

**TESTIMONY OF VIKKI WACHINO, CEO, COMMUNITY ORIENTED
CORRECTIONAL HEALTH SERVICES
TO THE NATIONAL COMMISSION ON COVID-19 AND CRIMINAL JUSTICE**

September 3, 2020

Members of the Commission, thank you for the opportunity to present this testimony to the National Commission on COVID-19 and Criminal Justice. I am Vikki Wachino, CEO of Community Oriented Correctional Health Services (COCHS), a nonprofit organization that works to build bridges between correctional and community health care providers, with a specific focus on jails. I have also served as Deputy Administrator of the Centers for Medicaid and CHIP Services, where I oversaw the Medicaid and Children's Health Insurance Programs. My responsibilities in that role included overseeing Medicaid's response during major national emergencies including natural disasters, the Zika virus, and the water crisis in Flint, Michigan.

The devastating impact that COVID-19 is having across the country and in the criminal justice system demonstrates the principle on which COCHS was founded: public health and public safety in America are intertwined. Our national systems of public health and public safety, however, do not reflect this reality. They generally operate in siloes that are products of their histories, limiting their ability to promote both health and safety. Effectively mitigating the transmission and impact of COVID-19 requires building systems to advance public health and public safety. This can improve the health of individuals and their communities, help address some of the stark racial disparities in COVID's impact, and strengthen our justice system overall.

My testimony describes COVID's impact on those who live and work in jails and prisons, explains the structures underpinning public health in incarceration, and offers solutions to strengthen the COVID response and address other national public health challenges that affect the criminal justice system.

The Impact of COVID-19 on People Who are Incarcerated, Correctional Staff, and Communities

COVID-19 is taking a heavy toll on people who are incarcerated, people who work in prisons and jails, and on the communities that are disproportionately impacted by the justice system. Key elements of this impact are:

- **COVID-19 is taking a disproportionate toll on people who are incarcerated.** In some [state prisons](#), [three out of every four inmates](#) have [tested positive](#). In late April, over [70 percent](#) of tested inmates in federal prisons had COVID-19. This spring, the rate of infection for prisoners was [5.5 times higher](#) than that of the general public, and the COVID-19 death rate was three times higher.
- **COVID is also harming corrections officials.** Conditions in our correctional facilities put corrections officials at risk of COVID-19. The transmission among staff and spread of illness among workers risks creating staffing shortages in prisons and jails. These staffing shortages make conditions less safe for both staff and people behind bars. As

corrections officials go to work and return home, they [may spread the virus to prisons, jails, and communities](#). COVID-19 is likely taking a significant toll on the emotional well being of both correctional staff and incarcerated people.

- **Correctional facilities face serious challenges in mitigating virus transmission.** Close, shared spaces and significant limitations or deficiencies in infection control make it [difficult to control](#) COVID-19's spread among a facility's population of incarcerated individuals and staff.
- **COVID-19 is easily transmitted from communities to jails and prisons and back again.** [Correctional facilities have become a leading source of community transmission](#) in the U.S. Researchers estimate that one-in-six cases of COVID-19 in the state of Illinois can be [traced back to the jail](#) in Cook County, Chicago. Everyday movement of correctional staff and people entering and leaving jails contribute to transmission to and from correctional facilities and communities.
- **People who are incarcerated are at higher risk of COVID-19 due to pre-existing health conditions.** Incarcerated individuals experience chronic and infectious disease, as well as serious mental illness and substance use disorders, at higher rates relative to the general population. This places them at greater risk of dangerous COVID complications.
- **COVID-19 in the criminal justice system contributes to racial disparities in the virus' impact.** Because people of color are much more likely to be incarcerated than white people, high COVID-19 rates in correctional settings contribute to [racial disparities](#) in COVID's impact. Incarceration also correlates with poverty, so COVID's impact on people who are incarcerated translates to impact on people who are poor.
- **COVID-19 is challenging efforts to advance successful reentry.** COVID-19 affects every aspect of our health and social service delivery systems. In April, two-thirds of [reentry service providers](#) reported that they either had or were considering reducing services because they faced significant financial stress. Safety net health care providers are also under extreme stress. This raises serious concerns that people who are leaving prison or jail are not able to access the services they need to successfully transition back to their communities, including services needed to mitigate COVID-19.

Supporting successful reentry has been a national policy goal backed by broad bipartisan support. It has been motivated by goals of redemption, reducing recidivism, and recognition of the need for people to return to their families and communities. Tragically, some people who are very close to their release dates are contracting COVID-19, getting ill, and in some cases dying before they return to their families. Vernon Adderley, who was granted a sentence reduction under the First Step Act, which was enacted with broad bipartisan support in 2018, contracted COVID-19 in April, and [died on May 11](#), just [eight days before](#) his scheduled release.

Public health challenges in the justice system did not start with COVID-19, and they will not end with it. People who are incarcerated experience [higher rates of infectious diseases](#), including

HIV, TB, and Hepatitis C. They also face high rates of [mental health issues and substance use disorder](#), which also affect public health. Past emergencies like [Hurricane Katrina](#) and [H1N1](#) and the need to address future crises illustrate the need for more coordinated approaches to public health in the criminal justice system.

Structural Challenges Stand in the Way of Promoting Public Health and Public Safety

The systems that make up the U.S. criminal justice system are decentralized. Jails are locally run, generally by counties, and there are 3,200 in the U.S. Most prisons are run by states, and the federal government operates the Bureau of Prisons. Each have their own governance and financing structures. In addition, courts operate independently. This structure challenges a coordinated state, local, or national response to addressing COVID-19 in the criminal justice system.

There are few connections between national public health agencies and corrections entities, although there are limited exceptions at the local level. The nation's criminal justice systems developed independently of our public health, health care coverage, and financing systems. These systems have been siloed, with limited formal communication and cooperation between them. Siloes are difficult to overcome during a crisis, when resources and attention are spread thin and conditions change quickly and unpredictably. In the current crisis, corrections officials have had to scramble to marshal health resources and overcome physical structures that promote proximity rather than distance. Correctional staff are at times expected to operate as health professionals, but they are not trained to do so, and have other significant roles and responsibilities. Systems need to be built to better align public health and public safety.

Three Proposals to Improve the COVID-19 Response in Corrections

Although the crisis is serious, solutions are at hand that can promote public health and public safety. The goals of any solution should be to:

- 1) prevent illness and loss of life among people who are incarcerated and the staff who work in correctional facilities;
- 2) minimize transmission of COVID-19 between incarcerated settings and communities;
- 3) build toward a stronger, ongoing public health system that promotes justice.

Releasing detainees based on health and justice risk assessment and reducing new jail admissions are [considered](#) best public health practices. To date, a few states have significantly reduced their jail populations, but [most have not substantially decarcerated](#). Releases can be effective for short term COVID-19 mitigation. In addition, changes are needed at the federal level to address COVID-19 that align public health and public safety. Specifically, Congress should:

- **[Establish Correctional Health Coordinators](#) in each state and at the federal level to oversee the emergency public health response** for people who are involved in the justice system. These coordinators would monitor, publicly report, and coordinate the operational responses throughout the COVID-19 pandemic. Federal COVID-19 relief legislation should provide grant funding to establish a Correctional Health Coordinator in

each state and [territory](#). It would also authorize a coordinator at the federal level to oversee efforts nationally and support the state coordinators in promoting public health and public safety. The federal coordinator would work across the Department of Health and Human Services, Federal Emergency Management Agency, the Bureau of Prisons, and other federal emergency response entities. The coordinators would maintain an ongoing role to address public health responses in the justice system during other emergencies, including national disasters.

- **Strengthen access to health care services needed to address COVID-19 as people prepare to reenter communities** from incarceration by adopting the [Medicaid Reentry Act](#). The Medicaid Reentry Act, which was introduced on a bipartisan basis and adopted by the House of Representatives in the COVID-19 relief package it passed in May, would allow Medicaid to cover services for Medicaid beneficiaries who are incarcerated during the [30 days preceding their release](#) from prison or jail. A broad array of [public safety](#) and [public health](#) stakeholders have urged Congressional leadership to include the Medicaid Reentry Act in a final legislative COVID-19 relief package.

Currently, although most people who leave incarceration have low incomes and are eligible for Medicaid, Medicaid does not cover services while people are incarcerated. This creates substantial gaps, discontinuities, and variation in services that reduce access to COVID testing, treatment, and education, as well as other health care services. The Medicaid Reentry Act would also help improve the national response to the ongoing epidemics of substance use disorder and mental health issues, help reduce recidivism, and reduce financial burdens on state and local governments.

- **Expand support for and access to community-based physical and behavioral health services in disadvantaged communities.** Expanding health and behavioral health services would support a stronger COVID-19 response by improving access to services people need to maintain health and well-being. Promoting access to community health services can promote public safety by helping people avoid experiencing the criminal justice system and supporting successful reentry. This would advance broader efforts to redesign service provision to minimize reliance on the police who too often are addressing social and behavioral health problems, rather than criminal activity. Investments like these can reduce justice system involvement, advance racial equity, and strengthen communities during and beyond the COVID-19 pandemic.

Conclusion

People involved in the justice system face serious, growing, and disproportionate health risks from COVID-19. COVID also poses serious risks to correctional staff. These risks are particularly significant for people who are Black or members of other minority groups, who are overrepresented in the justice system and disproportionately contracting and dying from COVID-19. Federal action is essential to advance public health, public safety, and racial equity during and beyond the COVID-19 pandemic. Thank you for considering my testimony, and for your attention to these critical issues.