March 27, 2020

Dear President Trump,

As Americans are engaging in social distancing to limit the spread of COVID-19, we, as public health experts and concerned citizens, write to urge you to use your discretion to allow for the same to occur in federal prisons and immigration detention centers. These facilities contain high concentrations of people in close proximity and are breeding grounds for the uncontrolled transmission of SARS-CoV-2, the virus that causes COVID-19. The conditions in federal prisons and immigration detention centers present significant health risks to the people housed in them, the correctional officers, health care professionals, and others who work in them, and to the community as a whole.

The COVID-19 pandemic requires a strategic response based on the conditions we know to exist and the interventions we know to effectively limit transmission. We know that the COVID-19 virus transmits rapidly in densely populated spaces, which is why the CDC recommends that people keep at least six feet away from each other and avoid gatherings of more than ten people. Responding to the virus also requires an ability to keep sick people from well people and to treat those who have been exposed without endangering others.

This has been difficult to accomplish in our society generally, but is impossible to achieve in our federal prisons and immigration facilities as things currently stand. More than 221,000 people are incarcerated in federal prisons and 50,000 adults and children in immigrant detention centers. These people are housed cheek-by-jowl, in tightly-packed and poorly-ventilated dormitories; they share toilets, showers, and sinks; they wash their bedsheets and clothes infrequently; and often lack access to basic personal hygiene items. These facilities lack the ability to separate sick people from well people and to quarantine those who have been exposed. They are tinderboxes, ready to explode and endanger our entire country. Adequate medical care is hard to provide, even without COVID-19.

Concern over the people detained in these facilities should be sufficient to spur you to action, but they are not nearly the only people who stand to suffer if conditions are not changed: it is likely that an outbreak in a prison or detention center will spread beyond that facility. Through “jail churn” staff, correctional officers, judges, doctors, and visitors will all be exposed to COVID-19 in these facilities and will carry and spread it in the community at large. Facilities face the same risks as cruise ships and nursing homes when dealing with COVID-19.

First, we ask that you commute sentences for all elderly people. While the SARS-CoV-2 virus infects people of all ages, the World Health Organization (WHO) is clear that older people are at a higher risk of getting severe COVID-19 disease and dying. In fact, the risk of severe disease gradually increases with age starting from around 40 years. Also, older people who are released from prison pose little risk to public safety.

Second, we are also asking that you commute sentences for the medically vulnerable population including persons suffering from cardiovascular disease, diabetes, chronic
respiratory disease, or cancer. In addition to older people, WHO has identified persons with these underlying medical conditions to be at greater risk for contracting severe COVID-19. While there is little known yet about the effects of COVID-19 on pregnant women, the CDC explains that with viruses from the same family as COVID-19, and other viral respiratory infections such as influenza, pregnant women have had a higher risk of developing severe illness.

Third, we are asking that you commute sentences for all persons who have one year or less remaining on their sentence. This measure will limit overcrowding that can lead to further spread of COVID-19 and free up beds that will be needed to care for the sick who should be housed separate from others.

Fourth, release all persons, adults and children, detained in an immigration facility. This includes using discretionary power to release all immigration detainees on parole, or using alternatives to detention methods. Detained adults and children have been held for days, weeks, or even months in cramped cells, sometimes with no access to soap, toothpaste, or places to wash their hands or shower. These conditions have led to outbreaks of other contagious diseases such as flu, lice, chicken pox, and scabies and are ripe for an outbreak of COVID-19. U.S. border policies create further risk. Immigrants who have been forced to stay in makeshift camps in Mexico due to the administration’s Remain in Mexico policy are also facing health risks from living in overcrowded conditions without adequate hygiene or health care making them susceptible to outbreaks of contagious diseases.

Lastly, suspend new detentions of suspected non-citizens. Increased interior enforcement by ICE, including violent raids and arrests, has presented unique risks of COVID-19 for immigrant communities. Immigrant families may avoid going to the hospital or seeking necessary medical attention out of fear of detection by ICE. Immigrants may also decline to self quarantine out of fear that ICE will find them and arrest them in their own home. Interior enforcement has continued to increase even during the COVID-19 pandemic.

Respectfully,

*All academic institutions are listed for identification purposes only*

Sandro Galea, MD, DrPH
Dean, Boston University School of Public Health

Chris Beyrer MD, MPH
Desmond M. Tutu Professor, Dept. of Epidemiology, Johns Hopkins Bloomberg School of Public Health

Gavin Yamey, MD, MPH  Professor of the Practice of Global Health and Public Policy, Director, Center for Policy Impact in Global Health, Associate Director for Policy, Duke Global Health Institute

Rachael Bedard, MD
Senior Director, Geriatrics and Complex Care Services, Correctional Health Services

**Sarah Kimball, MD**  
Co-Director, Immigrant & Refugee Health Center, Boston Medical Center

**Alan Shapiro, MD**  
Senior Medical Director, Community Pediatric Programs and Assistant Clinical Professor of Pediatrics, Montefiore and Albert Einstein College of Medicine; Co-Founder and Medical Director, Terra Firma: Healthcare and Justice for Immigrant Children

**Ellen Lawton, JD**  
Director, National Center for Medical-Legal Partnership, Milken Institute School of Public Health, George Washington University

**Steven Markowitz MD, DrPH**  
Professor and Director, Barry Commoner Center for Health and the Environment, City University of New York

**Megan Murray, MD, ScD**  
Professor of Global Health and Social Medicine, Harvard Medical School

**Ricky Bluthenthal, PhD**  
Professor, Preventive Medicine, Institute for Health Promotion and Disease Prevention Research, Associate Dean for Social Justice, Keck School of Medicine, University of Southern California

**Charles Branas, PhD**  
Professor of Epidemiology, Chair, Department of Epidemiology, Columbia University Mailman School of Public Health

**Scott A. Allen, MD**  
Professor Emeritus, UC Riverside School of Medicine

**Beth Linas, PhD, MHS**  
Infectious Disease Epidemiologist

**Alex H Kral, PhD**  
Distinguished Fellow, RTI International

**Jeffrey Fagan, PhD.**  
Sulzbacher Professor of Law and Professor of Epidemiology, Columbia University

**Wajdy L. Hailoo, MD, MSc, DIH, FCOEM, FCCP**  
Professor, President, Med. Services of America

**Leo Beletsky, JD, MPH**
Professor of Law and Health Sciences, Northeastern University; Associate Adjunct Professor, UCSD School of Medicine

Kimberly Sue, MD, PhD
Medical Director, Harm Reduction Coalition

Steffanie Strathdee, PhD
Associate Dean Global Health, Harold Simon Professor, UC San Diego

Ellen Eaton, MD MSPH
Assistant Professor, University of Alabama at Birmingham School of Medicine

M. Barton Laws, PhD
Associate Professor Health Service, Policy and Practice, Brown University School of Public Health

Liz Tobin-Tyler, JD, MA
Assistant Professor of Family Medicine and Health Services Policy and Practice, Brown University

Brad Brockmann, JD, MDiv
Assistant Professor of the Practice, Dept. of Health Services, Policy and Practice, Brown University School of Public Health

Seth J. Prins, PhD, MPH
Assistant Professor of Epidemiology and Sociomedical Sciences, Columbia University Mailman School of Public Health

Kimberly Miller, PhD, MPH
Assistant Professor of Preventive Medicine, Keck School of Medicine of the University of Southern California

Tala Al-Rousan, MD, MPH
Assistant Professor of Medicine, Division of Infectious Diseases and Global Public Health

Morgan Philbin PhD MHS
Assistant Professor, Columbia University Mailman School of Public Health

Jennifer Toller Erausquin, PhD, MPH
Assistant Professor of Public Health, UNC Greensboro

Rebecca Shlafer, PhD, MPH
Assistant Professor, University of Minnesota Medical School

Sandra A. Springer, MD
Associate Professor of Medicine, Yale School of Medicine, Department of Internal Medicine, Section of Infectious Disease

Kinna Thakarar, DO MPH
Assistant Professor of Medicine, Maine Medical Center

Pia M. Mauro, PhD
Assistant Professor of Epidemiology, Columbia University Mailman School of Public Health

Rachel Hardeman PhD, MPH
Assistant Professor of Health Services Research, University of Minnesota School of Public Health

Matthew Murphy, MD, MPH
Assistant Professor, Department of Medicine, Warren Alpert School of Medicine

Lewis Pepper, MD, MPH
Research Professor Retired, Queens College, City University of New York

Mady Hornig, MA, MD
Associate Professor of Epidemiology/Columbia University Mailman School of Public Health

Susan Richman, MD, MSc
Faculty, NYU School of Medicine

Sarah Dalglish, PhD
Associate, Johns Hopkins School of Public Health

David Hoos, MD, MPH
Senior Staff, Columbia University Mailman School of Public Health

Alysse Wurcel MD
Assistant Professor Tufts University School of Medicine, Infectious Diseases doctor in 6 MA jails

Julia Marcus, PhD, MPH
Assistant Professor, Department of Population Medicine, Harvard Medical School

Andrea Low, MD, PhD
Assistant Professor of Epidemiology, Columbia University Mailman School of Public Health

Maureen Miller, PhD
Senior Epidemiologist, Columbia University Mailman School of Public Health

Kavita Rajasekhar, MD MPH
Assistant Research Professor, Barry Commoner Center for Health and the Environment

Elana Rosenthal, MD
Assistant Professor, Infectious Disease Physician