

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS**

ANTHONY BAEZ, JONATHAN BERMUDEZ, JERMAINE GONSALVES, and DEDRICK LINDSEY on behalf of themselves and all others similarly situated;	)	
	)	
	)	
	)	
	)	Case No. 1:20-cv-10753
Plaintiffs-Petitioners,	)	
	)	
v.	)	
	)	
ANTONE MONIZ, SUPERINTENDENT OF THE PLYMOUTH COUNTY CORRECTIONAL FACILITY, in his official capacity;	)	
	)	
	)	
Defendant-Respondent.	)	
	)	
	)	

**PETITIONERS’ SUPPLEMENTAL MEMORANDUM**

Petitioners Anthony Baez, Jonathan Bermudez, Jermaine Gonsalves, and Derick Lindsey (“Petitioners”), on behalf of themselves and all others similarly situated, submit this memorandum regarding the conditions at Plymouth County Correctional Facility (“PCCF”) as of May 7, 2020. Despite claims made in Respondent’s Response to the Court’s Order Dated May 1, 2020 (the “Response”) (ECF #54), Respondent’s conduct is insufficient to comply with CDC guidelines regarding COVID-19 and the situation at PCCF is largely status quo.<sup>1</sup>

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<sup>1</sup> Respondent’s testing procedures are counter to the guidance issued by the CDC, which states that “data indicate that symptom screening alone is inadequate to promptly identify and isolate infected persons in congregate settings such as correctional and detention facilities.” *See* Exhibit G -- *COVID-19 in Correctional and Detention Facilities* (May 6, 2020). According to the CDC, “[a]dditional strategies, including physical distancing, movement restrictions, use of cloth face coverings, intensified cleaning, infection control training for staff members, and disinfection of high-touch surfaces in shared spaces are recommended to prevent and manage spread within correctional and detention facilities.” *Id.* It is clear from the CDC’s guidance that PCCF must do more than test only *after* a person has presented with symptoms.

Petitioners submit the following affidavits by individuals held on federal matters at PCCF:

1. Second Affidavit of Jane Peachy, Esq. on behalf of Jonathan Bermudez (Exhibit A)
2. Second Affidavit of Jessica Thrall, Esq. on behalf of Dedrick Lindsey (Exhibit B)
3. Affidavit of Attorney Keith Halpern on behalf of Jermaine Gonsalves (Exhibit C)
4. Affidavit of Saraa Basaria, Esq. on behalf of Anthony Baez (Exhibit D)
5. Affidavit of Emily Schulman, Esq. on behalf of Humberto Colon Martinez (Exhibit E)
6. Affidavit of Attorney Keith Halpern on behalf of Roosevelt Wilkins (Exhibit F)

A brief summary of some of the issues addressed in the affidavits is set forth below.

#### Housing Arrangements

Each of the individuals who have had affidavit submitted on their behalf have described failures by PCCF to promote social distancing and good hygiene. Petitioner Baez notes that he is in a cell with two other people. *See* Exhibit (“Ex.”) D at ¶3. Petitioner Lindsey continues to be housed in a dormitory unit in which the beds are directly next to each other. *See* Ex. B at ¶3.

#### Meals

Despite Respondent’s vague claim that detainees have been provided “significant opportunity for each detainee to eat six feet from the others” (Response at 2), Petitioners and other detainees have stated that there has been “no change” in the manner in which detainees are provided meals. *See* Ex. C at ¶4. Detainees sit next to each other for meals and there are often several detainees at one table. *See* Ex. A at ¶3, Ex. C at ¶4, Ex. D at ¶4, Ex. E at ¶6, Ex. F at ¶4. PCCF has not encouraged social distancing during mealtime by blocking off sections of tables so fewer individuals may occupy each table, nor have PCCF guards asked detainees to sit further apart from each other during mealtime. *Id.* Detainees stand in line for meals “right next to each

other,” and are not asked to and do not stand six feet apart while waiting for meals. *See* Ex. A at ¶4, Ex. B at ¶5, Ex. C at ¶4, Ex. D at ¶4, Ex. E at ¶6, Ex. F at ¶4. Detainees do not wear masks while in line for meals and, in many units, the inmate workers who are serving meals do not wear masks. *Id.* Petitioner Bermudez is so concerned about this practice that he has refused meals and is eating very little. *See* Ex. A at ¶4.

#### Recreation

Respondent’s Response also states that detainees have been provided “significant opportunity for each detainee to recreate six feet from the others.” *See* Response at 2-3. However, recreation areas contain as many as 36 detainees, and an unknown number of guards, at one time. *See* Ex. A at ¶5. PCCF has not suspended activities that require multiple people sharing the same touched surface, such as basketball and handball. *See* Ex. A at ¶5, Ex. B at ¶6, Ex. C at ¶5, Ex. D at ¶5, Ex. E at ¶7, Ex. F at ¶5. Detainees and most guards do not wear masks in the recreation area and individuals are not asked to and do not stand six feet apart from one another in the recreation area. *Id.*

Many detainees use the telephones during their recreation time. The telephones are located close together – in some units, only two feet apart – and the detainees have not been asked to and do not socially distance in the telephone area. *See* Ex. B at ¶7, Ex. D at ¶6, Ex. E at ¶8. The telephones are not cleaned between uses. *Id.*

#### Face Masks

Respondent’s claims regarding the distribution and instructions regarding the use of masks is directly contradicted by the firsthand accounts of those incarcerated at PCCF. According to the Response, Respondent has issued at least four masks to each of the detainees and detainees were “encouraged to wear their masks while out of their cell.” *See* Response at 3. However, Petitioner Bermudez was told “to only wear his mask when he is leaving the unit or if

he is getting his medication.” *See* Ex. A at ¶9. Petitioner Gonsalves has only been issued one mask. *See* Ex. C at ¶6. Mr. Martinez has only been given two masks and was not given any instructions on when he should use his mask. *See* Ex. E. at 4. Mr. Wilkins was only given one mask. *See* Ex. F at ¶6. Respondent has claimed that it “requir[es] employees to wear masks whenever they are within six feet of another person.” *See* Response at 3. However, detainees have noted that many guards do not wear masks. *See* Ex. A at ¶10, Ex. B at ¶10, Ex. C at ¶7, Ex. D at ¶4-5, Ex. E at ¶5, Ex. F at ¶7.

#### Cleaning and Hygiene

Respondent’s claim regarding hand sanitizer is a misstatement, at best. *See* Response at 4. Respondent has claimed that there is “hand sanitizer on the dayroom wall of each housing unit.” *Id.* This would lead the Court to believe that the hand sanitizer described is a substance that would aid in sanitization. However, the “hand sanitizer” described cannot be reasonably classified as such because the substance contains *no alcohol*. *See* Ex. A at ¶17, Ex. B at ¶15, Ex. D at ¶11, Ex. E at ¶9. Further, Respondent has not provided hand sanitizer to all detainees. *See* Ex. C at ¶9.

Further, it is uncontroverted that PCCF continues to provide detainees with one bar of soap and one roll of toilet paper per week. In some circumstances, detainees will be provided with more soap or toilet paper upon request, but that lies in the discretion of the guard from whom it was requested. *See* Ex. A at ¶15-16, Ex. B at ¶14, Ex. C at ¶9, Ex. D at ¶10, Ex. E at ¶11.

Respectfully submitted,

/s/ Daniel Cloherty

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*Attorneys for Anthony Baez, Jonathan  
Bermudez, Jermaine Gonsalves, and  
Dedrick Lindsey and the proposed class*

Dated: May 7, 2020

**CERTIFICATE OF SERVICE**

I, Daniel J. Cloherty, counsel for Petitioners, hereby certify that this document has been filed through the ECF system and will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF).

/s/ Daniel J. Cloherty

Daniel J. Cloherty

# **EXHIBIT A**



two, three and four to a table. They are eating their meals within three to four feet of each other. There are no seats at the tables marked off to indicate that less than four people should occupy each table.

4. Half of Mr. Bermudez's unit – about 36 people – stand in line for meals at once. Inmates stand right next to each other while waiting in line for food. They do not stand six feet apart. Inmates and guards do not wear masks when inmates are in line for meals. Inmate workers, who are serving the food, do not wear masks. He is eating very little, and have refused meals, because he is afraid to get sick, because the inmate workers who are serving food are not wearing masks. He asked a guard why the inmate works who were serving food were not wearing masks and he was told that they do not have to wear masks.

5. Inmates in Mr. Bermudez's unit are also not able to practice social distancing during their recreation time. There are approximately 36 people at a time (half of Mr. Bermudez's unit) in the recreation area. Guards and inmates do not wear masks in the recreation area. PCCF has not cancelled activities that involve touching the same ball, such as basketball and handball, and inmates do not wear gloves while playing basketball or handball. Guards do not ask inmates to stay six feet away from each other during recreation time.

6. There is only one set of phones in the unit, which are about 2.5 feet apart. Inmates and guards are not wearing masks while inmates are in line to use the phones. The phones are not consistently sanitized. Sometimes Mr. Bermudez takes some of the hand sanitizer on the unit to wipe the phone down before he uses it.

7. Mr. Bermudez was not given any instructions when he received his masks. Mr. Bermudez's mask is a paper hospital mask. It is a long rectangle shape with two elastics that go over his ears to hold it in place. There is a piece of metal in the mask that can be molded over the



nose.

8. Mr. Bermudez was not given instructions on how many times he could use the mask. He was not told he could get another mask upon request and was not given any instructions regarding cleaning the mask.

9. Mr. Bermudez has only worn his mask once, which was when he left the unit to appear on video for court. Mr. Bermudez was told to only wear his mask when he is leaving the unit or if he is getting his medication.

10. Most guards do not wear masks. Some guards wear masks when "doing rounds." The guards do not wear masks when they are in the "bubble," which is the tall desk in the unit where the guards sit. Some guards wear the same masks the inmates were given, and others wear masks they have brought from home.

11. Mr. Bermudez and other inmates in his unit were not given gloves. They were told only inmate workers can receive rubber or latex gloves. He was told inmates can request paper gloves.

12. Masks and gloves are not available for purchase in the commissary.

13. Mr. Bermudez has heard a guard coughing several times. He does not know whether the guard has been tested for COVID-19.

14. Mr. Bermudez has observed the door handles in the unit be cleaned once in a while by an inmate worker. He has not been given any instructions by guards regarding cleaning his living area, how frequently it should be cleaned and which supplies to use to clean the area.

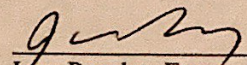
15. Mr. Bermudez and others in his unit receive one bar of soap per week. He has asked for more soap and has been told everyone receives one bar of soap per week. There is no liquid soap available.

16. Mr. Bermudez and others in his unit are given one roll of toilet paper per week.

17. There is one hand sanitizer dispenser in the unit. He has not seen it be refilled. The bottle notes that it is "alcohol free." Mr. Bermudez has been told by guards that hand sanitizer was previously not allowed in the unit because it contains alcohol.

18. There is tape six feet around the bubble where the guards sit that is meant to keep the inmates a certain distance from the guards. The inmates still go right up to the desk. There is no tape marking six feet anywhere else in the unit.

Signed under the penalties of perjury this 6<sup>th</sup> day of May, 2020.

  
\_\_\_\_\_  
Jane Peachy, Esq.

# **EXHIBIT B**



apart.

4. Mr. Lindsey told me that social distancing is still not occurring at PCCF. Inmates in Mr. Lindsey's unit are eating their meals within arms' length of each other.

5. Mr. Lindsey informed that his unit, which when we spoke last had 6-8 inmates now has 14. All fourteen of the inmates in Mr. Lindsey's unit stand in line for meals at once. Inmates stand right next to each other while waiting in line for food. They do not stand six feet apart. Inmates and guards do not wear masks when inmates are in line for meals. Inmate workers, who are serving the food, do not wear masks.

6. Inmates in Mr. Lindsey's unit are also not able to practice social distancing during their recreation time. Many guards and inmates do not wear masks in the recreation area and the practice of wearing masks is not enforced.

7. There is only one set of phones in the unit, which are three to four feet apart. If all of the phones are being used, it is impossible for inmates to stand six feet apart from each other.

8. Mr. Lindsey has been given four masks. Mr. Lindsey's mask is a paper hospital mask. There is a piece of metal in the mask that can be molded over the nose.

9. Mr. Lindsey was not given instructions on how many times he could use the mask. He was not told he could get another mask upon request and was not given any instructions regarding cleaning the mask.

10. Some of the guards wear masks. There is no consistency. Each guard makes their own choice as to whether to wear a mask. Some guards wear masks they have brought from home.

11. Mr. Lindsey and other inmates in his unit were not given gloves.

12. Masks are not available for purchase in the commissary.

13. Mr. Lindsey inquired whether he could be tested for COVID-19 and was told that he

could only get his temperature checked.

14. Mr. Lindsey and others in his unit receive one bar of soap per week. He has asked for more soap and has occasionally received more soap.

15. There is one hand sanitizer dispenser in the unit. The bottle notes that it does not contain alcohol.

Signed under the penalties of perjury this \_\_\_<sup>7th</sup> day of May, 2020.



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Jessica Thrall, Esq.

# **EXHIBIT C**

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

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ANTHONY BAEZ et al.

CIVIL NO. 20-10753-LTS

v.

ANTONE MONIZ

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**AFFIDAVIT OF ATTORNEY KEITH HALPERN**

I, Keith Halpern, do hereby swear and depose as follows:

1. I am counsel for the plaintiff Jermaine Gonsalves in his pending criminal case.
2. I spoke with Mr. Gonsalves on May 4, 2020, and this affidavit accurately relates information stated by Mr. Gonsalves.
3. Mr. Gonsalves stated that he is housed in a single cell.
4. Mr. Gonsalves stated that there has been no change in the manner in which inmates are provided meals. He sits at a table that seats eight. Inmates sit next to one another. The space does not permit inmates to sit 6' apart.
5. Mr. Gonsalves stated that there has been no change in the arrangements for recreation. Inmates cannot participate in recreation while 6' apart from one another, as the space and equipment does not permit it.
6. Mr. Gonsalves stated that he and other inmates have been issued one mask, which is to last for one week. Inmates are not required to wear masks, and very few do.
7. Mr. Gonsalves stated that a small percentage of correctional officers wear masks.
8. Mr. Gonsalves stated that he does not know any inmate tested for COVID-19, and that no staff person has talked to him about the possibility of being tested.
9. Mr. Gonsalves stated that there has been no change in the policies concerning cleaning

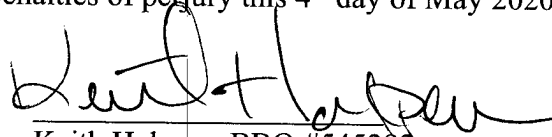


products. Inmates are issued one bar of soap, to last one week. Hand sanitizer is not available.

10. Mr. Gonsalves stated that he has not observed any change in the cleaning of the jail, and that it remains very dirty.

11. Mr. Gonsalves stated that he has heard that a correctional officer tested positive recently, but he has not been told what unit this correctional officer worked on, and that as far as he is aware, no inmates have been told of the unit, and there has been no effort to test inmates in any particular unit.

Signed and sworn to under the pains and penalties of perjury this 4<sup>th</sup> day of May 2020.



Keith Halpern, BBO #545282  
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# **EXHIBIT D**

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS**

ANTHONY BAEZ, JONATHAN BERMUDEZ, JERMAINE GONSALVES, and DEDRICK LINDSEY on behalf of themselves and all others similarly situated;	)	
	)	
Plaintiffs-Petitioners,	)	Case No. 1:20-cv-10753
	)	
v.	)	
	)	
ANTONE MONIZ, SUPERINTENDENT OF THE PLYMOUTH COUNTY CORRECTIONAL FACILITY, in his official capacity;	)	
	)	
Defendant-Respondent.	)	
	)	
	)	
	)	
	)	

**AFFIDAVIT OF SARA A BASARIA, ESQ.**

I, Saraa Basaria, attest:

1. My name is Saraa Basaria. I am an attorney at Todd & Weld LLP. I represent Petitioner Anthony Baez in a pending civil matter, *Baez, et al. v. Moniz*, Civil Action No. 1:20-CV-10753-LTS.
2. I spoke to Mr. Baez by phone on May 7, 2020. The following is the information he relayed to me about the conditions at Plymouth County Correctional Facility (“PCCF”) as of May 7, 2020. I affirm that the following paragraphs of this Affidavit accurately state what Mr. Baez told me during this conversation.
3. Mr. Baez resides in a cell with two other people. The five-person cell was occupied until recently when two of the individuals were released for matters unrelated to the above-mentioned

petition. Mr. Baez is not able to be six feet apart from his cell mates.

4. Mr. Baez eats his meals with half of his unit in the common area. Multiple detainees sit at the same table at once and the guards do not ask detainees to leave open spaces at tables. Some people are eating elbow to elbow. Half of the unit, approximately 36 people, line up at once for meals. Detainees are in line right next to each other and are not asked to and do not stand six feet apart. Detainees do not wear masks while in line for their meals. Many guards do not wear masks when detainees are eating meals.

5. Mr. Baez recreates in the common recreation area. Many guards and inmates do not wear masks in the recreation area and the practice of wearing masks is not enforced. Detainees continue to play sports that require contact with the same surfaces as other detainees, such as basketball and handball.

6. There is one set of phones in the unit, which are three to four feet apart. If all of the phones are being used, it is impossible for inmates to stand six feet apart from each other. Telephones are not cleaned between uses by detainees.

7. Mr. Baez has been given three masks. Mr. Baez's mask is a paper hospital mask. It is a long rectangle shape with two elastics that go over his ears to hold it in place. There is a piece of metal in the mask that can be molded over the nose.

8. Mr. Baez was not given instructions on how many times he could use the mask. He was told to wear his mask if he leaves the unit for video court or to go to the infirmary.

9. Mr. Baez knows of detainees who have asked for new masks and were told that they could only get one mask per week. Masks are not available for purchase in the commissary.

10. Mr. Baez and others in his unit receive one bar of soap per week. He has asked for more soap and was told by a guard that there was no more soap available. He is given one roll of toilet

paper per week. He is sometimes able to get more, but it is inconsistent.

11. There is one hand sanitizer dispenser in the unit. He read the bottle and it states that it does not contain alcohol.

Signed under the penalties of perjury this 7<sup>th</sup> day of May, 2020.



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Saraa Basaria, Esq.

# **EXHIBIT E**

1. I represent Humberto Colon Martinez in a pending criminal case in the District of Massachusetts, Docket No. CR-19-10187-NMG. Mr. Martinez is currently a federal pretrial detainee in the Plymouth County Correctional Facility (“Plymouth”). He is currently housed in Unit H-3 along with other federal detainees. When I spoke with Mr. Martinez on May 6, 2020, he relayed the following information to me about his confinement at Plymouth.
2. Plymouth officials have not educated Mr. Martinez about the risks of COVID-19; the modes by which it is transmitted, its symptoms; the meaning or importance of social distancing, the importance of proper hand hygiene or what that consists of; or the importance, longevity or proper use of face masks.
3. During the week of April 27, 2020, two small signs related to COVID-19 and hygiene were posted in the common area of his Unit. No explanation was given for these signs, nor were detainees directed to read and follow them. Shortly after that, Mr. Martinez was moved from a shared cell to a single cell in H-3.
4. Mr. Martinez was given a face mask on two occasions in April – once toward the beginning and the other toward the end of the month. He was not educated in any way about why he (and others) should wear a face mask, when he should use it, how to use it properly, or how long his face mask would remain effective. He was not told that consistent use of face masks by detainees and staff alike would help mitigate the spread of COVID-19. He was never told that he could receive an additional or replacement mask upon request.
5. Face masks are used inconsistently at best by both staff and detainees alike. Far more often than not, Plymouth correctional officers and federal detainees do not wear face masks. The correctional officers do not promote the use of face masks among federal detainees.
6. Mr. Martinez’s Unit eats in two shifts, with approximately 35 detainees in each shift. There is virtually no social distancing among the detainees during mealtimes or while waiting in line for food. Plymouth correctional officers and staff do not promote social distancing among detainees during mealtime. Plymouth correctional officers and detainees, including those serving the food, typically do not wear face masks during meal times.
7. Mr. Martinez’s Unit has split shifts for recreation time, with approximately 35 detainees in each shift. There is virtually no social distancing among detainees during recreation periods, and it would be very challenging to maintain social distance throughout the recreation period. Basketball and other contact activities are still taking place during recreation time. Plymouth correctional officers and staff do not promote social distancing among detainees during recreation periods. Plymouth correctional officer and detainees typically do not wear face masks during recreation periods.

8. The telephones in the Unit are located in close proximity to one another and detainees stand virtually shoulder-to-shoulder when making calls. It is impossible to socially distance from other detainees when using the telephones and Plymouth correctional officers and staff do not promote social distancing among detainees who are using the telephones. Most detainees do not wear face masks when using the telephones, and they are not cleaned or disinfected between use.
9. During the week of April 27, 2020, a dispenser containing a liquid sanitizer was placed in the common area of the Unit, opposite from where the telephones are located. Mr. Martinez has heard from other inmates that the alcohol content of this liquid sanitizer is too low to protect against COVID-19, but he has no first-hand knowledge of its actual alcohol content.
10. Mr. Martinez reports that he can ask the correctional officers for cleaning supplies to clean his cell once daily. Gloves are not provided to him when he cleans, nor has he been instructed on how best to clean his cell to reduce the risk of COVID-19. He reports that the Unit's common area is cleaned twice daily, the same frequency with which it was cleaned before the pandemic.
11. Mr. Martinez receives one bar of soap and one roll of toilet paper weekly. He has never been told that more is available to him upon request. To the contrary, Mr. Martinez has repeatedly heard correctional officers direct detainees not to complain about the provisions they receive or their conditions of confinement and has heard officers threaten to put detainees in the "hole" if they continue to do so.

Signed under penalties of perjury this 7<sup>th</sup> day of May 2020.

/s/ Emily R. Schulman  
Emily R. Schulman



# **EXHIBIT F**

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

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ANTHONY BAEZ et al.

CIVIL NO. 20-10753-LTS

v.

ANTONE MONIZ

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**AFFIDAVIT OF ATTORNEY KEITH HALPERN**

I, Keith Halpern, do hereby swear and depose as follows:

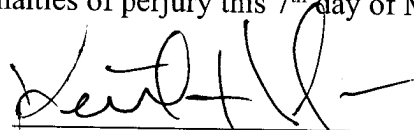
1. I am counsel for Roosevelt Wilkins, a federal pretrial detainee at Plymouth, in action 19-CR-10401-RGS.
2. I spoke with Mr. Wilkins on May 7, 2020, and this affidavit accurately relates information stated by Mr. Wilkins.
3. Mr. Wilkins stated that he is housed in a single cell.
4. Mr. Wilkins stated that there has been no change in the manner in which inmates are provided meals. He sits at a large table with other inmates, all sitting next to one another. The space does not permit inmates to sit 6' apart, and there is no effort to create more space.
5. Mr. Wilkins stated that there has been no change in the arrangements for recreation. Inmates cannot participate in recreation while 6' apart from one another, as the space and equipment does not permit it.
6. Mr. Wilkins stated that he was issued one mask about two weeks ago, and that the same is true for other inmates in his unit. Since then, none have received another mask. As we spoke on the phone, Mr. Wilkins counted 25 inmates that he could see and stated that none were wearing a mask. He stated that he, and others, would wear a mask if provided with a clean mask.
7. Mr. Wilkins stated that almost no correctional officers wear masks. As we spoke on the

phone, Mr. Wilkins counted 8 COs that he could see and stated that only one was wearing a mask, consisting of a bandana.

8. Mr. Wilkins stated that he believes that one inmate on his unit tested positive for COVID-19 shortly after his arrival, that this inmate was removed from the unit for 7-10 days, and then returned to the unit.

9. Mr. Wilkins stated that as he spoke on the phone, there were many inmates using phones, with COs standing near them, sitting and standing next to one another, everyone within arm's length of at least two people.

Signed and sworn to under the pains and penalties of perjury this 7<sup>th</sup> day of May 2020.



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(617) 722-9952

# **EXHIBIT G**



# Morbidity and Mortality Weekly Report (MMWR)

Early Release / May 6, 2020 / 69

**Please note:** This report has been corrected.

Megan Wallace, DrPH<sup>1,2\*</sup>; Liesl Hagan, MPH<sup>1\*</sup>; Kathryn G. Curran, PhD<sup>1</sup>; Samantha P. Williams, PhD<sup>1</sup>; Senad Handanagic, MD<sup>1</sup>; Adam Bjork, PhD<sup>1</sup>; Sherri L. Davidson, PhD<sup>3</sup>; Robert T. Lawrence, MD<sup>4</sup>; Joseph McLaughlin, MD<sup>5</sup>; Marilee Butterfield<sup>6</sup>; Allison E. James, DVM<sup>2,7</sup>; Naveen Patil, MD<sup>7</sup>; Kimberley Lucas, MPH<sup>8</sup>; Justine Hutchinson, PhD<sup>8</sup>; Lynn Sosa, MD<sup>9</sup>; Amanda Jara, DVM<sup>10</sup>; Phillip Griffin<sup>11</sup>; Sean Simonson, MPH<sup>12</sup>; Catherine M. Brown, DVM<sup>13</sup>; Stephanie Smoyer<sup>14</sup>; Meghan Weinberg, PhD<sup>15</sup>; Brittany Pattee, MPH, MN<sup>16</sup>; Molly Howell, MPH<sup>17</sup>; Matthew Donahue, MD<sup>2,18</sup>; Soliman Hesham, MD<sup>19</sup>; Ellen Shelley, DNP<sup>19</sup>; Grace Philips, JD<sup>20</sup>; David Selvage, MHS<sup>21</sup>; E. Michele Staley, MA<sup>22</sup>; Anthony Lee<sup>23</sup>; Mike Mannell, MPH<sup>23</sup>; Orion McCotter<sup>24</sup>; Raul Villalobos, MD<sup>25</sup>; Linda Bell, MD<sup>26</sup>; Abdoulaye Diedhiou, MD<sup>26</sup>; Dustin Ortbahn, MPH<sup>27</sup>; Joshua L. Clayton, PhD<sup>27</sup>; Kelsey Sanders, MPH<sup>28</sup>; Hannah Cranford, MPH<sup>29</sup>; Bree Barbeau, MPH<sup>30</sup>; Katherine G. McCombs, MPH<sup>31</sup>; Caroline Holsinger, DrPH<sup>31</sup>; Natalie A. Kwit, DVM<sup>32</sup>; Julia C. Pringle, PhD<sup>2,32</sup>; Sara Kariko, MD<sup>33</sup>; Lara Strick, MD<sup>33</sup>; Matt Allord, JD<sup>34</sup>; Courtney Tillman, MPH<sup>35</sup>; Mariel Marlow, PhD<sup>1</sup> ([View author affiliations](#))

[View suggested citation](#)

## Summary

### What is already known about this topic?

Correctional and detention facilities face challenges in controlling the spread of infectious diseases because of crowded, shared environments and potential introductions by staff members and new intakes.

### What is added by this report?

Among 37 jurisdictions reporting, 32 (86%) reported at least one confirmed COVID-19 case among incarcerated or detained persons or staff members, across 420 correctional and detention facilities. As of April 21, 2020, 4,893 cases and 88 deaths among incarcerated and detained persons and 2,778 cases and 15 deaths among staff members have been reported.

### What are the implications for public health practice?

Prompt identification of persons with COVID-19 and consistent application of prevention measures within correctional and detention facilities are critical to protecting incarcerated or detained persons, staff members, and the communities to which they return.

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## COVID-19 CAN SPREAD QUICKLY IN CORRECTIONAL AND DETENTION FACILITIES

**Strategies to stop the spread include:**

- 1 Regular symptom screenings
- 2 Isolating people with symptoms
- 3 Physical distancing
- 4 Intensified cleaning
- 5 Infection control training
- 6 Disinfection of high-touch surfaces
- 7 Cloth face coverings

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An estimated 2.1 million U.S. adults are housed within approximately 5,000 correctional and detention facilities<sup>†</sup> on any given day (1). Many facilities face significant challenges in controlling the spread of highly infectious pathogens such as SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). Such challenges include crowded dormitories, shared lavatories, limited medical and isolation resources, daily entry and exit of staff members and visitors, continual introduction of newly incarcerated or detained persons, and transport of incarcerated or detained persons in multiperson vehicles for court-related, medical, or security reasons (2,3). During April 22–28, 2020, aggregate data on COVID-19 cases were reported to CDC by 37 of 54 state and territorial health department jurisdictions. Thirty-two (86%) jurisdictions reported at least one laboratory-confirmed case from a total of 420 correctional and detention facilities. Among these facilities, COVID-19 was diagnosed in 4,893 incarcerated or detained persons and 2,778 facility staff members, resulting in 88 deaths in incarcerated or detained persons and 15 deaths among staff members. Prompt identification of COVID-19 cases and consistent application of prevention measures, such as symptom screening and quarantine, are critical to protecting incarcerated and detained persons and staff members.

To estimate the prevalence of COVID-19 in U.S. correctional and detention facilities, CDC requested aggregate surveillance data from 54 state and territorial health department jurisdictions. Data were provided to CDC during April 22–28, 2020 and included laboratory-confirmed cases identified and reported to jurisdictions during January 21–April 21, 2020. Requested data elements included 1) the number of facilities that had reported at least one laboratory-confirmed COVID-19 case; 2) the cumulative number of incarcerated or detained persons and staff members with laboratory-confirmed COVID-19; and 3) the cumulative number of COVID-19-associated hospitalizations and deaths among incarcerated or detained persons and staff members. Jurisdictions were asked to include data for persons in the custody of or working for state and local corrections, U.S. Immigration and Customs Enforcement, U.S. Marshals Service, and Federal Bureau of Prisons. Data on the number tested or persons with negative test results were not requested.

Thirty-seven (69%) jurisdictions provided aggregate surveillance data; 32 (86%) of those reported at least one laboratory-confirmed COVID-19 case among incarcerated or detained persons or staff members. In those 32 jurisdictions, 420 facilities reported 4,893 COVID-19 cases among incarcerated or detained persons and 2,778 cases among staff members (Table). More than half (221; 53%) of the affected facilities reported cases only among staff members. Among COVID-19 cases in incarcerated or detained persons, 491 (10%) COVID-19-associated hospitalizations and 88 (2%) deaths were reported; among staff member cases, 79 (3%) hospitalizations and 15 (1%) deaths were reported. Among the 32 jurisdictions reporting cases, the median number of affected facilities was 10 (range = 1–59), the median number of cases in incarcerated or detained persons was 34 (range = 0–858), and the median number of cases in staff members was 26 (range = 1–756).

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## Discussion

This analysis provides the first documentation of the number of reported laboratory-confirmed cases of COVID-19 in correctional and detention facilities in the United States, although information on the proportion of incarcerated and detained persons and staff members tested was not available. Approximately one half of facilities with COVID-19 cases reported them among staff members but not among incarcerated persons. Because staff members move between correctional facilities and their communities daily, they might be an important source of virus introduction into facilities. Regular symptom screening can help to reduce introduction of the virus from symptomatic persons, whether through staff members, new intakes, or incarcerated or detained persons who attend court-related or medical appointments in the community. Screening all incarcerated or detained persons quarantined as close contacts of a case twice daily and promptly isolating persons with symptoms can help identify persons infected as a result of transmission that occurred within the facility and control spread of disease.

Although symptom screening is important, an investigation of a COVID-19 outbreak in a skilled nursing facility found that approximately one half of cases identified through facility-wide testing were among asymptomatic and presymptomatic persons, who likely contributed to transmission (4). These data indicate that symptom screening alone is inadequate to promptly identify and isolate infected persons in congregate settings such as correctional and detention facilities. Additional strategies, including physical distancing, movement restrictions, use of cloth face coverings, intensified cleaning, infection control training for staff members, and disinfection of high-touch surfaces in shared spaces are recommended to prevent and manage spread within correctional and detention facilities (Box). Some jurisdictions have implemented decompression strategies to reduce crowding, such as reducing or eliminating bail and releasing persons to home confinement or community supervision. Testing might become an important strategy to include when it is more widely available and when facilities have developed plans for how the results can be used to inform operational strategies to reduce transmission risk.

The findings in this report are subject to at least six limitations, each of which could result in an underestimation of the number of COVID-19 cases in correctional facilities. First, only 69% of jurisdictions reported data; therefore, these results are not representative of the entire United States. Second, many facilities do not provide testing to staff members, making data

completeness dependent on staff members self-reporting their diagnosis to their employer after being tested by their personal health care providers. Third, some jurisdictions received data only from state prisons and were missing data from local jails and federal or privately operated facilities. Fourth, data on the total number of facilities, the total number of incarcerated and detained persons, and the total number staff members were not available; thus, proportions of facilities and persons affected could not be determined. Fifth, one jurisdiction reported only collecting data on facility outbreaks (defined by the jurisdiction as >1 COVID-19 case per facility). Finally, data are not available to determine the extent to which variations in testing availability and testing practices across states influenced the number of COVID-19 cases reported among staff and incarcerated and detained persons.

Prompt identification of COVID-19 cases and consistent application of prevention measures are critical to protecting incarcerated and detained persons, correctional and detention facility staff members, and the communities to which they return (3). Additional data on COVID-19 in correctional and detention settings, particularly from facilities that have conducted broad-based testing, is needed to identify differences in disease risk based on demographic characteristics, underlying medical conditions, and type of correctional and detention setting, and to evaluate the effectiveness of mitigation measures. CDC recommends that facility administrators, with the support of local health departments and partners, prepare for potential SARS-CoV-2 transmission, implement prevention measures, and follow guidance for the management of suspected and confirmed COVID-19 cases to prevent further transmission, which is available at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> (3).

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<sup>1</sup>CDC COVID-19 Emergency Response; <sup>2</sup>Epidemic Intelligence Service, CDC; <sup>3</sup>Alabama Department of Public Health; <sup>4</sup>State of Alaska Department of Corrections; <sup>5</sup>Alaska Division of Public Health; <sup>6</sup>Arizona Department of Health Services; <sup>7</sup>Arkansas Department of Health; <sup>8</sup>California Department of Public Health; <sup>9</sup>Connecticut Department of Public Health; <sup>10</sup>Georgia Department of Public Health; <sup>11</sup>Kansas Department of Health and Environment; <sup>12</sup>Office of Public Health, Louisiana Department of Health; <sup>13</sup>Massachusetts Department of Public Health; <sup>14</sup>Michigan Department of Corrections; <sup>15</sup>Michigan Department of Health and Human Services; <sup>16</sup>Minnesota Department of Health; <sup>17</sup>North Dakota Department of Health; <sup>18</sup>Nebraska Department of Health and Human Services; <sup>19</sup>New Jersey Department of Corrections; <sup>20</sup>New Mexico Association of Counties; <sup>21</sup>New Mexico Department of Health; <sup>22</sup>New York State Department of Corrections and Community Supervision; <sup>23</sup>Oklahoma State Department of Health; <sup>24</sup>Oregon Health Authority; <sup>25</sup>Physician Correctional, San Juan, Puerto Rico; <sup>26</sup>South Carolina Department of Health and Environmental Control; <sup>27</sup>South Dakota Department of Health; <sup>28</sup>Texas Department of State Health Services; <sup>29</sup>U.S. Virgin Islands Department of Health; <sup>30</sup>Utah Department of Health; <sup>31</sup>Virginia Department of Health; <sup>32</sup>Vermont Department of Health; <sup>33</sup>Washington Department of Corrections; <sup>34</sup>Wisconsin Department of Corrections; <sup>35</sup>Wyoming Department of Health.

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† Correctional facilities refer to state and federal prisons, which incarcerate persons who have been tried for a crime, convicted, and sentenced for a duration >1 year. Those convicted of federal crimes are incarcerated in federal prisons; those convicted of state crimes are held in state prisons. Detention facilities refer to jails or detention centers, which temporarily detain persons awaiting sentencing or deportation, usually for a duration of <1 year.

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**TABLE. COVID-19 among incarcerated and detained persons and correctional and detention facility staff members — 32 U.S. state and territorial health department reporting jurisdictions,\* January 21–April 21, 2020<sup>†</sup>**

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Characteristic	No. (%) of cases among reporting jurisdictions
Facilities reporting at least one confirmed COVID-19 case among incarcerated or detained persons or staff members	420
Facilities reporting COVID-19 cases only among staff members	221 (53)
COVID-19 cases among incarcerated or detained persons	4,893
COVID-19–associated hospitalizations among incarcerated or detained persons	491 (10)
COVID-19–associated deaths among incarcerated or detained persons	88 (2)
COVID-19 cases among facility staff members	2,778
COVID-19–associated hospitalizations among facility staff members	79 (3)
COVID-19–associated deaths among facility staff members	15 (1)

**Abbreviation:** COVID-19 = coronavirus disease 2019.

\* Jurisdictions reporting at least one laboratory-confirmed COVID-19 case among incarcerated or detained persons or staff members.

<sup>†</sup> Data provided to CDC during April 22–28, 2020.

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### BOX. COVID-19 guidance for correctional and detention facilities

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#### Prepare for COVID-19

- Update an emergency plan for COVID-19 response
- Coordinate with local public health department and other correctional and detention facilities
- Require that staff members and visitors stay home if ill, and consider suspending in-person visitation
- Ensure access to soap at no cost to encourage frequent handwashing
- Plan for how space will be used to medically isolate and care for ill persons and to quarantine close contacts
- Plan for potential staff member shortages
- Train staff members to safely use personal protective equipment
- Enhance facility cleaning and disinfection

#### Prevent introduction of COVID-19 into facilities from the community

- Limit nonmedical transfers into and out of the facility



- Screen all new entrants, staff members, and visitors for symptoms before they enter the facility
- Assign staff members to consistent locations to limit movement between facility areas
- Encourage daily use of cloth face coverings by incarcerated or detained persons and staff members
- Use multiple physical distancing strategies (e.g., sleep head to foot, stagger meals and showers, reduce the number of persons allowed in a common area at one time, suspend group gatherings\*)
- Regularly communicate with staff members and incarcerated or detained persons about COVID-19 and how they can protect themselves and others

### Manage COVID-19 in facilities

- Activate emergency plan and notify public health officials
- Medically isolate ill persons and quarantine close contacts
- Evaluate ill persons for underlying medical conditions that would increase their risk for severe illness from COVID-19,<sup>†</sup> and provide necessary care on-site or transfer to a health care facility
- Incorporate screening for COVID-19 symptoms into release planning<sup>§</sup>
- Continue activities from preparation and prevention phases

**Abbreviation:** COVID-19 = coronavirus disease 2019.


\* Other suggestions available in full corrections guidance. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

<sup>†</sup> Asthma, chronic lung disease, diabetes, serious heart conditions, chronic kidney disease being treated with dialysis, severe obesity, age ≥65 years, immunocompromising conditions, and liver disease.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>.

<sup>§</sup> Additional guidance on SARS-CoV-2 testing in correctional and detention facilities will be provided as testing becomes more widely available and strategies are developed to assist facilities in using test results to inform their operational efforts to reduce transmission risk.

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