

**Maryland Faces COVID-19 Catastrophe in Prison  
without Immediate Steps to Decarcerate**

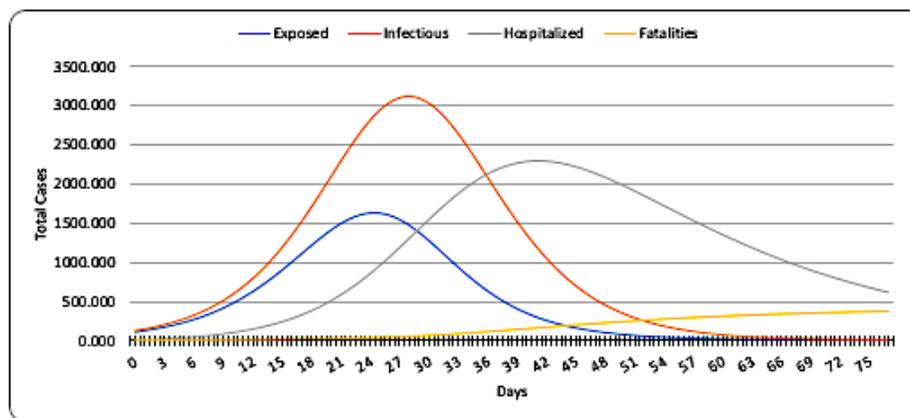
The nonprofit Recidiviz has created an [online model](#) built specifically for institutional populations that projects transmission of the COVID-19 virus using state-specific data on the prison population, age distribution, and steps taken to mitigate the spread of the virus. The model predicts that Maryland’s prisons will soon be overwhelmed with individuals infected with COVID-19.

As of April 26<sup>th</sup>, Maryland reported 207 positive cases in its prisons. This includes 157 staff and 50 incarcerated individuals. The model predicts that number will rise to 791 incarcerated individuals and 331 staff within a week. In two weeks, 2,661 incarcerated people and 662 staff are projected to test positive for the virus. In only three weeks, 6,474 incarcerated individuals and 1,418 staff are projected to test positive for COVID-19. At that time, nearly 600 incarcerated individuals and staff are expected to be hospitalized and 589 staff will be unable to work. The model projects at the peak that nearly 1 in 5 hospital beds in the state will be occupied by someone who contracted the virus in state prison.

Maryland reported 19 new cases of COVID-19 among incarcerated individuals as of April 26<sup>th</sup>. However, this small increase will have an alarming impact due to exponential transmission of the virus in a prison setting. These updated testing data translate into 1,600 additional cases in three weeks compared to prior projections.

**COVID-19 Incarceration Model  
Maryland**

4/27/2020



	Impact Projections			
	In 1 wk	In 2wk	In 3wk	Overall
<b>Incarcerated population (totals)</b>				
Cases	791	2,661	6,474	14,678
In hospital	22	139	452	3,815
% of public hospital beds used for incarc. pop.	0.2%	1.3%	4.2%	
Deceased	0	2	7	187
<b>In-facility staff (totals)</b>				
Infected	331	662	1,418	3,895
Unable to Work	166	281	589	
In hospital	36	66	131	1,013
Deceased	2	6	13	218
<b>Maximum utilization</b>				
Peak hospital bed utilization (as % of hospital beds in state)				17.1%
Days until peak hospital bed utilization				41

On April 20<sup>th</sup>, Maryland announced that it had released 2,000 people from its jails and prisons over the past five weeks in response to the virus, which is incorporated into the numbers above. While this effort to reduce the population is encouraging, it only results in a few hundred fewer cases of the infection over three weeks. A much more ambitious decarceration strategy is necessary.

Finally, these numbers, as shocking as they may appear, are quite conservative. They are based on current rates of positive tests, which reflect the prevalence of testing. While the model does account for underreporting in terms of testing, Maryland's lack of transparency in how many tests have been administered suggests that these positive rates are quite low. Data on testing and infection rates must be reported to better understand the spread of COVID-19 in Maryland prisons. Also, the model does not account for poor health care delivery in a prison setting or the disproportionate number of individuals in prison who suffer from chronic health issues. In Maryland, it is estimated that nearly 8,000 people – or 4 in 10 people in prison – suffer from a chronic health issue. This is an extremely vulnerable population housed in a setting that excels in the spread of contagious disease.

To stem the spread of COVID-19 in Maryland's prisons and jails, state leadership should take immediate steps to implement the recommendations outlined in an April 8<sup>th</sup> [letter](#) to Governor Hogan.

These include:

- Halt new admissions to every correctional unit within the state's purview, including prisons, the Department of Juvenile Services, and state-run jails, and direct local jurisdictions to reduce correctional populations.
- Release every incarcerated person who can be safely released to their communities, prioritizing the most medically vulnerable and providing appropriate reentry supports.
- Temporarily increase the capacity of community supervision and make conditions of supervision more compatible with CDC recommendations.
- For those who remain incarcerated, improve safety conditions.