

STATEMENT OF SHARON MCDONNELL, MD MPH

I am a physician with board certification in Public Health and Epidemiology and I am moved to offer my expertise and concern about the risks posed by prisons and jails in the COVID-19 pandemic. By now we have become all too familiar with the deadly threat posed by COVID-19. One month ago on February 28, 2020 there were 20 cases of COVID-19 in the United States, and on March 27, at 4pm, there were 97,000 with 1,475 deaths. The United States has more confirmed cases than any other country. Although the outbreak is in earlier stages here in Maine we are still seeing rapid increases in cases over the past week, with 155 confirmed cases on March 26, compared with only 23 cases the week before.¹ The landscape will change just as dramatically in the next week as our doubling time is around 2-3 days and our testing is limited.

The way to protect our community from this highly infectious and deadly disease—which has no vaccine or known cure—is through hand washing and physical distancing. Physical distancing—maintaining 6 feet between people at all times—is impossible in jails and prisons at this time. The single biggest risk to the spread of COVID-19 is crowding, and in prisons and jails COVID-19 can spread like wildfire, endangering prisoners, staff, and the community alike. As a terrible example, the rate of infection of Rikers Island Jail in New York City is *seven times higher* than the city-wide rate, according to the Legal Aid Society.² And once such an infection infiltrates a prison or jail, the CDC warns that “[o]ptions for medical

¹ *Maine reports 155 coronavirus cases, ‘community transmission’ in York County*, Portland Press Herald (Mar. 26, 2020); *March 17 live blog: The latest on coronavirus and Maine*, Bangor Daily News (March 17, 2020).

² *Coronavirus Update: Rikers Island Rate of Infection 7 Times Higher than Citywide Rate*, Legal Aid Says, CBS New York (Mar. 26, 2020), available at <https://newyork.cbslocal.com/2020/03/26/coronavirus-rikers-island/>.

isolation of COVID-19 cases are limited.”³ The care of ill prisoners and staff would place a significant additional burden on the health care system.

In such an epidemic, a jail or prison sentence or order for pretrial detention could become a death sentence, especially for individuals over 50 or with chronic health conditions.⁴ Prisons and jails are not equipped to treat the vast numbers of prisoners who could be affected, leading to reliance on what will soon be overburdened regional hospitals.⁵ These dire risks also extend to the officers who oversee prisoners, the medical providers who treat them, and the broader community—all of whom will be relying on the same hospital beds, respirators, and other health resources.

In light of these concerns, facilities across the country and the world have been releasing inmates who are at high risk of infection or low risk to the community—enabling those individuals to physically distance in the community and reducing the threat to other inmates and facility staff. It is crucial that we take all possible steps to do so. Our immediate handling of risk in our most marginalized communities will dictate the success for the community as a whole.

I lived for two years in Monrovia Liberia working to mitigate and control the ebola epidemic there. Please take this moment, early in the epidemic, to act. Every case in a prison will necessitate the need to quarantine nearly 10-100 people including staff. It will not be possible to keep the virus out. Instead we need to manage space and staff to make a safe-as-possible environment. The public safety

³ Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, Centers for Disease Control and Prevention, (last updated Mar. 23, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

⁴ Coronavirus Disease 2019 (COVID-19) People Who are at Higher Risk, Centers for Disease Control and Prevention, (updated Mar. 26, 2020), available at <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>.

⁵ See CDC Interim Guidance, *supra* n.3.

mission of the prison system is paramount as we move forward in these difficult times.

Thank you for your consideration and please feel free to contact me if you think I can help.

Sincerely,

Sharon McDonnell BSN MD MPH

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STATEMENT OF LANI GRAHAM, MD MPH

As a physician and expert in public health, I write to ask the Court to give serious consideration to taking immediate action to address the challenges posed by jails and prison as Maine struggles to control the COVID-19 virus. We cannot protect our community unless we protect *all* members and look closely at all settings. At times like this with so many challenges before us, it is all too easy to turn our backs on those who are incarcerated and “hope for the best”. This would be a serious mistake and can only result in more misery. We health professionals must depend on you to develop solutions that take into account what we already know about the dangers posed by correctional facilities and how that spills over into Maine communities. As you weigh these options, I ask you to consider the following medical facts:

- COVID-19 has already shown us in multiple settings that prisons and jails are where the worst outbreaks occur—South Korea, our model of a good public health approach, had its worst outbreak in a prison hospital (107 infected and 7 died). And many states are seeing how impossible it is to contain this virus in a prison setting—New York and Massachusetts.
- Large numbers of inmates in all United States prisons, including Maine, are ill with mental health problems or substance use disorders. Must they be kept from treatment *and* infected with a lethal virus?

- Inmates, of course, present a high risk to those caring for them—the staff, both medical and non-medical. These folks go in and out of facilities, perhaps taking the virus home to vulnerable family and their community at large. I understand that in some places in Maine where the virus has a foothold, significant percentages of staff are already ill.
- We must protect health professionals who are working the front lines in this conflict. They do not need an influx of ill inmates to add to their burden.

It is crucial to reduce as much as possible the number of inmates in Maine jails and prisons, enabling people to perform social distancing and to access healthcare resources in the community. In this our 200th year, let's lead the nation in good sense and creativity as we face together this terrible pandemic.

Thank you for your consideration and please feel free to contact me if you think I can help.

Sincerely,

Lani Graham, MD MPH

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