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Chief Lynne Wilkerson
Bexar County Juvenile Probation
301 East Mitchell
San Antonio, TX 78210
wilkerson@bexar.org

District Attorney Joe Gonzales
101 W Nueva St
San Antonio, TX 78205
Gonzales.Joe@bexar.org

Judges Carloz Quezada, Arcelia Trevino, and Lisa K. Jarrett
600 Mission Road
San Antonio, TX 78210
cquezada@bexar.org, atrevino@bexar.org, LJarrett@bexar.org

Sheriff Javier Salazar
200 N Comal St
San Antonio, TX 78207
jsalazar@bexar.org

Dear Bexar County Officials and Judges,

With cases of coronavirus disease (COVID-19) increasing daily, we know the virus will enter Texas' juvenile facilities and detention centers, if it has not already. We are concerned about the impact of the COVID-19 virus on incarcerated and detained youth. Our mayors and counties are taking steps to stop the spread of the COVID-19 virus--closing schools, canceling events, and shifting to supporting children in their homes and communities--but one group has the potential to be overlooked: youth in custody and youth interacting with the juvenile justice system in Texas.

Research by health care experts shows that incarcerated populations are most at risk during a public health crisis. According to the Centers for Disease Control (CDC), the virus is spread

mainly from person to person between people who are in close contact with each other (within about 6 feet). Physicians for Criminal Justice Reform issued a [letter](#) on March 22nd highlighting the specific risks to children and young people in juvenile and correctional settings; steps must be taken to address their concerns. Further, as facilities suspend in-person visits, as schools close, and as volunteer programming is stopped, kids are likely to be isolated and stressed; it will be crucial to ensure that youth in custody still have access to programs and support.

In an institutional setting, spread will be almost impossible to contain. Contagious viruses such as COVID-19 spread much faster in detention centers and prisons as incarcerated youth are in close quarters and sometimes in unsanitary conditions. Behind bars, youth are not able to take proactive measures to keep themselves safe, such as practicing social distancing, frequently washing hands, or staying in sanitized spaces. Even if youth are in individual cells, ventilation is often inadequate. Youth detention and correctional facilities are likely unequipped to meet the medical needs of youth if a COVID-19 outbreak inside a juvenile detention or correctional facility should occur; many juvenile detention and post-adjudication facilities do not have full-time nursing or other medical professionals, such as doctors on staff or doctors that come to the facility regularly. It is important that we increase youth's access to medical care in light of COVID-19.

Further, confined individuals are [likely to contract the virus from staff who enter and exit facilities daily](#)—and staff who have not yet been infected will be at greater risk of becoming ill. As concerns about contracting the virus rise for staff members, and as childcare becomes less accessible for staff members who are primary caretakers, staffing facilities will become more difficult. This will create significant safety risks for both youth in custody and staff.

Today, Texas officials have the opportunity to act decisively in the interest of public safety before the pandemic escalates to the level of severity that it has already escalated to in other countries. In addition to strategies to slow the spread of this virus and “flatten the curve,” we recommend mitigation strategies to prevent further dangerous situations. **We urge you to publicly share your emergency plan for addressing COVID-19 in the juvenile justice system**, including the adoption of these measures to protect youth under the supervision of the juvenile justice system:

1. Immediately halt new admissions to juvenile detention and correctional facilities and initiate the removal of youth from juvenile detention and correctional facilities by:
 - a. Examining all pre- and post-adjudication release processes and mechanisms and employing these as quickly as possible (encourage the use of videoconferencing for certain court hearings, if the defense attorney agrees);
 - b. Removing youth who: have COVID-19 symptoms; have chronic illnesses, such as asthma or diabetes; have autoimmune disorders; have other serious illnesses; or are in need of medical care;
 - c. Eliminating any form of detention or incarceration for youth by rejecting cases unless a determination is made that a youth is a substantial and immediate safety risk to others; and
 - d. Reducing or eliminating referrals to the juvenile justice system from foster care providers and schools and for children under the age of 14.

2. While youth are awaiting release:
 - a. Provide written and verbal communications to youth and their families on COVID-19, access to medical care, and community-based supports;
 - b. Ensure continued safe access to education, including virtual educational programming;
 - c. Ensure access to legal counsel through teleconferencing;
 - d. Reduce the potential for transmission from people in the community to people inside facilities by suspending family visitation (but provide free and expanded access to phone calls and video calls as a mitigation measure until visitation can be restored)¹;
 - e. Suspend volunteers' access to facilities; encourage volunteers to find other ways to support facilities to deliver their programming; and add volunteers to approved call lists, at the volunteers' request;
 - f. Ensure access to medical care, including mental health care, and proper sanitation and hygiene;
 - g. Ensure social distancing guidelines are adhered to--eliminate gatherings of more than 10 youth at once, and seek opportunities to keep youth in custody at least 6 feet apart; and
 - h. Avoid excessive use of solitary confinement due to the risk of mental deterioration and suicide.
3. Create transitional plans for youth released from custody and detention, including youth who are in foster care. Each plan should ensure the following:
 - a. A designated place to live;
 - b. A confirmation of how basic needs will be met;
 - c. A provision for immediate and adequate medical care; and
 - d. A provision for youth to receive access to a virtual course-system either through their school districts, or provided by juvenile probation, to ensure they have continued educational instruction.
4. For youth on probation:
 - a. Eliminate incarceration as an option for technical violations of probation;
 - b. Eliminate requirements for in-person meetings with their probation officers;
 - c. Place a moratorium on all requirements to attend court and probation-ordered programs, including community service or other work programs; and
 - d. Suspend billing to youth or their families for probation or court-ordered programs.
5. Expand community-based programs for youth in the justice system so they are effectively supported in their communities.
6. For staff:
 - a. Screen all workers for symptoms of COVID-19 before allowing them to enter the facility; and
 - b. Emphasize that no staff member should come to work if they are ill or have been exposed.

¹Legal visits cannot be restricted, but increase juvenile access to confidential phone lines and/or unsupervised video conferences to minimize the need for attorneys to come to the facility.

If you have additional questions or need more information, you can reach us by email at the addresses below. Thank you for your time and consideration. We look forward to hearing from you.

Sincerely,

Brett M. Merfish
Director of Youth Justice
Texas Appleseed
bmerfish@texasappleseed.net

Alycia Castillo
Youth Justice Policy Analyst
Texas Criminal Justice Coalition
acastillo@texascjc.org

Luke Amphlett
PODER - The Social Justice Caucus of the San Antonio Alliance
luke.amphlett@gmail.com

Patricia S. Castillo, L.M.S.W.
Executive Director
The P.E.A.C.E. Initiative
patpeacesa@gmail.com

Carolina Canizales
Senior Texas Campaign Strategist
Immigrant Legal Resource Center
ccanizales@ilrc.org

Raven Douglas
Political Director
MOVE Texas Action Fund
raven@movetexas.org

John Faultersack
Member, Black Lives Matter Working Group
First Unitarian Universalist Church of San Antonio
faulthersack46@gmail.com

Laquita Garcia
Statewide Coordinator
Texas Organizing Project
lgarcia@organizetexas.org

Greg Harman
San Antonio Organizer
Sierra Club
gregharman@gmail.com

Juan Manuel Guzman
United We Dream
Advocacy & Policy Manager
jguzman@unitedwedream.org

Katy Murdza
Member
SA Stands
sa.stands1@gmail.com

Judith Norman
Jewish Voice for Peace - San Antonio
sanantonio@jvp.org

Barbara Pena
Director of Strategic Partnerships
RAICES
barbara.pena@raicetexas.org

Kamala Platt
Member
SNCC Legacy Project
kamalap@earthlink.net

Mara Posada
Director of Public Affairs
Planned Parenthood South Texas
mara.posada@ppsouthtexas.org

Rae Martinez
Director
Texas Rising
rae@tfn.org

Graciela I. Sánchez
Executive Director
Esperanza Peace and Justice Center
graciela@esperanzacenter.org

Chloe Sikes
Deputy Director of Policy
Intercultural Development Research Association (IDRA)
chloe.sikes@idra.org