

April 30, 2020

Hon. Larry Hogan
Governor of Maryland
Annapolis, MD

Dear Governor Hogan:

We commend you on issuing Executive Order 20-04-18-01 establishing a policy and setting out review procedures for early release of up to 800 individuals from state prisons as a COVID-19 public health and safety measure. As we and a number of other faculty at Johns Hopkins health institutions explained in our recent letters to you, reduction in population density in prisons and jails is essential to prevent the spread of disease among incarcerated individuals, staff, and the entire state. Your executive order recognizes public health principles as the framework to for Maryland's COVID-19 response in this realm as in others.

As important as the order is, your continued leadership is needed to take additional steps to prevent the spread of COVID-19 in prisons and jails and to respond to positive cases among incarcerated and individuals and staff. Most importantly, to protect the health of incarcerated individuals, staff and the community, the pool of individuals eligible for review and potential release should be expanded to all incarcerated persons who are at medically high risk because of age or a chronic condition, regardless of the offense they committed. Like those covered by your order, the review can include public safety considerations. For the more than 1,000 older individuals in this group, the offense may have been committed decades ago and their public safety risk low.

We also believe it is important to communicate to the individuals in jails and prisons, their families, and the public of the status and results of these reviews. Weekly reports of reviews conducted and outcomes by facility would meet this need.

Second, accumulating experience with the transmission of the coronavirus, especially in closed environments like prisons and nursing homes, counsels that testing must be expanded beyond those who are symptomatic, as the CDC guidelines state. Reliance on symptoms as a predicate to testing will no longer suffice, as it is now clear that asymptomatic individuals can spread COVID-19. In Ohio, testing everyone in one facility revealed that more than 1,800 people in a prison, 73% of the population, tested positive. In North Carolina, after everyone was tested, the number of positive cases jumped from 39 to 448, more than 60% of prisoners. [The Centers for Medicare and Medicaid Services](#) now recommends testing of every new resident and patient who enters a nursing home, rather than awaiting the presence of symptoms before testing.

We believe the same rationale applies to testing both staff and incarcerated persons, whether current or newly arrived. We therefore recommend that the health services contractor be instructed direct to engage in testing with on-site collection of samples according to the following guidelines:

- a. Testing all incarcerated people and facility staff or contractors who have symptoms of COVID-19 or who have been in contact with someone who has tested positive.
- b. Testing all persons entering custody of a correctional facility, regardless of symptoms.
- c. Rapid and broad testing of those in custody in the facility in response to a case of COVID-19 in the facility.
- d. Retesting when individuals (staff or incarcerated persons) who previously tested negative subsequently develop symptoms or are identified as a contact of someone who tested positive.

We also appreciate steps Secretary Green has taken to mitigate and prevent transmission among the thousands of incarcerated individuals who will remain in correctional facilities around the state. We understand that DPSCS is working with the Maryland Department of Health and Maryland Emergency Management Agency to enhance hygiene and sanitation practices, to increase screening of staff, to waive medical co-pays, to modify mealtime arrangements, and to distribute PPE to staff and incarcerated individuals. Needless to say, as these steps are being taken, all other health services need to continue.

Other useful steps are outlined in our [March 25 letter](#). We also suggest following recommendations on medical isolation in correctional settings from the [University of California San Francisco](#).

We believe that, in the interest of transparency, sound public health, and protection of the health of incarcerated individuals, Maryland's protocols and procedures should be publicly released, and as with release reviews, progress in implementation reported weekly to the public. Similarly, we believe DPSCS and local jails should report new cases of COVID-19 to the DPSCS or county's web site within 24 hours of diagnosis so that public health and medical staff can make informed decisions regarding planning and changes to protocols. In addition, DPSCS and counties should report weekly the number of tests conducted among permanent and contracted staff and incarcerated individuals.

We again thank you for your leadership in Maryland and the country in this difficult, challenging time fighting the pandemic, and for your actions to reduce the risks of COVID-19 in prisons and jails. The additional actions set out in this letter will, we believe, amount to a further exercise of

leadership to protect the health of all people in Maryland. We stand ready to assist in whatever way we can and appreciate your consideration of these proposals.

This letter represents the views of the signatories, and does not necessarily reflect the views of the Johns Hopkins University

Sincerely,

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cc: Robert Green, Secretary of Public Safety and Correctional Services