

Urgent Action Needed to Protect Individuals in Connecticut's Prisons and Jails from Coronavirus-19 Pandemic

The undersigned organizations and individuals call on Governor Lamont to act immediately to protect the lives of the incarcerated people in our state. Three urgent steps are needed: (1) the immediate release of as many people in custody as possible; (2) a moratorium on new admissions into jails and prisons; and (3) evidence-based, humane and rights-affirming measures to protect the health and wellbeing of the individuals who will stay behind walls.

As they stand, prisons and jails are detrimental to public health and human rights and disproportionately harm marginalized communities, including Black, brown, Indigenous and other communities of color; immigrants; people with mental illness; people with disabilities; people in the LGBTQ+ community; people who use drugs; people engaged in sex work and street economies; and people experiencing houselessness and poverty. Inhumane conditions and treatment, including [crowded and unsanitary facilities](#), [charging for necessary medical care and hygiene products](#), and [extremely limited access to medical care](#) endanger the health, rights and wellbeing of incarcerated people and their communities even when we are not in a state of pandemic.

In times of public health crisis, these dangers are compounded, and the threat posed by the COVID-19 pandemic is no exception. [People in confinement, who have no control over their own movement and must be in close quarters, are particularly vulnerable to COVID-19 outbreaks.](#) All available public health guidance states that social distancing is the primary tool to combat the spread of COVID-19. By their very nature, prisons – like schools or large crowds – preclude appropriate prevention measures and must be limited during times of emergency. [Recent press coverage](#) has emphasized the heightened vulnerability of people incarcerated in Connecticut to infection, severe complications and death.

In the absence of immediate and decisive action, incarceration will turn into a death sentence for many of our community members. [Connecticut has drawn harsh criticism for its systemic failure to provide adequate healthcare in prisons and jails.](#) During past public health crises, Connecticut has refused to take appropriate measures to protect incarcerated people. In the face of HIV and hepatitis C, the state withheld adequate treatment relief from incarcerated people until the federal courts intervened.

Connecticut has days, not years, to get the situation under control. Unfortunately, the Department of Correction's COVID-19 plan largely relies on a 2007 plan for Influenza A and is inadequate. COVID-19 spreads far more easily than the flu and has no known vaccine or treatment. The steps taken by the State thus far are patently insufficient in the face of a crisis of this proportion. Bold action and a coordinated response are needed.

We call on Governor Lamont, the State of Connecticut and all Connecticut jurisdictions to:

1. **Immediately release, to the maximum extent possible, people incarcerated pre-trial and post-conviction.** We recognize that jails and prisons are not safe and do not promote wellbeing for anyone. The global COVID-19 pandemic is throwing into sharp relief the untenable state of our penal system and the need for sustained action to shrink its scale, size and scope. [We outline below a few considerations to initiate state action and emphasize that they do not preclude the release of groups not explicitly discussed in this letter.](#)

Pretrial release: Governor Lamont should use his emergency powers to protect incarcerated people, their communities, and correctional staff by releasing all people who are incarcerated without having been convicted of any crime.

Post-conviction release: Governor Lamont should release as many people incarcerated post-conviction as possible, including but not limited to: all people over 55; individuals who have uncontrolled diabetes,

respiratory conditions and/or are immunocompromised; and all people who are eligible for parole and community supervision/release or who are currently incarcerated for technical parole or probation violations.

COVID-19 poses the greatest risk to older people as well as anyone with chronic conditions or weakened immune systems, who are more vulnerable to developing serious complications from COVID-19 and requiring medical care. [The older demographic is growing steadily amongst the incarcerated population in Connecticut. In 2018, people over the age of 40 accounted for 36 percent of the incarcerated population, compared to 29 percent in 2009.](#) People over the age of 55 are at the greatest risk for COVID-19, but also [pose the least public safety risk to our communities.](#) People in this age group can and should be released to mitigate the spread of COVID-19. The Commissioner of Correction should use his authority to grant furloughs to inmates who are at greatest risk of becoming seriously ill. Under Section 18-101a, the Commissioner may grant 45-day furloughs to inmates for the purpose of “the obtaining of medical services not otherwise available” or “for any compelling reason consistent with rehabilitation.” The 45-day period is renewable at the Commissioner’s discretion.

In addition, the State should release all people who are eligible for parole and community supervision/release, as well as anyone incarcerated for a technical parole or probation violation. The Connecticut Board of Pardons and Parole should expedite the release of people already found suitable for release on parole, expedite all review processes for people eligible for parole, exercise its power to commute sentences, and use its discretion to grant compassionate parole release (see Conn. Gen. Stat. § 54-131k.)

In conjunction with the releases, the DOC should take extra measures and coordinate with municipal authorities to ensure that those individuals have access to medical care, health insurance/Medicaid, housing or shelter and other necessary re-entry services. Particular attention should be given to the needs of women, who in general have less access to re-entry services and resources than men.

2. **Declare a moratorium on incarceration.** Governor Lamont should issue an executive order to direct the State’s Attorney Offices and law enforcement entities, including town and city police departments and any federal law enforcement entity operating within the state, to immediately cease adding to the incarcerated population given the high risk of infection posed by population increase, both to those already incarcerated and to those entering correctional facilities. Public officials with authority to set bail, including judges, bail staff, and police officers, should maximize release on personal recognizance.

Policing and arrest practices must change to reflect the moratorium on incarceration. For instance, best practices across the medical field in times of crisis recommend stockpiling at least between two weeks and three months of supplies. [Harm reduction organizations globally are advocating](#) that people dependent on substances also ensure they have an accessible several-week supply to prevent the potentially severe effects of withdrawal at a time with even less capacity for adequate treatment. Law enforcement should not charge or issue citations to these individuals, should not use this as an opportunity to increase charges for possession with intent to distribute, and should not level paraphernalia charges for people sharing harm reduction supplies amongst their communities.

3. **Protect immigrant communities.** Immigration detention poses the same health risks as jails and prisons, and Connecticut law enforcement must stop feeding people into the unsafe and inhumane immigration detention system. Governor Lamont should release all individuals currently in state custody who are awaiting transfer to Immigration and Customs Enforcement (ICE) custody, and the Governor should declare a moratorium on all such future transfers.

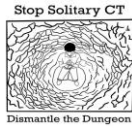
4. **Provide access to high-quality and respectful medical care for anyone who remains incarcerated.** This includes preventive care, medical testing, and prompt treatment — including any necessary transfers to higher care [in accordance with CDC guidance](#) — for any illness without co-pays or additional costs, regardless of patients’ medical insurance status. All prisons and jails must have adequate access to water, food, preventive screening measures (such as body temperature monitoring) and hygiene products, including alcohol-based hand sanitizer of at least 60% alcohol, [as recommended by the CDC in other closed settings](#).
5. **Never use solitary confinement as a strategy to limit transmission of COVID-19.** Solitary confinement is a form of torture and a violation of human rights in all cases, [including as used by the Connecticut Department of Corrections](#), and [may not limit the transmission of COVID-19 because solitary units share HVAC systems](#). The Department of Correction should never inflict torture of any kind, including solitary confinement, under the pretext of responding to the pandemic. This includes detention units not formally recognized as solitary units.
6. **Incarcerated people must not be forced to provide services for emergency response and must receive appropriate equipment and training to protect their own and others’ safety.** The DOC’s COVID-19 plan relies on incarcerated people to perform all hygiene and sanitation measures. The plan does not guarantee these individuals the necessary personal safety or personal protective equipment (PPE), including [N95 respirators, eye protection and long-sleeve gowns](#), and places them at heightened risk of infection. In addition, incarcerated people serve as Certified Nursing Assistants and provide hospice care to elderly and sick people, who will be most vulnerable to infection. No one should be forced to put themselves at risk. To the extent that incarcerated people participate in COVID-19-related activities, they must receive the same training and personal protective and safety equipment as all DOC staff and medical workers.
7. **Provide free phone calls to people who remain incarcerated.** The DOC’s [“Operational Response Plan” for COVID-19](#) has suspended social visits indefinitely. Barring incarcerated people from social contact with their loved ones is inhumane and [harmful to incarcerated people’s reintegration after release](#). The DOC’s stated allowance of two free phone calls per week for each incarcerated person for the next thirty dates is not sufficient. People need regular access to their loved ones and should not be forced to ration contact. Connecticut – which charges the second highest rate for calls amongst U.S. states –DOC must make prison telecommunications permanently free for all incarcerated people.
8. **Modify all electronic monitoring restrictions to allow safe and efficient access to basic needs, including medical care.** Individuals forced to wear electronic monitors as a condition of their release are often restricted to their homes or limited geographic locations. In this time of public health crisis, such restrictions should be lifted as much as possible to facilitate access to medical care and allow caretakers to support their loved ones.
9. **Suspend mandatory in-person meetings for individuals under court supervision.** This includes pre-trial supervision, parole, and probation check-ins. The rule requiring mandatory appearance of defendants for court continuances should be suspended. No one should be penalized for not appearing in person at court hearings for the duration of the pandemic.
10. **Make public all plans regarding the management of COVID-19 among incarcerated people.** Transparency – which engenders public trust and collaboration – has proven critical to combatting COVID-19 around the world. Given the high stakes, the state must make transparent its plans, including for infection prevention, control, treatment and medical transfers.

Governor Lamont, we urge you to take bold and immediate action to save lives in Connecticut’s criminal justice system. We await your response.

Urgently,



Global Health Justice Partnership



Stop Solitary CT



Sex Workers and Allies Network



ACLU CT



Connecticut Bail Fund



The Katal Center for Health, Equity, and Justice

Allard K. Lowenstein International
Human Rights Clinic at
Yale Law School*

Endorsing Organizations (Updated 3/19 11:07 AM):

Worth Rises
American Civil Liberties Union - National
NAMI Connecticut
CT State Independent Living Council
Connecticut Legal Rights Project
National Lawyers Guild, Connecticut Chapter
CT Public Defender Attorneys, Local 381, Council 4, AFSCME
Connecticut Criminal Defense Lawyers Association
Connecticut Juvenile Justice Alliance
Congregations Organized for a New Connecticut (CONNECT)
Yale Prison Education Initiative
Full Citizen's Coalition To Unlock The Vote
CT Climate Crisis Mobilization (C3M) Steering Committee
Disability Rights Connecticut
Disabilities Network of Eastern CT
Center for Disability Rights
Yale Students for Justice in Palestine
Yale Muslim Students Association
EMERGE Connecticut, Inc.
New Haven Legal Assistance Association, Inc.
Emerging Majority Students Association at Yale School of Public Health
Yale Undergraduate Prison Project Advocacy: End Solitary Campaign
One Standard of Justice
Secular Coalition for Connecticut
Tri-Cord LLC Empowerment Training Group
Black Social Justice
True Family Support Group
The AD Club
New Haven Women's Resettlement Group
Yale Refugee Project
John's Hopkins University Sit-In
Women's Resettlement Working Group
Connecticut Cross Disability Lifespan Alliance
People Get Ready
Hartford Catholic Worker

*Used for identification purposes only. The views expressed here do not necessarily represent the views of Yale Law School.

Dwight Hall Advocacy Network
National Lawyers Guild, Yale Law School Chapter
The UP Fund
Unidad Latina en Acción
Moral Monday CT
CT Black Women
Women Against Mass Incarceration
Jewish Voice for Peace New Haven
Period@Yale
Black Students for Disarmament at Yale
The Association of Native Americans at Yale
Dwight Hall Student Executive Committee
Prisme LGBT+ in New Haven
CitySeed
Social Justice Council of Unitarian Universalist Church in Meriden
The Word
Board of the Yale South Asian Law Students Association
Environmental Justice at Yale
2019-2020 Executive Board of the Asian Pacific American Law Students Association at Yale Law School
Christian Community Commission
Greater New Haven Reentry Round Table
CC=A (Citizens Coalition for Equal Access)
The South Asian Society at Yale
Yale Law Black Law Students Association
Women's March Connecticut
RED LAW FIRM, LLC
The Center for Rational Justice Studies, Inc
The Narrative Project
Franklin Mortgage
Tzu-chi Organization
The Semilla Collective of New Haven
Connecticut Juvenile Justice Alliance
Fair and Just Agency, LLC
CTCORE-Organize Now!
Yale Undergraduate Prison Project: Advocacy Team
Yale Endowment Justice Coalition
Essie Justice Group
The Party for Socialism and Liberation
Wayfaring Ministries Inc Apostle Eugene Brunson
Congregations Organized for a New Connecticut (CONNECT)
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Full Citizen's Coalition To Unlock The Vote
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11. Daad Sharfi
12. Brooke Harris
13. Iram Sharieff
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15. Amal Altareb
16. Titania Nguyen
17. Yasmin Abdella
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20. Alysha Siddiqi
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24. Ayanle Nur
25. Zaporah Price
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27. Marvin Durogene
28. Kayla N.
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30. Taylor Triplett
31. Abigail Leighton
32. Ngozi Okoli
33. Isiuwa Omoigui
34. Henry Lowendorf
35. Renée I
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37. Saket Malhotra
38. Aisha Williamson-Raun
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40. Hazal Ozgur
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43. Mike Wishnie
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48. Mary Lee Duff
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50. Jameel Alausa
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53. Donessa Colley
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84. Kathryn Hawk
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95. Yousif Hindi
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98. Robert E Day Jr
99. Anthony Lowenstein
100. DeVaughn Ward
101. Janée Woods Weber
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144. Meredith Jett

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149. Linda Quinet
150. Christopher Sanford
151. Laith Aqel
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154. Sophie Angelis
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156. Sarah White
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158. Claudia Wulff
159. Katherine Hamilton
160. Amber Vlangas
161. Andrea Siso
162. Steven Eppler-Epstein
163. Sherrylee Dickinson
164. Sarah K. Croucher,
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167. Wynne Muscatine
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169. Rebecca Brown
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519. Ben Martin
520. Arabelle Schoenberg
521. Leila Ensha
522. Shawna Rohan
523. Taryn Rose
524. Max Fiore
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526. Maximiliaan Himpe
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539. Dzidedi Azumah
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