

COVID-19 behind bars: 5 ways to support correctional physicians

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U.S. prisons and jails are extremely vulnerable to SARS-CoV-2 transmission given the close quarters of these correctional facilities. Plus, few have the health care capacity to respond to a flood of sick calls, leaving correctional health care teams seemingly in a no-win situation.

A physician with expertise on reducing the debilitating effects of prisons and jails shared insights into how physicians can support their colleagues charged with caring for people who are incarcerated during the COVID-19 pandemic.

A [videocast](#) from the *AMA Journal of Ethics*[®] (@JournalofEthics) features an interview with Brie Williams, MD, MS, professor of medicine and director of Amend, a program to improve correctional culture, at the University of California, San Francisco. In her conversation with the journal's editor-in-chief, Audiey Kao, MD, PhD, Dr. Williams points to specific actions physicians can take to help their correctional colleagues and also tackle community outbreaks that start in local prisons and jails.

More broadly, the AMA and the Centers for Disease Control and Prevention are closely monitoring the COVID-19 pandemic. Learn more at the [AMA COVID-19 resource center](#). Also check out pandemic resources available from the [AMA Code of Medical Ethics](#), [JAMA Network](#)[™] and [AMA Journal of Ethics](#), and consult the [AMA's physician guide to COVID-19](#).

How to make a difference

All physicians have an interest in heading off SARS-CoV-2 outbreaks in prisons and jails. Dr. Williams highlighted several immediate steps to take to improve conditions in correctional facilities, limit community spread and advance public policy.

Reach out to local correctional health professionals. Physicians and other health professionals in prisons and jails are working hard under challenging circumstances to care for patients with COVID-

19.

“They need partnership from public health, they need partnership from epidemiology, they need thought partnership to help ready their correctional facilities,” Dr. Williams said, adding that some still haven’t identified appropriate spaces for medical isolation or quarantine.

Include correctional facilities in your county's pandemic planning. Correctional health care is generally built to treat relatively mild conditions for a small number of people, and patients with serious disease in US jails and prisons are routinely transferred to local hospitals.

“Imagine the impacts that an outbreak at a 3,000-person prison could have in a small community hospital that has just four ICU beds,” Dr. Williams said.

Plan ahead on what to do if correctional health professionals fall ill. This includes developing emergency credentialing plans for clinicians. Case in point: A COVID-19 outbreak at a Louisiana prison recently claimed the lives of the warden and chief medical officer in a span of a couple days.

“So suddenly you have not just an outbreak among correctional staff and among patients, but you also have an outbreak among physicians and other health care professionals,” she said.

Push for public health-focused decarceration. Most releases have been focused on inmates awaiting trial or who have exceptionally minor charges. These usually amount to tiny reductions in the prison population.

“[T]hey do almost nothing to harness the knowledge of medical experts about how to meaningfully reduce risk for older and seriously ill incarcerated people and those with chronic diseases,” Dr. Williams said.

Rally geriatricians and palliative care doctors to help. This includes those in private practice and at academic medical centers.

“This is a geriatric health care emergency and we have a responsibility to bring the knowledge and the training that we have to support our colleagues in correctional systems,” Dr. Williams said.

Amend has a webpage with corrections-related COVID-19 resources, including checklists for correctional leaders, officers and health care staff, as well as advocates.

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