

Higher vaccine priority for those in Colo. prisons

By Carlos Franco-Paredes and Yadira Caraveo
Guest Commentary

As an infectious disease specialist and the only M.D. in the Colorado legislature, we felt a deep sense of relief and gratitude at the start of the COVID crisis believing that we lived in a state where its leadership would seek and follow the advice of public health experts to manage the pandemic. Gov. Jared Polis was one of the first to wear a mask and encourage others to do so, and he made some difficult political decisions, including a stay at home order, to save lives.

Yet, as this crisis has unfolded, Polis has increasingly turned his back on public health guidance when it comes to incarcerated people. Nowhere is that more apparent and dangerous than in his reversal of public health guidance from his own Department of Public Health and Environment, which recommended priority vaccination for all people in congregate settings, including prisons and jails.

As medical professionals who consider scientific facts and incorporate health equity in the practice of medicine, it has been disheartening to watch political decisions drive Polis' vaccine distribution schedule.

In many other states, informed governors have shown the moral courage to prioritize vaccination of incarcerated individuals, along with others who live in congregate settings. Due to the intrinsic nature of confinement of jails, prisons and detention centers, these facilities have been major epicenters of COVID-19 transmission, disease and death. Colorado prisons and jails host the largest outbreaks in the state. More than 40% of Colorado's prison population and hundreds of correctional staff have tested positive, and at least 15 have died. Those numbers are worsening daily.

We have great respect for the experts at CDPHE. We fully expected they would follow the science in presenting a vaccination schedule, and they did not disappoint. CDPHE's initial vaccination schedule, posted on its website until just a few weeks ago, properly prioritized vaccination of residents and staff in all congregate care settings, where dense populations, communal living, and a high number of medically vulnerable residents made

for ideal virus transmission conditions. These settings included nursing homes, prisons, jails and homeless shelters, where COVID is currently spreading like wildfire.

CDPHE didn't choose to prioritize congregate settings in order to give a special benefit to incarcerated people. They prioritized congregate settings because they were following the science.

But new CDPHE guidance removes incarcerated people as a group from priority vaccination.

As medical professionals, we swore an oath to value the lives of all humans equally, incarcerated and free people alike. Just as medical providers don't let their feelings for patients change their medical care, politics shouldn't impact what should be science-based decisions. Priority immunization makes sense from a public health perspective. Incarcerated individuals have no ability to shield themselves from this virus: social distancing is impossible, prisoners have limited access to hygiene supplies and disinfectants, and medical care is limited and untimely. These conditions are ripe for the spread of COVID.

Correctional facilities are not hermetically sealed environments, and vaccinating correctional staff will not protect us. People incarcerated in county jails tend to be released within a few days, just enough time to pick up the virus and then bring it back to the community. Indeed, one recent study of the Cook County Jail found that jail releases meaningfully contributed to community infection rates.

There's more. Lawyers, judges, health care workers, and service providers interact with incarcerated people daily.

If we truly care about public health and community spread, we must prioritize those who do not have the choice to stay home, to socially distance, or to avoid large gatherings — people in nursing homes, prisons, and homeless shelters.



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