

**Declaration of Medical Professionals Concerned
about the Spread of COVID-19 in the Cook County Jail**

Dr. Michael Puisis, Dr. Robert Cohen, Dr. John Raba, Dr. Sergio Rodriguez, and Dr. Ron Shansky

1. Dr. Michael Puisis is an internist who has worked in correctional medicine for 35 years. He was the Medical Director of the Cook County Jail from 1991 to 1996 and Chief Operating Officer for the medical program at the Cook County Jail from 2009 to 2012. He has worked as a Monitor or Expert for Federal Courts on multiple cases and as a Correctional Medical Expert for the Department of Justice on multiple cases. He has also participated in revisions of national standards for medical care for the National Commission on Correctional Health Care and for the American Public Health Association. Additionally, he participated in revision of tuberculosis standards for the Centers for Disease Control and Prevention (CDC).
2. Dr. Robert Cohen is an internist. He has worked as a physician, administrator, and expert in the care of prisoners and persons with HIV infection for more than thirty years. He was Director of the Montefiore Rikers Island Health Services from 1981 to 1986. In 1986, he was Vice President for Medical Operations of the New York City Health and Hospitals Corporation. In 1989, he was appointed Director of the AIDS Center of St. Vincent's Hospital. He represented the American Public Health Association (APHA) on the Board of the National Commission for Correctional Health Care for 17 years. He has served as a Federal Court Monitor overseeing efforts to improve medical care for prisoners in Florida, Ohio, New York State, and Michigan. He has been appointed to oversee the care of all prisoners living with AIDS in Connecticut, and also serves on the nine member New York City Board of Corrections.
3. Dr. Raba is an internist who was the Medical Director of the Cook County Jail from 1980 to 1991. He was the Medical Director of the Fantus Health Center of the Cook County Health and Hospital System from 1992 to 2003. He was the Co-Medical Director of Ambulatory and Community Health Network for the Cook County Bureau of Health Services from

- 1998 to 2003. He has monitored multiple jail and prison systems for Federal Courts. He has also provided consultations for many jail systems in the United States.
4. Dr. Sergio Rodriguez is a practicing internist. He was Medical Director of the Cook County Jail from 2005 to 2008. He was Medical Director of the Fantus Health Center of the Cook County Health and Hospital System until 2015.
 5. Dr. Ronald Shansky is an internist who has worked in correctional medicine for 45 years. He was the Medical Director of the Illinois Department of Corrections from 1982 to 1992 and from 1998 to 1999. He was a Court Appointed Receiver of two correctional medical programs. He has been appointed by U.S. Courts as Medical Expert or Monitor in ten separate Court cases and has been a Court appointed Special Master in two cases. He has been a consultant to the Department of Justice involving correctional medical care. He also participated in revision of national standards for medical care for the American Public Health Association and of standards for the National Commission on Correctional Health Care.
 6. Coronavirus disease of 2019 (COVID-19) is a pandemic. This is a novel virus for which there is no established curative medical treatment and no vaccine.
 7. The number of cases of COVID-19 in Illinois are rising rapidly. Illinois has been declared a disaster area due to COVID-19 as of March 20, 2020. Cases in Illinois increased from 288 as of March 19, 2020 to 7695 on April 2, 2020.
 8. UpToDate¹ reports an overall case mortality rate from the disease of 2.3%. In Illinois the Illinois Department of Public Health reported 157 deaths on April 2, 2020.
 9. A significant outbreak of COVID-19 at the Stateville prison with multiple hospitalizations requiring intubations resulted in the Illinois National Guard being sent to the Stateville facility to help with medical care because of staffing shortages.

¹ UpToDate is an online widely used medical reference in hospitals, health organizations and by private physicians.

10. Medical care for COVID-19 focuses on prevention, which emphasizes social distancing, handwashing, and respiratory hygiene. Currently, severe disease is treated only with supportive care including respiratory isolation, oxygen, and mechanical ventilation as a last resort. In cities with widespread disease, hospitals are anticipating a lack of ventilation equipment to handle the expected cases. Cook County Health and Hospital System has suspended scheduled appointments for outpatient care. Chicago may experience a similar lack of ventilation equipment, but we will not know for a week or two if that will occur, and if it occurs there will be little time to adjust to the situation.
11. COVID-19 is transmitted by infected people when they cough. Droplets of respiratory secretions infected with the virus can survive as an aerosol for up to three hours². Droplets can be directly transmitted by inhalation to other individuals in close proximity. Droplets can land on surfaces and be picked up by the hands of another person who can then become infected by contacting a mucous membrane (eyes, mouth, or nose) with their hand. Infected droplets can remain viable on surfaces for variable lengths of time, ranging from up to 3 hours on copper, 24 hours on cardboard, and 2-3 days on plastic and stainless steel.³
12. There is now evidence that COVID-19 can be transmitted by asymptomatic individuals and it is estimated that approximately 6% of infections are transmitted by asymptomatic persons.⁴ This is critical in a jail because persons coming into the jail or already in jail and newly infected may be asymptomatic, are confined in close quarters and passing the infection without being aware.
13. Infected individuals become symptomatic in a range of 2.5 to 11.5 days with 97.5% of infected individuals becoming symptomatic within 11.5 days. Typically, an infected individual becomes symptomatic around day five of their infection. The total incubation period is thought to extend up to 14 days. Thus, persons coming into jails or prisons can be

² National Institute of Health, available at <https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>.

³ *Id.*

⁴ Wycliffe Wei, Zongbin Li, Calvin Chiew, Sarah Yong, Matthias Toh, Ernon Lee; Presymptomatic Transmission of SARS-CoV-2 Singapore, January 23-March 16, 2020: Morbidity and Mortality Weekly Report, Vol 69, April 1, 2020

asymptomatic at intake screening only to become symptomatic later during incarceration. For that reason a correctional intake screening test for COVID-19 is critical under current circumstances.

14. There are three types of groups cohorted with respect to the COVID-19 pandemic. Persons quarantined are persons who may have been exposed or who have unknown status, such as new inmates coming into the jail. The second group are persons suspicious for COVID-19 but whose tests have not been done or are pending; this group is called persons-under-investigation (PUI). The third group are persons known to be COVID-19 positive. These groups should be screened daily or multiple times daily for symptoms and fever. The known COVID-19 positive cases need to also be checked for their oxygen levels to ensure they are not deteriorating.
15. On March 18, 2020, news reports assert that Cook County Sheriff Tom Dart had made reducing the numbers of low-level detainees⁵ a high priority. On that day the same news article reported 5,500 detainees in the jail. On March 23, 2020 the Circuit Court of Cook County ordered expedited bond hearings in an effort to reduce the population of the jail. While those efforts are ongoing, inmates continue to come into the jail so the net effect is a small reduction of potential candidates for release. There are still 4711 incarcerated detainees as of April 2, 2020.
16. Inmates are still being admitted into Cook County Jail. New inmates are being quarantined. Known or suspicious cases of COVID-19 require isolation from others. However, the housing units are not set up for mass quarantine or isolation. The jail was built with security in mind not medical isolation or quarantine. For purposes of quarantine, the jail is cohorting groups of incoming inmates into tiers for a period of time. Because inmates continue to be incarcerated in the Jail, invariably, this will result in a significant portion of the jail dedicated to quarantine. It is recommended that quarantine continue for 14 days.⁶ If any individual in

⁵ Cook County Sheriff: Cutting Jail Population a “High Priority” Amid COVID-19 Pandemic, Matt Masterson, WTTW news found at <https://news.wttw.com/2020/03/18/cook-county-sheriff-cutting-jail-population-high-priority-amid-covid-19-pandemic>

⁶ Interim Guidance on Management of Coronavirus Disease of 2019 (COVID-19) in Correctional and Detention Facilities. Centers for Disease Control as found at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

- the cohort becomes COVID-19 positive, the entire group is again quarantined again for another 14 days. As the number of persons in quarantine grows, managing them clinically becomes insurmountable and will result in failure to manage.
17. For isolation, conditions are worse. There are only a limited number of negative pressure isolation rooms at the jail and the known numbers of COVID-19 patients and persons suspicious for infection far exceeds the number of isolation beds. Based on some of the authors' experience working at that facility during similar influenza-like-illness outbreaks, because of the lack of negative pressure rooms, patients are isolated in single cells with potential to expose other inmates on the same tier. Cook County Jail had its first case of COVID-19 on March 23, 2020 and almost two weeks later, on April 2, 2020, there are 167 cases, with hundreds or more people quarantined and a number of suspicious cases nearly equal to the number of positive cases. These conditions create a high risk of transmission to both staff and other inmates, particularly because many individuals are in proximity to non-infected detainees. Increasingly it is becoming difficult to separate suspect and infected persons from the uninfected and therefore infections will rise. The continuing rise in positive COVID-19 cases at the jail demonstrate that this is now occurring. According to the Sheriff's data, 167 detainees have tested positive, and 14 are hospitalized as of April 2, 2020.⁷ This number has certainly grown since then.
 18. Inmates in quarantine or in isolation for suspicion or known infection must be monitored. Persons in quarantine should be monitored daily for symptoms and temperature. Individuals in isolation require multiple daily temperatures and monitoring of blood oxygen levels to ensure stability. This has had an effect on staffing in facilities with significant infections. The COVID-19 pandemic has had an effect on staffing in most hospital settings. At Stateville prison in Joliet, Illinois, Governor Pritzker called in the Illinois National Guard medics to assist in managing

⁷ COVID-19 Cases at CCDOC, <https://www.cookcountysheriff.org/covid-19-cases-at-ccdoc/> (last visited Apr. 2, 2020).

- patients.⁸ County jail is no different. The Sheriff has established the boot camp as housing for those positive with COVID-19. We have learned that there is insufficient jail medical staff to staff this unit which is in part or in whole staffed by individuals from the Cook County Health and Hospital System's ambulatory centers which are now closed. As with other health centers, staff become infected and we believe that large numbers of staff are unavailable for work making this as acute a problem as existed at Stateville, for which the National Guard was mobilized.
19. Supply of testing material for COVID-19 is still limited. Because asymptomatic individuals can infect others, all incoming inmates should be screened for COVID-19. Newer tests have a turn around time of a day ("rapid COVID-19 test") but are still being rationed. These tests need to be made available to screen inmates quarantined in order to reduce transmission of newly incarcerated inmates to a potentially infected person in their arrest quarantine cohort.
 20. Most persons being discharged from the jail have uncertain COVID-19 status. If a person of unknown COVID-19 status is discharged from quarantine or from PUI isolation they can infect community persons they come into contact with. For this reason persons anticipated being discharge who have uncertain status need to be tested with a rapid COVID-19 test prior to discharge and given appropriate instructions on protecting themselves and others. Testing should not be used to delay release.
 21. An individual's immune system is the primary defense against this infection. As a result, people over 65 years of age and persons with impaired immunity, including chronic diseases, have a higher probability of death if they are infected. It is important to note that the older a person is, the higher likelihood of death; this is thought to be due to impaired immunity with aging. Persons with severe mental illness in jails and prisons are also, in our opinion, at increased risk of acquiring and transmitting infection because they may be unable to communicate

⁸ Nancy Loo; Gov. Pritzker sends National Guard to Stateville to help with COVID-19 outbreak, WGN News, April 2, 2020 as found at <https://wgntv.com/news/coronavirus/gov-pritzker-sends-national-guard-to-stateville-to-help-with-covid-19-outbreak/>

22. Jails and prisons are long known to be a breeding ground for infectious respiratory illnesses. Tuberculosis is a bacteria which is significantly less transmissible than COVID-19 yet has been responsible for numerous outbreaks of illness in prisons and jails over the years. For this reason, the CDC still recommends screening for this condition in jails and prisons.
23. At a time when the President's task force on COVID-19 recommends limiting gatherings to no more than 10 persons, the President has declared a national emergency and there is a stay-at-home order in Illinois through at least April 30, 2020, the County of Cook is forcing over 4,700 people to live in congregate living conditions at the Cook County Jail with a continuing influx of new inmates every day. These inmates intermingle and it is not possible to attain the President's aim of limiting gatherings of less than 10 individuals or engage in social distancing. This is contrary to the President's recommendation, the Illinois stay-at-home order, and to current public health recommendations. These circumstances are likely to result in spread of disease.
24. Jails and prisons promote the spread of respiratory illnesses because large groups of strangers are forced suddenly into crowded congregate housing arrangements. This situation is complicated by the fact that custody and other personnel who care for detainees live in the community and can carry the virus into the Jail with them.
25. The current CDC recommendations for social distancing and frequent handwashing measures, which are the only measures available to protect against infection, are not possible in the current correctional environment at the Jail. Furthermore, repeated sanitation of horizontal surfaces in inmate living units and throughout a jail is not typically done and would be an overwhelming task given the current circumstances. Jails in this regard are similar to cruise ships and nursing homes where COVID-19 is known to have easily spread. Jails also recirculate air which contributes to spread of airborne infectious disease.
26. A large number of employees are required to work in jails and prisons. These individuals have frequent contact with inmates, often requiring breaking the recommended CDC guidelines for social distancing. Frequent handwashing is not easily available for inmates or staff. Their risk is considerable. Tuberculosis outbreaks in jails and prisons have

- often resulted in custody employees becoming infected. On April 2, 2020 the Sheriff reported that 46 staff members have been reported positive.⁹ The number of infected employees will undoubtedly be larger when this declaration will be filed. These employees return to the community and can and will transmit the infection to others in their family and community. In this sense, jails act as incubators of respiratory infectious disease. COVID-19 is experiencing a rapid and dramatic spread within the Cook County Jail and this ongoing outbreak is inevitably resulting in spread to the community.
27. Currently, there is limited screening and very little protective housing for all inmates in the Jail. Given current conditions in the Jail, it is our opinion that steps should immediately be taken to release any inmate who is elderly or medically vulnerable to protect them from a serious risk of death. Those particularly at risk include inmates over 65, inmates with immune disorders or those who are immunocompromised including because of HIV or AIDS, a history of cancer treatment or organ transplantation, inmates who are severely obese, inmates with significant cardiac or pulmonary conditions, inmates with chronic diseases, including diabetes, lung disease or moderate or severe asthma, kidney disease or liver disease,¹⁰ or inmates with cognitive disorders.
28. In addition to release, it is our opinion that the following steps must taken to protect those in the Jail.
29. It is our opinion that at this time, testing for COVID-19 must be expanded to all incoming inmates and all inmates about to be discharged. These tests need to be done as rapidly as possible due to problems with potential for transmission in the quarantined population and the need to discharge people quickly. Rapid COVID-19 testing also needs to be expanded for as many people as possible because of the ongoing continuing rise in cases and continuing transmission within the jail. This is a public health crisis. Normal civilian recommendations which are

⁹ COVID-19 Cases at CCDOC, <https://www.cookcountysheriff.org/covid-19-cases-at-ccdod/> (last visited Apr. 2, 2020).

¹⁰ See Centers on Disease Control, "Groups at Higher Risk of Severe Illness," <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html> (last visited Apr. 3, 2020).

- made with the expectation that individuals can safely shelter in place are not relevant to a jail where congregate living is forced on all who enter. This recommendation is made to protect both the inmate population and the civilian population who will be exposed to employees who work within the jail.
30. It is our opinion that in addition to the boot camp, PUI individuals need to be housed in separate housing and not in cells on tiers with other inmates.
 31. It is our opinion that all inmates over 65, all persons with severe mental illness, all persons who are medically vulnerable as set forth in paragraph 27, along with all persons in quarantine or who have potentially been exposed to the virus should, immediately, have a daily symptom and temperature screening. Any positive symptom or temperature should require respiratory isolation and testing for COVID-19. All PUI and known COVID-19 positive detainees need to have monitoring every shift with at least vital signs including temperature and pulse oximeter testing.
 32. It is our opinion that all persons anticipated being discharged who have uncertain status need to be tested with a rapid COVID-19 test prior to discharge.
 33. It is our opinion that all inmates and staff should be masked. Employees interacting with potentially positive inmates (most inmates at this time) must wear CDC recommended personal protective equipment.
 34. It is our opinion that all inmates in the Jail should receive full and free access to sanitation supplies (including soap, cleaning supplies, paper supplies and sanitizer with at least 60% alcohol).
 35. It is our opinion that sufficient social distancing must be implemented throughout the Jail, including allowing for six feet of distance between inmates, in addition to the measures outlined above for those who are positive or PIU.
 36. It is our opinion that inmates must continue to have access to timely and emergency medical care as this virus continues to spread.
 37. It is our opinion that the Sheriff must be in close communication with the health staff and the Cook County Health and Hospital System.

Executed this 3rd day in April, 2020 in Chicago, Illinois

/s/ Dr. Michael Puisis

Dr. Michael Puisis

/s/ Dr. Robert Cohen

Dr. Robert Cohen

/s/ Dr. Jack Raba

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/s/ Dr. Ron Shansky

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