

**DECLARATION OF ANNE MARIE AMBROSE, PHYLLIS BECKER,
SUSAN BURKE, GLADYS CARRION, PATRICK MCCARTHY, DAVID
MUHAMMAD, MARC SCHINDLER, AND VINCENT SCHIRALDI**

We declare as follows:

1. We are former leaders of youth justice agencies in multiple states across the country. As members of the Steering Committee for Youth Correctional Leaders for Justice (YCLJ), we serve as a resource to the youth corrections field, engaging in an array of technical assistance, guidance, research and policy activities in order to advance reform. Earlier this month, YCLJ issued *Recommendations for Youth Justice Systems During the COVID-19 Emergency* signed on to by 32 current and former youth correctional administrators throughout the country recommending measures youth justice systems could take to avoid the inadvertent spread of the coronavirus into and out from youth correctional facilities.¹
2. Anne Marie Ambrose is the Managing Director for the Technical Assistance Unit for Systems Improvement at Casey Family Programs. She was previously the Commissioner of Human Services for the City of Philadelphia with responsibility for child welfare and juvenile justice, and Bureau Director for child welfare and juvenile justice for the Commonwealth of Pennsylvania's Department of Public Welfare.
3. Phyllis Becker is the former director of the Missouri Division of Youth Services.
4. Susan Burke is the former director of the Utah Division of Juvenile Justice Services.
5. Gladys Carrión is the co-chair of Youth Correctional Leaders for Justice, former Commissioner of New York State's Office of Children and Family Services and former Commissioner of New York City's Administration for Children's Services.
6. Patrick McCarthy is a Stoneleigh Fellow and Research Scholar with the Columbia University Justice Lab, former director of the

¹ Retrieved on 3/30/20 from <https://yclj.org/covid19statement>

Delaware Division of Youth Rehabilitative Services and former President and CEO of the Annie E. Casey Foundation.

7. David Muhammad is the Executive Director of the National Institute for Criminal Justice Reform, he is the former Chief Probation Officer of Alameda County (in California) and the former Deputy Commissioner of the New York City Department of Probation.
8. Marc Schindler is Executive Director of the Justice Policy Institute and former interim director of Washington, D.C.'s Department of Youth Rehabilitation Services.
9. Vincent Schiraldi is co-director of the Columbia University Justice Lab, co-chair of Youth Correctional Leaders for Justice, former director of Washington, D.C.'s Department of Youth Rehabilitation Services, and former Commissioner of New York City Probation.
10. COVID-19 is a serious, highly contagious disease that is particularly likely to spread in juvenile detention and correctional settings. According to the most recently available information, COVID-19 cases have been confirmed for over 200 incarcerated individuals and over 100 facility staff members in adult and juvenile correctional settings across the United States.² Incarcerated individuals have reported confirmed cases of COVID or COVID-like symptoms in 25 states.³
11. Worldwide, catastrophic COVID-19 outbreaks have already occurred. Data released on February 29 showed that almost half (233 out of 565) of new infection cases out of Wuhan, China were inmates in the city's prison system.⁴ Iran recently released 54,000 prisoners to address the pandemic.⁵ The spread of the disease on

² Ned Parker et al., *Spread of Coronavirus accelerates in U.S. Prisons and Jails* (March 28, 2020), available at <https://www.reuters.com/article/us-health-coronavirus-usa-inmates-insigh/spread-of-coronavirus-accelerates-in-us-jails-and-prisons-idUSKBN21F0TM>.

³ COVID Behind Bars
https://www.google.com/maps/d/u/0/viewer?mid=1cAMo2yrrmxupUZ_IJVBuuZO4UizfVxm8&ll=40.09352283139395%2C-86.87937406451238&z=4.

⁴ ZI Yang, *Cracks in the System: COVID-19 in Chinese Prisons*, *The Diplomat* (March 9, 2020).

⁵ BBC News, *Coronavirus: Iran temporarily frees 54,000 prisoners to combat spread*
<https://www.bbc.com/news/world-middle-east-51723398> (March 3, 2020).

cruise ships, churches, nursing homes and in malls further highlights the dangers of keeping multiple people enclosed in a confined space.

12. Youth in juvenile justice facilities, including detention centers, correctional placements, group homes, and private facilities, live, eat, learn, and spend almost all of their time in close contact with each other. These facilities are, in many respects, designed for exactly the opposite of the physical distancing measures required by this pandemic. A myriad of living arrangements can be found in youth justice facilities, from single cells or rooms to double celling or bunking to large dorm-type sleeping arrangements, with a dozen or more youth sleeping in one large room in close quarters. Facilities generally include shared bathroom and showering facilities, dining facilities, and day rooms. During the day, youth are mostly “locked out” of their cells or rooms, forcing them into congregate environments. Programs and education, necessary for rehabilitation and the safe and secure operation of such facilities, almost always occur in groups and in spaces that rarely allow for distancing. Of course, in facilities in which youth sleep in dormitory settings, they are almost constantly congregated with one another.
13. Youth justice facilities do not have the capacity to ensure the hygiene and sanitizing necessary to protect from the spread of COVID-19. In many cases, youth do not even have regular access to soap and water that would allow them to wash hands when they sneeze, cough, prepare to eat, touch an object, or go from one room to another. Youth typically do not have access to hand sanitizer. Ventilation is often inadequate. And the facilities are not staffed sufficiently to ensure that all surfaces will be regularly cleaned and disinfected.
14. Youth justice facilities typically lack the medical staffing, and often the physical capacity, to hold young people in a safe medical quarantine. Relying on nearby hospitals risks overwhelming local, often rural, health systems; failure to properly treat infected youth risks facility-wide exposure.
15. Youth in the justice system tend to be less healthy than their peers. They have more gaps in Medicaid enrollment and higher rates of

asthma and other medical vulnerabilities⁶ that can increase the severity of COVID-19.⁷

16. Failing to release youth and properly address the justice system's role in the spread of and exposure to COVID-19 will disparately impact Black, Latino, and Indigenous youth. Research consistently shows racial disparities in rates of incarceration. For example, in 2017, Black and native youth were incarcerated at 5.8 and 2.5 times the rate of white youth.⁸ In 2015, Latino youth were 1.7 times more likely to be incarcerated than white youth.⁹ Research has shown that these disparities reflect differential treatment from our justice system rather than differing youth behaviors.¹⁰
17. Youth correctional facilities are often short-staffed and generally staffed in shifts, with program, educational, health/mental health, and custody staff frequently rotating through these facilities three times a day, seven days a week. Like youth, these staff will have a very difficult time maintaining physical distance from the youth, risking carrying the virus into, or out from, the facility from their home communities.
18. Once they, their families and youth in the facilities begin to fall ill or test positive, staff will likely begin calling in sick, either because

⁶ Matthew C. Aalsma et al., Preventive Care Use Among Justice-Involved and Non–Justice-Involved Youth, *Pediatrics* (November, 2017).

⁷ Centers for Disease Control, *What to Know About Asthma and COVID-19*, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2F asthma.html.

⁸ Sickmund, Melissa, T. J. Sladky, W. Kang, and Charles Puzzanchera, Easy Access to the Census of Juveniles in Residential Placement, Bureau of Justice Statistics. Washington, DC: U.S. Department of Justice (2019), available at https://www.ojjdp.gov/ojstatbb/ezacjrp/asp/State_Facility_Operation.asp?state=59&topic=State_Facility_Operation&year=2017&percent=rate; Puzzanchera, Charles, Sladky, A., and Kang, W., “Easy Access to Juvenile Populations: 1990-2018.” Office of Juvenile Justice and Delinquency Prevention. Washington, DC: U.S. Department of Justice (2019), available at https://www.ojjdp.gov/ojstatbb/ezapop/asp/profile_selection.asp.

⁹ The Sentencing Project, *Still Increase in Disparities in Juvenile Justice*, 2017 available at <https://www.sentencingproject.org/news/still-increase-racial-disparities-juvenile-justice/>.

¹⁰ Pope, Carl E., Rick Lovell, and Heidi M. Hsia. *Disproportionate Minority Confinement: A Review of the Research Literature from 1989 Through 2001*. Juvenile Justice Clearinghouse/National Criminal Justice Reference Service. Rockville, MD: Office of Juvenile Justice and Delinquency Prevention (2002), available at <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=198428>.

they or their family members are ill, or because they fear contracting the virus in a closed setting. Staff will not only be required to quarantine themselves in the event of exposure, but the exposure or contagion of family members may also impede them from continuing to work. This could also exacerbate staff turnover and make staff recruitment more difficult. This, in turn, can thin already stretched staffing complements and endanger remaining youth and staff.

19. Combined, these staff disruptions will inevitably lead to diminished programming for youth, including education or special education, individual or group counseling and other rehabilitative programs. Reduced programming will likely lead to increased depression and frustration of residents. It may also lead to behavior problems in the facility, resulting in decreased safety for both youth and staff.
20. Facilities attempting to comply with physical distancing recommendations to prevent the spread of COVID-19 will, therefore, likely rely instead on isolation of individual youth. Withdrawing visitation, reducing or eliminating programs, reducing staffing complements and increasing isolation will likely exacerbate facility tension, mental illness and histories of trauma. This, in turn, can dramatically increase the risk of self-harm and is associated with risks lasting into adulthood, including poorer overall general health and increased incidence of suicide.¹¹
21. Given the physical and staffing constraints of youth justice facilities, the only appropriate way for states to respond to the COVID-19 pandemic is to close intake to detention and placement facilities for all but the most serious offending youth and release as many youth as safely possible back to their homes. Youth systems should quickly develop and implement individualized transition and aftercare plans for those currently in confinement; and policymakers should augment resources for community programming and access to health care to assure that releases are carried out in a safe manner. Families must be provided the necessary financial resources to meet the basic needs of their child,

¹¹ Casiano, H, Katz, LY, Globerman, D, Sareen, J. (2013). Suicide and deliberate self-injurious behavior in juvenile correctional facilities: A review. *Journal of Canadian Child and Adolescent Psychiatry*, 22(2), 118–124.

including adequate housing, food, access to educational supports, and health care.

22. Shifting youth from placement to home is possible, practical, and can be done safely. In New York City and Washington D.C., the vast majority of youth were safely moved out of incarceration and into community programs while ensuring public safety.¹² This is true throughout the country; in the overwhelming majority of states, youth incarceration has declined by double-digits. Nationally, from 1997-2017, there has been a 59 percent decline in youth incarceration during which time youth crime has continued to plummet nationally by 71 percent. Because youth incarceration actually worsens youth behavior, prioritizing community-based solutions whenever possible is not only medically-appropriate, but also better for community safety.¹³
23. For those youth who cannot be safely released back to the community, every effort must be made to ensure that youth and staff inside facilities stay safe and healthy. To that end, facilities must fully comply with all guidance currently being issued by public health officials, including maintaining social distance, increased handwashing, and frequent disinfecting and sanitization of common areas. Additionally, facilities must support youth during this unprecedented time by providing access to technology to facilitate communications with their families and loved ones, as well as distance learning and other activities aimed at supporting rehabilitation. Youth should have regular access to health and mental health care while in custody during this pandemic period to ensure they can get needed medications and support in a timely manner. Finally, under no circumstances should the current pandemic justify the use of punitive measures, such as room confinement or isolation.

¹² Center for Children’s Law and Policy, Implementing New York’s Close to Home Initiative: A New Model for Youth Justice (2018) available at <http://www.cclp.org/wp-content/uploads/2018/02/Close-to-Home-Implementation-Report-Final.pdf>; Liz Ryan and Marc Schinder, Notorious to Notable: the Crucial Role of the Philanthropic Community in Transforming the Juvenile Justice System in Washington, D.C., <https://www.yumpu.com/en/document/read/41029454/notorious-to-notable>.

¹³ Anna Aizer, Joseph J. Doyle, Jr., Juvenile Incarceration, Human Capital, and Future Crime: Evidence from Randomly Assigned Judges, *The Quarterly Journal of Economics*, Volume 130, Issue 2, May 2015, Pages 759–803, <https://doi.org/10.1093/qje/qjv003>.

We declare under penalty of perjury that the foregoing is true and correct.

Executed on March 31, 2020

A handwritten signature in black ink, appearing to read "Anne Marie Ambrose", written over a horizontal line.

Anne Marie Ambrose

Phyllis Becker

Susan Burke

Gladys Carrion

Patrick McCarthy

David Muhammad

Marc Schindler

Vincent Schiraldi