

Dear Governor Ivey and Alabama State and Local Legislators,

As public health and related faculty tasked with reducing the spread of COVID-19, we write to share our concerns regarding the spread of COVID-19 disease in Alabama jails and prisons in order to protect the health of incarcerated people, correctional staff, and the surrounding communities. As you know, COVID-19 is a highly transmissible global threat, and is particularly dangerous for individuals over age 60 or with underlying chronic diseases, and for communities in which hospitals will be quickly overwhelmed by high numbers of patients and inadequate resources. Numerous outbreaks in nursing homes, cruise ships, and other prison and jail systems demonstrate that COVID-19 spreads rapidly and uncontrollably in congregate settings. In order to protect those who are incarcerated, those who work in these settings, and the communities connected to them, we urgently call on you to reduce the size of the incarcerated population.

Accelerated spread of COVID-19 among the incarcerated population can already be seen. In Mobile, Alabama's Metro Jail, six inmates and nine corrections officers had tested positive for the virus as of April 9.<sup>1</sup> As of that same date, five inmates had died, more than 100 were quarantined, and four corrections officers at the facility had tested positive in Louisiana's Oakdale Federal Correctional Institution.<sup>2</sup> And in New York City, the prevalence of infection at Rikers Island was approximately seven times that of the general population of NYC as of April 8.<sup>3</sup>

The virus causing COVID-19 disease, SARS-CoV-2, is transmitted via respiratory droplets that are generated when an infected individual speaks, coughs, or sneezes. For this reason, the Centers for Disease Control and Prevention (CDC) continues to emphasize the importance of social distancing to reduce transmission. Even with increased access to hand sanitizer and soap for hand washing, physical distancing is impossible in Alabama's densely populated jails and prisons. In January, the overall occupancy rate for Alabama Department of Corrections (ADOC) facilities was 170.4%, and 19,732 individuals (93.3%) resided in a facility above intended capacity,<sup>4</sup> often in large open dormitories with poor ventilation systems and closely-spaced bunk beds. Furthermore, because the virus can remain on surfaces for up to 72 hours, it can easily spread through shared spaces such as toilets, showers, and eating areas.

Facilities that are already over-capacity do not have sufficient spaces in which to quarantine exposed individuals. Solitary confinement of symptomatic individuals may quickly worsen the situation by deterring others from reporting symptoms or seeking medical attention because restrictive housing measures are commonly used for punishment and may induce psychological distress and trauma.

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<sup>1</sup> Tara Dempsey, "MSCO: Six inmates 9 officers test positive for COVID-19 in Metro Jail," WKRG (Apr. 9, 2020). <https://www.wkrg.com/health/coronavirus/mcso-six-mobile-metro-jail-inmates-test-positive-for-covid-19/>

<sup>2</sup> Kimberly Kindy, "Inside the deadliest federal prison, the seeping coronavirus creates fear and danger," Washington Post (Apr. 9, 2020). [https://www.washingtonpost.com/national/inside-the-deadliest-federal-prison-the-seeping-coronavirus-creates-fear-and-danger/2020/04/09/deeceb6e-75b4-11ea-a9bd-9f8b593300d0\\_story.html](https://www.washingtonpost.com/national/inside-the-deadliest-federal-prison-the-seeping-coronavirus-creates-fear-and-danger/2020/04/09/deeceb6e-75b4-11ea-a9bd-9f8b593300d0_story.html)

<sup>3</sup> The Legal Aid Society, COVID-19 Infection Tracking in NYC Jails, <https://legalaidsoc.org/covid-19-infection-tracking-in-nyc-jails/>

<sup>4</sup> Alabama Department of Corrections, "Monthly statistical report," (January, 2020). <http://www.doc.state.al.us/docs/MonthlyRpts/DMR%2001%20January%202020PUB.pdf>

For jails in particular, conditions that promote transmission combined with large movements of people in and out can act to amplify the spread of COVID-19 within communities across the state. In Alabama an estimated 286,840 individuals were admitted to jail in 2013 with an estimated average stay of 19 days.<sup>1</sup> In the coming weeks and months, uninfected individuals entering jail will be subject to elevated transmission rates in these facilities. Those who have shorter stays or contract COVID-19 towards the end of their stay will unknowingly bring new infections back to their communities.

ADOC employs 2,074 security staff, including 1,401 correctional officers, and 1,096 support staff as of July, 2019.<sup>2</sup> Each of these members of Alabama's jail and prison staff are at risk of introducing the virus into a facility and of bringing the virus back to their families and communities after becoming infected at work. Working in close proximity with others, staff are susceptible to COVID-19 infection in facilities with transmission. For example, similar numbers of staff and incarcerated individuals at Rikers Island have tested positive for COVID-19 at 223 and 231 cases, respectively.<sup>3</sup>

ADOC facilities face critical staffing shortages; current staffing levels represent 41.6%, 51.7% and 54.9% of recommended quotas for correctional officers, security staff, and support staff, respectively.<sup>42</sup> As jail and prison staff themselves get sick with COVID-19 or stay home to care for sick relatives, workforce shortages will make it more difficult to adequately address intensifying sanitation and health care needs in facilities, and could create increasingly dangerous conditions for both incarcerated individuals and correctional staff.

A recent article in the New England Journal of Medicine<sup>5</sup>, one of the most prestigious medical journals, made clear that incarcerated populations are of utmost concern for preventing the spread of COVID-19. Incarcerated individuals have an elevated risk of developing severe COVID-19 infections that require hospitalization. 2,023 individuals in the ADOC jurisdictional population are older than 60,<sup>6</sup> and roughly 40% of those in U.S. prisons and jails report having a current chronic medical condition, such as hypertension, asthma, and diabetes.<sup>7</sup> Being older than 60 and/or having underlying conditions makes incarcerated people more vulnerable to infection and, once infected, produce worse outcomes including mortality.

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<sup>1</sup> Todd Minton, Scott Ginder, Susan Brumbaugh, Hope Smiley-McDonald, Harley Rohloff, "Census of jails: population changes, 1999-2013," Bureau of Justice Statistics (December, 2015).

<https://www.bjs.gov/content/pub/pdf/cjpc9913.pdf>

<sup>2</sup> Rosanna Smith, "ADOC to host hiring event Saturday," WSFA (July 11, 2019).

<https://www.wsfa.com/2019/07/12/adoc-host-hiring-event-saturday/>

<sup>3</sup> Julia Craven, "Coronavirus cases are spreading rapidly on Rikers Island," Slate (April 2, 2020).

<https://slate.com/news-and-politics/2020/04/rikers-coronavirus-cases-increase.html>

<sup>4</sup> William Thornton, "Another rural Alabama hospital is closing," al.com (March 2, 2020).

<https://www.al.com/business/2020/03/another-rural-alabama-hospital-is-closing.html>

<sup>5</sup> Matthew Akiyama, Anne Spaulding, Josiah Rich, "Flattening the curve for incarcerated Populations — Covid-19 in jails and prisons," New England Journal of Medicine (April 2, 2020).

<https://www.nejm.org/doi/full/10.1056/NEJMp2005687>

<sup>6</sup> Alabama Department of Corrections, "Monthly statistical report," (January 2020).

<http://www.doc.state.al.us/docs/MonthlyRpts/DMR%2001%20January%202020PUB.pdf>

<sup>7</sup> Laura Maruschak, Marcus Berzofsky, Jennifer Unangst, "Medical problems of state and federal prisoners and jail inmates, 2011–12," Bureau of Justice Statistics (October 4, 2016).

<https://www.bjs.gov/content/pub/pdf/mpsfj1112.pdf>

Health systems inside Alabama jails and prisons do not have the capacity or resources to detect and treat highly transmissible novel respiratory pathogens. During tuberculosis outbreaks in ADOC facilities in 2010 and 2014, the infrastructure within the ADOC was unable to contain the spread of disease, and the Alabama Department of Public Health needed to intervene<sup>1</sup>. As of 2016, neither the ADOC nor its medical vendor had a dedicated infection control program, and there were only 15.6 physicians and 19.8 nurse practitioners/physician assistants for over 25,000 people.<sup>2</sup> Delays in critical medical care will occur if sufficient staff are not available to assess and monitor COVID-19 cases, and to transport the severely ill to offsite hospitals.

Within communities, demands for care of the sick will be placed on already overburdened hospitals. Alabama's 15 prisons and 12 work release facilities and camps are situated in primarily rural counties. Elmore County alone hosts four of them. Escambia is home to two. Thirteen Alabama hospitals, including seven in rural communities, have closed in the last eight years making rural communities ever more dependent on the healthcare infrastructure in the cities they are closest to. Furthermore, 38% of the state's rural hospitals were recently estimated to be vulnerable for closure.<sup>3</sup> Towns like Brent, Union Springs, Elmore, Clio, Atmore, Hamilton, Springville, Wetumpka, Mount Meigs, Harvest, and Clayton, all of which contain prisons, lack the healthcare infrastructure necessary to meet the need a rapidly expanding outbreak, according to estimates from the Harvard Global Health Institute.<sup>4</sup> More worryingly, models show that the metropolitan areas these towns are situated in would also be overwhelmed.<sup>5</sup>

We commend Alabama on steps already taken to curb the spread of COVID-19 in jails and prisons, including temperature screenings for staff, the suspension of medical co-pays, and increased sanitation of facilities, among others.<sup>6</sup> However, further action is urgently needed. Without drastic interventions to reduce population density, an outbreak of COVID-19 is able to grow exponentially. The lag time between infection and the identification of cases by testing means that actions must be taken proactively, before any problem is visible. The earlier measures are implemented the more effective they will be in protecting incarcerated individuals, correctional staff, and the community as a whole.

We therefore urge you to take the following steps:

1. Require correctional facility administrators to make their plans for prevention and management of COVID-19 in their institutions publicly available, as the San Francisco Sheriff's Department has done, and available to incarcerated people in their custody. Protocols should be in line with national CDC guidance. Frequently updated recommendations and model protocols

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<sup>1</sup> Michael Puisis, "Alabama Department of Corrections Medical Program Report," (July 5, 2016). [https://www.splcenter.org/sites/default/files/documents/doc\\_555-3\\_-\\_expert\\_report\\_of\\_dr\\_michael\\_puisis.pdf](https://www.splcenter.org/sites/default/files/documents/doc_555-3_-_expert_report_of_dr_michael_puisis.pdf)

<sup>2</sup> Id.

<sup>3</sup> The Chartis Center for Rural Health, "The rural health safety net under pressure: rural hospital vulnerability," (February 2020). [https://www.ivantageindex.com/wp-content/uploads/2020/02/CCRH\\_Vulnerability-Research\\_FINAL-02.06.20.pdf](https://www.ivantageindex.com/wp-content/uploads/2020/02/CCRH_Vulnerability-Research_FINAL-02.06.20.pdf)

<sup>4</sup> Annie Waldman, Al Shaw, Ash Ngu, Sean Campbell, "Are Hospitals Near Me Ready for Coronavirus? Here Are Nine Different Scenarios," ProPublica (March 17, 2020). <https://projects.propublica.org/graphics/covid-hospitals>

<sup>5</sup> Id.

<sup>6</sup> Alabama Department of Corrections, ADOC Public Announcement: COVID-19, <http://www.doc.state.al.us/COVID19News>

are available from the National Commission on Correctional Health Care:  
<https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections>

2. Ensure that intake screening protocols are updated to include COVID-specific questions.
3. Monitor and ensure the availability of sufficient soap and hand sanitizer for all staff and incarcerated individuals, without charge.
4. Implement other precautions to limit transmission within prisons and jails without relying on widespread use of lockdowns and solitary confinement. Provide additional precautions jointly issued by the Vera Institute of Justice and Community Oriented Correctional Health Services:  
<https://cochs.org/files/covid-19/covid-19-jails-prison-immigration.pdf>
5. Substantially curtail pre-trial detention, reserving it only for genuine cases of proven security concerns. Persons held for non-payment of fees and fines, insufficient funds to pay bail, parole or probation violations, and pre-trial detainees charged with non-violent crimes should be prioritized for release. No one in these categories should be sent to jail.
6. Expedite consideration of incarcerated individuals age 50 and over and those with chronic conditions predisposing to severe COVID-19 disease (heart disease, lung disease, diabetes, immune-compromise) for parole, medical furlough, or other form of release from prison, with alternative forms of supervision and supports in the community once released. Consider release for anyone with such vulnerability due to age or predisposition for severe COVID-19 who has not been convicted of a capital crime or a violent sex offense.
7. Immediately release all persons incarcerated in the Department of Corrections who are within 6 months of the end of their sentence, as is underway in Kentucky.<sup>1</sup>
8. Resume parole hearings using technology to safely hold hearings remotely. Instruct the Bureau of Pardons and Paroles to increase the pace of hearings to begin clearing its backlog.
9. Instruct the Department of Corrections to issue new medical furlough guidelines that recognize the combination of a condition predisposing to a severe case of COVID-19 (heart disease, lung disease, diabetes, immune-compromise) coupled with the high likelihood of rapid spread should COVID-19 entering a correctional setting as sufficient eligibility for a condition qualifying for compassionate release under the medical furlough statute.
10. Require the Department of Corrections, during the pendency of the COVID-19 pandemic emergency, to develop medical furlough release plans within 7 days of receiving a petitioner's submission.

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<sup>1</sup> "Kentucky plans to release more than 900 prisoners because of the COVID-19 outbreak," WDRB (April 2, 2020).  
[https://www.wdrb.com/news/kentucky-plans-to-release-more-than-900-prisoners-because-of-the-covid-19-outbreak/article\\_aef84282-7541-11ea-8a18-efe5a8cf107d.html](https://www.wdrb.com/news/kentucky-plans-to-release-more-than-900-prisoners-because-of-the-covid-19-outbreak/article_aef84282-7541-11ea-8a18-efe5a8cf107d.html)

11. Require the Bureau of Pardons and Paroles to schedule parole hearings pursuant to the Alabama Medical Parole Act and docket all prisoners who qualify for consideration under the statute immediately.

12. Invest increased resources in community-based organizations and service providers for discharge planning and re-entry transitions to facilitate release of people under these revised policies. Shift resources from correctional budgets to effectuate transitions to the community.

13. Ease or eliminate public housing restrictions that prevent people with records of arrest or conviction from living with loved ones who receive housing assistance, to ensure that people released from incarceration have homes to return to where they can safely practice social distancing.

14. Invest resources in both housing and substance use treatment that accommodate the public health need for social distancing, including through take home dosing consistent with SAMHSA Federal Guidelines for Opioid Treatment Programs and renting vacant hotels and college dormitories for people released from incarceration who would otherwise turn to congregate shelter.

15. Arrange for COVID-19 testing of incarcerated individuals and corrections staff who become ill.

16. Review how restrictions aimed to reduce contraband may hinder delivery of supplies urgently needed for protection against COVID-19, such as masks, gloves, and hand sanitizer.

Sincerely,

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