

May 1, 2020

Governor Jay Inslee
Office of the Governor
PO Box 40002
Olympia, WA 98504-0002

Dear Governor Jay Inslee,

We are writing to you as public health practitioners, researchers, nurses, doctors, medical and public health students, and other individuals and advocacy organizations in support of public health - rural and urban - from across the State of Washington, to express our concern about the spread of COVID-19 in Washington's carceral centers.

As we know, COVID-19 is more contagious than the flu and can be spread by asymptomatic carriers. The virus is particularly harmful to people who are medically vulnerable and those who are older. Its transmission is greatly curbed by physical distancing. We commend government and public health officials for taking decisive action to protect Washingtonians yet we fear this pursuit to protect public health is falling short for individuals in prisons, jails, youth detention centers, and detained at NWDC.

Individuals inside our carceral centers are not able to physically distance or take other preventive measures. The "Stay Home, Stay Healthy" emergency order and wise public health mantra to protect one another is impossible to act on for people in congregate settings. [Heightened exposure to infectious diseases exists for individuals within a prison environment](#) where there is overcrowding, poor ventilation, poor nutrition, and poor health care contributing to a higher likelihood of delayed diagnosis and limited infection control.¹ Further, correctional officers (COs) and other workers are potential vectors for COVID-19 from the general population, increasing the likelihood of an outbreak inside the facility, as well as for people incarcerated in certain areas of the facilities if worker movements are not regulated. Additionally, with often shared hygiene facilities and non-uniform availability of free alcohol-based disinfectants (e.g. [those certified by the EPA](#)) and soap, we are leaving many members of our community inside our jails, prisons, and detention centers defenseless.

Attempts at isolating individuals in these inherently punitive settings are akin to solitary confinement and not preventive care. [Public health and medical scholars have declared isolation of a person of any age in prison settings as torturous](#), yet it is still regularly used as an extraneous tool for punishment.² [Individuals sent to solitary confinement are more likely to die \(of any cause\) in the first year after release from prison](#), and mental illness is likely to worsen under these conditions.³ Solitary confinement and other isolation strategies for symptomatic or exposed individuals - especially when not coupled with adequate testing, medical care, or transparent communication - harm health instead of protecting it. **All of these realities are precursors for a COVID-19 to spread rapidly within Washington's correctional facilities and detention centers.**

Medical staff within correctional facilities and rural hospitals, where many prisons and county jails are located, will not have the necessary capacity and resources to address an outbreak. Prior to the COVID-19 pandemic, [some rural hospitals, including several of Washington's 40 Critical Access Hospitals \(CAHs\), were deemed already at risk of closure](#) due to financial insecurity, and today are already in need of resource deployment to handle the COVID-19 response.⁴ National public health experts [warn that](#)

[COVID-19's arrival in rural counties will be even more harmful compared to urban areas](#), due to a higher prevalence of underlying medical conditions and an older population in these areas.⁵ If these systems are further stressed by an outbreak in local prisons, there will likely be widespread outbreaks among rural residents. Cultivating the conditions for outbreaks in prisons and rural county jails, and therefore among rural residents is not evidence-based public health practice or 'flattening the curve.' At best it will undermine the efforts elsewhere of Washington's public health officials, and at worst will lead to the dissolution of Washington's rural health infrastructure and an escalating death toll.

In addition to the cry for physical distancing across the globe, there is evidence that releasing individuals will have the desired preventive effects in regard to disease transmission. One study found that [decreasing incarceration rates from just 3% to 2% of the general population reduces TB infections in prison by 44% and by 21% in the general population](#).⁶ While TB has a higher rate of infection, we can reasonably conclude that we would see the same effect for COVID-19. Keeping individuals incarcerated and detained without proper preventive measures will likely lead to unnecessary death among those confined to these facilities, workers at carceral facilities, and the general population.

This is a critical health equity issue. The policies and practices that shape incarceration rates nationally disproportionately harm historically and structurally marginalized communities, including [people of color](#);⁷ [people who are undocumented](#);⁸ [individuals experiencing houselessness](#);⁹ [people with disabilities](#);¹⁰ [people who are lesbian, gay, bisexual, transgender, and/or queer](#);¹² [people with mental illness](#);¹³ [people who use drugs](#);¹⁴ [sex workers](#);¹⁵ and [young people](#).¹⁶ Releasing people from correctional facilities, county jails, and detention centers takes an equity-centered public health approach and will ensure we are also 'flattening the curve' for marginalized communities. We are seeing data already from across the country on the disproportionate harm COVID-19 is having on the African American community and other communities of color. We fear and anticipate Washington's disaggregated data will reflect a similar racial disproportionately as Washington is [documented to not be immune to these inequities](#). **Feigning ignorance of the realities of structural inequities during a pandemic response brings further harm to our most marginalized communities.**

We stand with the community in calling for the release of people from carceral centers – prisons, jails, youth detention centers and NWDC. As public health professionals from across the state, we strongly echo the call from the community-led COVID-19 Mutual Aid Solidarity Network in their unmet demands outlined in their [March 19, 2020 letter](#) to release the medically vulnerable, especially those 50 or older and people who are pregnant, and take immediate action to protect the health well-being of individuals across Washington in prisons and jails. We echo the call from La Resistencia's immigrant-led coalition as well as the [over 140 immigrants inside the NWDC on hunger strike](#) in their demands to protect the health and well-being of those inside the NWDC by immediately releasing people detained, stopping deportations, and ending the forced transfer of detained immigrants into and out of the state. Faculty at the University of Washington School of Public Health have sent you a [letter](#) dated March 30, 2020 explaining in further detail the health risk of continued detainment of people at the NWDC, aligning with the orders issued by the U.S. Centers for Disease Control and Prevention (CDC) on the management of COVID-19 in detention facilities. A coalition of community-based organizations and legal service providers sent letters dated March 23, 2020 to [Secretary Hunter](#) of Dept. of Children, Youth, & Families and [Juvenile Court Administrators and Judges](#) detailing the urgency of releasing detained and incarcerated youth.

Given the body of evidence that supports reducing the population inside state prisons, county jails, and detention centers to curb COVID-19 transmission, we request that you, Governor Inslee, more boldly use your emergency powers to ensure Washington can mitigate the impact of this pandemic for those confined to all carceral centers across the state. With at least 24 confirmed cases of COVID-19 among people incarcerated (16 people) and prison staff (8 people) at the Monroe Correctional Complex and several staff at other facilities as of May 1st, we cannot stress enough the urgency of decisive action at this time for Washington's carceral centers. Our public health values necessitate we operate in alignment with the science, take guidance and work alongside community-led coalitions, and ensure the public health community is always on the side of protecting the health & well-being of all people in our community.

Sincerely,

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