
340 MacNider Hall | Campus Box 7240
333 South Columbia Street
Chapel Hill, NC 27599-7240

April 19, 2021

Dear Xavier Becerra,

We are writing to encourage the U.S. Department of Health and Human Services (HHS) to direct funding from the American Rescue Plan of 2021 to address the disparate toll of COVID-19 in prisons and jails. Specifically, we call for funding to increase regular testing of people who are incarcerated and staff, promote widespread vaccination campaigns, and to provide financial support for people who were impacted by incarceration during the COVID-19 pandemic. We request that any funding provided to departments of corrections be contingent upon clear, public-facing data reporting outlining the department's COVID-19 response.

People who are incarcerated are at increased risk for COVID-19 acquisition. Most single-site cluster outbreaks of COVID-19 have occurred in prisons and jails. To date, at least 396,648 people who are incarcerated in state or federal prison systems have tested positive for the virus, and at least 2,435 have died. The rate of infection has been estimated to be 5 times higher among people who are incarcerated than in the general public. Prisons often hold people who have a high burden of chronic disease, putting them at risk of suffering more severely from COVID-19. In addition, the built environment of prison facilities—where people often live in close, overcrowded facilities—make common prevention strategies such as social distancing nearly impossible.

COVID-19 vaccinations will provide protection to people living and working in correctional facilities, but so far rollout remains inconsistent and opaque. Few systems publish any data on COVID-19 vaccinations in corrections, and little infrastructure exists to track the rollout of vaccinations in corrections nationally. Among systems that do publicly report vaccination counts, rates of vaccinations in corrections vary widely across states.

We are encouraged that HHS has recently invested in expanding vaccines and strengthening vaccine confidence among underserved communities. However, efforts to date have not included people who are incarcerated despite the fact that they are underserved. Prisons overrepresent people who are Black, Indigenous, and other people of color. One in three Black men and one in six Latino men born in 2001 can expect to go to jail or prison at some point in their lifetime. Uncontrolled spread in correctional facilities will continue to exacerbate inequities in communities amid a pandemic that has already heightened racial health disparities.

We call upon HHS to direct funding as appropriate to:

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1. Require departments of corrections to conduct weekly COVID-19 diagnostic testing of all incarcerated persons, meaning all people confined to local jails and state and federally operated prisons, at no cost, including providing the results of the test in a timely manner, necessary medical care and medical isolation, quarantining of exposed persons, and the development of testing opt-out procedures
2. Require departments of corrections to conduct weekly COVID-19 diagnostic testing of all staff at no cost, including providing each correctional facility employee who tests positive or is exposed to COVID-19 with unlimited paid leave for the purpose of recovering or quarantining from COVID-19
3. Deploy CDC officials to correctional facilities to help quell outbreaks, defined as cases where two or more incarcerated people or employees present new COVID-19 cases within 72 hours
4. Expand access to vaccines for people who are incarcerated and correctional staff and increase correctional health care operational capacity for treatment
5. Elevate, invest in, and prioritize the voices and expertise of directly impacted people by creating and funding innovative campaigns led by trusted messengers, including formerly incarcerated people, to strengthen vaccine outreach and confidence among those currently incarcerated. Campaigns will allow people in correctional facilities to learn more and ask questions about how COVID-19 and vaccination work
6. Provide support for people living in the community who have affected by the COVID-19 pandemic during incarceration through increased access to re-entry support, including health care in the community and financial services
7. Provide adequate personal protective equipment (PPE) for people living and working in correctional settings
8. Provide free phone calls and mental health consultations for people who are incarcerated
9. Creating oversight infrastructure by requiring all facilities to submit weekly detailed testing, outcomes, and vaccinations data disaggregated by key demographic characteristics including age, gender, ethnicity, and race on public-facing dashboards, to the Department of Justice (DOJ), to the Centers for Disease Control and Prevention (CDC), and provide regular reports to Congress
10. Explicitly tie funding of COVID-19 prevention activities to a public data reporting requirement

Any funding provided to correctional health infrastructure require clear, accessible data reporting. HHS must require that continuation of funds be contingent upon receiving weekly detailed testing, outcomes, and vaccination data disaggregated by key demographic characteristics. Outcomes reporting will provide public health researchers with insight into how the pandemic is impacting people who are incarcerated. We emphasize that the COVID-19 pandemic remains ongoing and

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consistently evolving. COVID-19 transmission may decrease in the general population over the coming months. However, questions remain about reinfection risk and vaccination efficacy among people infected with novel variants. Given the uniquely heightened risk for COVID-19 acquisition in prisons, corrections departments must continue to report information on COVID-19 indefinitely.

These efforts are an important first step to preventing outbreaks in correctional settings that can spread to the surrounding communities, and we strongly call for their implementation.

Sincerely,

Lauren Brinkley-Rubinstein, PhD, University of North Carolina – Chapel Hill School of Medicine

Kathryn Nowotny, PhD, University of Miami

Rosemarie Martin, PhD, Brown University School of Public Health

Anne Spaulding, PhD, Associate Professor, Rollins School of Public Health, Emory University

Rebecca Shlafer, PhD, MPH, University of Minnesota

Alysse Wurcel, MD, Tufts Medical Center

Zinzi Bailey, ScD, MSPH, University of Miami

Faye S. Taxman, PhD, Center for Advancing Correctional Excellence, George Mason University

Josiah D. Rich, MD, MPH, Professor of Medicine and Epidemiology, Brown University

Sandra A. Springer, MD, Associate Professor of Medicine, Yale School of Medicine

Brie Williams, MD, MS, Professor of Medicine at University of California San Francisco

Monik Jimenez, ScD, SM, FAHA, Brigham and Women's Hospital/Harvard Medical School

Emily Dauria, PhD, MPH, University of California San Francisco

Diane Morse, MD, Associate Professor of Psychiatry and Medicine, University of Rochester School of Medicine

Noel Vest, Postdoctoral Fellow, Stanford University School of Medicine

Shira Shavit, MD, Transitions Clinic Network

Melissa J. Zielinski, PhD, University of Arkansas for Medical Sciences

Carrie Oser, PhD, University of Kentucky

David Rosen, PhD, MD, University of North Carolina – Chapel Hill

Marc F. Stern, MD, PhD, Correctional Physician

Michele Staton, PhD, MSW, University of Kentucky

Lisa Puglisi, MD, Assistant Professor of Medicine, Yale School of Medicine

Carolyn Sufrin, MD, PhD, Johns Hopkins School of Medicine