundation, a group infamous for influencing Nazi eugenic policies.⁵⁵⁸ Pomona College is renaming its Millikan Laboratories, while CalTech has collected hundreds of signatures to remove Millikan’s name from its buildings.⁵⁵⁹ The University of Virginia has also taken steps to remove eugenicists’ names from their buildings,

^{556.} See Chris Peacock, Stanford Will Rename Campus Spaces Named for David Starr Jordan and Relocate Statue Depicting Louis Agassiz, STAN. NEWS (Oct. 11, 2020), <https://news.stanford.edu/2020/10/07/jordan-agassiz>.

^{557.} Id.

^{558.} Michael Hiltzik, CalTech Faces Reckoning Over Its Links to Eugenics and Sterilization Movement, L.A. TIMES (July 7, 2020), <https://www.latimes.com/business/story/2020-07-07/caltech-robert-millikan-eugenics-sterilization>.

^{559.} Watanabe, supra note 551.

changing the name of a medical school wing honoring Paul Barringer, a eugenicist who believed slavery benefited Black people.⁵⁶⁰

It has taken over 100 years for colleges and universities to even realize that some of their founders and most celebrated professors were eugenicists, as was common in the early parts of the twentieth century. It is time that the long tail of eugenics was exposed, taught, and discussed in all institutions of higher learning.

B. Contextualize Scientific and Medical “Discoveries” of Past

Most histories of medical and scientific discoveries are taught with minimal information about those who were human research subjects or unwitting victims of the investigators. In part, this is due to our very recent reckoning with our history of research and experiments on the captive and vulnerable.⁵⁶¹ Because Americans are generally ignorant of the origins of most scientific and medical discoveries, there is little awareness of how the captive and vulnerable have been misused for centuries in the name of science and medicine.

⁵⁶⁰. See Ruth Smith, [Another UVA Building Named After a Eugenicist Could Be Renamed](https://roanoke.com/news/education/another-uva-building-named-after-a-eugenicist-could-be-renamed/), ROANOKE TIMES (Aug. 1, 2019), https://roanoke.com/news/education/another-uva-building-named-after-a-eugenicist-could-be-renamed/article_aee096af-aef6-5968-b60e-015932e99285.html.

⁵⁶¹. See Esther Choo, [The James Marion Sims Problem: How Doctors Can Avoid Whitewashing Medicine’s Racist History](https://www.nbcnews.com/think/opinion/james-marion-sims-problem-how-doctors-can-avoid-whitewashing-medicine-ncna880816), NBC NEWS (June 7, 2018), <https://www.nbcnews.com/think/opinion/james-marion-sims-problem-how-doctors-can-avoid-whitewashing-medicine-ncna880816>.

One recent example is our rediscovery of the history of Dr. Marion Sims, the celebrated “father” of gynecology. Sims did pioneer many gynecological techniques, including inventing the speculum and creating the current procedure to repair vesicovaginal fistulas.⁵⁶² These techniques, however, were infamously tested on female slaves without either their consent or any anesthesia, a fact widely known but only recently acknowledged.⁵⁶³ NYC removed Sims’ Central Park statue in 2018,⁵⁶⁴ and there is a growing movement to rename the Sims speculum the “Lucy” speculum, honoring the slave used most frequently in surgeries.⁵⁶⁵

Sims operated numerous times on female slaves to perfect his gynecological surgical techniques, always without anesthesia, which he justified on the racist, eugenicist basis that Black women did not feel pain.⁵⁶⁶ This type of fallacy has persisted to this day, promoting false beliefs about biological differences between Black and white people which has been reflected in, among other things, differential pain treatment between races—specifically, undertreatment of pain in

^{562.} See Maura Hohman, How This Black Doctor is Exposing the Racist History of Gynecology, USA TODAY (June 29, 2020), <https://www.today.com/health/racism-gynecology-dr-james-marion-sims-t185269>.

^{563.} Id.

^{564.} See Choo, supra note 561.

^{565.} See Hohman, supra note 562.

^{566.} Id.

Black people.⁵⁶⁷ These types of erroneous views have contributed to the continuing subconscious beliefs in eugenic thinking, resulting in untold suffering for many. And yet until very recently, Sims' beliefs and practices were celebrated, without his shadow story being told.

Similarly, in the 1970's, Dr. Eugene Saenger, a pioneering radiologist, experimented with high-dose total body irradiation (TBI), using approximately ninety cancer patients with localized, radio-resistant cancers, despite knowing that TBI was unlikely to work.⁵⁶⁸ Saenger and his partner specifically chose poor or working-class patients—sixty percent of whom were Black—because “these persons don't have any money and they're black and they're poorly washed.”⁵⁶⁹ A full quarter of these patients died.⁵⁷⁰

Despite this, Saenger taught at the University of Cincinnati Medical School until his death, receiving a Gold Medal from the

^{567.} See generally Kelly Hoffman et al., Racial Bias in Pain Recommendation and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites, 113 PROC. NAT'L ACAD. SCI. USA 4296 (2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843483>.

^{568.} William Dicke, Eugene Saenger, Controversial Doctor, Dies at 90, N.Y. Times (Oct. 11, 2007), <https://www.nytimes.com/2007/10/11/us/11saenger.html>.

^{569.} Appleman, supra note 9, at 15.

^{570.} Id.

Radiological Society of North America.⁵⁷¹ He never suffered any serious repercussions from the experiments.⁵⁷² Although the experiment was mentioned in his obituary, little is taught about it in the history of radiology or medicine. We erase such history at our peril.

C. Commission on Ethics and Eugenics

In addition to increasing the level of education and general knowledge about eugenics, there also must be a more comprehensive oversight of current eugenic practices and philosophies. The best option would be a nationwide commission to investigate, oversee, and review the treatment of all vulnerable and captive populations. This Commission on Ethics and Eugenics (CEE) should be a permanent commission, charged with general oversight and the eventual eradication of eugenic thinking.

There have been two U.S. federal commissions focused on eugenics, both following major scandals, but neither lasted very long. After the Tuskegee Syphilis Study ended in 1972, Congress created the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, spanning from 1974 to 1978.⁵⁷³ Similarly, in 1994 Congress formed the Advisory Committee on Human Radiation Experiments (ACHRE), to review federally-funded radiation

^{571.} Id.

^{572.} Id.

^{573.} See Former Bioethics Commissions, BIOETHICS ARCHIVE, GEO. UNIV., https://bioethicsarchive.georgetown.edu/pcbe/reports/past_commissions (last visited Apr. 7, 2021).

research on human subjects for experimental purposes.⁵⁷⁴ ACHRE only lasted ten months before it was disbanded.⁵⁷⁵ There have also been a few commissions and councils on bioethics over the past twenty years, largely focused on new biotechnologies, cloning, and stem cell research.⁵⁷⁶

In the United States, the 1947 Nuremberg Code,⁵⁷⁷ regulating medical experimentation on the detained, and the 1964 Declaration of Helsinki, regulating medical research involving human subjects,⁵⁷⁸ formed the historical basis for regulating federally funded research.⁵⁷⁹ These international policies, however, only loosely oversee medical, research, and health care performed in this country. Therefore, other than the periodic U.S. commission formations, there is little attention paid on a

^{574.} See Advisory Committee on Human Radiation Experiments, NSA, <https://nsarchive2.gwu.edu/radiation> (last visited Apr. 7, 2021).

^{575.} Id.

^{576.} See Former Bioethics Commissions, supra note 572.

^{577.} Nuremberg Code (1949), NIH, <https://history.nih.gov/display/history/Nuremberg+Code> (last visited Apr. 7, 2021).

^{578.} See Brandon Peters, What Is the Declaration of Helsinki, VERYWELL HEALTH (Oct. 27, 2020), <https://www.verywellhealth.com/declaration-of-helsinki-4846525>.

^{579.} 45 C.F.R. § 46(1); see also 45 C.F.R. 46 FAQs, HHS, <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/45-cfr-46/index.html> (last visited Apr. 7, 2021).

national level to the overarching issues of eugenics, human medical experimentation, or research ethics.

Following the Tuskegee syphilis study and a few additional research scandals in the 1960s and 1970s, political pressure arose to regulate medical research.⁵⁸⁰ A pushback from researchers, however, resulted in our current system of Institutional Review Boards (IRB), which became the primary means of protecting research subjects.⁵⁸¹

The IRB system, which is the major regulator of U.S. human subject research, is made up of the IRBs and two federal departments, the Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA).⁵⁸² OHRP regulates human subject research, and the FDA oversees drug and medical device development.⁵⁸³ IRBs review research plans to check for informed consent and subject exposure to

^{580.} See Dan Turello, Carl Elliott Answers Five Questions About COVID-19 and the Ethics of Medical Research, INSIGHTS, LIBR. OF CONG. (June 4, 2020), <https://blogs.loc.gov/kluge/2020/06/carl-elliott-answers-five-questions-about-covid-19-and-the-ethics-of-medical-research>.

^{581.} See Carl Elliott, Poor Reviews, MOTHER JONES (Sept. 2010), <https://www.motherjones.com/environment/2010/09/institutional-review-boards>.

^{582.} See Simon Whitney, Institutional Review Boards: A Flawed System of Risk Management, 12 RES. ETHICS 182, 183 (2016), <https://journals.sagepub.com/doi/pdf/10.1177/1747016116649993>.

^{583.} Id. at 183.

unreasonable risks, and assesses continuing research to oversee human subject protections.⁵⁸⁴

The IRB system has myriad problems, especially in its role as the primary bulwark against unethical research and treatment of the vulnerable and captive. First, IRBs often review “too much, too quickly, with too little expertise,” particularly in the bigger universities and organizations.⁵⁸⁵ The combination of large workloads, minimal resources, and growing federal requirements all create a setting where it is difficult to fully review all projects.⁵⁸⁶

In addition, although IRBs are supposed to oversee human subject research, the boards were primarily designed with the intent to “review trial design, risk-benefit ratios, and informed-consent document” compliance, not to safeguard vulnerable populations’ safety and autonomy.⁵⁸⁷ In other words, the IRB plan was never a formal regulatory system, but instead “essentially an honor code.”⁵⁸⁸ Under the IRB

^{584.} See JUNE BROWN, HHS, INSTITUTIONAL REVIEW BOARDS: A TIME FOR REFORM i (1998), <https://oig.hhs.gov/oei/reports/oei-01-97-00193.pdf>.

^{585.} Id. at ii.

^{586.} Id.

^{587.} See Carl Elliott & Roberto Abadie, Exploiting a Research Underclass in Phase 1 Clinical Trials, 358 N. ENG. J. MED. 2316, 2317 (2008).

^{588.} Carl Elliott, The University of Minnesota’s Medical Research Mess, N.Y. Times (May 26, 2015), <https://www.nytimes.com/2015/05/26/opinion/the-university-of-minnesotas-medical-research-mess>.

system, medical research studies are evaluated by a panel of academic volunteers who review the research on paper, with little other oversight.⁵⁸⁹ There is no consistent measure of IRB effectivity in meeting their goal of protecting human subjects.⁵⁹⁰

The OHRP usually does not oversee non-federally funded trials, largely deferring to the FDA.⁵⁹¹ Accordingly, the agency's public response to allegations of research abuse has largely evaporated.⁵⁹² Put another way, "the federal watchdog for human subject protections is ineffective in its role in investigating complaints," as well as in preventing violations.⁵⁹³

Where does this leave us? A world where insufficient regulatory bodies oversee the health and safety of captive and vulnerable populations. Indeed, concerns have been raised about the IRB system's ability to protect research participants from unnecessary risk of harm.⁵⁹⁴ In part, this is because oversight agencies—university IRBs, the OHRP,

html?ref=opinion&_r=0.

^{589.} Id.

^{590.} Id.

^{591.} See Marisa Taylor, [Unregulated Herpes Experiments Expose A Black Hole of Accountability](https://khn.org/news/unregulated-herpes-experiments-expose-black-hole-of-accountability), KHN (Dec. 17, 2017), <https://khn.org/news/unregulated-herpes-experiments-expose-black-hole-of-accountability>.

^{592.} Id.

^{593.} Id.

^{594.} See NIH Official Sees Need to Evaluate Effectiveness of IRBs In Protecting Study Volunteers, CENT. WATCH (Oct. 18, 2020), <https://www.centerwatch.com/articles/23406>.

the FDA, or other regulatory agencies—often fail to act, even in the face of shocking abuse.⁵⁹⁵ The OHRP, the federal watchdog for human subject protections, does very little to oversee compliance activities, and is largely ineffective in investigating complaints and preventing violations.⁵⁹⁶ Only federally funded experiments receive OHRP oversight—privately funded research is largely unregulated.⁵⁹⁷

These many lapses in regulatory oversight beg for a more permanent form of regulation. A permanent commission could be tasked with a broad mandate to review all medical treatment of certain groups, including those incarcerated and under correctional control, long-term care home residents, foster-care children, individuals with developmental and mental disabilities, the mentally ill, and any other individuals in congregate living who have been historically ignored or discriminated against in medical treatment.

These type of ethical oversight commissions already exist in Europe. The Council of Europe, for example, has a bioethical subgroup, the Committee on Bioethics, which focuses on establishing frameworks to prevent abuse with any biological or medical research or technology.⁵⁹⁸ The Committee on Bioethics scrutinizes ethical issues affecting the individual and their rights and dignity, in genetics, transplantation,

^{595.} See Taylor, supra note 590.

^{596.} Marisa Taylor, supra note 591.

^{597.} Id.

^{598.} See Bioethics, COUNCIL OF EUR., <https://www.coe.int/en/web/bioethics/at-a-glance> (last visited Apr. 7, 2021).

biobanks, and other kinds of emerging technologies.⁵⁹⁹ The group is comprised of various experts from different fields, including human rights, biology and medicine.⁶⁰⁰ The Committee is also part of the larger Steering Committee for Human Rights.⁶⁰¹

What are some of the areas upon which the U.S. CEE could focus? We can draw once again from the Committee on Bioethics, which, among other tasks: created a protocol to protect human rights and dignity of persons with mental illness regarding involuntary placement and involuntary treatment;⁶⁰² developed a training course for legal and health professionals on protecting human rights in the biomedical field;⁶⁰³ continually assesses ethical and legal challenges raised by biomedical developments;⁶⁰⁴ and promotes public debate on any human rights issues raised by recent developments in science, medicine, and technology.⁶⁰⁵ The Committee on Bioethics also holds hearings with international

^{599.} Id.

^{600.} Id.

^{601.} See INFORMATION DOCUMENT, COMM. ON BIOETHICS 1 (2019), <https://rm.coe.int/inf-2019-7-info-doc-dh-bio-e/16809c82bf>.

^{602.} See INFORMATION DOCUMENT, COMM. ON BIOETHICS 2 (2019).

^{603.} Id.

^{604.} Id.

^{605.} Id. at 6.

organizations, NGOs, research and academic institutions, and specialists to further inform their oversight.⁶⁰⁶

Likewise, the European Commission (EU) also has a special Ethics Review procedure, noting that “ethical compliance is pivotal to achieve real research excellence.”⁶⁰⁷ Following the structure of European research regulations, the EU’s vision of research ethics is based on the unequivocal European focus on human rights.⁶⁰⁸ These include specific rights for the integrity of the person, stating plainly that “everyone has the right to respect for his or her physical and mental integrity.”⁶⁰⁹ These rights include “the free and informed consent of the person concerned,” and “the prohibition of eugenic practices, in particular those aiming at the selection of persons.”⁶¹⁰ Nowhere in any U.S. law or regulations are there any such parallel rights.

Finally, the EU requires ethical review of all funded research, to ensure that research activities are conducted in compliance with fundamental ethical principles.⁶¹¹ This means that proposals are

^{606.} Id. at 18.

^{607.} See ETHICS FOR RESEARCHERS, EUR. COMM’N, DIRECTORATE-GENERAL FOR RESEARCH AND INNOVATION 2 (2013), https://ec.europa.eu/research/participants/data/ref/fp7/89888/ethics-for-researchers_en.pdf.

^{608.} Id. at 4.

^{609.} EUR. CHAPTER OF FUNDAMENTAL RTS., ART. 3.

^{610.} Id.

^{611.} ETHICS FOR RESEARCHERS, supra note 607, at 7.

evaluated both on scientific merit as well as on ethical and social impact.⁶¹² There is no such overarching ethical evaluation on federally funded research in the U.S.

The U.S. should create an analogous commission, with the power to oversee all federally funded research, impose ethical guidelines on medical and scientific treatment done on captive and vulnerable communities, and scrutinize any practices smacking of eugenics. Similar to the EU Commission, the CEE would oversee all medical and pharmacological treatment of any captive or vulnerable populations, as well as any proposed federally funded research or medical experimentation. At minimum, these populations would include: all individuals who are incarcerated in prisons or jails; those who are under correctional control, including people sentenced to alternative corrections; people living in nursing homes and long-term care; individuals with intellectual or developmental disabilities who are residing in institutions or congregate care; and children in foster care, particularly those living in group residential homes.

The general aim of the CEE should be to inform, educate, and protect vulnerable and captive communities from risks and damage, in both public health and medical research. The European Parliament's resolution on the protection of vulnerable adults is a useful model to follow.⁶¹³ The Parliament's resolution includes a helpful framework

^{612.} Id. at 8.

^{613.} Resolution on the Protection of Vulnerable Adults, EUR.

PARLIAMENT (June 1, 2017), <https://www.europarl.europa.eu/doceo/>

regarding how to oversee the welfare of the vulnerable, specifically focusing on paying “particular attention to the needs of the most disadvantaged vulnerable adults and to put measures in place aiming to ensure that they do not suffer discrimination as a result of their condition.”⁶¹⁴ Likewise, the World Health Organization (WHO) has promulgated a Code of Ethics and Professional Conduct,⁶¹⁵ grounding its research and health practices upon “a robust ethical framework,” with a commitment to “developing and promoting ethical, evidence, and human-rights-based guidance for the development of evidence-based health policies, and guidelines.”⁶¹⁶ Notably, the two WHO Codes of Conduct apply to everyone providing health care or performing research, since “responsibility for ethical behaviour in research lies with all staff members at all levels, and forms the basis of WHO’s reputation.”⁶¹⁷

The WHO’s ethical principles on research are an excellent framework for the Commission on Ethics and Eugenics. Here are the most relevant:

Staff members are required to demonstrate intellectual and moral honesty in proposing, conducting, and reporting research.

document/TA-8–2017–0235_EN.html.

⁶¹⁴. Id. at AA.7.

⁶¹⁵. Code of Ethics and Professional Conduct, WHO (April 2017), https://www.who.int/about/ethics/code_of_ethics_full_version.pdf?ua=1.

⁶¹⁶. WHO, CODE OF CONDUCT FOR RESPONSIBLE RESEARCH 6 (2017), <https://www.who.int/about/ethics/code-of-conduct-responsible-research.pdf?>.

⁶¹⁷. Id. at 10.

- Staff members must ensure that personal views, convictions, previous experiences or future ambitions do not compromise the objective scientific process, the performance of their official duties or the interests of WHO.

- Alongside the health needs of individuals and communities, staff must consider all factors that affect quality of life when designing, conducting, and reporting research. These factors include the social, economic, and psychological needs and expectations of individuals and communities

- Staff are required to build their professional competence on a foundation of integrity, scientific knowledge, and personal commitment to advancing health for all.⁶¹⁸

Applied to all doctors, policy makers, correction officials, foster care administrators, and group home/congregate living staff, these principles could make a tremendous difference in how vulnerable and captive populations are treated.

The CEE could be given some regulatory teeth by having punitive sanctions for violators, whether research scientists, correction officials, hospital or institutional doctors, long-term care home workers, or foster care administrators. For proven cases of misconduct in either research or health services provision, sanctions could include: a written letter of reprimand, placed in the file; enforced resignation; dismissal with prejudice from the job; issuing an order to stay away from the institution for a period of time; imposition of financial penalties for other

⁶¹⁸. Id. at 11.

costs associated with any related healthcare or remediation to victims; expulsion from professional licensure; or exclusion from membership of academic and/or professional bodies.⁶¹⁹

Creating a Commission to oversee the work of medical practice and human research studies on the captive and vulnerable would be new for the medical/research world. Such commissions have been envisioned in the world of criminal justice, however. New York's Senate Bill S2412D, establishing the Commission on Prosecutorial Conduct (CPC), creates a watchdog commission on prosecutorial conduct, regulating "unprofessional, unethical, and unlawful" conduct by the state's sixty-two DA's offices.⁶²⁰ The CPC has the power to issue subpoenas, compel witnesses to testify, conduct hearings, and request any relevant materials that are relevant to the ongoing investigation.⁶²¹ The Commission on Ethics and Eugenics would need similar powers to increase and enforce accountability.

⁶¹⁹. See ESTONIAN RSCH. COUNCIL, OVERVIEW OF THE EUROPEAN RESEARCH INTEGRITY PRINCIPLES AND GUIDELINES 16 (2017), https://www.etag.ee/wp-content/uploads/2017/10/Overview-of-the-Research-Integrati-Principles-and-Guidelines_ETAg_ENG.docx.pdf.

⁶²⁰. See Jesse McKinley, A New Panel Can Investigate Prosecutors They Plan to Sue to Block It, N.Y. TIMES (Aug. 23, 2018), <https://www.nytimes.com/2018/08/23/nyregion/cuomo-prosecutors-oversight-commission.html>.

⁶²¹. Id.

Currently, there are limited sanctions for violation of research ethics, even for human medical experimentation on the captive and vulnerable. In contrast, medical codes of ethics often have teeth. State and local medical societies can sanction physicians who have committed ethical violations, causing serious professional repercussions.⁶²² For example, after serious medical wrongdoing is found, medical disciplinary actions can span from relatively minor (like attending some continuing education programs) to severe (such as permanent loss of licensure or imprisonment).⁶²³ Accordingly, we should apply some medical ethics sanctions to the largely unregulated areas of health treatment and research ethics, particularly in regards to captive and vulnerable populations. Our ongoing failure to oversee the treatment of our most at-risk populations, as well as our continued reliance on a blueprint of eugenics, highlights the necessity of a permanent Commission on Ethics and Eugenics.

CONCLUSION

The legacy of eugenic thinking still drives our actions today. Our subliminal reliance on eugenic philosophy has created a system of consistent neglect and discrimination against those individuals who are incarcerated, detained, institutionalized, disabled, living in long-term

^{622.} See Maxwell Mehlman, Can Law Save Medicine, 36 J. LEG. MED. 121, 137–38 (2015).

^{623.} See James DuBois et. al., Serious Ethical Violations in Medicine: A Statistical and Ethical Analysis of 280 Cases in the United States from 2008–2016, 19 Am. J. Bioeth. 16, 30 (2019).

care homes, or under correctional control. The COVID-19 pandemic has highlighted the urgent need to redraft this flawed blueprint of discriminatory practices in medicine, health care, and research. We must educate Americans about our continuing practice of eugenics, and how to identify its hidden influence. Additionally, we must protect our captive and vulnerable communities by creating more oversight and regulation of their treatment, with the help of a permanent Commission on Ethics and Eugenics. Only then can we finally begin to discard our eugenic past and present, and chart a less discriminatory future.

