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## Incarceration And COVID-19: The Authors Reply

As jails and prisons recently constituted 90 of the top 100 coronavirus disease 2019 (COVID-19) clusters in the United States,1 we appreciate attention to our article (Aug 2020) on the ongoing problem of jail cycling and its consequences for public health and structural racism. Unfortunately, instead of accepting collaboration when we shared our data or contributing work to help address the present crisis, Leah Pierson and coauthors chose to focus on criticism of our preliminary study constrained by limited data access. There are times when better methods-such as randomized controlled trials—are not possible. Preliminary descriptive studies, although limited and vulnerable to standard critiques, can make contributions to addressing problems that may then later be studied with more rigorous methods as data become available. It appears that many journal editors agree: Our study's reliance on multivariate regression is shared by hundreds of recent papers in top medical and scientific journals responsive to the COVID-19 crisis.

We will let our forthcoming analyses, which support our initial results, address the authors' methodological objections. In brief, we disagree with characterization of the results as brittle. Subsequent work, now under review, uses longitudinal data and 1,707 controls (including testing rates) in elastic regression and shows that reverse causality, spatial dynamics, and missing variables are unlikely to ex-

plain our consistent findings.

One point with broader significance is that the authors' claims that our effect sizes are implausible depend on inappropriately applied Centers for Disease Control and Prevention estimates of undetected COVID-19 nationally for a period later than our study and an uncritical use of the Cook County Jail's inaccurate—by the jail's own admission-reported figures. During our study period, as the jail accelerated releases, more than 7,400 detainees (97 percent of March detainees) were not tested. Importantly, there were then, as now, no testing protocols implemented that would be able to detect those exposed and infected during high-risk arrest, transit, and booking procedures and then released within days.

Dangerous reliance on misleading testing at the time of booking continues at many jails nationally because of a failure to account for postexposure incubation required before test results become meaningful. Given that a large jail was shown to have the highest known institutional reproduction ratio, 2 it is not surprising that our data suggest that infections among those released were greater than the jail's reports indicate. Even in the White House, let alone jails, testing has been insufficient to prevent the spread of COVID-19. Consensus among public health scholars is that we need largescale decarceration, including changes to arrest policies for low-level alleged offenses, to protect both detainees and the public during the pandemic.3

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## NOTES

- 1 Coronavirus in the US: latest map and case count. New York Times [serial on the Internet]. 2020 Sep 1 [cited 2020 Oct 24]. Available from: https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html
- 2 Puglisi LB, Malloy GSP, Harvey TD, Brandeau ML, Wang EA. Estimation of COVID-19 basic reproduction ratio in a large urban jail in the United States. Ann Epidemiol. 2020 Sep 9. [Epub ahead of print].
- **3** Wang EA, Western B, Backes EP, Schuck J, editors. Decarcerating correctional facilities during COVID-19: advancing health, equity, and safety [Internet]. Washington (DC): National Academies Press; 2020 [cited 22 Oct 2020]. Available from: https://www.nap.edu/read/25945/chapter/1