MEMORANDUM

From: Eunice Cho, ACLU NPP (echo@aclu.org)
Date: March 9, 2020
RE: Summary of COVID-19 Reference Materials Related to Prisons, Jails, Immigration Detention Centers

At-Risk Populations

  “[M]ost of those who have died had underlying health conditions such as hypertension, diabetes or cardiovascular disease that compromised their immune systems.”

  “Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.”

  “Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections, including COVID-19.”

  “Older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others.”

General Risk

  “2019-nCoV caused clusters of fatal pneumonia with clinical presentation greatly resembling SARS-CoV. Patients infected with 2019-nCoV might develop acute
respiratory distress syndrome, have a high likelihood of admission to intensive care, and might die.”

COVID-19 Risks for Jails, Prisons, Immigration Detention Facilities; Recommendations to Release Vulnerable Populations

- **Maria Morris,** *Are Our Prisons and Jails Ready for COVID-19?*, ACLU.org, Mar. 6, 2020, [https://www.aclu.org/news/prisoners-rights/are-our-prisons-and-jails-ready-for-covid-19/](https://www.aclu.org/news/prisoners-rights/are-our-prisons-and-jails-ready-for-covid-19/). “Prison and jail populations are extremely vulnerable to a contagious illness like COVID-19. Moreover, prisoners have fewer options for protecting themselves and others. They don’t have the option to stay away from other people when they are sick. They can ask for medical attention, but prisons and jails have few infirmary beds and fewer rooms for medical isolation.”

- **Dr. Anne C. Spaulding, MD MPH,** *Coronavirus COVID-19 and the Correctional Facility: for the Correctional Healthcare Worker* 14, 17, Mar. 9, 2020, [https://www.ncchc.org/filebin/news/COVID_for_CF_HCW_3.9.20.pdf](https://www.ncchc.org/filebin/news/COVID_for_CF_HCW_3.9.20.pdf). “Are people who live and work in correctional facilities at risk? Yes. Jurisdictions need to understand that incarceration of persons defying quarantine orders could lead to exponential increases in jail cases and cases in the community. Measures other than detention should be considered, such as at-home electronic monitoring.” (at 14) “Prisons and jails are enclosed environments, where individuals dwell in close proximity. Incarcerated persons sleep in close quarters, eat together, recreate in small spaces. Staff are close by. Both those incarcerated and those who watch over them are at risk for airborne infections. A prison and jail is a self-contained environment.” (at 17)


“We must integrate our nation’s 5,000 jails, prisons and immigration detention centers with our pandemic response efforts.”

“When COVID-19 arrives in a community, it will show up in jails and prisons. This has already happened in China, which has a lower rate of incarceration than the U.S.”

“Jails and prisons need to have a plan in place to identify and house together people with suspected and diagnosed COVID-19 and those who are at high risk of serious illness if they become infected. This includes people with chronic illness, those with compromised immune systems and pregnant women.”

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