



Stop Solitary Statement: Response to Lamont and CDOC failure to Adequately Protect Incarcerated People

March 26th, 2020

On March 24th, Governor Ned Lamont announced that he was not, at this time, considering releasing people from prison in response to Covid-19. He went on to suggest that the Connecticut Department of Correction (CDOC) would emphasize segregation and quarantine before considering options to substantially expedite release. Similarly, in a memo released on March 24th, the CDOC did not commit to proactively releasing people from prison, instead stating they would rely on “existing policy and release mechanisms.” The memo noted that, “in the event the Department of Correction experiences an emergent widespread outbreak of COVID-19,” the CDOC would be “prepared to expand our release options.” **The failure to expedite releases and instead to rely on widespread, in-prison segregation reflects a callous disregard for the lives of incarcerated people.** Current CDOC and Gubernatorial policy:

Is too little, too late. Releasing people from prison as a preemptive public safety measure must occur before Covid-19 overwhelms the Connecticut prison system. Connected ventilation systems and necessary personnel movement make social distancing in prison nearly impossible. As a result, CDOC must work to dramatically reduce the prison population in order to expand medical capacity and limit the number of people in prison exposed to Covid-19. Expanding release after Covid-19 has hit the prison system in full force is a misinterpretation of public health guidelines and unnecessarily puts people who must remain in prison— both incarcerated people and correctional officers — at great personal risk. As prison personnel become sick, the CDOC’s ability to adequately manage, not to mention expedite, releases would be increasingly difficult; increased segregation due to lack of personnel could quickly turn into a humanitarian crisis.

Ignores preemptive release as a viable alternative to planned segregation. The Governor should not substitute one public health crisis, Covid-19, for another, the prolonged use of long-term segregation. The CDOC should not plan on segregating people as the primary response to the virus.

Does not think creatively about reentry support. An increased number of returning citizens will strain existing reentry resources. The Governor, CDOC, and relevant state agencies should work with municipal authorities to coordinate appropriate, socially distanced housing. CDOC should avoid releasing people to halfway houses/homeless shelters; state funding should be requested to provide emergency housing. Parole and other discretionary sponsorship restrictions should be eased to prioritize housing with friends and family.

Lacks transparency regarding CDOC healthcare capacity. Available public information does not adequately demonstrate that the Department of Correction is prepared to deal with a public health crisis on the scale of Covid-19. Advocates, families, and the general public are left wondering: how much PPE is available for staff and incarcerated people; how many, if any, negative pressure medical units are available for people with Covid-19; how many doctors and nurses are on-call to respond to an outbreak; how many ventilators and ICU beds are available. Without appropriate resources, people in prison who become critically ill will likely need to be transferred to community healthcare settings, exponentially burdening Connecticut’s healthcare system with a potential spike from a facility-wide Covid-19 outbreak.

Stop Solitary CT acknowledges that the prison population is being gradually reduced; however, absent more transparency regarding current release procedure and explicit plans for more dramatic population reduction, current policy is entirely insufficient. It is now imperative for CDOC and Governor Lamont to join authorities in more than a dozen states that have sent incarcerated people back home to help mitigate a public health disaster.

There are a number of mechanisms that should be considered to safely and effectively expedite releases from prison, and ensure that people in prison have access to appropriate medical care. These mechanisms include 1) the release of as many people in pre-trial detention as possible, the release of people held on technical violations of parole, and expediting the release of people eligible for parole or nearing the end of their sentence, 2) avoiding, to the greatest extent possible, new admissions into the prison and jail system, and 3) implementing rights-affirming measures to protect those who will stay behind bars, including the commitment never to use solitary confinement as a containment strategy.