

IN THE
COURT OF APPEALS OF MARYLAND

September Term 2019

Misc. No. 19

IN RE J.B., L.H., L.S., R.P., AND ON BEHALF OF ALL OTHER SIMILARLY
SITUATED INDIVIDUALS v.
THE HONORABLE W. THOMAS FINIAN, ET AL.

**BRIEF OF AMICI CURIAE JUVENILE AND CRIMINAL JUSTICE
AND CORRECTIONS LEADERS**

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**Motion for Special Admission Pending*

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STATEMENT OF INTEREST

Amici curiae are groups and individuals in the corrections, prosecution, and law enforcement fields of juvenile and criminal justice. Youth Correctional Leaders for Justice (“YCLJ”) is an unincorporated association of current and former leaders of youth justice agencies in multiple states across the country. The Steering Committee for YCLJ, on whose behalf this brief is filed, serves as a resource to the youth corrections field, engaging in an array of technical assistance, guidance, research, and policy activities in order to advance reform.

Fair and Just Prosecution (“FJP”) is a non-profit organization that brings together elected state and local prosecutors as part of a network of leaders committed to promoting a justice system grounded in fairness, equity, compassion, and fiscal responsibility.

Ronal W. Serpas and Taryn A. Merkl are the Executive Director and Senior Counsel, respectively, at Law Enforcement Leaders to Reduce Crime & Incarceration, a project of the Brennan Center for Justice, which unites over 200 current and former senior law enforcement officials from all 50 states to urge policy changes that reduce crime and unnecessary incarceration, and build a smart, strong, and fair criminal justice system.

Amici write to bring the Court’s attention to the perspective of leaders and organizations the criminal justice, youth corrections, and law enforcement communities, which are charged with the protection of the public and the protection and rehabilitation of youth in the custody of the juvenile justice system.

This brief discusses the risks of COVID-19 to the youth detained in Maryland’s juvenile detention facilities, as well as to the corrections officers, administrators, educators, health care professionals, and service providers who care for them. *Amici* submit that Maryland can best protect its communities—and fulfill its moral and legal obligations to the youth in its custody—by granting the relief requested in Petitioners’ Application for Immediate and Extraordinary Relief (the “Application”).

ARGUMENT

I. INTRODUCTION

COVID-19, the disease caused by the novel coronavirus, has killed tens of thousands of people worldwide, and infected well over a million more. Billions have been ordered to stay inside. In the United States, trillions of dollars have been committed to keep the country afloat. And in Maryland, the worst is yet to come. Elected leaders across this state and the country are unanimous in their agreement that now is the time to protect the most vulnerable. But Maryland continues to hold hundreds of children across seven juvenile detention facilities, stuck in conditions that invite the spread of the virus.

Amici, representing leaders from across the justice system, urge this Court to take the steps well within its power to protect these children and the service providers and communities that care for them. The problem is daunting, but for many youth detained in Maryland, the solution is simple: Let them go home.

Amici submit that the coronavirus is a grave threat to the youth detained in Maryland’s custody, and that Maryland abandons them to immediate physical and long-lasting psychological risk by allowing them to remain in over-exposed and under-

resourced facilities. And the virus will not stop at the facilities' gates; sick children make sick adults. Moreover, *amici*, as veterans of the youth corrections and law enforcement fields, submit that the principles of rehabilitation and harm prevention are ill-served by the proposed alternatives to release, which still leave children vulnerable and more alone than ever.

Fortunately, the humane solution is also the pro-social one. The remedy sought by Petitioners, including the release of many detained youth, will save lives and will protect, rather than endanger, the general population. To promote justice and the public good, this Court can and should choose to grant Petitioners' extraordinary relief.

II. THE CORONAVIRUS IS AN URGENT THREAT TO THE SAFETY OF MARYLAND'S YOUTH CURRENTLY DETAINED IN JUVENILE CORRECTIONAL FACILITIES AND THEIR CARETAKERS.

Like much of the world, Maryland's juvenile jails and prisons are at war with the novel coronavirus. The coronavirus is highly contagious, and it has arrived: at least two staff members working in two separate Department of Juvenile Services ("DJS") facilities have tested positive.¹ Juveniles in detention, and staff members who manage the detention facilities, are especially at risk of becoming infected, developing severe and

¹ Jayne Miller (@jemillerwbal), Twitter (Apr. 7, 2020, 8:10 AM), <https://twitter.com/jemillerwbal/status/1247496890280804353> (reporting COVID-19 case in Baltimore City Juvenile Justice Center); Lilian Reed, *Maryland Department of Juvenile Services Reports First Coronavirus Case*, Baltimore Sun (Apr. 6, 2020), <https://www.baltimoresun.com/coronavirus/bs-md-juvenile-services-coronavirus-20200406-20200406-yvtldapmw5aa7cmzmnnotxnxxoq-story.html> (reporting COVID-19 case in the Lower Eastern Shore Children's Center).

sometimes life-threatening symptoms, and spreading the virus to their families and communities. Detainees and facility staff are frequently required to remain in close, confined quarters.² As one epidemiologist recently opined, “If you wanted to set up a situation that would promote rapid transmission of a respiratory virus, you would say prison: it’s close quarters, unsanitary, individuals in frequent contact.”³

Indeed, some of Maryland’s juvenile detention centers utilize dormitory-style housing with dozens of beds in one single, large room, which forces children to remain in close proximity to each other.⁴ Even in detention centers with single-bed cells, detained children and staff members are required to interact with each other throughout the day in places like day rooms, cafeterias, recreation areas, medical areas, and more. In many facilities, “handwashing, the most basic tool that incarcerated people have, won’t be

² See, e.g., *Responses to the COVID-19 Pandemic*, Prison Policy Initiative (Apr. 7, 2020), <https://www.prisonpolicy.org/virus/virusresponse.html> (“Prisons and jails are amplifiers of infectious diseases such as COVID-19, because the conditions that can keep diseases from spreading—such as social distancing—are nearly impossible to achieve in correctional facilities.”).

³ Daniel A. Gross, “*It Spreads Like Wildfire*”: *The Coronavirus Comes to New York’s Prisons*, *The New Yorker* (Mar. 24, 2020), <https://www.newyorker.com/news/news-desk/it-spreads-like-wildfire-covid-19-comes-to-new-yorks-prisons>; see also Rich Shapiro, *Coronavirus Could “Wreak Havoc” On U.S. Jails, Experts Warn*, *NBC News* (Mar. 12, 2020), <https://www.nbcnews.com/news/us-news/coronavirus-could-wreak-havoc-u-s-jails-experts-warn-n156586>.

⁴ Petitioners’ Declarations in the Application illustrate these circumstances. See, e.g., Decl. of L.S. at 2 (“Because we all share the same bathroom to use the toilet, wash our hands, and shower, it is very difficult to use the bathroom without coming into close contact with each other.”); see also Application, *supra*, at 15.

consistently available,” because the sinks either do not work or there simply is no soap.⁵ Further, children in Maryland’s juvenile detention centers must share tables, chairs, sinks, showers, and toilets, but without access to proper cleaning supplies, there is no way to ensure these surfaces are properly disinfected and sanitized between uses, potentially exposing each person to the virus and leading to its uncontrollable spread.

These conditions exacerbate the spread of COVID-19 to children and young adults, who are just as likely as people of other age groups to become infected.⁶ As of April 2, 2020, approximately 2,600 children under the age of 18 in the United States are confirmed to have contracted COVID-19.⁷ Of those confirmed cases, roughly 73% exhibited classic symptoms of the virus (fever, cough, or shortness of breath), one-third required hospitalization, and three children died.⁸ Studies have shown that children in detention tend to become sicker and develop more underlying medical issues,⁹ including

⁵ Robert Barton, *COVID-19 Response: What About Us?*, Medium (Mar. 18, 2020), <https://medium.com/@istikame/covid-19-response-what-about-us-4aa2d0142133>.

⁶ Contrary to early reports, there is no data to suggest that children (17-years-old and younger) are less likely than older age groups to contract COVID-19. The most recent data show only that symptoms tend to be less severe in children than in adults, though children may still develop severe and even life-threatening symptoms requiring hospitalization. See CDC Covid-19 Response Team, *Coronavirus Disease 2019 in Children — United States, February 12 – April 2, 2020*, CDC (Apr. 6, 2020), https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm?s_cid=mm6914e4_w.

⁷ See *id.*

⁸ See *id.*

⁹ See Dr. Elizabeth S. Barnert, et al., *How Does Incarcerating Young People Affect Their Adult Health Outcomes?*, Pediatrics (Feb. 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260153/> (“Cumulative incarceration duration during adolescence and early adulthood is independently associated with worse physical and mental health later in adulthood.”).

asthma, which often causes more severe coronavirus symptoms.¹⁰ The extensive medical risks present in juvenile detention centers are well documented,¹¹ and the danger to Maryland's detained children cannot be ignored.

Additionally, should children currently detained in Maryland's juvenile detention centers contract COVID-19, the odds of developing severe symptoms will be increased by the limited medical personnel and supplies available in these facilities. The Maryland Office of the Public Defender reports that DJS has a total of only 18 infirmary beds for the entire juvenile detention system. Due to the lack of proper equipment and resources, any detained child that contracts the virus will likely need to be transported to the nearest hospital, which is often many miles away, and which often fully occupies multiple correctional officers, stretching already thin staffing complements.¹²

¹⁰ See Dr. Tyler N.A. Winkelman, et al., *Health Conditions and Racial Differences Among Justice-Involved Adolescents, 2009 to 2014*, Academic Pediatrics (Mar. 12, 2017), [https://www.academicpedsjnl.net/article/S1876-2859\(17\)30103-1/fulltext](https://www.academicpedsjnl.net/article/S1876-2859(17)30103-1/fulltext) (“Adolescents on parole/probation or in juvenile detention in the past year had a higher prevalence of asthma (P < .05) and hypertension (P < .05) compared with adolescents without justice involvement.”).

¹¹ See Marc Schindler & Vincent Schiraldi, *Let's Keep Youth Justice from Making the Coronavirus Worse*, USA Today (Mar. 27, 2020), <https://www.usatoday.com/story/opinion/policing/2020/03/27/coronavirus-lets-keep-youth-justice-making-pandemic-worse-column/2909458001/> (collecting sources on the dangers COVID-19 poses to incarcerated children).

¹² See Juvenile Justice Monitoring Unit, *Fourth Quarter Report and Annual Review 32*, Md. Office of the Att'y Gen. (2018), http://www.marylandattorneygeneral.gov/JJM%20Documents/JJMU_2018_Annual_Report.pdf (noting that DJS has a disproportionate number of ineffective congregate facilities in remote rural areas).

Detained children with COVID-19 risk infecting not only other children, but also DJS staff and, with them, the general public. Should any person at a detention facility become infected—be it a detainee, corrections officer, educational service provider, or other staff member—the virus will spread like wildfire, infecting staff members and children both, and not just within the walls of the facility.¹³ As of April 6, in Maryland, this is no longer hypothetical: At least two DJS staff members have tested positive for the virus.¹⁴ Unlike their wards, infected staff go home at the end of their shifts, transmitting the virus to their families and their communities. Sick personnel and personnel with sick families and no child care may be unable to work, depleting the staffing for already understaffed detention centers.¹⁵ Already, corrections officers as nearby as Washington, D.C., have gone so far as to join a lawsuit against the D.C. Department of Corrections as *amici*, requesting, *inter alia*, “[d]istancing among inmates.”¹⁶ As the number of sick

¹³ For example, at least 4 youths in New York’s juvenile detention facilities have tested positive for COVID-19, and at least 11 others are exhibiting symptoms. *See* Shant Shahrigian, A “*Dangerous Decision*”: NYC Is Putting All Juvenile Delinquents with Coronavirus Under One Roof, NY Daily News (Apr. 3, 2020), <https://www.nydailynews.com/coronavirus/ny-coronavirus-new-york-city-juvenile-detention-centers-20200403-ocalk5dctjad3ngolxwqlqhs6a-story.html>. Additionally, at least three staff members in New York juvenile correctional facilities have already contracted COVID-19. *See* Eileen Grench, *Three Juvenile Detention Staff Test Positive for COVID-19, But No Teens Released*, Juv. Just. (Mar. 20, 2020), <https://thecity.nyc/2020/03/juvenile-detention-staff-test-positive-but-no-kids-sprung.html>.

¹⁴ Reed, *supra* note 1; Miller, *supra* note 1.

¹⁵ *See AFSCME Calls on Governor Hogan to Fill and Fund Parole & Probation, DJS & Corrections Positions to Reduce Crime in Baltimore and Address Massive \$250M Overtime*, AFSCME Md. Council 3 (Jan. 14, 2020), <https://www.afscmemd.org/press-room/afscme-calls-governor-hogan-fill-and-fund-parole-probation-djs>.

¹⁶ *See* Fraternal Order of Police for the District of Columbia Department of Corrections Labor Committee’s Memorandum of Points and Authorities as *Amicus Curiae* in Support

children and custodians increases, healthy staff members will naturally become more cautious and stay home for their safety and the safety of their families. Should that happen, the children stuck in the detention facilities will be left helpless and alone—an unimaginable yet not impossible outcome of this pandemic.

Granting Petitioners' requested relief, including releasing certain categories of youth detainees, will free up much-needed space and medical resources. It will help balance the ratio of staff members and detained children. It will protect the health of Maryland's children and families. Most importantly, it will save lives.

III. MARYLAND HAS AN OBLIGATION TO KEEP DETAINED YOUTH SAFE.

The grave risks facing Maryland's detained youth are as clear and indisputable as the state's obligation—legal, moral, and ethical—to ensure the wellbeing of the children within its custody. This Court has repeatedly emphasized that “the overriding goal of Maryland's juvenile statutory scheme is to rehabilitate and treat delinquent juveniles so that they become useful and productive members of society.” *In re Keith W.*, 310 Md. 99, 106 (1987). Thus, “[r]estrictions on the liberty of a juvenile are particularly troublesome when rehabilitative programs are not afforded the juvenile during detention.” *In re Ryan S.*, 369 Md. 26, 51 (2002); *see also, e.g., Nelson v. Heyne*, 491 F.2d 352, 358–60 (7th Cir. 1974) (recognizing an incarcerated child's substantive due process right to rehabilitative services). Consistent with the State's obligations as *parens*

of Plaintiffs, Dkt. 23-2 at 8, *Banks et al. v. Booth et al.*, No. 20-cv-849-CKK (D.D.C. Apr. 2, 2020).

patriae, the Maryland legislature has established a juvenile justice system that is supposed to provide incarcerated youth with a “safe, humane, and caring environment,” as well as “[a]ccess to required services.” Md. Code (2013), § 3–8A–02(a)(7) of the Courts and Judicial Proceedings Article.

Yet the environment in Maryland’s juvenile detention facilities is rapidly deteriorating, and soon even required services could become unavailable or a potential source of contagion. These realities do not resemble rehabilitation in the least. To the contrary, as the coronavirus spreads, Maryland’s incarcerated youth will inevitably be subjected to physical and psychological harms resulting from the decrease in services as staff and resources dwindle, the fear and anxiety of watching the infection spread around them, and the experience of contracting the virus itself while in deteriorating prison conditions. These harms may last well beyond their release from confinement.¹⁷ The physical health of detained children is vitally important; so is their mental and emotional wellbeing as they continue to develop into adults. *See Eddings v. Oklahoma*, 455 U.S. 104, 115 (1982) (“[Y]outh . . . is a time and condition of life when a person may be most susceptible to influence and to psychological damage.”).

What is more, diminished staffing will mean that incarcerated children are either left in close proximity to each other—without adequate supervision, and with an even higher risk of spreading the virus—or, as seen in some instances, placed in solitary

¹⁷ *See, e.g.,* Barnert, *supra* note 9.

confinement, ostensibly for their own physical safety.¹⁸ But solitary confinement, typically used for punitive purposes, hampers the rehabilitative goals of juvenile detention.

As the Third Circuit explained, there is a “growing consensus” that solitary confinement “can cause severe and traumatic psychological damage, including anxiety, panic, paranoia, depression, post-traumatic stress disorder, psychosis, and even a disintegration of the basic sense of self identity.” *Palakovic v. Wetzel*, 854 F.3d 209, 225 (3d Cir. 2017); *Davis v. Ayala*, 135 S. Ct. 2187, 2208–10 (2015) (Kennedy, J., concurring) (detailing side-effects of solitary confinement, including suicide). Thus, a “chorus of courts have recognized the unique harms that are inflicted on juveniles when they are placed in solitary confinement.” *J.H. v. Williamson County*, 951 F.3d 709, 718 (6th Cir. 2020) (collecting cases). Indeed, in the federal justice system, the prolonged solitary confinement of a juvenile is prohibited by statute. 18 U.S.C. § 5043(b)(1). And while solitary confinement is not *per se* unconstitutional, a child’s due process rights are violated when the confinement is excessive in light of its duration and the child’s age and mental condition. *See, e.g., J.H.*, 951 F.3d at 719 (holding that twenty-one days of solitary confinement imposed on a fourteen-year-old with mental health issues was unlawful).

¹⁸ *See* Tyler Kingkade, *Coronavirus In Juvenile Detention Is a “Nightmare Scenario,” Doctors and Advocates Say*, NBC News (Mar. 27, 2020), <https://www.nbcnews.com/news/us-news/coronavirus-juvenile-detention-nightmare-scenario-doctors-advocates-say-n1170256>.

The widespread solitary confinement of Maryland’s juvenile detainees as a makeshift solution to this public health crisis cannot be the acceptable response. At best, such confinement would swap serious physical risks with serious psychological ones. Particularly given the vulnerable mental health status of much of Maryland’s incarcerated youth population, their age (i.e., as young as eleven¹⁹), and the uncertain duration of the period of isolation necessary to “wait out” the virus, requiring prisons to resort to such extreme social distancing measures would have long-lasting adverse effects—and, in many cases, be unlawful.

IV. MARYLAND CAN LIMIT THE SPREAD OF THE VIRUS AND KEEP ITS YOUNG PEOPLE AND DJS STAFF SAFE IF THIS COURT GRANTS PETITIONERS’ REQUESTED RELIEF.

Even as conditions on the ground deteriorate in real time, the worst effects of the coronavirus on Maryland’s incarcerated youth are still avoidable. Petitioners’ requested relief, if granted, would provide a safe and effective mechanism for reducing the number of youth currently in confinement. This reduction, in turn, would reduce the density of youth prison populations, avoid harmful contingency measures like solitary confinement, and alleviate the strain on scarce supplies and staff. Rather than expend limited resources attempting to limit the damage of inevitable outbreaks in the juvenile prison system, the State of Maryland can and should focus its attention on providing social services to children who are released from custody pursuant to this Court’s order. As studies have

¹⁹ See Application, *supra*, at 19.

shown, the reduction of youth inmate populations need not jeopardize public safety.²⁰

Contrary to popular belief and common opposition, it is the experience and conviction of *amici* that the release of young people as requested here would *not* have a deleterious impact on public safety. Conversely, allowing children confined in correctional facilities to contract and spread the coronavirus will not only risk their public safety, it will erode public trust in the justice system and thus negatively impact public safety at large.

Petitioners and *amici* are not the only ones to call for the reduction of prison populations as a necessary response to the coronavirus. Decisive, common-sense measures like those set forth in Petitioners' Application have been embraced by myriad stakeholders across the social and political spectrum. Last week, probation and parole officials across the nation similarly recommended measures to reduce prison populations and to decrease the expenditure of supervision resources.²¹ At the federal level, over 400 former Department of Justice lawyers and leaders, as well as a bipartisan coalition of advocacy groups, have called for the commutation of federal prison sentences for populations most vulnerable to the coronavirus.²² Republican and Democratic Senators

²⁰ See Jason Szanyi & Mark Soler, *Implementation of New York's Close to Home Initiative: A New Model for Youth Justice*, Ctr. for Children's Law & Policy (2018); see also Schindler & Schiraldi, *supra* note 11.

²¹ *Statement from Community Supervision Executives on the Importance of Using Best Practices during the COVID-19 Crisis*, EXiT: Executives Transforming Probation & Parole, <https://www.exitprobationparole.org/covid19statement>.

²² See Open Letter to President Trump (Mar. 27, 2020), <https://fairandjustprosecution.org/wp-content/uploads/2020/03/Letter-to-Trump-from-DOJ-and-Judges-FINAL.pdf>; *Letter Re: Commute Federal Prison Sentences for Populations Most Vulnerable to Coronavirus*, Justice Action Network (Mar. 24, 2020),

have joined forces to request similar relief from the Attorney General.²³ And 35 elected state and local prosecutors called for similar jail and prison deincarceration measures in a joint statement last month.²⁴

State and local governments—including courts across the country—have listened to these requests. Juvenile release hearings in Cook County, Illinois, began over two weeks ago, with the Cook County State’s Attorney’s Office and public defenders committed to working together as part of “ongoing efforts to reduce the in-custody population and protect public health.”²⁵ Similar initiatives to reduce juvenile prison populations are underway in California, Georgia, and Wisconsin; concerted efforts to reduce adult prison populations are likewise ongoing in jurisdictions throughout the country. Simply put, there is a rapidly growing consensus that inmates, including young people, are uniquely at risk of contracting the coronavirus, developing severe symptoms,

<https://www.justiceactionnetwork.org/presidential-clemency-coalition-letter-covid-response?rq=coalition%20letter%20presidential%20clemency>.

²³ *Letter from Senators Richard Durbin, Charles Grassley, Patrick Leahy, and Mike Lee to Attorney General Barr and Director Carvajal* (Mar. 23, 2020), <https://www.durbin.senate.gov/imo/media/doc/Letter.%20to%20DOJ%20and%20BOP%20on%20COVID-19%20and%20FSA%20provisions%20-%20final%20bipartisan%20text%20with%20signature%20blocks.pdf>.

²⁴ Joint Statement from Elected Prosecutors on Covid-19 and Addressing the Rights and Needs of Those in Custody, <https://fairandjustprosecution.org/wp-content/uploads/2020/03/Coronavirus-Sign-On-Letter.pdf>

²⁵ Annie Sweeney & Megan Crepeau, *Hearings Start on Releasing Some Youths from Cook County Juvenile Detention Over COVID-19 Fears*, Chi. Tribune (Mar. 24, 2020), <https://bit.ly/2yiPC16>.

and spreading the virus to others, and that the safest and most effective solution is to reduce prison populations on an expedited basis. *See supra* Part II.

Notably, other state supreme courts have ordered relief similar to that requested here. On March 16, 2020, the South Carolina Supreme Court issued a memorandum ordering that all persons charged with non-capital crimes be “released pending trial on [their] own recognizance without surety, unless an unreasonable danger to the community will result or the accused is an extreme flight risk.”²⁶ On March 20, 2020, the Washington Supreme Court invoked its “authority to administer justice and to ensure the safety of court personnel, litigants, and the public” when ordering a series of distancing measures, including the fast-tracking of motions for pre-trial release and the suspension of bench warrants for certain categories of offenses.²⁷ Two days later, the New Jersey Supreme Court issued a consent order directing the release of certain categories of prisoners.²⁸ As these cases demonstrate, Petitioners’ requested relief is within the

²⁶ *Mem. From S.C. Sup. Ct. C.J. Donald W. Beatty To Magistrates, Municipal Judges, & Summary Ct. Staff*, Sup. Ct. of S.C. (Mar. 16, 2020), <https://www.sccourts.org/whatsnew/displayWhatsNew.cfm?indexId=2461>.

²⁷ Am. Order, *In re* Statewide Response by Washington State Courts to the COVID-19 Public Health Emergency, No. 25700-B-607 (Wash. Mar. 20, 2020), <http://www.courts.wa.gov/content/publicUpload/Supreme%20Court%20Orders/Supreme%20Court%20Emergency%20Order%20re%20CV19%20031820.pdf>.

²⁸ Consent Order 4, *In re* Request to Commute or Suspend County Jail Sentences, No. 084230 (N.J. Mar. 22, 2020), <https://www.njcourts.gov/notices/2020/n200323a.pdf?c=9cs>.

Other state supreme courts that have not issued formal release orders have nevertheless directed lower-court judges to review prison rosters for the purpose of expeditiously releasing inmates. *See In re* The Petition of C.Z., A.O., & Z.S.-W., No. 24 EM 2020 (Pa. Apr. 7, 2020), <http://www.pacourts.us/assets/files/page-1305/file-8939.pdf>; *Letter from Mont. Sup. Ct C.J. Mike McGrath To Mont. Cts. of Limited Jurisdiction*


institutional competence of courts. *Accord Brown v. Plata*, 563 U.S. 493, 545 (2011) (affirming three-judge court’s equitable order directing California to remedy unconstitutional prison overcrowding by, if necessary, releasing thousands of inmates). Such relief is extraordinary, to be sure; but it is commensurate with the gravity and urgency of the situation facing the most vulnerable members of Maryland’s justice system.

CONCLUSION

The Maryland juvenile justice system stands at a critical juncture in the fight against the coronavirus pandemic. By ordering Petitioners’ requested relief, this Court will limit the risk of virus outbreaks in juvenile facilities and thereby safeguard the physical and psychological wellbeing of detained youth, many of whom are particularly vulnerable. Not only that—by reducing the youth prison population, this Court will also slow the spread of the virus to corrections officers, prison administrators and service providers, and outside communities. Leaders from law enforcement, corrections, and justice reform organizations agree on what needs to be done. *Amici* respectfully urge this Court to do it.

Judges, Sup. Ct. of Mont. (Mar. 20, 2020), <https://courts.mt.gov/Portals/189/virus/Ltr%20to%20COLJ%20Judges%20re%20COVID-19%20032020.pdf?ver=2020-03-20-115517-333>.

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CERTIFICATE OF SERVICE

I hereby certify that on April 8, 2020, I caused two copies of the foregoing to be mailed via electronic mail to:

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