

AFFIDAVIT

1. My name is Carolyn Sufrin and I am an Assistant Professor with the Johns Hopkins School of Medicine. I also hold a joint appointment with the Bloomberg School of Public Health. I have a medical degree from Johns Hopkins and a Ph.D. in medical anthropology from the University of California, San Francisco. While my specialty is in reproductive healthcare for incarcerated women, I have researched extensively on the state of healthcare in the criminal legal system. My research is also grounded in direct clinical experience. I previously served as a physician in the San Francisco Jail for seven years. I also serve on the board of directors of the National Commission on Correctional Health Care (NCCHC). The following reflects my own views and does not necessarily reflect those of Johns Hopkins or NCCHC.
2. The COVID-19 global pandemic presents unique public health challenges for incarcerated people, including young people securely confined in juvenile detention centers and placements. COVID-19 spreads through close physical contact including touching of surfaces and respiratory droplets. Critically, many people who have contracted the virus do not show symptoms for days, increasing the risk of exposure and transmission. By their very design, detention centers are ill-equipped to protect both incarcerated people and their staff from the spread of this virus. Even independent of COVID-19, it is well-established that institutions of incarceration are high-risk places for the spread of transmissible infections, especially respiratory infections like influenza and tuberculosis. Medical units or infirmaries have limited capacity to serve large numbers of ill patients, both in terms of space and staffing. It is rare that a medical doctor can provide around-the-clock care in a jail, prison, or detention center infirmary. Maintaining close physical contact is a part and parcel of correctional control and surveillance. And even with limits on attorney and family visitation, facility staff remain potent vectors of spreading the virus from the outside community into the facility or vice versa. Thus, incarcerated individuals are not free to have the ability to adequately practice social distancing, one of the main measures to reduce the spread of COVID-19.
3. In addition to keeping up to date with the Centers for Disease Control and Prevention guidance as well as with my colleagues and other experts, I have been closely monitoring the State of Maryland's response to COVID-19, including the governor's directive to close all schools until March 27, 2020 and to close restaurants, movie theaters, gyms and other locations across the state. While children have a lower risk of succumbing to the virus, they are no less likely to contract COVID-19 and transmit it. The preventative measure taken to close schools and food and entertainment establishments reflects the epidemiological consensus that in order to "flatten the curve" and drastically slow the spread of this virus, we should not be congregating children in contained spaces.
4. I have reviewed information from the medical director of DJS on staffing at DJS facilities. Health care services at Maryland DJS facilities are currently overseen by a single medical director and health administrator. Individual sites are staffed by DJS nurses and by community pediatricians, family physicians, and nurse practitioners; several physicians cover multiple DJS sites. As COVID-19 cases continue to rise in Maryland, it is anticipated that



staffing shortages due to exposure or illness will limit the number of health care providers who can work; this will then limit the ability to provide adequate health care on-site to all youth inside of DJS facilities without resorting, when and where possible, to telemedicine. In the event that health care providers are burdened under such a scenario, young people would not get direct care from an on-site physician, but instead, through telemedicine remote visits, if such technology is even possible at DJS sites, and which is less optimal than on-site visits for providing treatment and care.

5. The challenges and unique risks posed by COVID-19 are only just beginning. Public health experts expect that the situation will get worse before it gets better. It is my professional opinion that incarcerated children and adults are particularly vulnerable during this time and I urge the Court to take measures, where appropriate, to remove children from these high risk environments. Public safety and public health do not have to be at odds. Not only could community-based alternatives to detention in appropriate cases protect public safety, such measures would also be essential for the health of these children, and for the health of the public throughout the state of Maryland.

I hereby affirm that the foregoing is true and correct to the best of my knowledge.

Carolyn Sufrin

CHIRAG PATEL
ELECTRONIC NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
REGISTRATION # 7679556
MY COMMISSION EXPIRES JUNE 30, 2020

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Dr. Carolyn Sufrin, A.M., M.D., Ph.D.

March 18, 2020

**Please see attached
All Purpose
Jurat form
for additional
Notary Events**



JURAT ATTACHMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF Virginia }

COUNTY OF Arlington }


The foregoing instrument was subscribed and sworn before me this date of 03/18/2020, by Carolyn Sufrin

CHIRAG PATEL
ELECTRONIC NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
REGISTRATION # 7679556
MY COMMISSION EXPIRES JUNE 30, 2020

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(Notary Seal)

Notary's Signature 

Registration No.: 7679556

Commission Expiration Date: June 30, 2020

