

# **EXHIBIT BB**

**April 21, 2020**

**Hon. Ned Lamont  
Governor of Connecticut  
Connecticut State Capitol  
Hartford, CT**

**Dear Governor Lamont,**

We are writing as faculty members of the Yale School of Public Health, the Yale School of Medicine, and the Yale School of Nursing to address the urgent threat of COVID-19 in Connecticut prisons, jails, and juvenile detention centers. The steps taken and decisions made by your office and the CT Department of Corrections (CDOC) over the past month do not sufficiently mitigate the dangers of SARS-CoV-2 in carceral settings. As experts in public health and medicine, we wish to express clearly and unequivocally that the most effective measure to ensure the safety and wellbeing of incarcerated individuals is to thoughtfully release a substantial portion of the State's prison population.

Congregate living facilities such as prisons, jails, and detention centers are well-known to be associated with high transmission rates for infectious diseases: tuberculosis, drug-resistant tuberculosis, influenza, MRSA, and hepatitis among them. Due to the disproportionate rate of comorbidities among people in prison, incarcerated individuals are at an elevated risk of Covid-19 complications and mortality. On April 14th, the CDOC announced the first COVID-19-related death of an individual in the custody of the State of Connecticut; we fear that this death is just one of many to come. Tragically, the man who passed away due to COVID-19 was imminently scheduled for release.

In a five day period between Thursday, April 9th and Tuesday, April 14th, the number of positive COVID-19 cases in CDOC facilities spiked from 61 to 182. When compared with state-wide infection rates, the rate of new infections in CDOC facilities is particularly alarming. As medical and public health professionals, we are concerned that the CDOC's current COVID-19 response plan does not address the specific disease characteristics of SARS-CoV-2 --e.g. current screening measures do not account delayed symptomology or asymptomatic carriers-- nor does the current response plan utilize the most effective COVID-prevention strategy, the rapid and thoughtful reduction of the State's prison population.

Of the CDOC's lackluster response to COVID-19, the decision to utilize Northern Correctional Institution--itself a maximum-security facility--to isolate patients who test positive for SARS-CoV-2 is particularly concerning. Transferring all COVID-positive individuals to Northern C.I. is inhumane

and ineffective, especially in light of the U.N. Special Rapporteur on Torture's recent condemnation of the CDOC's widespread use of prolonged isolation. The inherently punitive nature of confinement associated with Northern C.I. may ultimately de-incentivize individuals from reporting if they become symptomatic. We are concerned that the human rights of incarcerated individuals are being unduly contravened in the name of medicine; isolation of sick patients in Northern C.I. is a punitive measure, not a public health one.

Finally, there remains a question of whether the CDOC is prepared to provide adequate medical services to those who become infected while in their custody. Indeed, the union that represents healthcare workers in the CDOC felt compelled to file an amicus brief for the ACLU CT's lawsuit challenging your response to COVID-19 in prisons; the brief highlighted the unions "specialized knowledge of chronic understaffing and limited medical resources in Connecticut's correctional facilities." Incarcerated individuals, their families, advocates, and public health experts have been vocalizing their concerns for weeks, pleading with the State to anticipate the ways in which healthcare delivery within facilities will inevitably fail amidst a large-scale outbreak: testing kits and personal protective equipment are already in short supply and facilities have limited resources for proper respiratory isolation.

Therefore, we strongly recommend you to take the following steps:

- 1) Rapidly reduce the number of people in prison. Decreasing the density of prisons is critical to mitigate the spread of COVID-19; Connecticut would be following precedent set by numerous other states that have either begun releasing incarcerated people or are imminently preparing to do so;
- 2) Coordinate non-congregant housing arrangements by renting vacant hotels and college dormitories for people released from incarceration; ease restrictions on sponsorship that prevent incarcerated people from identifying housing upon releases;
- 3) Place individuals who test positive for Covid-19 in medical isolation. Solitary confinement and quarantine do not provide the protections of medical isolation and should not be used as an alternative. 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*;
- 4) Discontinue transfer to the Northern Correctional Institution and only utilize appropriate medical facilities or isolated housing units to treat Covid-positive individuals;

- 5) Require the CDOC to make their plans for prevention and management of COVID-19 in each correctional institutions publicly available; all plans should be coordinated with the advice of independent medical experts; any reports of medical neglect, unsanitary conditions, or violation of protocol should be immediately reported to an independent body that includes medical experts who can swiftly develop an actionable remedy;
- 6) Monitor and ensure the availability of sufficient soap and hand sanitizer for all staff and incarcerated individuals, without charge; provide all incarcerated people with appropriate PPE.

Infectious pathogens are oftentimes invisible cargo: they won't set off the metal detectors, but should nonetheless be treated as significant threats to the safety and well being of incarcerated individuals and prison staff alike. As medical experts and healthcare workers, we too feel compelled to urge your office to treat incarcerated populations, frontline healthcare workers, and correctional staff with the respect they deserve. We have an ethical responsibility to protect vulnerable communities in these dark times. However, your duties as our State's Executive authority extend beyond moral platitudes in moments of crisis: Covid-19 related deaths in our incarcerated communities are preventable tragedies. You must take immediate action.

**Sincerely,**

*(affiliations for identification purposes only)*

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