

March 30, 2020

Todd Ishee
Commissioner of Prisons
North Carolina Department of Public Safety
512 N. Salisbury Street, Raleigh, NC 27604

Dear Commissioner Ishee,

We are a group of advocates concerned with the safety and well-being of pregnant and parenting people in North Carolina. We write with regard to the anticipated spread of COVID-19 in our communities, including in North Carolina prisons, and encourage you to take immediate action to keep incarcerated people who are pregnant or who have recently given birth safe and healthy during this time.

Following up on [the letter](#) that you received last week from organizations interested in keeping prison populations safe during this unprecedented time, we write to emphasize these recommendations specifically for pregnant and postpartum incarcerated people. There is limited data on COVID-19 and how it impacts pregnant patients—only one study of nine patients in their third trimester in Wuhan China has been published to date, and there is no information yet on potential impacts during the first and second trimester.¹

What we do know is that the immune system's effectiveness dips during pregnancy, placing pregnant and post-partum people at a higher risk of contracting many transmissible diseases. For this reason, the CDC has included pregnant people on a list of people who are at higher risk for severe illness due to COVID-19² and the North Carolina Department of Health and Human Services has advised that it is especially important for pregnant people to take actions to prevent their risk of exposure.³ That is especially true for pregnant people who are incarcerated, as it is well-documented that many of their pregnancies are already considered high-risk.⁴

We echo all of the recommendations included in the above referenced letter, and would emphasize that pregnant people and people who have recently given birth should be prioritized for at least immediate temporary release under NCGS 148-4 during this public health crisis. Incarcerated people do not have the ability to take the basic precautions that are recommended to stem the tide of the virus, namely distancing themselves from others. At North Carolina Correctional Institution for Women, for example, pregnant pretrial detainees are housed together in a large dorm where they are unable to remain six feet away from each other as recommended by public health experts. They are unable to take basic preventive measures to protect themselves from COVID-19 while incarcerated.

For pregnant and post-partum people who absolutely cannot be immediately released for the duration of the pandemic, we highlight the following specific needs:

¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30360-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30360-3/fulltext).

² <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>

³ <https://www.newsobserver.com/news/coronavirus/article241261316.html>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2409166/>

- There should be access to immediate medical attention—including the ability to check for fever multiple times per day—and treatment, without delay, for shortness of breath. The onset of COVID-19 can happen within a matter of hours, and symptoms like fever can be especially dangerous for the fetus.
- If single cells are used to quarantine exposed or infected people, those patients should not be treated as if they are in solitary confinement and subjected to those restrictions—but rather should continue to have access to all privileges and activities available in the general population, including the ability to contact loved ones on the outside. The National Commission on Correctional Health Care and others have noted the damaging effects of solitary confinement conditions for pregnant and post-partum people, who are especially susceptible to its harmful psychological effects.⁵
- There should be stepped up monitoring for pregnancy and post-birth health concerns, including access to regular blood pressure monitoring.

We are in a critical moment for mitigating the devastating effects of this public health emergency. We are eager to assist you with the steps outlined above. Please respond to Susanna Birdsong at Planned Parenthood South Atlantic by Friday, April 3, 2020 with your proposed plan to address this issue and any requests for assistance from our organizations. Susanna can be reached via email at susanna.birdsong@ppsat.org. Thank you for your leadership confronting COVID-19 in North Carolina.

Sincerely,

Chantal Stevens, Interim Executive Director
ACLU of North Carolina

Tara Romano, Executive Director
NARAL Pro-Choice NC

Molly Gill, Vice President of Policy
FAMM

Michelle Hughes, Executive Director
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Beth Messersmith, NC Campaign Director
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⁵ <https://www.ncchc.org/solitary-confinement>.