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. 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. And once such an infection infiltrates a prison or jail, the CDC warns that “[o]ptions for medical

---


isolation of COVID-19 cases are limited." 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. 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. 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


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
Consulting Epidemiologist Maine Medical Center, Portland ME and
Adjunct Faculty Public Health Program, University of New Hampshire