

9 April 2020

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Kyle McGowan, Chief of Staff

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Robin M. Ikeda, MD, MPH (RADM, USPHS), Assoc. Director for Policy and Strategy

Centers for Disease Control and Prevention

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Re: CDC EMERGENCY CALL TO ACTION – EXPLICITLY INCLUDE DECARCERATION AND EXPANDED ACCESS TO HEALTHCARE AS THE MOST IMPACTFUL RECOMMENDATIONS TO HELP CURB THE IMPACT OF COVID-19 IN U.S. JAILS, PRISONS, YOUTH DETENTION FACILITIES, AND IMMIGRANT DETENTION CENTERS

Dear Dr. Redfield, Mr. McGowan, Dr. Wolfe, Dr. Ikeda, and other members of CDC Leadership:

On March 23, 2020, the CDC released guidance specific to incarcerated populations-- the “Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.” While this guidance is welcome at a time that our most vulnerable populations need extra protection, the guidance was conspicuously lacking decarceration as the most effective strategy to mitigate the spread of COVID-19 and save lives in incarceration settings. As a consequence of the overwhelming unsanitary and overcrowded conditions of confinement, U.S. jails, prisons, and youth/immigrant detention centers are on the precipice of a public health catastrophe during this pandemic. The risk is compounded by disproportionately [high rates](#) of serious health conditions among incarcerated and detained people. **The undersigned individuals and institutions are researchers, academics, clinicians, public health organizations, and other experts within the public health community – many of whom are on the frontlines of the global COVID-19 pandemic. We write to urge the CDC to explicitly recognize and include decarceration and expanded access to healthcare for incarcerated and recently released individuals as necessary guidance for federal, state, and local elected officials to reduce the spread of COVID-19 and protect the most vulnerable within the nation’s jails, prisons, youth detention facilities, and immigrant detention centers.**

With every passing day, the impact of the COVID-19 pandemic continues to worsen as it disrupts the global community at large. The number of confirmed cases in the U.S. continues to rise exponentially, with the nation’s top infectious disease expert [estimating](#) that the U.S. could soon see millions of confirmed COVID-19 cases, with 100,000 or more deaths. Indeed, COVID-19, a highly contagious virus, has been deadly for many individuals, particularly for elderly, immunocompromised, and otherwise medically compromised people. Yet, incarcerated individuals – many of whom are elderly and/or medically vulnerable – face some of the greatest risks associated with COVID-19. Jails, prisons, and youth/immigrant detention centers are hotbeds for the spread of disease due to crowded, confined, and often unsanitary conditions. The infrastructure of carceral facilities and the policies practiced within them are incompatible with basic CDC guidelines. Overcrowding undermines efforts at social distancing, a culture of control over people in custody consistently overrides a culture of care, and quarantine practices often rely on tools of punishment rather than treatment including the use of disciplinary cells or solitary confinement units. Together, these facilities hold almost [2.3 million](#) individuals. In incarcerated settings, individuals are inherently unable to avoid contact with people who are infected with COVID-19. In Rikers Island, New York City’s infamous jail complex, **the rate of COVID-19 infection is seven times higher than the citywide rate and 87 times higher than the national average.** The Legal Aid Society [warns](#) that at this pace, the entire local jail population will be infected in a matter of weeks. **The CDC must explicitly state that reducing the incarcerated and detained population would dramatically reduce the risk of infection and curb the spread of the virus both in these facilities and in the surrounding communities.**

The aforementioned interim CDC guidelines on the management of COVID-19 in correctional and detention facilities acknowledge that incarceration and detention settings present unique challenges for control of COVID-19 transmission among incarcerated or detained people. Yet, the only recommendations related to high risk individuals only suggest revising the duties of correctional staff. This is wholly insufficient. There already have been several reports of incarcerated individuals and correctional staff testing positive for COVID-19. In a little over a week, the Federal Bureau of Prisons [reported eight deaths](#) of incarcerated people who were in federal custody. There are over 250 people with a confirmed positive test result for COVID-19, thousands of more deaths will surely follow.

Furthermore, jurisdictions must limit the number of new arrests and fines and fee based citations and suspend new arrests and detentions of suspected non-citizens in immigration custody. Across the U.S., elected officials are taking this bold and necessary step. [Baltimore](#), [San Francisco](#), and [Boulder](#) are jurisdictions where district attorneys and other officials have worked to significantly [limit the number of new arrests](#) and reduce incarcerated populations as a crucial step toward mitigating a public health disaster. If these measures are not taken across the country in an expeditious manner, incarcerated individuals, correctional staff, and the communities in which these facilities are located will face an unprecedented public health crisis that is largely preventable.

We call on the CDC to urge federal, state and local government officials to take the following actions, informed by recommendations compiled by [The Justice Collaborative](#) – a coalition of legal and policy experts focused on decarceration – to reduce the spread of COVID-19 in these facilities:

- Reduce the prison population by prioritizing the immediate release of elderly and medically vulnerable people.
- Reduce the prison population by agreeing to the early release of anyone within 18 months of their release date.
- Reduce the local jail population by releasing anyone who is held pretrial unless they have been formally charged with an offense that involves a specific allegation of the intentional use of force to cause serious bodily injury against the person of another.
- Reduce the prison population by halting all new state prison sentences unless the individual has been formally charged with an offense that involves a specific allegation of the intentional use of force to cause serious bodily injury against the person of another.
- Reduce the local jail population by implementing a practice of automatic release of all people serving a misdemeanor sentence and diligent review of felony cases for eligibility for release.
- Reduce the prison and jail populations by releasing all people held on probation and parole technical violation detainees or sentences.
- Reduce the jail population by avoiding new custodial arrests for crimes that do not pose an unreasonable safety risk to a specific person or persons.
- Release all persons, adults, and children detained in youth and immigrant detention, including using discretionary power to release all youth and immigration detainees on parole or using alternatives to detention methods.

Additionally, the CDC must also encourage government officials to ensure that all states and localities provide adequate healthcare to incarcerated people and to those released from custody during the COVID-19 pandemic. The CDC must emphasize the importance of Medicaid coverage in and out of correctional and detention facilities. Lack of effective healthcare access in correctional facilities, and failure to facilitate access to Medicaid for those who are eligible post-release, will have dire and fatal consequences for many. Incarcerated individuals are dependent upon the government for healthcare and protection from public health threats. Currently, there is a ban on the use of Medicaid funding and other federal funds for medical care provided to “[inmates of a public institution](#).” This exclusion also applies to the [555,000+](#) people currently incarcerated in pre-trial detention, who have not been convicted of a crime. Lifting this ban would provide significant relief to states and counties whose budgets are already dramatically impacted by the COVID-19 outbreak and other health issues. **The CDC must urge government officials to ensure that all newly released individuals who are Medicaid eligible can access vital healthcare, including but not limited to, COVID-19 related care and medications for addiction treatment for the [disproportionate number](#) of justice-involved people with a history of substance use disorders.** Additionally, the CDC should urge and

encourage states with the ability to restart Medicaid benefits prior to release from custody to do so in order to provide more effective care and treatment related to COVID-19, and other health conditions.

We are running out of time to get ahead of what will be one of the most sweeping and deadly public health pandemics in our nation's history. The undersigned individuals and organizations, representative of the public health community, strongly urge the CDC to be on the right side of history and explicitly include decarceration and expanded access to healthcare in their guidelines regarding incarcerated populations.

Sincerely,

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All of Us or None - St. Louis Chapter
All of Us or None - Madison Chapter
Asian Prisoner Support Committee
A New PATH (Parents for Addiction Treatment & Healing)
Behavioral Health Systems Baltimore Outreach Health Educator
Ben the Arc
Best Practices Policy Project
Black Lives Matter, Louisville
California Coalition for Women Prisoners
Californians United for a Responsible Budget
Cannabis Patient Resource Centers of Connecticut
Cannabis Sans Frontieres
CCWP/CURB
Center for Public Health Law Research, Temple Law School
Charm City Care Connection
Chicago Women's AIDS Project
Church of Safe Injection
Civil Rights Corps
Collaborative for Health Equity Cook County
College and Community Fellowship
Connecticut Bail Fund
COVID Courage
Doctors for Cannabis Regulation
Dignity and Power Now
Drug Policy Alliance
The Ella Baker Center for Human Rights
Emergent Earthworks
End Solitary Santa Cruz
Exodus Transitional Community
The FAAAT Archive (*For Alternative Approaches to Addiction, Think & Do Tank*)
Faith in New Jersey
From Prison Cells to PhD
Florida Legal Services, Inc.
FreeThe350BailFund
Frontline Wellness Network
Georgetown University Prisons and Justice Initiative
Harm Reduction Michigan
Harm Reduction Sisters
Healer.com

Health Justice in Action Lab, Northeastern University School of Law
Health & Medicine Policy Research Group
Health Justice Commons
HIPS
Human Impact Partners
Human Rights Institute, San Jose State University
Institute of the Black World 21st Century
Instituto RIA
Interfaith Action for Human Rights
Iowa Harm Reduction Coalition
Justice for Housing
Justice LA
Justice Teams Network
Kern Welcoming and Extending Solidarity to Immigrants
La Defensa
The Leadership Conference on Civil and Human Rights
LIVE FREE National of Faith in Action
Los Angeles Catholic Worker
Louisville Community Ball Fund
Maine Access Points
Maine Drug Policy Lab - Colby College
Media Justice
Medical Students for Justice at UC San Diego School of Medicine
Men's Health Foundation
Mommieactivist and Sons
National Association of Social Workers
The National Council for Incarcerated and Formerly Incarcerated Women and Girls
National Lawyers Guild - UCLA
Needlepoint Sanctuary
NEU Health Solutions, Inc.
New Jersey Harm Reduction Coalition
New York City Correctional Health Services
NEXT Harm Reduction, Inc.
NORML
Oakland Rising
Open Aid Alliance
Orange County Equality Coalition
OVEC-Ohio Valley Environmental Coalition
People's Food Co-Op
People's Pottery Project
PolicyLink
Portland Overdose Prevention Society
Post-Prison Education Program
Prevention Point Pittsburgh
Prison + Neighborhood Arts Project
Progressive Doctors
Protect Families First
Protectors of Equality in Government
Psychologists for Social Responsibility
Public Defender Association

Public Health Justice Collective
Quinnipiac University Prison Project
Rikers Debate Project
San Diego Tenants United
San Francisco AIDS Foundation
Santa Cruz Climate Action Network
Santa Cruz County Community Coalition to Overcome Racism
Showing Up for Racial Justice (SURJ)
SIFMA NOW
Social Eco Education (SEE)
Social Workers Against Solitary Confinement
Society of Cannabis Clinicians
Sponsors, Inc.
Students Deserve (Schools Los Angeles Students Deserve)
SUNY Upstate Perinatal Center
Transitions Clinic Network
Truth Pharm Inc.
Unidad Latina en Accion
VICTA
VOCAL-WA
Voice of the Experienced
Voters Organized to Educate
We Are Better Together Warren Daniel Hairston Project
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White People 4 Black Lives
Women on the Rise GA
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