



**EAST BATON ROUGE PARISH
PRISON REFORM COALITION**

SUPPORT · ADVOCATE · EMPOWER

You Can't Manage Health Care from a Jail

A Community-Driven Public Health Approach to COVID-19 at the East Baton Rouge Parish Prison

Executive Summary

To the Mayor-President and the Metropolitan Council of East Baton Rouge Parish:

The East Baton Rouge Parish Prison Reform Coalition (EBRPPRC) respectfully presents this report on the life-threatening challenges in medical care at the East Baton Rouge Parish Prison; challenges that have been greatly enhanced by the COVID-19 crisis. We are grateful for all the work being done by the East Baton Rouge Office of the Public Defender, the District Attorney's Office, the assorted law enforcement agencies, and the courts of East Baton Rouge Parish in their collective efforts to decarcerate as many citizens as possible during this pandemic. But even with these efforts - which have resulted in increased summons over arrest and the release of more than 700 incarcerated people, removing them from harm's way - there are still over 1300 individuals housed at the jail and hundreds still working in the facility as employees and vendors. Failure to continue efforts to decarcerate will result in unnecessary risk to the community as a whole. This is a public health crisis.

Prior to the current crisis, the EBRPPRC called attention to the substantial health care issues that exist in the jail. Those challenges have not been resolved and it is imperative for the Parish to take the lead in managing them directly as well as the added crisis of COVID-19. A widespread outbreak in the jail would be a public health crisis that could overwhelm the Parish's health care capacity. In the past, the East Baton Rouge Parish Sheriff's Office (EBRSO) has been quick to point out (correctly) that the responsibility for the medical care of those incarcerated at the Parish Prison lies with City-Parish, not the EBRSO. In a statement made to the Metropolitan Council on 1/14/15, EBR Sheriff Sid Gautreaux stated "it's up to City-Parish to provide [for] the medical needs of these individuals". That was true then and has an added importance now that we are in the midst of a public health crisis that requires a coordinated response.

The EBRPPRC recognizes that the Parish's current health services agreement with CorrectHealth LCC cannot adequately address this pandemic and certainly does not provide the resources or expertise to manage the increasing number of COVID patients at the jail. Since responsibility for health care resides with the Parish, this report is intended to propose steps the Parish can take to meet an unprecedented storm impacting thousands of East Baton Rouge families. Suggestions are collected from a variety of sources: criminal justice advocates, public health experts, governmental guidance, and the experiences of currently and formerly incarcerated people and their families.

In past discussions with both Parish and prison personnel, the EBRPPRC expressed concern over the weakness of the facilities infectious disease protocol and the current plan to address the pandemic. The following areas need to be specifically addressed:

- 1. Baseline COVID-19 testing of all those housed at the jail as well as staff*

As of April 20th, 2020, there have only been 91 tests administered at the East Baton Rouge Parish Prison. Of those 91 tests, 62 have been positive - over $\frac{2}{3}$ of all tests are positive. With over 1,300 individuals at the jail, and a limited number of beds/oxygen/ventilators available, it is critical to understand the current status of those housed and working in the facility. People at the prison obviously have limited ability to self-isolate, making the risk of widespread infection even greater. [A recently leaked video](#) shows an EBRSO deputy choking a man from a state work release program - which is in a separate building than the main prison, administered by EBRSO. Leaving aside the ensuing controversy around the deputy's treatment of that man, the video clearly shows that there is movement of correctional staff between all areas of the facility, at least in some circumstances. It is well-known that asymptomatic individuals can still transmit the virus. Baseline testing of all people at EBRPP, whether they are pretrial, serving a State sentence, or are staff is needed to ensure that proper precautions are taken.

2. Following the CDC and LDH protocols for medical isolation

East Baton Rouge Parish Prison has a long and deadly history with lockdown/solitary confinement. Currently, lockdown solitary confinement is the protocol being utilized instead of medical isolation. The recent deaths of Jonathan Fano and Shaheed Claiborne while in solitary confinement are still unresolved, and the Coalition believes it is crucial that there is an appropriate location for medical isolation staffed by those who have experience in managing such a facility. The United States military has offered trained personnel to staff such sites around the country. There are a number of facilities that might be an adequate place to medically isolate people currently at the parish prison: the parish-owned, and currently unoccupied, 300-bed portion of [the former Woman's Hospital](#); Celtic Studios; as well as available hotel and motel space should all be considered. Failure to remove COVID positive individuals from the jail can result in raised tensions leading to attacks by staff or other incarcerated people. It puts at risk of transmission all those who are in contact with staff and vendors. This is a public health crisis. Prisons are not facilities designed to mitigate or accommodate such a crisis. Staffing needs and emergency situations require movement of people through different areas of the facility.

3. Create a viable "step down" program in accordance with CDC and LDH protocols

After receiving care and recovering from the most serious symptoms of the virus people will still need medical supervision and a clean, isolated, location when released from the hospital. The East Baton Rouge Parish Prison is not the place to provide this step down care. Current CorrectHealth staffing levels are not intended to provide ongoing care to what could be hundreds of individuals who, although they no longer need hospitalization, are still medically fragile or still able to transmit the disease. The level of supervision to ensure a full recovery is more appropriately provided in medical monitoring stations of the kind currently [being operated in New Orleans](#) and Baton

Rouge. This is a public health crisis - plans to provide security and monitoring have to accommodate health care needs, not vice versa.

4. Independent monitoring

Even before the pandemic, the EBRPPRC has frequently asked the Parish to comprehensively and independently monitor the health care provided at the Parish Prison and to publicly report the results of that monitoring. The critical issues with routine health care services that already existed at the jail will continue, and likely worsen, during this crisis. To ensure the preparedness of our local healthcare providers, to alleviate the anxiety of the community whose loved ones are incarcerated, and to maintain transparency and accountability there should be daily reporting and analysis of the overall health care situation at the jail. While such reporting might be constrained by confidentiality and logistic limitations, the Parish must make some effort to make the public aware of what is happening in the jail. There is an undeniable public interest in this information and the EBRPPRC encourages the Parish to find ways to make it available in a timely manner. Rampant spread among those at the Parish Prison (who are limited in their ability to self-isolate and many of whom have underlying health issues) could be enough to test the capacity of our local hospitals. If the Department of Corrections continues to bring COVID-positive people to Angola (and then to a Baton Rouge hospital if they require serious care) this will put further strain on our local capacity. This impacts every single member of the community.

Conclusion

The EBRPPRC has assembled recommendations made in various letters, guidance, reports, etc. that pertain to COVID in prisons and jails. The original documents are cited and linked to where possible. This list is by no means exhaustive, but we encourage the Parish to fully embrace its responsibility to provide health care to those in the jail and to the extent possible mitigate the spread of COVID among those who are incarcerated. The decisions made must be motivated first by an interest in the health, safety, rights, and dignity of our incarcerated community members. That is the Parish's responsibility. The EBRSO's plans for security and supervision must conform to Parish's public health needs and must demonstrate the same flexibility and willingness to adapt that is being asked of all of us in this unprecedented time.

Included in this report are links to federal financial resources that might be able to fund some if not all of the costs associated with a plan that ensures the best health outcomes possible for every member of our community. The EBRPPRC is thankful for the opportunity to be part of the solution and we urge the Parish to move forward with a comprehensive plan that promotes recovery in the most medically appropriate manner.

Recommendations

Relevant Recommendations from [RE: Temporary Release/Furlough, Federal Funding, and Technical Assistance for Jails](#) April 11th, 2020:

1. “We request that you **refrain from the use of lockdown or solitary confinement as methods to achieve medical isolation** because, as [noted by doctors and health officials](#), these methods may exacerbate the spread.³ Detainees may be dissuaded from reporting symptoms of the virus if they believe the response will be punitive; this may also be the case when they know they could potentially be sent to Camp J at Angola if they admit they are feeling ill”.⁴
2. “There is still an opportunity to slow the spread of the virus, “flatten the curve,” and prevent unnecessary deaths. The quickest and least expensive way our state can avoid a catastrophe is for **each parish jail to access immediately available federal funding to facilitate the individual assessment, release, supervision, electronic monitoring, and/or home confinement options for detainees in your care**. Last week, the [Bureau of Justice Assistance announced formula grants](#)¹⁵ that can be drawn down during this emergency to support a broad array of justice system responses to COVID-19. While the State is allocated [\\$9.7 million](#) for this purpose, cities, townships, and parishes can apply for an *additional* [\\$5 million](#) in funding (allocations ranging in size from \$33,000 to \$1 million depending on population). Applications are due by May 29th. Due to Louisiana’s partnership with The Pew Charitable Trusts on justice reinvestment, staff from that organization are available to assist local law enforcement in applying for the funds.”¹⁶
3. “In the event that a given jail cannot meet CDC guidelines without the use of solitary or lockdown, is unable to supervise detainees at home through local federal funding opportunities, and cannot utilize temporary release or furlough, we ask that you relocate detainees to a building where social distancing and compliance with public health guidelines is possible. Under a state of emergency, the Governor can **transition the management of local state-owned facilities to the temporary authority of the state, engage the Louisiana National Guard to maintain site control and provide medical services, and utilize the state-based federal funding to employ medical professionals to care for individuals with COVID.**”¹⁸

Relevant Recommendations from [Civil Rights Groups Call on Southern Authorities to Address COVID-19 Crisis in State](#)

and Local Jails, Prisons and Juvenile Facilities April 9th, 2020

- 1. Take Precautionary Measures to Protect the Health of Incarcerated People.** All correctional and detention facilities should fully adhere to the CDC Guidelines, which include guidance for operational preparedness for possible COVID-19 transmission within the facility, prevention of the spread of COVID-19 and management of confirmed and suspected cases of COVID-19 infection. These guidelines include, without limitation, social distancing, intensified cleaning and disinfection and screening of intake, visitors and staff. As part of these guidelines, incarcerated people should be provided with ready access to soap, clean water, tissues and cleaning supplies, as well as personal protective equipment as necessary. Incarcerated people and correctional staff in these facilities should also be educated about the virus, its symptoms and measures they can take to minimize their risk of contracting or spreading the virus. Plans should be in place to ensure adequate staffing levels in the event of an outbreak. Importantly, widespread testing of incarcerated people and staff for COVID-19 should be implemented immediately.
- 2. Provide Access to Appropriate Medical Care in Medically Appropriate Settings.** Incarcerated people who test positive for COVID-19 should be released to an external healthcare facility where they can receive the potentially lifesaving care they deserve. Moreover, people exposed to COVID-19 should be moved to a medically appropriate setting outside of the often unsanitary and unsafe conditions of many Southern jails, prisons and detention centers. All of these facilities should have a plan in place to humanely separate symptomatic patients from the general population, implementing a non-punitive medical quarantine where appropriate.
- 3. Make Transparent, Public Disclosures About the Covid-19 Pandemic in All Correctional Facilities, Including Any Racial Disparities.** Incarcerated people have loved ones in communities to which most of them will one day return. Likewise, corrections staff are part of larger communities that are directly impacted by any COVID-19 infection in the facilities where they work. Accordingly, any COVID-19 related policies affecting incarcerated populations and corrections staff should be clearly and readily communicated to the public, as well as the incarcerated people themselves. Moreover, state and local governments should collect and make public data regarding the morbidity and mortality of the virus in incarcerated populations, including racial demographics. These policies and data should be disseminated via a public website with daily updates and disclosures to local, state and federal health authorities.

Relevant Recommendations from Louisiana Department of Health Memo [COVID-19; recommendations regarding prisons and juvenile detention centers](#) April 8th, 2020

1. “Have a trained Emergency Medical Service/Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.”

Relevant Recommendations from [Re: COVID 19 Prevention and Protection in East Baton Rouge Parish Prison](#) March 19th, 2020

1. **“Screening and Testing of the People in Your Custody.** The plan must include guidance, based on the best science available, on how and when to screen and test people in your facilities for the virus.”
2. **“Housing and Treatment of Persons Exposed to or Ill With COVID-19.** The plan must describe how and where people in the detention system will be housed if they are exposed to the virus, become sick with it, or are at high risk if exposed to it. Healthcare providers should consult with local or state health departments to determine whether patients meet criteria for a Persons Under Investigation (PUI) status. Providers should immediately notify infection control personnel at their facility and the nearest hospital if they suspect COVID-19 in a patient. Courses of treatment for anyone exposed to or ill with COVID-19 must be evidence-based, available immediately, and in compliance with scientifically- based public health protocols.”
3. **“Data Collection:** The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical to understanding and fighting the virus. The correctional system must be part of this process. The same information that is tracked in the community must be tracked in facilities. The plan should include mechanisms for providing timely data to state, local, and federal health authorities.”

Relevant recommendations from [Re: COVID 19 Prevention and Protection in Louisiana Facilities](#) March 16th, 2020

1. **Avoid Lockdowns.** Although corrections staff may be tempted to reflexively cut off visitation and increase the use of solitary confinement to control the spread of COVID-19, any system or facility-wide lock-down or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the

best science available and should be as limited as possible in scope and duration to ensure the health and safety of individuals in custody. Prolonged lockdowns can inflict substantial, serious mental harm on incarcerated populations, exacerbating feelings of stress and anxiety amongst those in custody who are deprived of regular contact with their friends and family. International experts consider prolonged solitary confinement to be torture; it can cause serious, persistent, sometimes permanent damage to mental health. Moreover, unnecessary lockdowns and solitary confinement do nothing to mitigate the risk of COVID-19 exposure from the daily influx of facility staff, vendors, medical professionals, and others. Finally, when locked down or held in solitary confinement, people may not be able to alert staff promptly if they experience symptoms of COVID-19, increasing the risk of contagion.

Full Document: [The Ethical Use of Medical Isolation – Not Solitary Confinement – to Reduce COVID-19 Transmission in Correctional Settings](#)

Full Document: [Louisiana must overhaul its justice system practices to respond to COVID-19](#)