



March 16, 2020

SENT VIA EMAIL

Colette Peters, Director
Oregon Department of Corrections
2575 Center Street NE
Salem, OR 97301-4667

Dear Director Peters,

We write regarding the anticipated spread of Coronavirus Disease 2019 (COVID-19) to people incarcerated in Oregon prisons. We appreciate that the Oregon Department of Corrections (ODOC) has taken steps to prepare for the spread of the virus, including the issuance of a March 13, 2020 notice to Adults in Custody outlining risk-reduction precautions. While there are no known cases of COVID-19 within ODOC facilities, that is likely to change. Given the mortality rate associated with the virus, we are concerned about the virus's spread to at-risk people, particularly the elderly, within the closed confines of a prison setting. This letter is not intended to alarm or stigmatize anybody, but rather to demand action and transparency rooted in facts and work collaboratively to protect community health. We would like to meet with you next week to discuss how you are protecting the health of the people in your custody and the people who work in the prison. Additionally, we ask the Oregon Department of Corrections (ODOC) to implement the following measures to reduce virus transmission and potential loss of life.

Recommendations to Oregon Department of Corrections

TREATMENT

Comply with CDC, Oregon Health Authority, and NCCHC Guidelines: We urge the ODOC to be in regular contact with experts at the CDC, Oregon Health Authority, and National Commission on Correctional Health Care (NCCHC). In particular, we ask the ODOC to follow guidelines issued by NCCHC and its partners at Emory University, accessible here:

<https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections>. We understand that prison-specific, COVID-19 guidelines are likely forthcoming from the CDC.

We ask that you immediately share your plan to address the virus in the prison environment. This is an urgent matter. Having an appropriate, evidence-based plan in place can help prevent an outbreak and minimize its impact if one does occur. Not having one may cost lives of both those in custody and staff.

Vulnerable Populations: ODOC's plan must provide for additional precautions for those who are at high risk of serious illness if they are infected, such as the elderly, pregnant women, people with chronic illnesses, compromised immune systems, or disabilities, and people whose housing placements restrict their access to medical care and limit the staff's ability to observe them.

Ensure Access to Soap, Tissue, Cleaning/Sanitizing Products, and Clean Laundry: The most basic aspect of infection control is hygiene. There must be ready access to warm water and adequate hygiene and cleaning supplies, both for handwashing and for cleaning. People in prison should be given increased supplies of and easy access to soap, tissue (or toilet paper), and cleaning/sanitizing products. Additional steps should be taken to ensure that people have clean laundry on a regular basis. Cleaning and sanitizing products should be provided and available at no cost to adults in custody. This is critical because the virus can live on plastic and metal surfaces for as long as 2 to 3 days.

Eliminate Co-Pays: The ODOC should eliminate all medical co-pays (if they exist) while the pandemic is ongoing. Alternatively, the ODOC should eliminate all co-pays for medical visits from persons with reported respiratory illness, fever, shortness of breath, or other virus-related symptoms. Co-pays may discourage people from reporting symptoms and seeking care. People in prison should also be adequately notified that there will be no cost to them for seeking and receiving such care. Elimination of co-pays on a temporary basis and adequate notice of this will encourage people who may be infected to seek care and could avoid further spread of the virus

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.

Testing: ODOC should quickly test anyone exhibiting symptoms that suggest they may have coronavirus or who may have been in contact with someone who has or is suspected to have the disease. The process to request testing should be easy, quick, and transparent. The response to such requests should be rapid.

Treatment: Courses of treatment must be evidence-based, available immediately, and in compliance with scientifically-based public health protocols.

Treatment at a Hospital: Consistent with best practices, when an individual tests positive for the coronavirus and quarantined, ODOC should seek to send that individual as soon as possible for treatment and further quarantine, rather than prolonged treatment and isolation at the prison.

Housing of persons exposed to the virus: The plan must describe how and where people in the prison will be housed if they are exposed to the virus, are at high risk of serious illness if they become infected, or become sick with it. *This should not result in prolonged, widespread lock-downs.* Any lock-downs 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. When lock-downs do occur, people should have positive ways to spend their time, including reading materials, tablet access, electronic programming, and the like.

Implement Medical Quarantine Where Appropriate: In consultation with experts at the CDC and/or the Oregon Health Authority, prison medical providers should develop a medical quarantine plan for people who have been exposed to COVID-19. This plan should consider how to isolate people with the virus; how long to quarantine those who are exposed; what personal protective equipment is needed, and for whom; and when isolation can safely be lifted. Any plans for quarantine should be nonpunitive and limited in scope and duration based on the best science available.

Take Steps to Mitigate Effects of Medical Quarantine: Periods of medical quarantine may be stressful for both incarcerated people and staff. We urge the ODOC to ensure that those who are quarantined have positive ways to spend time, including reading materials, tablet access, electronic programming, crossword puzzles, and the like. Access to time on the prison yard is particularly important. These measures will help to keep tensions and anxiety levels down.

Treatment at a Hospital: Consistent with best practices, when an individual tests positive for the coronavirus and quarantined, ODOC should seek to send that individual as soon as possible for treatment and further quarantine, rather than prolonged treatment and isolation at the prison.

STAFFING

Staffing plans: Regardless of how many staff stay home because they are sick, the prison will have to continue functioning. There must be a plan for how necessary functions and services will continue if large numbers of staff are out with the virus.

Implement Emergency Staffing Plan: The ODOC and its medical providers should develop a plan to reinforce staffing and provide for effective care in the event of a mass outbreak. If not already in place, the ODOC should implement paid sick leave to encourage staff members not to come to work if they are ill.

Screening of Staff: ODOC should implement procedures to screen employees prior to any shift, entering the prison, and exiting the prison.

Staffing plans for services provided by prisoners: Many tasks in prisons, such as food preparation and basic sanitation, are performed by people in custody. The plans for an outbreak must also address how necessary tasks performed by people in custody will continue if large numbers of them are ill.

FOOD

Meals: ODOC should ensure that all adults in custody have access to healthy and nutritionally adequate meals. For those adults in custody requiring religious or dietary accommodations, those must be continued to be met. ODOC should implement protocols that ensure safe preparation of meals and schedule meal service that encourages social distancing to the extent possible, such as staggered mealtimes.

EDUCATION

Education of the people in your custody: People housed in prisons need to be informed about the virus, its seriousness, and the measures they can take to minimize their risk of contracting or spreading the virus. They must be educated on the importance of proper handwashing, coughing into their elbows, and social distancing to the extent they can. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science. To our knowledge, it is clear that the Adults in Custody do not fully appreciate the severity of the COVID 19 crisis and the public health risk this is for our state.

Education of the staff: Correctional, administrative, and medical staff all must be educated about the virus to protect themselves and their families, as well as the people in their custody. It should be emphasized that an outbreak in a prison will directly impact them, their families, and communities. Additionally, that the current health care system is not equipped to deal with the high numbers individuals who may be infected with COVID-19. ODOC should make public explicit directives being provided to staff about measures they must take to minimize their risk of contracting of spreading the virus.

COMMUNICATIONS AND ACCESS TO THE COURTS

Access to Legal Services Must be Protected: All efforts should be undertaken to ensure people in custody can maintain their rights to counsel and access to courts. People who are in prison should have access, with minimum restrictions, to regular communication with their legal team, and access to court proceedings.

Facilitate Communication with Family for People Who Can't Pay: We understand that in-person family visitation is suspended. Incarcerated people who can pay can communicate with family through their electronic devices. We ask the ODOC to make available both telephonic and video calls to all adults in custody at no charge to the adult in custody or their family.

POPULATION MANAGEMENT

Create a Plan for Transfers of People Whose Care Cannot Be Safely Managed in Prison: We urge the ODOC and its medical providers to plan now for how they will accommodate a possible need to transfer a large number of people to hospitals or elsewhere, for advanced levels of care.

Preparing Individuals for Reentry: ODOC should ensure that individuals who are releasing are properly screened, educated, supported, and resourced to return the community in the midst of COVID-19 crisis. Considerations should include appropriate education about hygiene and public health, how to access their medical benefits and care in the community, safely plan their transportation, and how to engage with their PO. Every individual should be released with a hygiene kit.

Detainers: ODOC and the State of Oregon should suspend coordination with ICE to take individuals who are releasing to an immigration detention facility. Additionally, ODOC should work with county partners to ensure those individuals who are releasing and have a “jail tail” – a consecutive jail term after DOC custody term – can have the opportunity to do that sentence in the community under supervision.

Create a List of People to Prioritize for Possible Release: It may become necessary to manage the COVID-19 crisis, in part, by reducing the prison population. We respectfully ask the ODOC's medical providers to create a list of persons to prioritize for release if required by the demands of the pandemic. In distributing such a list to others, healthcare workers should not disclose personal health information, but rather should list the persons identified as being at higher risk for becoming ill based upon their underlying condition.

TRANSPARENCY

Ensure Transparency in Communications with Family Members and the Public: Policies adopted in response to COVID-19 should be transparent and clearly communicated to the public and to people in prison. This includes providing regular updates, via press releases and on the ODOC website, about the spread of the virus and the measures being taken to address it. Prison officials should have a plan to address an anticipated increase in the number of calls from family members seeking information.

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. Oregon's prison systems must be part of this process. The same information that is tracked in the community must be tracked in the prisons.

Public Information Requests: ODOC should comply with all public information requests made by the media and community organizations as it relates to ODOC's policy and practices related to the COVID-19 crisis. This includes working with the Governor's office and the Department of Justice to ensure that all requests are processed and expedited.

The public has a right to know how ODOC is acting to protect the health and safety of their loved ones. We ask that ODOC keep the public regularly informed about its decisions and how those decisions are made, including their foundation in public health science.

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Because of the growing number of inquiries that we are receiving from incarcerated persons and their loved ones, we are sharing this letter publicly. We appreciate the steps that your agencies are taking to respond to COVID-19. We urge you to adopt any additional measures listed in this letter that you have not already implemented, for the protection of people in prison, correctional staff, and the public at large.

Please let us know when you will be available to discuss your plans with us. **We would appreciate a prompt response acknowledging receipt of this letter and proposing times to talk by March 18, 2020.** In the meantime, you can reach us by contacting the members of our coalition listed below.

Sincerely,

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