

Good Evening. Thank you so much for your time and the opportunity to talk with you today. Thank you for the work you are doing to keep Ohioans safe and healthy in these unprecedented times. Never before in our lifetime has the role of this country's public health departments and authorities been so crucial.

My name is Laura Chambers-Kersh. I am a family physician in Beavercreek Ohio. I grew up in Ohio but have worked in a variety of settings-- with the US Army, the Indian Health Service, as a professor at the University of New Mexico School of Medicine, and as an outbreak worker in Liberia during the 2014 Ebola Epidemic. I am currently faculty with the Soin Family Medicine Residency program. I am here to speak with you tonight because I am very worried about both health conditions and the current outbreak of COVID-19 at the Morrow County Correctional Facility.

As you all know, we have almost 28,000 cases of COVID-19 in the state of Ohio. Morrow County is overall doing very well-- the case count is low, and only one death has been reported. However, we should be very concerned about where those cases are happening-- in the jail. Morrow County Correctional Facility has become a hotspot for COVID-19, with 100% of detainees testing positive. Because these cases are in the jail, it may seem easy to dismiss them, but I think that would be a grave mistake for several reasons.

It would be comforting to think that COVID-19 will continue to be contained within the jail. However, neighboring Marion County gives us the perfect example and data to know this is not the case. At the end of April more than 80% of Marion Correctional Institutions prison population had tested positive for COVID-19, with at least 160 corrections officers and other staff testing positive as well. The current case count in Marion County is now 2447, 1 in 27 people in the county. Once the virus spreads to facility staff who freely come and go, it can be easily spread to other parts of the community. This is even more so the case now, when state mandated social distancing measures are being lifted and there will be more and more contact between county residents. There can be no doubt-- the outbreak at the facility puts the entire community at risk.

The last two months were a gamble to buy time-- to flatten the curve so that our hospitals would not be overwhelmed, so that we could start doing adequate testing and contact tracing. While we seem to have achieved the former, the latter is definitely not happening. We have tested a mere 237,000 people in the state of Ohio-- only 2% of our population. There is no way we are capturing the actual caseload in our state. Without this information and the ability to trace contacts, the virus will spread from the jail into the community and beyond.

When prisoners require care, they often must be cared for in an outside hospital. We know that our hospital resources are limited-- outbreaks within the prison system may jeopardize availability of medical resources for everyone. "Prisoner health is community health." Medical ethics dictates that inmates must be treated with the same care and respect as other patients, but information from a recent ACLU lawsuit clearly shows this is not happening. This information raises serious questions about the medical care being provided in the facility, and the limited ability of detainees to access other resources. There was recently an episode where a lawyer called 911 for an inmate experiencing chest pain and shortness of breath, and when 911 contacted the facility to confirm, were told they were not needed.

We know that those in close quarters are much more susceptible to acquiring COVID-19. If there is any doubt, the 100% positive rate in the Morrow County facility is clear evidence. The high levels of stress exposure present in the jail is another contributing factor-- the immunosuppression it causes makes it more likely to not only catch COVID-19, but also much more difficult to recover from it. Individuals with COVID-19 can quickly take a turn for the worse, necessitating around the clock monitoring by a health care professional or the ability to self-monitor. Infected individuals must be able to manage their symptoms, manage any comorbidities, and maintain hydration. There must also exist the ability to quickly escalate care. I am not convinced any of these are present within the detention facility.

The staff at the facility does not have the training to manage a COVID-19 outbreak, and certainly not on the scale that is currently present. We do not know how much immunity is conferred after having COVID-19: it is very possible that detainees may continue to pass it back and forth to each other given the current conditions in the jail. The staff also lacks the training to contain the virus: there have been recent overdoses within the facility. If drugs can go in and out of the jail, the virus surely can do the same.

The Ohio Department of Health says, "Local health departments strive to protect and improve the health of their communities by preventing and controlling the spread of disease...." This is your moment to do exactly that. You can enact measures to improve the health conditions in the jail. You can advocate with the state and county government, as well as with ICE, to release detainees. Given the current level of infection in the facility, I think it would be incredibly difficult to decontaminate, and my professional opinion as a physician is that the safest course would be to shut down the jail. According to a recent study, decarcerating could save up to 100,000 lives nationally-- both in and outside of jail. This is an emergency within your county's borders-- one that you can move to contain and mitigate.