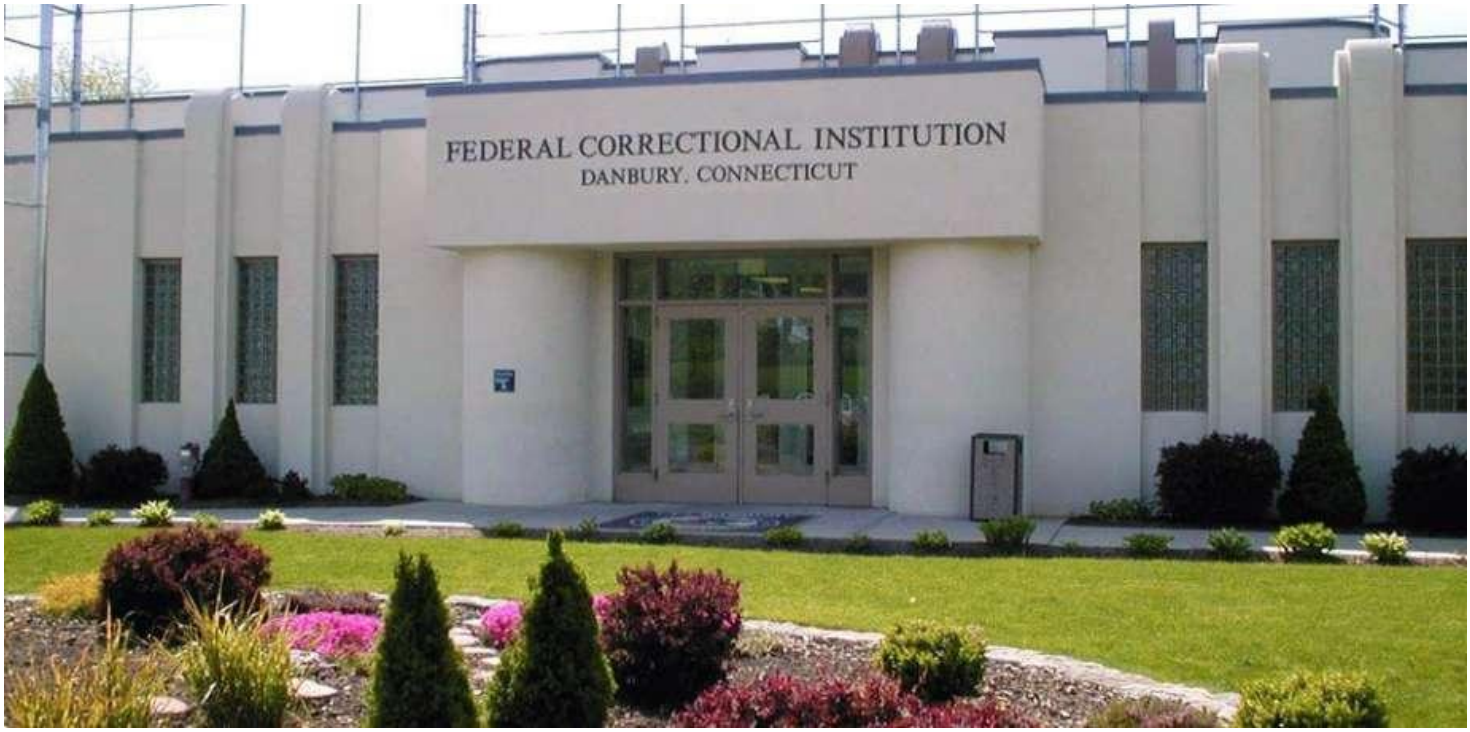
# Opinion: Prison outbreak affects health of entire state

By Andrew Clark, Abbe R. Gluck, Dr. Lisa Puglisi and Dr. Emily Wang **Updated 2:50 pm EDT, Tuesday, March 31, 2020**




Federal Correctional Institution in Danbury, Conn.

Absent immediate action, COVID-19 will overrun Connecticut's jails and prisons. Connecticut's Department of Correction has now confirmed the first case of COVID-19 in the prison population after announcing that three DOC officers tested positive for the virus last week.

This affects us all and the governor, state agencies and the judicial branch need to act immediately. A prison or jail outbreak could have drastic effects not only for the thousands of Connecticut residents who live and work in correctional facilities, their families and communities, but also for the population of the entire state. Connecticut's health care system — which experts predict will soon be pressed to the point of capacity — likely will not have the ability to treat a massive outbreak in the incarcerated population at the same time as it treats patients throughout the rest of the state. As jails and prisons

become flashpoints for infection, the outbreak will overwhelm already limited state health care resources.

Connecticut has days, not weeks, to chart a different future. It has taken only 10 days for Rikers Island jail's first case of COVID-19 to proliferate to 139 cases among 4,637 incarcerated people.

So what do we need to do? Because we do not have the resources to test all individuals, and because we have no cure and no vaccine, there is one effective method of prevention available for correctional facilities that we can and so must employ: social distancing.

The predicament is that effective social distancing is impossible under typical conditions in Connecticut's correctional facilities. In Connecticut's jails and lower-security-level prisons, people sleep within feet of each other and use communal bathrooms, mess halls, dayrooms and showers. Even in maximum-security facilities, many are double-celled and share spaces to eat, bathe and recreate. Staff, officers, contractors and vendors are still moving throughout and between facilities, and they all link the facilities with surrounding communities.

The DOC has stated that it is employing standard measures used to contain other communicable diseases, such as the flu, but these are inadequate in the face of COVID-19. Heightened hygiene practices — even frequent washing of hands with soap, regular bleaching and disinfection of public

surfaces, etc. — are insufficient. Screening for symptoms, such as fever and cough, is also inadequate given that a significant percent of infections are transmitted by people even before they develop symptoms. This explains why the DOC's recently announced procedure of quarantining all people newly entering the facilities for 14 days is not enough — all it takes is one correctional officer to be infected without showing symptoms, and an outbreak begins.

Connecticut made important progress in March by reducing its incarcerated and pretrial population by 4 percent (almost 500 people). But there are still close to 12,000 people incarcerated and nearly 6,000 correctional employees who cannot be effectively socially distanced. There is no time for a staged or case-by-case approach.

The governor's most recent executive order on congregant housing provides guidance as to what should be done. The Department of Public Health must lead by authorizing the arrangement of "non-congregant housing with sufficient physical distancing capacity" for both workers and wards in our state prisons and jails. Simply put, our state correctional facilities should be treated no differently than any other working or living environment in our state that places people at higher risk to both get and transmit the virus. The virus does not differentiate, and neither should we. To do so puts our entire health care system, and thus population, at risk.

To date, the criminal justice system has done a laudable job of mitigating the risk within the authority they have been given. What is needed now is the urgency and authority created by a decisive, transparent order from our leaders. We need an all-hands-on-deck approach that partners public health experts, criminal justice agency heads and community leaders to consider all options and maximize success.

The trend in slowing down arrest rates should continue, with police and state's attorneys declining to arrest anyone who does not pose a serious threat to public safety. Simultaneously, attention should turn to the pretrial population — which we understand to be some 3,200 people — and as many as possible should be released on their own recognizance, or with other limitations, until their trials. Consideration also should be given to the early release of the thousands of people already scheduled to be released within the next 90 days; indeed, we understand there are more than 1,000 scheduled to be released in the next 30 days alone, with a substantial proportion of them over 60. There are also more than 1,000 people currently in custody for a technical violation of probation or conditional discharge who could be considered for discharge, as well.

In addition, the state should continue to exercise the use of transitional supervision to facilitate the release of people with shorter sentences. And the Connecticut Board of Pardons and Parole should expedite the release of people already found suitable for release on parole, expedite all review

processes for people eligible for parole and use its discretion to grant compassionate parole release for people with advanced illnesses.

Some people may be easier to divert or release than others, whether because they are healthy or because they have some place to go. The goal must be speed and safety.

The medical community is here to do its part. Our clinic at Yale New Haven Hospital, which serves formerly incarcerated individuals, has been working for weeks, in cooperation with DOC, to mobilize re-entry service providers and we have been working with the CT Coalition to End Homelessness to address emergency housing. We have a team ready to address the health needs people may have after release. This includes a statewide hotline that DOC discharge planners, parole officers and halfway houses can call to plan the release of individuals in need of medical services.

U.S. Attorney General William Barr has already recommended that the federal Bureau of Prisons release certain at-risk individuals — including individuals with certain medical conditions and individuals over 60 years old. New Jersey decided to release 1,000 individuals last week; Michigan is reviewing a similar approach. Lawyers are in court asking for releases in California.

Connecticut now faces a critical point in its own crisis that will affect us all, unless our leaders act.

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