

An open letter regarding COVID-19 and jails in Orleans Parish Louisiana,

We urgently request that the members of the New Orleans Criminal Justice Community work to reduce the population of the jail immediately, before widespread infection takes hold in the jail, and continue to reduce the number of intakes into the Orleans Justice Center over the longer course of the crisis. Once confirmed COVID-19 cases are identified inside the jail it will likely be too late to prevent a large epidemic in the jail population, and anyone working or residing there at that time will be at high risk of suffering from COVID-19. The remainder of this letter explains the rationale for this request in more detail.

A worldwide pandemic of respiratory disease caused by a new coronavirus has now been reported in more than 160 countries, including the United States. Currently no vaccine or treatment for the disease exists, and it poses incredibly serious health threats to all communities worldwide.

Transmission in the community in the New Orleans area is already occurring at among the highest rates in the United States. It is a very contagious disease and can likely be transmitted by persons who do not show symptoms, possibly by smaller respiratory droplets that remain airborne for hours and can be inhaled, or on surfaces that people touch, causing others to become infected. While the majority of cases seem to be mild, the more severe cases of disease require significant medical attention, often requiring treatment in intensive care units with the use of ventilators and often in negative air pressure rooms.

Because many people with the disease do not have severe symptoms and because symptoms take some time to arise after exposure, the presence of the virus may not be detected until it has already spread significantly in a community and severe cases begin to accumulate. Public health experts therefore recommend a package of preventative behavior changes to reduce the likelihood of transmission. These recommendations include social distancing (keeping at least six feet away from other people including those who appear well), hand and respiratory hygiene (i.e., frequent hand-washing especially after contact with high-touch objects and avoiding touching your face), cleaning of surfaces with effective sanitizing agents, quarantine for those exposed, and isolation for those who are ill.

These practices are difficult to enact or sustain in residential facilities as has been shown in several high-profile long-term care facility outbreaks. The Orleans Justice Center has similar potential for rapid transmission of the virus within the center, with potentially severe consequences in the jail.

Jails, including the Orleans Justice Center (the New Orleans jail) are places in which people are necessarily kept in close proximity to one another in small cells and open dormitories, with no possibility to practice social distancing or good hand hygiene. Sanitizing chemicals known to be effective against coronavirus, such as bleach solution, can be in short supply. Shower facilities in jails are communal and dining mainly happens in shared spaces as well. Conditions such as these are expected to facilitate rapid transmission of coronavirus. As such, once an epidemic of coronavirus is underway inside a jail, any person placed in such a facility is expected to be at high risk of acquiring the virus and transmitting it to others in the facility.

Recent rapid transmission inside long-term care facilities indicates that spread of coronavirus inside all kinds of residential institutions can be expected to occur very quickly, with attack rates (the total proportion of the group affected by the end of the epidemic) among residents and staff anticipated to

be extremely high. The recent outbreak of coronavirus in a long-term care facility in King Country Washington had attack rates of 61% in residents and 20% in staff (*McMichael et al. COVID-19 in a Long-Term Care Facility MMWR 2020*).

Long-term care facilities are, like jails, residential settings where community members often stay in close quarters and are provided for by staff who interact widely with the resident population. Incarcerated people and staff in jails are both likely to be at higher risk of contracting and transmitting the virus through the population of a facility, even when precautions against infection are taken. Risk of transmitting the virus is not necessarily higher when people (former incarcerated persons or staff) return to the community, where they and the community around them may be able to effectively practice social distancing, hand and respiratory hygiene, sanitization of surfaces, as well as self-isolation if ill or self-quarantine based on exposure. All of these measures are likely to be more challenging in a jail setting.

Jails mainly house persons who have not been convicted of any crimes, but instead are incarcerated awaiting trial. Most of these individuals are admitted to the jail briefly and return to the community over relatively short time frames. The average length of stay in jails in the United States has been estimated to be approximately 21 days with larger jails like the Orleans Justice Center experiencing shorter stays (*Minton & Sabol Jail Inmates at Midyear 2008*). The average length of stay among jail staff members is less than 12 hours. The jail population includes guards, administrators, teachers, medical staff, culinary staff and other community members and visitors who are also exposed to the high-risk transmission environment inside the jail and are intimately connected daily with their communities. Incarcerated people may seem to be a population cut off from the general un-incarcerated population, but they are not.

It is imperative to reduce any population that might be avoidably exposed to high rates of transmission of coronavirus in a high-risk residential setting. Indeed, universities across the country, including local universities such as Tulane, have emptied their dormitories for precisely this reason.

The virus is already circulating in the general public, and New Orleans has had documented evidence of community acquired coronavirus disease since at least March 9th, 2020. The precise rate of community acquisition of the disease is not known, but it is already clearly high.

In the absence of rapid and widely available testing, there is little that can be done to identify specific individuals who are infected, either staff or incarcerated individuals, other than ensuring careful symptom screening for the entire jail population, including all support staff and incarcerated people. In addition, it is important that all incarcerated persons and staff are rapidly educated on proper procedures for in-home quarantine, self-isolation, social distancing, hand and respiratory hygiene, and other best preventive practices. Social distancing and hygiene policies need to be in place to the extent possible within jails.

Jail populations also include individuals with pre-existing medical conditions, including hypertension and diabetes rates at nearly twice the level of the general population (*Maruschak & Berzofsky 2015*). As such they may also experience more severe consequences of coronavirus infection than the general population. While the average age of the people who are incarcerated at the Orleans Justice Center is likely to be slightly younger than that of the general population, the bulk of incarcerated people in the facility are estimated to be between the ages of 20 and 44, the age range with nearly the highest

number of cases identified so far in Louisiana (Louisiana Office of Public Health). Furthermore, the average age of the staff at the jail is likely higher, placing them at higher risk of severe complications of infection. The potential strain on prison medical staff and others from having to care for the severely ill, likely with limited supplies for both treatment and personal protection, and of transferring incarcerated people who are severely ill to already overburdened community hospitals, also cannot be overemphasized.

We strongly encourage the members of the New Orleans Criminal Justice Community to work to reduce the population of the jail immediately, before widespread infection takes hold in the jail. Further, we strongly encourage continuing to reduce the number of intakes into the Orleans Justice Center during this time of crisis.

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