

The Covid Crisis in CT Corrections: Urgent Demands to Protect Incarcerated People

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To: Governor Ned Lamont

From: Stop Solitary CT
Katal Center for Health, Equity, and Justice
One Standard of Justice
Second Chance Educational Alliance

Objective: To date, Governor Ned Lamont has failed to release a thoughtful plan to protect people in prison. This policy paper outlines the current crisis in Connecticut correctional facilities, documents the State's inadequate response, and articulates a set of urgent demands that would remedy the crisis at hand.

The Crisis in CT Prisons

Prisons incubate Covid-19. At present, the most effective public health intervention for Covid-19 is social distancing, a strategy almost entirely impossible in congregate living settings like prisons and jails.ⁱ Prisons and jails were predicted to be and are now proving to be incubators for the disease.ⁱⁱ The infection rate of Covid-19 in Connecticut Department of Correction (CDOC) facilities is nearly twice that of the rest of the state, despite first presenting among incarcerated populations well after the general public.ⁱⁱⁱ

Isolation will not contain Covid-19. Covid-19 is asymptomatic in many, if not the majority, of cases,^{iv} and, despite active transmissibility, symptoms often take days to appear.^v Quarantine and medical isolation procedures based solely on Covid-19 symptomatology will inevitably fail to contain an outbreak in prison. Additionally, necessary personnel movement and transfers between prisons will diminish the efficacy of medical isolation and quarantine. Widespread use of isolation without proper safeguards may constitute de facto solitary confinement, effectively substituting one public health emergency for another.^{vi}

CDOC lacks healthcare infrastructure. Journalists, incarcerated individuals, and even CDOC healthcare officials have long described inadequate treatment and systemic healthcare failures even when prison healthcare facilities were not under extreme duress.^{vii} Well before the onset of Covid-19, the CDOC's healthcare system was overburdened, forcing the department to settle at least seven lawsuits with numerous others pending.^{viii} More recently, the union that represents the CDOC's healthcare workers described a "dangerous situation" created by widespread over-reliance on overtime.^{ix}

Connecticut's Current Response:

Lacks transparency. The Governor and the CDOC have both been alarmingly opaque in responding to Covid-19 in Connecticut prisons and jails. Examples of mixed messaging and a profound lack of transparency include: the CDOC's initial conflation of Covid-19 with Influenza A,^x the Governor's initial refusal—in spite of official CDOC statements—to even consider expedited releases,^{xi} the failure to release in full the specifics of a Covid-19 response plan after retracting the 2007 Influenza A response plan, the quiet removal of all Covid-positive individuals to Northern C.I., the decision to stop publically tracking the original facilities where people tested positive, and—given restrictions on legal visits and reported limits on legal calls—the near absence of independent legal and medical oversight.

Fails to reduce the population sufficiently to enable social distancing. Since March 1st, the State's prison population has been reduced through existing mechanisms. However, among those still incarcerated, there are hundreds if not thousands that should qualify for immediate release under existing powers. Moreover, despite substantial precedent in neighboring states like New York and New Jersey, as well as numerous expedited releases at both the state and federal level, the Governor has failed to utilize his emergency powers to expedite releases,^{xiii} the single most effective strategy to combat Covid-19 in prison.^{xiiii}

Does not address dangerous conditions. Reports from numerous incarcerated individuals and their loved ones highlight dangerous conditions, including capricious searches from correctional officers without appropriate personal protective equipment, frequent facility transfers without testing, and a lack of access to medical treatment.^{xiv} Even CDOC medical staff have raised dire concerns about inadequate healthcare capacity.^{xv} Correctional officers as well as their union have also cited dangerous conditions including dramatic rates of infection among correctional staff, a lack of personal protective equipment, and improper screening mechanisms upon entry to facilities.^{xvi} Perhaps most concerning is the anecdotal evidence from incarcerated people that points to a potential system-wide failure to ensure proper sanitation to prevent the spread of Covid-19.^{xvii}

Uses de facto solitary confinement, not medical isolation. Current operating procedure as well as individual reporting suggests the widespread use of lockdowns. These lockdowns are unnecessarily broad and lack medically sound time limits, which are essential to mitigate the psychological trauma of prolonged isolation.^{xviii}

Transfers covid-positive individuals to Northern C.I. Transferring all Covid-positive individuals to Northern C.I is extraordinarily punitive, especially in light of the U.N. Special Rapporteur on Torture's recent condemnation of the CDOC's widespread use of prolonged isolation.^{xix} The CDOC's official statements do not communicate rights retained upon transfer to Northern, nor do they articulate how an individual may return to the general population. This failure in communication and the punitive nature of Northern C.I. will ultimately disincentivize incarcerated people from self-reporting Covid-19 symptoms due to the well warranted fear of the punitive conditions at Northern C.I.^{xx} Additionally, Northern C.I.'s individualized procedures necessitate frequent interactions between staff and incarcerated individuals, leading to dangerous levels of viral exposure for correctional officers and the general public.

Urgent Demands to Remedy this Crisis

Rapidly Decarcerate. Decarceration is the *only* public health intervention that can realistically de-densify prisons, promote effective social distancing, and improve prison conditions. Failure to decarcerate will quickly overwhelm the CDOC's healthcare capacity, spark a humanitarian crisis characterized by indiscriminate solitary confinement, and inundate Connecticut's healthcare system due to medical transfers.

Releases should not be determined by class of conviction; instead decarceration should begin with the lowest hanging fruit, including the approximately 2416 people with less than a year left on their sentence, the 1556 people in prison for technical violations, the estimated 5314 people who are parole eligible, and the 3089 people who are unsentenced.^{xxi} Releases must be broad enough to substantially and rapidly reduce the prison population.

Coordinate housing. No individual should be denied release because they do not have a home plan. Restrictions should be loosened for housing sponsors and the CDOC should create clear pathways for families to preemptively identify themselves as sponsors. For those people who cannot identify

housing upon release, the government should coordinate creative housing solutions using the 5.9 million dollars allocated to the State of Connecticut in Justice Assistance Grants.^{xxii} Creative housing solutions should utilize existing mutual aid networks and community members who are ready and willing to find people housing.

Use Medical Isolation, not solitary Confinement. The CDOC should follow the recommendations of David Cloud, JD, MPH, Dallas Augustine, MA, Cyrus Ahalt, MPP, & Brie Williams, MD, MS articulated in their paper, *The Ethical Use of Medical Isolation – Not Solitary Confinement – to Reduce COVID-19 Transmission in Correctional Settings*.^{xxiii} In particular, medical isolation and quarantines must be narrowly tailored, temporally limited, and include rights guarantees.

Immediately discontinue transfers to Northern C.I. The conditions of confinement at Northern C.I. are deeply inhumane and are intrinsically punitive. Appropriate medical facilities or isolated housing units should be considered for Covid-positive individuals.

Increase Oversight. The Governor must quickly develop a thoughtful release plan in consultation with formerly incarcerated individuals, family members of incarcerated people, and appropriate reentry organizations. The CDOC must ensure that incarcerated people maintain access to phone calls with legal counsel. The CDOC should oversee medical isolation by way of the unit manager and not the shift commander. The unit manager must be directly accountable to the warden, medical director, and independent medical advisers. Incarcerated individuals must be assured that they will not be targeted for retaliation should they report inhumane conditions.

Conclusion

Absent swift action from the Governor's office, the Connecticut Department of Correction will be overwhelmed with a humanitarian crisis: countless people may be subject to solitary confinement, hundreds of incarcerated people and correctional officers may become sick and die, and Connecticut's otherwise thoughtful response to Covid-19 will be marred by the tragedies that will occur in Connecticut's prisons and jails.

Stop Solitary CT, Katal Center for Health, Equity, and Justice, One Standard of Justice, and Second Chance Educational Alliance demand that your office take action to protect people in Connecticut correctional facilities. You have the power to fix this crisis with stroke of a pen. Do so.

ⁱ Timothy Williams, Benjamin Weiser, and William K. Rashbaum, *Jails Are Petri Dishes: Inmates Freed as the Virus Spreads Behind Bars*, N.Y. Times, Mar. 30, 2020 <https://www.nytimes.com/2020/03/30/us/coronavirus-prisons-jails.html>; Matthew J. Akiyama, M.D., Anne C. Spaulding, M.D., and Josiah D. Rich, M.D., *Flattening the Curve for Incarcerated Populations — Covid-19 in Jails and Prisons*, <https://www.nejm.org/doi/pdf/10.1056/NEJMp2005687?articleTools=true>

ⁱⁱ Timothy Williams, Danielle Ivory, *Chicago's Jail Is Top U.S. Hot Spot as Virus Spreads Behind Bars*, April 9th, 2020. <https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html>

ⁱⁱⁱ Calculated using April 9th infection numbers and population count from the CDOC and April 9th state-wide infection numbers and population count from the state government. April 9th was the last date that CDOC released an infection count before Monday April 13th, the date of publication.

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