

March 17, 2020

RE: COVID-19 Risks for Detained Populations in Maryland from a group of concerned scientists, physicians, and public health experts

To the Maryland Department of Juvenile Services and the Honorable Judges and Magistrates of the Maryland Juvenile Court System,

We write as a group of concerned physicians and public health experts strongly urging the Maryland court system to address the ongoing global health pandemic by swiftly implementing the following recommendations:

- 1) Immediately implement community-based alternatives to detention to alleviate potential exposure to COVID-19 in detention facilities and placements; and**
- 2) Incarcerate as few youth as possible in order to mitigate the harm from a COVID-19 outbreak. Detained populations are at high risk to contract a virus like COVID-19 which spreads through respiratory droplets.**

I. Coronavirus Pandemic

In light of the rapid global outbreak of the novel coronavirus disease 2019 (COVID-19), we want to bring attention to the serious harms facing individuals in detention facilities in Maryland. The United States Department of Health and Human Services Secretary Alex Azar declared a public health emergency on January 31, 2020, and Governor Larry Hogan declared a public health emergency in Maryland on March 12, 2020.

As of March 15, 2020, there have been over 162,000 confirmed cases worldwide with over 6,000 deaths. The US has over 3,200 confirmed cases with 57 deaths. Maryland has 31 confirmed cases and no deaths. **Public health experts**

expect the number of confirmed cases to rise exponentially and warn that the situation in the U.S. will get worse before improving.

II. Public Health Conditions in Detention Facilities Already Poor

Detention facilities are designed to maximize control of the incarcerated population, not to minimize disease transmission or to efficiently deliver health care. For these reasons, transmission of infectious diseases in jails and prisons is incredibly common, especially those transmitted by respiratory droplets. It is estimated that up to a quarter of the US prison population has been infected with tuberculosis[1], with a rate of active TB infection that is 6-10 times higher than the general population.[2] **Flu outbreaks are regular occurrences in jails and prisons across the United States.[3],[4] With a mortality rate 10 times greater than the seasonal flu and a higher R0 (the average number of individuals who can contract the disease from a single infected person)[5] than Ebola, an outbreak of COVID-19 in detention facilities would be devastating.**

III. Risks of a COVID-19 Outbreak in Detention

Emerging evidence about COVID-19 indicates that spread is mostly via respiratory droplets among close contacts[6] and through contact with contaminated surfaces or objects. Reports that the virus may be viable for hours in the air and on surfaces are particularly concerning.[7] Though people are most contagious when they are symptomatic, transmission has been documented in the absence of symptoms. We have reached the point where community spread is occurring in the U.S. The number of cases is growing exponentially, and health systems are already being strained.

Social distancing measures recommended by the Centers for Disease Control (CDC)[8] are nearly impossible in detention facilities and testing remains largely unavailable. In facilities that are already at maximum capacity large-scale quarantines may not be feasible. Isolation may be misused and place individuals at higher risk of neglect and death. COVID-19 threatens the well-being of detained individuals, as well as the corrections staff who shuttle between the community and detention facilities.

Given these facts, it is only a matter of time before we become aware of COVID-19 cases in a detention setting in which inmates live in close quarters, with subpar infection control measures in place, and whose population represents some of the most vulnerable. **In this setting, we can expect spread of COVID-19 in a manner similar to that at the Life Care Center of Kirkland, Washington, at which over 50% of residents have tested positive for the virus and over 20% have died in the past month.** Such an outbreak would further strain the community's health care system.

In about 16% of cases of COVID-19 illness is severe including pneumonia with respiratory failure, septic shock, multi organ failure, and even death. Some people are at higher risk of getting severely sick from this illness. This includes people who have serious chronic medical conditions like asthma, lung disease, diabetes, and those who are immunocompromised. There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration (FDA) to treat COVID-19, or post-exposure prophylaxis to prevent infection once exposed.

IV. Maryland's Juvenile Justice Facilities

The Maryland Department of Juvenile Service (DJS) confirmed on March 5, 2020, that youth at Green Ridge Youth Center—a secure facility located in Western, Maryland—were sick with flu-like symptoms. DJS also confirmed that some children who had flu like symptoms had been transported to youth jails in Baltimore City and Prince George's County for treatment. On March 12, DJS reported to advocates a second flu outbreak at the Victor Cullen Center, another secure youth prison or placement. Although DJS appears to have limited in-person visitation and frozen admissions to these placements, the risk of transmission to other youth and staff remain. Detention centers in three of the largest jurisdictions in Maryland—Baltimore City, Baltimore County, and Prince George's County are at nearly 70 percent or above capacity, making social distancing measures difficult to implement. **Especially now that Maryland has moved into the community transmission phase of this global pandemic, the possibility of staff transmitting the virus to detained youth or infected youth passing on the virus to staff is a real risk.**

This public health crisis requires each and every one of us to re-evaluate how we conduct our lives and care for one and other. Institutions responsible for the care and custody of vulnerable populations must take unique steps to “flatten the curve” and slow the spread of this virus. We strongly recommend that the Maryland DJS and Courts implement community-based alternatives to detention to alleviate potential exposure in detention facilities. Incarcerating as few youth as possible will help mitigate the harm from a COVID-19 outbreak.

Sincerely,

Maryland State Medical Society

Richard Bruno, MD, MPH
Board Certified, Family Medicine
Board Certified, Preventive Medicine
Chair, Public Health Committee, MedChi (Maryland State Medical Society)

Chris Beyrer, MD, MPH
Professor of Medicine, Division of Infectious Diseases,
Johns Hopkins School of Medicine
Johns Hopkins Bloomberg School of Public Health

Andrea Wirtz, PhD, MHS
Assistant Scientist of Epidemiology
Johns Hopkins Bloomberg School of Public Health

Ju Nyeong Park, PhD, MHS
Assistant Scientist
Johns Hopkins Bloomberg School of Public Health

Emily Wang, MD, MA
Assistant Professor of Internal Medicine
Yale School of Medicine

Tracy Rabin, MD, SM
Assistant Professor of Internal Medicine
Yale School of Medicine

Leonard Rubenstein, JD, LL.M

Senior Scientist
Johns Hopkins Bloomberg School of Public Health

Gabriel B. Eber, JD, MPH
Senior Associate
Johns Hopkins Bloomberg School of Public Health

Jonathan Giftos, MD, AAHIVS
Medical Director, Addiction Medicine & Drug User Health
Project Renewal, Inc.

Theodore Cohen, MD, MPH, DPH.
Professor of Epidemiology
Yale School of Public Health, Department of Epidemiology of Microbial Diseases

Lee W. Riley, MD
Professor and Head, Division of Infectious Disease and Vaccinology
University of California Berkeley, School of Public Health

Albert Ko, MD
Professor of Epidemiology, Infectious Disease; and Professor of Public Health
Yale Medical School and Yale School of Public Health

Gregg Gonsalves, PhD
Assistant Professor of Epidemiology of Microbial Diseases
Yale University School of Medicine and the Graduate School

Benjamin A. Howell, MD, MPH, MHS
National Clinician Scholars Program Fellow
Yale School of Medicine and Health Justice Lab

Gerald Friedland, MD
Professor Emeritus of Medicine, Epidemiology and Public Health and Senior
Research Scientist
Yale School of Medicine and Public Health

Carrie Redlich, MD, MPH
Professor, Department of Medicine
Yale School of Medicine

Eva Raphael

Clinical Research Fellow
University of California, San Francisco

^[1] Hammett TM, Harmon MP, Rhodes W. The burden of infectious disease among inmates of and releases from US correctional facilities, 1997, *Am J Public Health*, 2002, vol. 92 (pg. 1789-94)

^[2] Centers for Disease Control Prevention (CDC). Prevention and control of tuberculosis in correctional and detention facilities: recommendations from CDC, *MMWR Morb Mortal Wkly Rep*, 2006, vol. 55 (pg. 1-48)

^[3] Dober, G. Influenza Season Hits Nation's Prisons and Jails. *Prison Legal News*, June, 2018 (pg. 36)

<https://www.prisonlegalnews.org/news/2018/jun/5/influenza-season-hits-nations-prisons-and-jails/>

^[4] Pandemic influenza and jail facilities and populations, Laura Maruschak, et. al., *American Journal of Public Health*, September 2009

^[5] The R0 is the reproduction number, defined as the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

^[6] Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

^[7] <https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v1.full.pdf>

^[8] <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>