

# **EXHIBIT A**

# Yale University

*Emily A. Wang, M.D., MAS*  
*Associate Professor*  
*Division of General Internal Medicine*  
*School of Medicine*

*Campus address:*  
*Harkness Hall, Bldg A*  
*367 Cedar St., Suite 410A*  
*New Haven, CT 06510*  
*Tel: (203) 737-6317*  
*Fax: (203) 737-3306*  
*emily.wang@yale.edu*

Hon. Governor Ned Lamont  
Office of Governor Ned Lamont  
State Capitol  
210 Capitol Ave.  
Hartford, CT 06106

cc:

Judge Patrick Carroll, Chief Court Administrator;  
Richard Colangelo, Chief State's Attorney;  
Rollin Cook, Commissioner of the Connecticut Department of Correction;  
Jonathan Dach, Policy Director;  
Michael J. Freda, First Selectman of the Connecticut Conference of Municipalities;  
Matthew Knickerbocker, First Selectman of the Connecticut Council of Small Towns;  
Melissa McCaw, Secretary to the Governor;  
Keith Mello, President of the Connecticut Police Chiefs Association;  
Paul Mounds, Chief of Staff;  
Marc Pelka, Undersecretary;  
Christine Rapillo, Chief Public Defender of Connecticut

Dear Connecticut Leaders:

We write out of our grave concern that, absent immediate action, COVID-19 will overrun Connecticut's jails and prisons. That tragedy will have far-reaching effects not only for the thousands of Connecticut residents who live and work in correctional facilities, their families and communities, but also for the population of the state as a whole. Connecticut's healthcare system simply does not have the capacity to treat a massive outbreak in the incarcerated population at the same time as it treats patients throughout the rest of the state. As jails and prisons become flashpoints for infection, the outbreak will overwhelm already limited state healthcare resources.

Connecticut has days, not weeks, to chart a different future. Under current conditions, in which there is no cure and no widespread testing, the thousands of Connecticut residents who live and work in correctional facilities are simply unable to practice the most effective method of prevention: social distancing. To create the requisite spacing of 6 feet between individuals, the State must (a) rapidly decrease the density of its prisons, jails, and halfway houses and (b)

implement humane and evidence-based approaches to protect the health of incarcerated individuals and staff alike. Success is possible but will require coordinated, urgent action among all relevant agencies, including the Department of Correction, the judiciary, the Chief State's Attorney, law enforcement, the Department of Public Health, and the Connecticut Department of Housing. We call upon you to use the full powers of your office to lead the way through this public health emergency.

## **I. The Public Health Perspective**

COVID-19 is a highly infectious disease. Due to its novelty, there exist few tools for containment and even fewer for treatment. The scientific community currently lacks a vaccine or cure. Neither the United States nor the state of Connecticut possesses sufficient resources to screen or test individuals, and projections show that, absent extreme intervention, infections will rapidly outpace available healthcare resources. We commend that your office has already taken decisive action to limit exposure among most state residents by ordering one of the few proven prevention methods: social distancing. As already seen in the reduced rates of new infections, social distancing works.

Unfortunately, effective social distancing is impossible under typical conditions in Connecticut's correctional facilities. In Connecticut's jails and lower security level prisons, incarcerated people sleep within feet of each other and use communal bathrooms, mess halls, dayrooms, and showers. Even in maximum security facilities, many people are double-celled and share spaces to eat, bathe, and recreate. Further, while the Department of Correction has already taken important actions, such as suspending visitors and volunteers, there is still a steady flow of people into and among facilities. Staff, officers, contractors, and vendors are still moving throughout and between facilities and they all link the facilities with surrounding communities. These individuals can introduce the virus into the facility or contract it themselves and transmit it to others in the community.

The Department of Correction has stated that it is employing standard measures used to contain other communicable diseases, such as the flu, but these are inadequate in the face of the novel coronavirus. COVID-19 is estimated to be nearly 3 times more contagious than the flu and is deadlier. Furthermore, we are learning more about this novel coronavirus every day and it is becoming increasingly clear that a significant percent of infections are transmitted by people even before they develop symptoms, meaning that there is no screening practice (checking temperatures or asking about symptoms) that is adequate. Additionally, whereas the flu is transmitted only by large droplets (i.e., 6 feet of distancing protects people), COVID-19 is now known to be passed in the air as well. Under these circumstances, even heightened hygiene practices—frequent washing of hands with soap, regular bleaching and disinfection of public surfaces, and the like—are insufficient. Further, proper containment and treatment of the novel coronavirus will require facilities to quarantine people and will surely put a strain on the already understaffed healthcare

system in the Department of Correction. At Yale-New Haven Hospital, we have already seen that as more people have become sick, staff have become sick as well, and we are struggling to develop adequate staffing plans. Sick individuals will need to be sent to community-based hospitals, which themselves are already struggling to provide adequate care to others.

While more must be done in the coming weeks and months, as a starting point, we suggest the following immediate actions:

**1. To the maximum extent possible, reduce the number of people entering and re-entering the system.** We applaud the state for already making efforts to mitigate dangers in this area, as announced in the Department of Correction's March 24 release. Police and State's Attorneys should decline to arrest or prosecute individuals except where an individual poses a serious threat to public safety. Parole officers should halt the reincarceration of people on technical parole violations.

**2. Immediately release, to the maximum extent possible, people detained pretrial.** As of today, we estimate that there are 2,905 unsentenced (mostly pretrial) people in custody, 95 of whom are 60 or older. For the duration of the pandemic, people should be presumptively released on personal recognizance, absent a showing of a compelling threat to public safety.

**3. Immediately release all people convicted of nonviolent offenses who are scheduled to be released in 90 days, all people who are eligible for parole and community supervision/release, and anyone incarcerated for a technical parole, probation violation, or conditional discharge.** As of today, we estimate that there are 4,112 people in custody with fewer than 90 days left on their sentences, 201 of whom are 60 or older. Additionally, we estimate that 1,503 people are currently in custody for violation of probation or conditional discharge, 51 of whom are 60 or older. The state should continue to exercise the use of transitional supervision more aggressively to facilitate the release of people with shorter sentences. Additionally, 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. The Board should refrain, however, from requiring transitional housing as part of that process, in order to prevent the spread of COVID-19 within these congregate settings.

The advantage of releasing the populations outlined above lies in the fact that most have spent less time incarcerated and are more likely to have maintained social bonds with their communities outside of prison. Their families and communities are better equipped to aid them in self-quarantine than are prisons, jails, and halfway houses. Individuals who fit the above criteria for release should be screened to determine if they have somewhere to live in the community where they can self-isolate if necessary. Individuals with such available housing should be prioritized for immediate release.

We note that the goal here is to thin the incarcerated population—by the most expeditious means possible, including releasing the healthy—to allow for social distancing. In some cases, sick individuals may have a more difficult time finding a safe place to live upon release, not least because of the lack of medical capacity in the state.

We are very appreciative of the significant efforts you have already made to ensure people who are released have safe accommodations in the community, and to ensure that no one is released to homelessness.

**4. Transition older adults and medically vulnerable individuals to medical and community settings.** Finally, we note that U.S. Attorney General William Barr, in response to requests from Congress for a plan to mitigate the risk of widespread COVID-19 infection in federal prisons, has recommended that the federal Bureau of Prisons release certain at-risk individuals—including individuals with certain medical conditions and individuals over 60 years old. We agree that this would be a worthy step to pursue in Connecticut, but we also emphasize that time is of the essence here. We do not yet have a COVID-19 outbreak in our correctional facilities, but we must act *now* to thin these populations out, social distance, and attempt to prevent one. That means releasing whoever can be released most quickly and safely now. The next step would be to address these at-risk populations. Many of the people who are most vulnerable will also be more challenging to discharge: those without housing and those who, due to medical complexity, require more comprehensive medical discharge planning. The state must nonetheless work toward releasing older adults and other medically vulnerable inmates, who pose the least public safety risk and are most at-risk of COVID-19 complications. To that end, we, the Yale Transitions Clinic, have created a hotline that DOC reentry coordinators and medical discharge planners can use to refer people to us, and we will figure out the medical discharge follow-up.

We are eager to work with your office to facilitate any of these critical efforts for the public health of our state. We would also be glad to work with you in convening public health experts and physicians to further assess these issues, and the appropriate medical and public health protocols for this population, as the pandemic evolves.

Thank you for your leadership on these issues thus far.

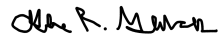
Sincerely,



Emily Wang, MD, MAS



Lisa Puglisi, MD



Abbe R. Gluck  
Professor of Law and Faculty Director, Solomon Center for Health Law and Policy  
Yale Law School  
Professor of Medicine (General Medicine), Yale Medical School



Jackson Skeen  
J.D. '22  
Yale Law School  
Transitions Medical Legal Partnership