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Dr. Christ,

First, we would like to express our thanks for your department's willingness to engage in dialogue with us regarding COVID and incarcerated populations. We appreciated the opportunity to speak with Rick Hazelton and Colby Bower on April 25, as well as their subsequent responses to our questions.

We were further encouraged to learn through your announcement at the Governor's press conference last week about the steps ADHS will be taking to address COVID in our state's prisons. Our understanding from what was presented is that ADHS will implement the following:

- Antibody testing for all guards;
- Work with the University of Arizona to perform diagnostic testing for approximately 9,000 guards;
- And have epidemiologists go to state prisons, provide on-site technical assistance on infection control, and make sure that CDC guidelines are being followed.

We respectfully ask that you or someone else from ADHS provide more information and address the following questions:

1. What is the timeline for testing guards? Will the testing be done on other facility staff such as healthcare and food service contractors? What facilities will be tested and when?
2. Will the results be made public via the Arizona Department of Corrections, Rehabilitation & Reentry (ADCRR) dashboard?
3. Will you publicly report the locations of the positive tests of ADCRR staff to better identify correctional "hot spots"?
4. What is the plan for increased testing of incarcerated people? What details can you provide about locations, timeline, capacity, etc.?
5. What state department, local health department or contracted organization is providing the epidemiologists who will be advising ADCRR?
6. To which prison complexes/units will epidemiologists be sent and when?
7. Will their recommendations be made public? If so, what is the timeline for releasing that information?
8. How will ADCRR's CDC compliance reports be verified?
9. What will be the process for fixing issues of non-compliance of CDC guidelines?
10. What accountability measures will there be for ADCRR leadership if non-compliance with CDC guidelines is found?

Other states have made this information publicly available, and there is a professional and legal consensus that providing testing information by location—without identifying individual patients or revealing protected health information (PHI)—is [not a violation of HIPAA](#).

As you have undoubtedly heard, families of people incarcerated in state prisons are terrified that their loved ones are not being tested, treated, or adequately protected from exposure to the virus. Providing basic information about the extent of the outbreak is a core responsibility of government, particularly when the state has assumed custody of an individual and is entirely responsible for their health and safety.

While steps are slowly being taken to address the virus in our prisons, we believe that there are **two additional internal policy changes that ADCRR should make** that would have a significant impact on the spread of the virus. These changes would not require legislation, but could be ordered by the Governor:

- **ADCRR should require all staff to wear masks at all times.** This is currently voluntary for most staff (who are not working at a facility where there are medically-quarantined people) and, therefore, provides inadequate and inconsistent protection against the spread of COVID.
- **Allow incarcerated people to wear masks** if they choose and make them readily available to all.

We applaud you and the Governor for acknowledging that more needs to be done in our prison system to protect incarcerated people, staff, and the public from the significant risk of infection posed in congregate environments like prisons.

Conclusion

On May 13, the day after you and the Governor announced these new measures, the *number of reported cases of incarcerated people testing positive for COVID doubled*, reaching 121 confirmed positive cases. Three prisons reported their first positive cases of COVID, including the state prison in Yuma that reported at least 34. The state prison in Florence has the highest number of positive cases at 63. Thus far, ADCRR has reported that six incarcerated people have died from the virus. In addition, 62 corrections employees have tested positive, per their voluntary reporting.

We know that these outbreaks do not stay inside the prison walls—they spread to the immediate community and endanger public health. This is illustrated by the recent news that Eloy, host to several prisons and detention centers, is now a “COVID hot spot”:

According to [ABC15's data research](#), Eloy's zip code alone has 61 positive cases as of [May 7]. The data is showing an increase of about 1,120 percent, making it the largest case growth of any zip code in Arizona.

Given that testing has been slow to roll out inside ADCRR facilities, it is likely that the actual extent of the infection is significantly higher than these reported numbers. According to the most recent [CDC report on COVID in Correctional and Detention facilities](#):

“...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.”

As the state agency entrusted with protecting the health of the public, it is incumbent upon ADHS to act immediately to determine the extent of the problem and work with ADCRR to address it.

We look forward to a timely response to our questions and suggestions and, again, offer our thanks for the opportunity to work together to do what is in the best interests of the people of Arizona and overall public health.

Respectfully,

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African American Christian Clergy Association
Arizona Attorneys for Criminal Justice
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