

THE PROMISE OF JUSTICE INITIATIVE | DECEMBER 2020



LOCKED IN WITH COVID-19

HOW THE 2020 PANDEMIC
RAVAGED LOUISIANA'S PRISONS,
JAILS, AND DETENTION CENTERS

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ACKNOWLEDGEMENTS

Throughout the COVID-19 pandemic, people locked in prisons, jails, and detention centers across the state of Louisiana have been fighting for their lives. They and their loved ones on the outside have displayed a level of strength, endurance, and advocacy that is unmatched. Since the early days of the pandemic in March 2020, incarcerated people and their loved ones across the state have reached out to our office to tell their stories about how COVID-19 began to creep into their living spaces and upend their daily lives. Unlike those of us on the outside, who are able to make choices to social distance, control our surroundings, and maintain cleaning and sanitizing practices, those inside are unable to engage in these basic safety measures to keep themselves healthy.

This report is dedicated to all the incarcerated people who became infected with COVID-19 and the family members of those who lost their lives to COVID-19 while incarcerated.

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THE PROMISE
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EXECUTIVE SUMMARY

Since the COVID-19 pandemic began sweeping across the United States in February 2020, most Americans have changed their lives, habits, and the way they interact with others in order to keep themselves and others safe. These behavioral shifts have been impossible in carceral facilities. Administrators of prisons, jails, and detention centers across the country have struggled to effectively respond to the spread of COVID-19. In Louisiana, officials at federal, state, and local facilities have responded poorly to the pandemic by failing to implement mass testing and preventative measures, quarantining people in areas of prisons that had been previously closed due to decaying conditions, and failing to provide adequate medical care to those experiencing COVID-19 symptoms. This report details how COVID-19 progressed through correctional institutions across the state and how government officials have failed to properly respond to the pandemic.

Louisiana's Oakdale Federal Correctional Institution was one of the first carceral facilities in the country to reach crisis level once the pandemic began and was the site of the first

STATE FACILITIES

Louisiana Department of Health

- Guidance calling for depopulation mysteriously rescinded
- Website reporting statewide numbers does not include people in prisons

Camp J Plan

- State implemented plan to transfer all COVID-19 patients to a previously shuttered, decrepit disciplinary unit at Louisiana State Penitentiary—over an hour from the nearest reference hospital

Lack of Testing

- DOC received 24,000 test kits between June and September and has only administered just over 7,000 tests to incarcerated persons as of early December (DOC has over 31,000 people within its immediate custody)

Children

- Office of Juvenile Justice cancelled all visitation and programming and limited family contact to a few free phone calls a week. Families had to pay for additional calls
- Children were pepper sprayed, placed in solitary confinement, and locked in their dorms for up to 23 hours per day

Review Panel for Furlough

- Only 1,200 people, 4% of DOC population, eligible for panel review for furlough under narrow criteria
- Panel disbanded in June with only 72 individuals having been released—0.2% of DOC population

confirmed COVID-19 death in a federal prison. At an ICE Processing Center, 79 women who asked for soap were instead trapped in a room and pepper-sprayed. Weeks after the pandemic hit Louisiana, the Louisiana Department of Health (LDH) issued its first guidance regarding prisons, which called for depopulation, among other actions—but this guidance was mysteriously rescinded within hours. As of early December, Louisiana Department of Public Safety and Corrections (DOC) was reporting 2,586 confirmed COVID-19 cases and 31 deaths in the state prisons. At local jails and prisons, lack of reporting

and transparency has obscured the rampant spread of the virus as well as its death toll.

Part I of this report provides a timeline of COVID-19's progression through correctional facilities throughout Louisiana. This section contains first-hand accounts from those incarcerated and their loved ones, combined with data obtained from government officials through Louisiana Public Records Law requests. Part II discusses how the government—including the Governor, the Louisiana Department of Health, and the Louisiana Department of Public Safety and Corrections—provided an inadequate and harmful response to the pandemic, including by disseminating misinformation, holding people in deplorable conditions of confinement, and failing to use release mechanisms and to conduct mass testing. Part III provides recommendations to

FEDERAL FACILITIES

Oakdale Federal Correctional Institution

- “Ground zero” of federal prison system
- Site of first confirmed COVID-19 death in federal prison
- Justice Department found that Oakdale “failed to comply with federal health guidance”

Immigration Detention Centers

- 79 women asked for soap and were pepper sprayed
- 83 people pepper sprayed and left in room full of pepper spray after requesting to be released or deported to escape threat of COVID-19
- Employees initially forbidden from wearing masks

LOCAL FACILITIES

Inconsistency

- Sheriffs' responses varied dramatically

Lack of Transparency

- Only 6 out of 64 parishes responded to a data request from the State's Health Equity Task Force

government officials for controlling the continued spread of COVID-19 and adequately responding to future public health crises.

INTRODUCTION

As COVID-19 began to spread throughout the United States in February and March 2020, incarcerated people across the country, along with their advocates and loved ones, began to raise the alarm that the virus could soon overtake correctional facilities nationwide. That worry was well-founded. Prisons and jails foster conditions for viral spread. Namely, social distancing is impossible in these facilities, health care—particularly emergency care—is generally inadequate, and incarcerated people are more likely to have underlying illnesses and co-morbidities, which make them more likely to develop severe symptoms if they contract COVID-19 and require medical intervention.¹ A recent study found that people in jail and prisons are five and a half times more likely to be infected with COVID-19 and three times more likely to die from the virus than the general population.² One man incarcerated in Angola wrote to

PJI on March 21 to express his fears about the virus and its spread:

"My condition is getting worser by the day, I only have four years remaining until my release, but I am afraid I may die here because they have guards here who have taken sick on the job with corona symptoms and were taken out of here in ambulances. I believe the virus is already here! Several inmates have become gravely ill, but DOC is not telling the media about this."

Across the country, there has been a collective failure to take steps to reduce the impact of COVID-19 on jail and prison populations. The response in Louisiana is no different. While the government has a responsibility to keep everyone in the state safe, it has a special duty to care for people in its custody. Detaining people during normal times, as well as during a global pandemic, requires state and prison officials to protect incarcerated people from cruel and unusual punishment and to prevent substantial risk of serious harm. The duty arises from the immense restrictions that incarceration imposes on people; while free people can make decisions about whether to expose themselves to risks

and take steps to protect themselves and affirmatively seek health care, incarcerated people cannot. This disparity is magnified during the pandemic, as incarcerated people have no control over social distancing, access to personal protective equipment (PPE), or seeking out COVID-19 tests or other medical care. Louisiana, with high rates of incarceration, an aging inmate population, and diminished opportunities for parole, assumes the responsibility of providing medical care. Even before the pandemic, Louisiana had the highest rate of prisoner deaths of any state in the country,³ which is unsurprising given that the state also spent the least amount of money on health care per prisoner.⁴

In Louisiana, COVID-19 has disproportionately impacted people of color, particularly Black people—in April, it was reported that roughly 70 percent of the people who had died of COVID-19 in Louisiana were Black, even though Black people make up only 32 percent of the state's population.⁵ This disparity is even more pronounced in carceral settings, where Black and brown people are disproportionately represented. Further, the

confluence of incarceration and poor health outcomes does not hit all Louisianans equally. While there are pre-existing racial disparities in both the criminal legal system and in public health indicators, especially for COVID-19 patients, Louisiana has one of the highest gaps for these disparities.⁶ The legacy of chattel slavery as well as centuries of systemic racism are at play in determining who is most impacted by the pandemic in Louisiana. Thus, an ineffective response to the pandemic further entrenches racial injustice.

Part I of this report provides a chronology for how COVID-19 spread throughout Louisiana's prisons, jails, and detention facilities and highlights efforts to stem the spread through legal action. Part II explains how the State of Louisiana failed to properly respond to COVID-19 and continues to inadequately address the ongoing public health crisis. Last, Part III provides recommendations for actions that state officials can take to lessen the already catastrophic impact that COVID-19 has had on carceral facilities immediately and for future outbreaks.

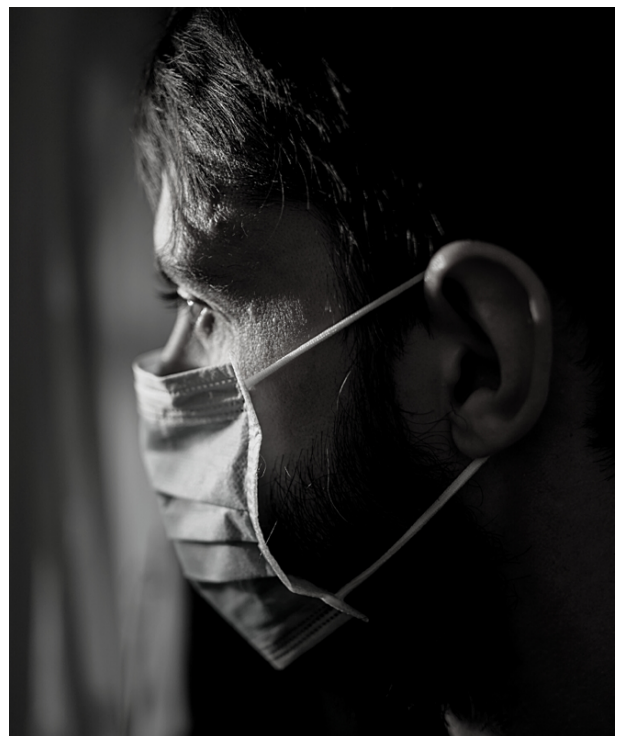
PART I: A SERIES OF CRISES AT EVERY LEVEL OF INCARCERATION

THE BEGINNING OF THE VIRAL SPREAD

Taking into account the pre-pandemic conditions, it was clear to people who are incarcerated, their family and friends, and other advocates that Louisiana prisons and jails would present an uncontrollable crisis once even a single case of the virus reached them. From the beginning, the virus spread like wildfire through these facilities, where adequate social distancing was, for the most part, impossible, and staff members were coming in and out from the community. One of the first jail-related cases was a medical staffer at the Orleans Parish Prison, who was confirmed positive for COVID-19 around March 21.⁷ Allen, Jefferson, Lafayette, and Orleans Parish Prisons all had confirmed cases among detained people by March 24.⁸ Two state prison employees, including one maintenance staff member from Louisiana State Penitentiary (LSP), were confirmed to have tested positive on March 26.⁹ Three children in the custody of the

Office of Juvenile Justice (OJJ) had tested positive by March 27.¹⁰ Also on March 27, the warden of Raymond Laborde Correctional Center tested positive.¹¹

The first positive test result of a person incarcerated in a Department of Corrections-run state prison occurred on March 28 at Rayburn Correctional Center.¹² Two people detained in the East Baton Rouge Parish Prison tested positive after



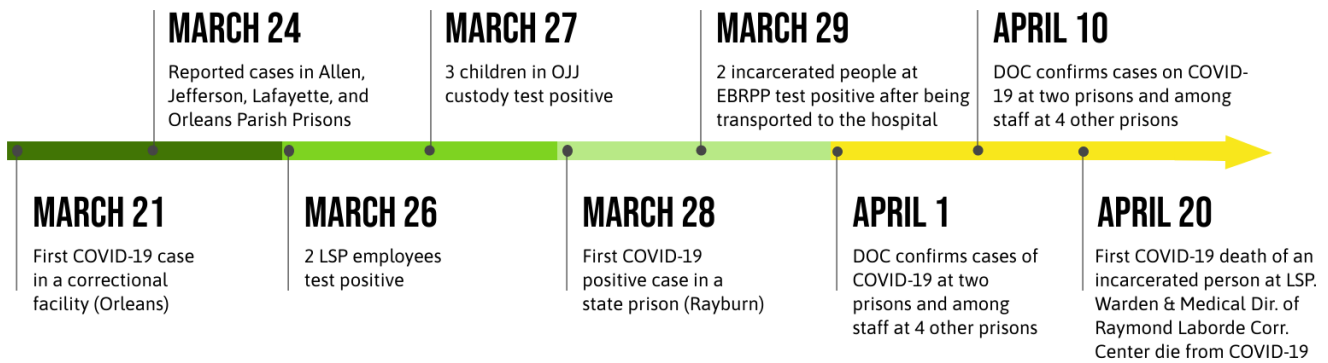


Figure 1: Timeline of Initial Spread of COVID-19 in Louisiana Correctional Facilities

transport to a local emergency room on March 28 and 29.¹³ By April 1, the DOC had confirmed cases among incarcerated people at two state prisons, in addition to staff working at those and four other state prisons.¹⁴ That same day, an incarcerated person reported that people at Dixon Correctional Institute, one of the prisons with confirmed cases, were “dropping like flies.”

Incarcerated people, loved ones, and advocates quickly called for the state to take action. On March 16, a group of organizations that advocate for the rights of individuals detained and imprisoned in Louisiana sent a letter to Governor Edwards urging him “to immediately develop evidence-based and proactive plans for the prevention and management of COVID-19 in the Department of Corrections [and in] Louisiana’s jails and juvenile

facilities.”¹⁵ On April 8, when there was a confirmed positive case at almost every prison in the state, and over 18,000 cases in the overall state population, a group of over fifty faith leaders called on Governor Edwards to act quickly in advance of Easter Sunday.¹⁶

Deaths began soon thereafter. A Louisiana State Penitentiary employee died on Good Friday, April 10.¹⁷ On April 20, the first incarcerated victim of COVID-19 was a 69-year-old man at LSP who was reported to have underlying health conditions.¹⁸ By then, both the warden and the medical director of Raymond Laborde Correctional Center had died of COVID-19.¹⁹

As news of these positive cases and the deaths following soon thereafter emerged, detained and incarcerated people voiced increasing concerns about the lack of an appropriate response

plan. In the Orleans Parish Prison, people with underlying medical conditions spoke out to express concerns with the lack of available information and the quickly growing number of people with symptoms.²⁰ At this point, state and local governments could have, and should have, acted quickly to contain the virus in correctional settings and protect the health of incarcerated people and communities throughout the state. But the government failed to act despite the pleas of many community members to do so.

FEDERAL FACILITIES

The largest jailer in the country is the federal government. The Department of Justice oversees the Bureau of Prisons (BOP), which held over 163,000 people at the beginning of the pandemic.²¹ That does not include the number of people in pretrial federal detention, Immigration and Custom's Enforcement (ICE) detention facilities, or in U.S. Marshals Service custody.²² Yet the federal government's response to the spread of coronavirus in

these facilities has been abysmal. A Marshall Project investigation found that BOP staff ignored symptoms of COVID-19, did not separate sick and healthy people, continued to transport people between facilities through early March, continued to work after exposure to confirmed cases of the coronavirus, did not follow the social distancing plan, limited testing to conceal the extent of the spread, and moved sick people into unconstitutional conditions of confinement.²³

Because of the early and rapid rate of infection in Louisiana, the four federal facilities in Louisiana, which house approximately 4,300 incarcerated individuals, quickly became the first hotbeds of coronavirus and likely increased community spread across the region.ⁱ

Oakdale Federal Correctional Institution

One of the first carceral facilities in the United States to reach a crisis level was Oakdale Federal Correctional Institution (Oakdale) in Oakdale, Louisiana.

ⁱ According to the Bureau of Prisons website as of October 13, 2020, FCI Pollock, USP Pollock, FCI Oakdale I, and FCI Oakdale II, which are located in

Louisiana, had a total population of 4,291. https://www.bop.gov/about/statistics/population_statistics.jsp.

²⁴ The BOP did not respond to staff requests to suspend prison labor, provide specialized medical teams, and provide appropriate protective gear.²⁵ And despite confirmed positive cases, staff were expected to continue to work so long as they did not exhibit symptoms.²⁶ As early as March 18, staff were requesting to reduce potential cross-contamination and to not move between the two different correctional facilities comprising Oakdale, a request the warden denied.²⁷ On March 25, six incarcerated men were hospitalized for COVID-19, and the next day, three staff members tested positive for the virus.²⁸ That same day, Oakdale established mandatory temperature checks for

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Justice Department’s inspector general later reported, after a remote inspection of Oakdale, that the facility had “failed to comply with federal health guidance and left inmates with the virus in their housing units for a week without being isolated.”

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ⁱⁱ For more on Mr. Jones and his plans for the future, see Maurice Chammah, *Coronavirus Ended His Shot at a Second Chance*, MARSHALL PROJECT

incarcerated men.²⁹ Just two days later, on March 28, Patrick Jones was the first confirmed and reported COVID-19 death for someone in federal custody.ⁱⁱ Although BOP reported after his death that Mr. Jones had asthma, his mother and close friends disagreed, stating Mr. Jones did not have asthma or any other pre-existing conditions.³⁰

Around the same time period, a guard at Oakdale was admitted to intensive care, thirty people who were incarcerated at the facility tested positive for coronavirus, and at least sixty people and an unknown number of staff at Oakdale were in quarantine.³¹ By March 29, seven staff members had confirmed cases, and from there “it just hit the accelerator, and it went fast.”³² The first death on March 28 was quickly followed by a second on April 1, and two more deaths on April 2.³³ BOP officials did not put the prison on lockdown until two weeks after the crisis began, though staff continued to enter and exit the prison with only symptom screening,³⁴ working thirty or forty hours straight.³⁵ By that

(Apr. 3, 2020), <https://www.themarshallproject.org/2020/04/03/coronavirus-ended-his-shot-at-a-second-chance>.

time, Oakdale had become “ground zero for coronavirus in the federal prison system.”³⁶

As the death numbers climbed, Oakdale temporarily suspended COVID testing of incarcerated persons; meanwhile, staff were dangerously overworked, with some nurses working forty-hour shifts.³⁷ Men continued to be housed in cells of six, with many of those who were sick not removed from the general population. They reported hearing the infected men coughing throughout the nights.³⁸ The Justice Department’s inspector general later reported, after a remote inspection of Oakdale, that the facility had “failed to comply with federal health guidance and left inmates with the virus in their housing units for a week without being isolated.”³⁹

Though the city of Oakdale only has one small hospital, the BOP did not reach out to local or state government officials to coordinate a response, which left politicians and community members concerned that the prison could lead to community spread.⁴⁰ The inadequate response from the BOP wreaked havoc within Oakdale. People did not report their symptoms out of fear of being put in an

isolation cell to die; people skipped work, including details involving cleaning and sanitizing, out of fear of contamination; and social distancing was impossible.⁴¹ The lack of information caused confusion, resulting in a “scuffle” when people assigned to general population objected to the return of people who had been in quarantine because it had not been confirmed by medical personnel that there was no longer a risk of infection.⁴² Staff who missed more than three workdays without a doctor’s note were referred to a disciplinary board that routinely docked their pay.⁴³ By April 3, five incarcerated persons had died of coronavirus.⁴⁴ In the meantime, staff with a temperature of 99 degrees were cleared to come into the facility to work.⁴⁵

After the death of five incarcerated persons, the ACLU of Louisiana filed a petition for writ of habeas corpus, as well as injunctive and declarative relief, on behalf of all incarcerated people at Oakdale in *Livas v. Myers*.⁴⁶ Another person had died by the time the ACLU filed an emergency motion for release of vulnerable and low-risk people on April 13.⁴⁷ Two days later, the seventh

incarcerated person at Oakdale died.⁴⁸ Following a visit to Oakdale on April 17 with the CDC and Louisiana Office of Public Health, a BOP spokesperson commended the facility for their compliance with CDC guidelines. Around this same time, Oakdale was using an 18-wheeler as a mobile morgue.⁴⁹

While the ACLU requested the release of more than 700 incarcerated men who met the criteria for early release or home confinement set out by the BOP, the BOP agreed only to *review* 100 individuals under these guidelines, and identified only 58 for potential release.⁵⁰ Though Attorney General Barr had issued a memorandum encouraging the release of people in the custody of BOP, the process for release had actually slowed down at Oakdale after the onset of the pandemic.⁵¹ Warden Myers did not respond to any requests for compassionate release between March and May.⁵² Even those lucky persons designated and confirmed for release were not safe. For example, only days before he entered a mandatory quarantine to precede his release to home confinement, George Escamilla was taken to a local hospital for respiratory

failure and tested positive for COVID-19.⁵³ Mr. Escamilla was in the hospital for two weeks before his family was even notified. They immediately went to the hospital where they watched through a window as Mr. Escamilla passed away.⁵⁴ Mr. Escamilla was scheduled to be released two days before he died.⁵⁵ Soon after *Livas v. Myers* was filed, the BOP changed their policy so that people who had served half of their sentence could be considered for early release.⁵⁶

It was ultimately the prison employee union that forced a



change in leadership at Oakdale. The union filed complaints with the Occupational Safety and Health Administration in late May, alleging that Warden Rodney Myers failed to notify them or provide them with PPE after people incarcerated at Oakdale began testing positive for coronavirus.⁵⁷ Warden Myers was temporarily reassigned to a central regional office within a week of the complaints, and on May 22, Myers was removed from his position by the BOP.⁵⁸ Around the same time, the BOP reported that testing would be offered to everyone in Oakdale on a voluntary basis.⁵⁹ The BOP had also begun to provide employees with appropriate PPE and post information about social distancing and good hygiene practices throughout Oakdale, but it was too little, too late: ten people incarcerated at Oakdale had already died.⁶⁰

Immigration Detention Centers Throughout Louisiana

Unlike those in jails or prisons, the majority of the people confined in Immigration and Customs Enforcement (ICE) custody are suspected of committing civil violations of

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At one point, 79 women asked for soap and were instead trapped in a room and pepper-sprayed.

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immigration law and have no criminal record, yet they are held in jail-like facilities despite their lack of any criminal conviction or charge. While other agencies began to respond, albeit slowly and inadequately, to the COVID-19 pandemic, ICE did nothing.⁶¹ There are approximately a dozen facilities in Louisiana in which ICE detains noncitizens.⁶² From February to October of 2020, ICE reported that nearly 938 detained immigrants in Louisiana had tested positive for COVID-19, with cases reported at each of the 13 detention facilities. At least one detained person had died.

In the first few weeks of the pandemic, social distancing was impossible at South Louisiana ICE Processing Center, and no attempts were made to provide detained people with cleaning supplies or PPE.⁶³ At one point, 79 women asked for soap and were instead trapped in a room and pepper-sprayed.⁶⁴ Pepper

spray is potentially hazardous. It can cause burning in the throat, wheezing, dry cough, shortness of breath, gagging, gasping, and the inability to breathe or speak. Pepper spray irritates the wet, mucus-lined parts of the body, including the lungs, the main organs already under attack by COVID-19. Pepper spraying a person who has COVID-19 could inhibit the person's ability to breathe, potentially killing them. Moreover, some of the possible consequences of pepper spraying, including cough and shortness of breath, mirror the symptoms of COVID-19 and could potentially mask positive cases.

LaSalle Southwest Corrections, a private prison company, holds a number of contracts in order to detain noncitizens, local pre-trial detainees, and state prisoners.⁶⁵ In April, at LaSalle-run Catahoula Correctional Center, a number of people who had exhausted their legal options requested to speak to ICE about release, including requests to be deported so that they might escape potential death in ICE detention from COVID-19.⁶⁶ In response, guards deployed pepper spray on 83 people and left them in the contained room full of pepper

spray.⁶⁷ Guards also threw some people into the air or dragged them across the floor, leaving "blood everywhere."⁶⁸ The people detained at Catahoula were concerned by the lack of masks, no available disinfectant, and no communication from ICE.⁶⁹

In addition, LaSalle forbade employees from wearing masks at the beginning of the pandemic.⁷⁰ At one of its facilities, Richwood Correctional Center, people quickly began showing symptoms of COVID-19 before the facility even began to respond.⁷¹ Raúl Luna González began exhibiting COVID-19 symptoms but was not tested until his story aired on Telemundo, despite his history of cancer, dependency on a colostomy bag, and the death of two facility staff due to COVID-19.⁷² Luna went back and forth between the hospital and dorms full of infected people, likening the dorms to a "Nazi concentration camp."⁷³

STATE RUN FACILITIES

As the pandemic began to impact carceral facilities across the country, the state of Louisiana initially failed to

provide a plan for responding to COVID-19 despite advocates' urgent calls. Then in April, weeks after the onset of the pandemic in the state, the Louisiana Department of Health (LDH) issued its first guidance regarding prisons, which called for depopulation, among other actions—this guidance was mysteriously rescinded in its entirety within hours.⁷⁴ The LDH has since failed to fulfill its duties as the state's top health agency, leaving medical decisions solely in the hands of unprepared DOC officials. Notably, the Health Department website reporting state-wide, parish-by-parish data on COVID-19 testing and infections does not appear to include any data from prisons.ⁱⁱⁱ This inaccurate accounting makes it difficult to identify whether any community spread has occurred from the cases in prisons, and under-counts the overall cases in Louisiana. Secretary LeBlanc of the DOC claimed that the state was curbing the spread with measures like canceling the rodeo at the Louisiana State

ⁱⁱⁱ Data downloaded from the Louisiana Health Department website, titled "Cases and Testing Data by Census Tract by Week" does not include testing and cases that are known to be in prisons. For example, in West Feliciana Parish, where LSP/Angola accounts for census tract no.

Penitentiary and stopping public tours.⁷⁵

Despite a concerning level of overcrowding even before the pandemic, Louisiana was clearly behind other states in creating an actual response plan.⁷⁶ They belatedly began to make plans that ranged from cruel and punitive conditions to promising developments. Unfortunately, the most promising plan, a Review Panel to strategically release people from incarceration to mitigate the risk of viral spread in state prisons and parish jails, was the one that state officials spent the least effort on. Because of these failures, from March through the beginning of December, 2,586 incarcerated people and 599 DOC employees were infected with COVID-19, and 31 incarcerated people and 5 staff had died.⁷⁷

When the number of confirmed cases in DOC facilities exceeded 2,000 in September, PJI noted that the rate of positive COVID-19 cases was 247 percent higher for DOC staff

22125951702, the Health Department reports zero testing and zero positive cases from February 27, 2020, to November 19, 2020 (the latest date listed as of December 8). LA. DEP'T OF HEALTH (last visited Dec. 8, 2020), <https://ldh.la.gov/Coronavirus/>.

than it was for the rest of the state. The DOC prison staff rate of death from COVID-19 was 20 percent higher than the state's overall death COVID-19 death rate.

In addition to failing to create an adequate plan to respond to the pandemic, leadership at DOC was inconsistent. Leadership changes during a disaster are always concerning, but in both of these scenarios, essential personnel were replaced with significantly less-qualified candidates. Dr. John E.

Morrison, DOC medical director, announced his departure in April after only a year of employment with the department.⁷⁸ Dr. Randy Lavespere, the medical director of Angola, was made interim director, despite previously having had his medical license suspended and spending time in prison for "purchasing \$8,000 worth of crystal meth from an informant at a Home Depot parking lot."⁷⁹

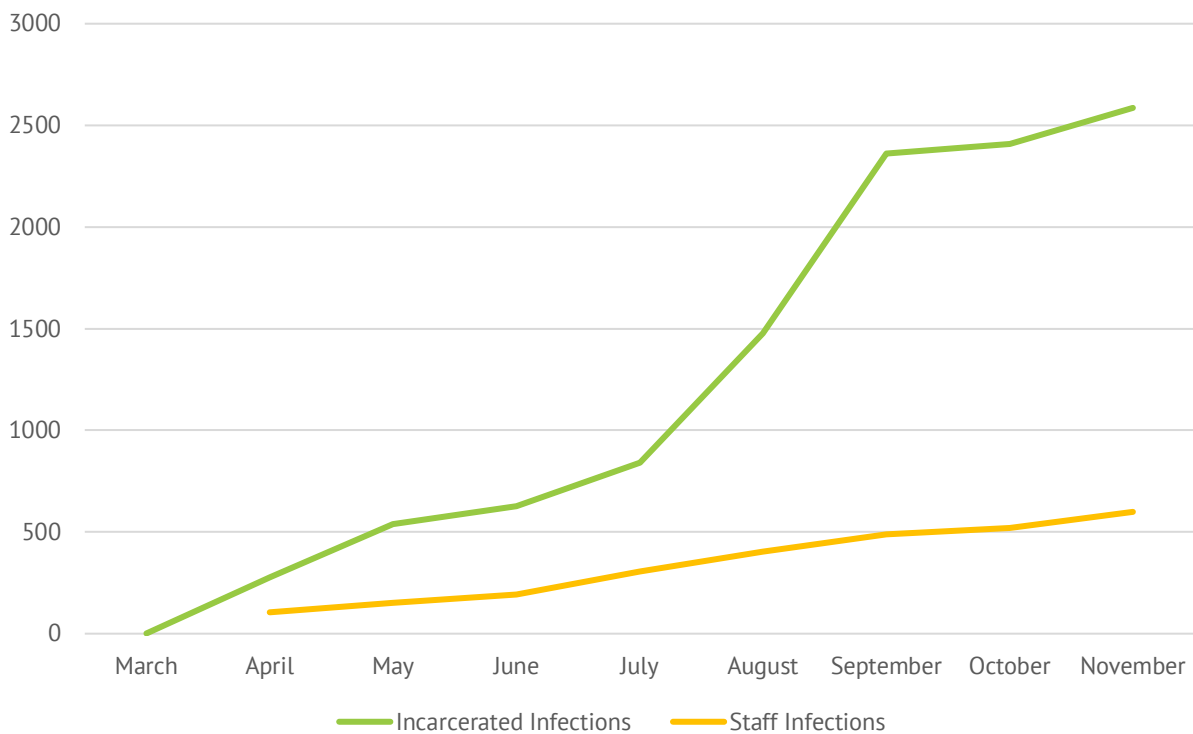


Figure 2: Monthly COVID-19 infections in DOC facilities (data from end of each month)

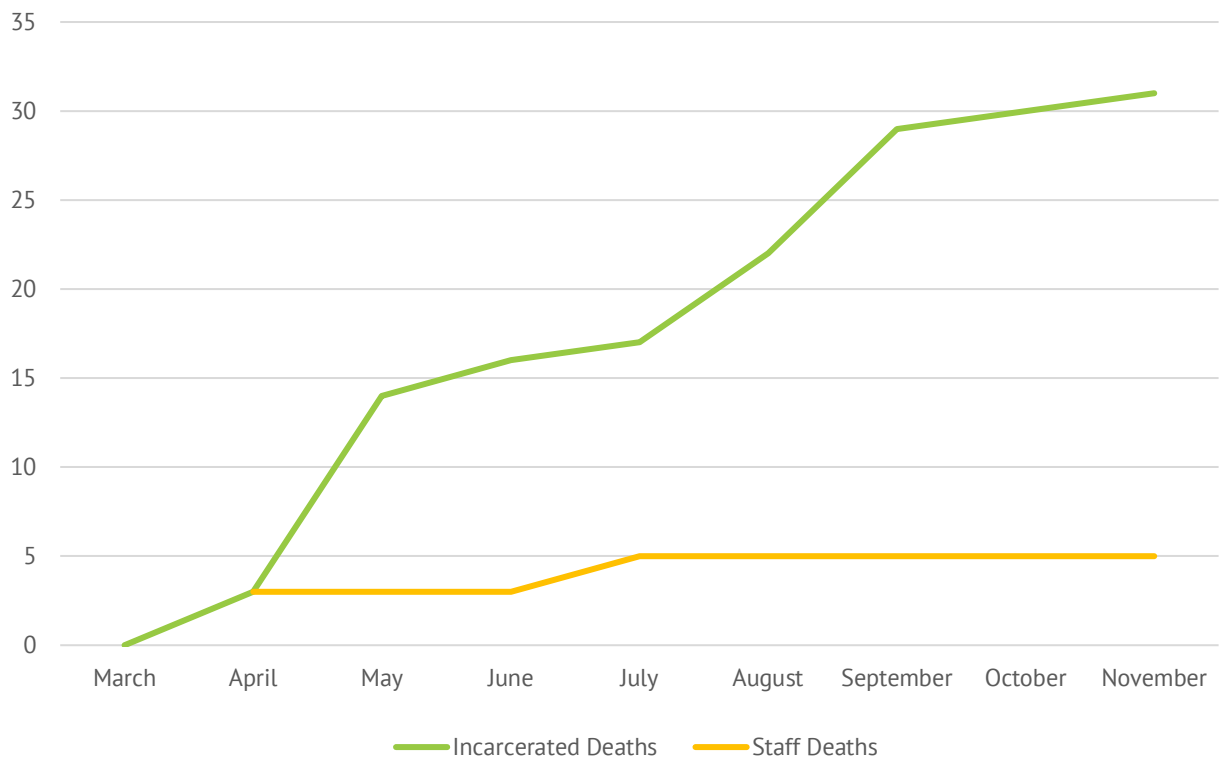


Figure 3: Monthly COVID-19 deaths in DOC facilities (data from end of each month)

Louisiana State Penitentiary

At the Louisiana State Penitentiary (LSP), commonly referred to as Angola, incarcerated people faced increased risk of infection (1) because of the State's plan to transfer anyone who tested positive across Louisiana to

Camp J, a closed down disciplinary facility at LSP, and (2) because of the ongoing abysmal and unconstitutional medical care preceding the pandemic compared to other prisons.^{iv} People incarcerated at LSP reported dire conditions in dorms that hold over 80 people in close quarters. In the first few weeks of March, one

^{iv} In 2015, PJI filed suit on behalf of the over 6,000 incarcerated men at LSP to challenge the constitutionally inadequate medical care provided there. Although a federal judge indicated that pre-pandemic medical care at LSP was unconstitutional, no opinion has yet been entered

in the case.

<https://promiseofjustice.org/2020/03/31/pji-files-for-temporary-restraining-order-to-prevent-transfer-of-sick-people-to-notorious-angola-prison/>

incarcerated man at Angola wrote to PJI saying, “we are being told to ‘socially distance’ ourselves but are packed into these dormitories like sardines.”

The inevitable first confirmed case at LSP came on March 28.⁸⁰ As more people became sick in the following days, prison staff claimed it was the flu and refused to test the many people who were visibly ill. When there were no attempts at mitigation measures or social distancing, people reported buying food from the commissary to avoid going to the cafeteria, which caused the commissary to run out of food.

Early on, LSP was not equipped with disinfectant wipes, adequate hygiene supplies, or PPE. Facility officials continued to require the men to work in the fields with no social distancing practices or other safety measures. There was an overall lack of preventative measures being taken by staff and within the facility, causing one man to describe all of the men at Angola as “sitting ducks” for the virus. When there were positive test results, dorms at around 170 percent capacity were put on lockdown, making social distancing impossible and almost ensuring that entire

dorms were exposed to COVID-19. A man incarcerated at Angola wrote to PJI about what he experienced during these lockdowns in a letter:

“A few weeks passed before we were all locked down in quarantine and our movements greatly restricted. It was several weeks later from the start before the DOC gave us masks to wear and started checking our temperature twice a day. All during this time various inmates from other dorms came down with the virus. Simultaneously several security guards contracted the virus elsewhere and introduced it to the inmate population at Camp F. [...] Meanwhile, we are made to suffer. Personally, I am afraid my muscles may never recover from inactivity. I’m getting bed sores in a certain spot from sitting up reading for lack of anything else to do. The noise in my dorm is sometimes deafening and I’m forced to wear earplugs or go crazy. We have no idea how long

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“We are being told to ‘socially distance’ ourselves but are packed into these dormitories like sardines.”

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we will be locked up in isolation or have to suffer the indignity of not getting paid anything and being considered a slave."

Prison guards reportedly told incarcerated people that they were ordering plenty of body bags. A few weeks later, prison guards told a line of people that the prison had a room full of body bags stacked floor to ceiling. Some could see the construction of a tent outside and rumors swirled that it was to hold all the dead bodies. Unsurprisingly, incarcerated people reached out to their

loved ones to have wills made and provide information about how they wanted their affairs handled if they were to die from COVID-19.⁸¹ One person who was formerly on death row told PJI that he felt as though his "death sentence has been reinstated" as he watched people around him fall ill, one by one.

The stress was visibly getting to staff. In one instance, according to people inside the facility, prison guards responded to people with severe mental illnesses by pepper spraying them multiple times a day to



stop the screaming. Additionally, people would be released to the recreation yard only to find that quarantined dorms with people recently exposed to coronavirus were also on the yard. Staff reportedly punished people who tried to prevent exposed people from entering their dorms by sending them to quarantine. One man at LSP reported that he was written up for holding a door closed to prevent people from entering a quarantined area.

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Prison guards responded to people with severe mental illnesses by pepper spraying them multiple times a day to stop the screaming.

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The medical care provided to those with symptoms indicated that the prison was in denial about the spread and severity of COVID-19. One person fell sick around March 1, began to submit sick calls on April 1, and reported six medical emergencies between April 1 and April 23. Each time, medical staff took his blood pressure and temperature, but they

ignored his reports of difficulty breathing and eating, and regular vomiting. He did not eat for at least a week in April. He lost ten to fifteen pounds in under two months. This entire time, he remained in his dormitory with no regular care from medical staff and in close proximity to other people. Those around him took care of him, bringing him Ensure to keep him from starving. He bought Vick's vapor rub from the commissary, and someone brought him Alka Seltzer and cold medicine. He even tried eating garlic and sweating out the virus. He saw a doctor after repeated advocacy from his sister, but the doctor only talked to him and performed no physical examination. Thankfully, he recovered from the virus.

Times of desperation demonstrated the resilience and collective solidarity of people incarcerated at LSP. When the authorities failed to take meaningful steps, some people incarcerated at LSP dubbed themselves the “COVID police.”⁸² They tried to disinfect as many surfaces as they could, stretching out their meager supplies as much as possible.⁸³ Incarcerated people began to organize just to make sure soap was available for handwashing:

They distributed the soap they had, coordinated supplies among areas of the prison by buying, bartering, and trading, and ultimately put a bar of soap by every faucet. Once they had soap, everyone was washing their hands until they ran out. They organized to make as many masks as they could. They turned the gym into a mask operation, making masks out of four layers of cotton. While prison officials had no regard for the lives of those at LSP, those incarcerated there figured out ways to try to slow the spread without any support from the administration.

LSP staff were limiting medical care and only testing those with severe symptoms of COVID-19, particularly high fevers.⁸⁴ Months into the pandemic, LSP had 5,500 coronavirus tests available but only tested a few hundred people.⁸⁵ To date, LSP has still not engaged in mass testing despite having thousands of tests available and a documented plan for mass testing as early as mid-April.⁸⁶ However, they did choose to conduct more than 1,000 tests of staff by late June, resulting in a 19 percent positive rate.⁸⁷ Not only did officials choose to remain ignorant about the spread of the pandemic by not testing incarcerated men, but they also appeared to be rationing medical care.

People were not being taken to see doctors or nurses because staff with no medical experience were screening for medical intervention.⁸⁸ In the first case that would end in death, John “Cap” Cantrello kept calling for help. Staff took his temperature three times and, despite his visible hyperventilating and serious underlying medical conditions, he was not taken to see a doctor because his fever remained under 100 degrees.⁸⁹ He died days after being taken



to Our Lady of the Lake Hospital.⁹⁰ The next man to die at LSP, Lloyd Meyers, had trouble breathing, eating, and moving, but was refused medical care because his fever was not high enough.⁹¹ He died within a day of being moved to a hospital.⁹² Further, it is unclear that the screenings were even taking accurate temperatures; some people reported they had readings as low as 93 or 94 degrees, which, if accurate, would mean they needed emergency treatment for hypothermia.⁹³ While fevers have been identified as one of the primary symptoms of COVID-19, a large proportion of COVID-19 patients requiring hospitalization do not exhibit fevers of 100 or greater degrees, making these screenings ineffective.⁹⁴ Incarcerated people who expressed concern about these policies experienced retaliatory write-ups and placement in lockdown.

At least four of the twelve people who died of COVID-19 or related complications at LSP by the end of June were initially denied medical care because their symptoms were not severe enough by the prison's standards.⁹⁵ A ProPublica investigation found that people

reporting coughs, aches, fatigue, chest pains, and stomach pains, and people who passed out at the height of the first wave in LSP, were not treated for COVID-19.⁹⁶ They were told they were dehydrated or had gas.⁹⁷ Sick men were left in their dormitories to recover, patients were returned to quarantined areas, and staff continued to move freely among different areas of the prison.⁹⁸

For those who had underlying health issues, which includes a disproportionate number of people among incarcerated populations, COVID-19 moved quickly and was often deadly. For example, Robert Tassin Jr. was hospitalized on May 6 after experiencing respiratory distress. Mr. Tassin already had late-stage thyroid cancer and chronic obstructive pulmonary disease (COPD) and was in the process of attempting to obtain medical release to live his remaining days outside prison. Unfortunately, on May 11, the day before his sixty-third birthday, he passed away after testing positive for COVID-19.

Michael Williams, a man incarcerated at LSP, passed away from COVID-19 on May 9, 2020, at the age of 70. When Michael and his sister Terry talked on May 3, she could tell that he sounded strange. The next night, a friend of Michael's called Terry to tell her that he was sick. Given his symptoms, Michael was put into isolation for multiple days. Yet, when he was on the phone with his son Kevin, he told Kevin that he was not being treated. Kevin

remembered his dad saying, "Son, I'm going to die in here." Michael's family and lawyer, Allyson Billeaud, called the facility repeatedly asking for Michael to be moved to the hospital, but they were told that he did not have COVID-19. By the time that Michael was transferred to a hospital on May 7, he was in critical condition. He tragically lost his life to the virus two days later.⁹⁹

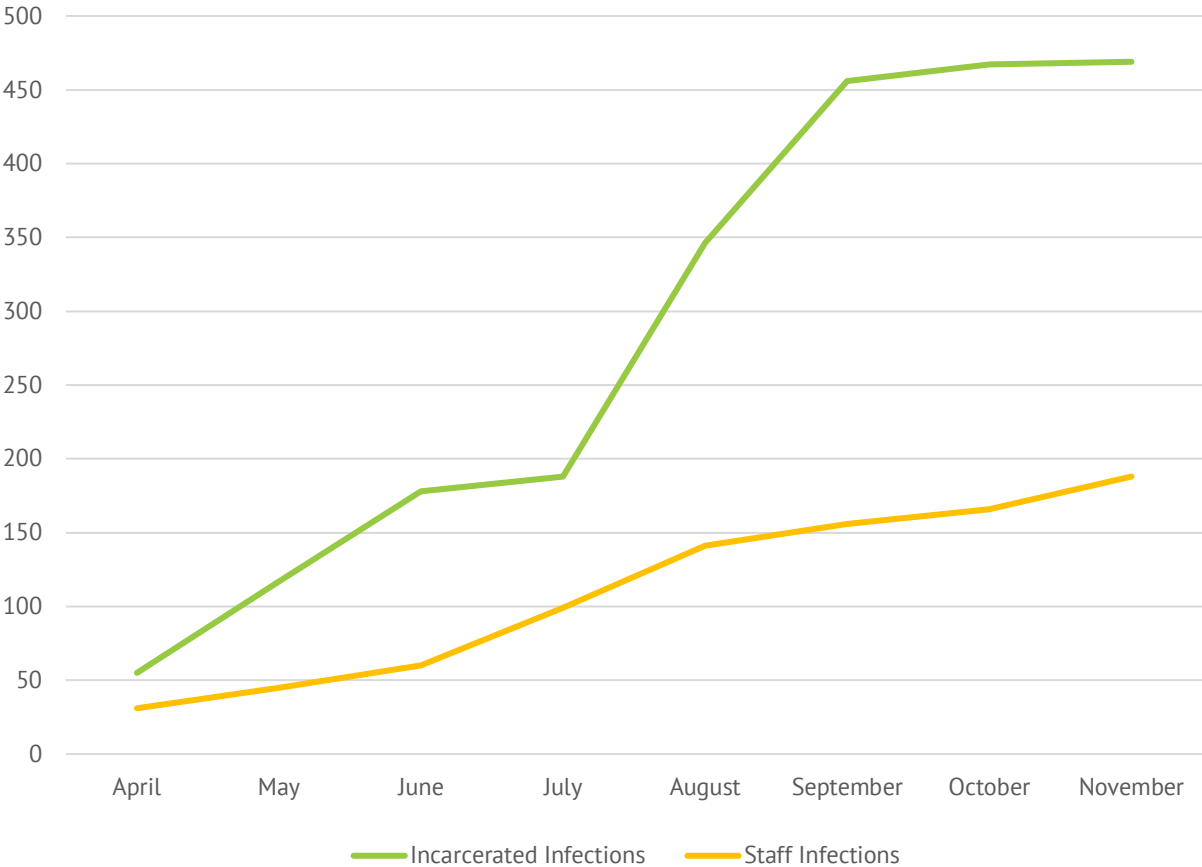


Figure 4: COVID-19 Infections at Angola (data from end of each month)

When transfers among facilities resumed, there were challenges figuring out how to isolate people newly arrived at the prison. In late July, a person who arrived at LSP was placed in an unknown disciplinary area—not Camp J—because he had a fever. He was told it was because he had COVID-19, but he tested negative. For three days, he was held in a single cell with heavy bars and grates on the door. The grates kept out any breeze from the hallway fan, making it “hot as hell.” He was not given a sheet or a shower. When he was taken to see a doctor, he was made to walk in ankle shackles despite his pre-existing limp. He was then taken to Camp J even though he had not tested positive.

Louisiana Correctional Institute for Women

The 1,600 incarcerated women in Louisiana Correctional

Institute for Women (LCIW) are split between local jails, transitional programs, and two prison buildings repurposed from their previous roles housing men and children—a building at the Elayn Hunt Correctional Center in St. Gabriel (LCIW-Hunt) and the former Jetson Center for Youth in Baker (LCIW-Jetson).^v Long before the novel coronavirus became a concern, the LCIW warden warned that the “women [were] literally living on top of one another,” exceeding density accreditation standards set by the American Correctional Association.¹⁰⁰ Dorms held up to 80 women each with beds two feet apart.¹⁰¹ Louisiana's first mass testing in an incarcerated setting was conducted in early June at the two women's prisons, revealing a widespread outbreak.

Gloria Williams, affectionately known as “Mama Glo” and Louisiana's longest-incarcerated

^v Louisiana has not had a dedicated women's prison since the Louisiana Correctional Institute for Women (LCIW) flooded in 2016. Emma Discher, *Louisiana Women's Prison Finds Flood Recovery a Slow, Difficult Road*, THE ADVOCATE (Feb. 3, 2017), https://www.theadvocate.com/baton_rouge/news/crime_police/article_0c550bea-e8d7-11e6-9182-6fcb99933532.html; Lea Skene, *After Louisiana Women's Prison Flooded in 2016, Temporary Dorms Inundated with Coronavirus*, THE ADVOCATE (June 7,

2020), https://www.theadvocate.com/baton_rouge/news/coronavirus/article_ed45ea90-a696-11ea-a89d-8b66acee5f8f.html; Grace Toohey, *'Temporary Has Become Permanent' for Displaced Inmates of Flooded Louisiana Women's Prison*, THE ADVOCATE (Apr. 20, 2019), https://www.theadvocate.com/baton_rouge/news/crime_police/article_0fcefb8-5d6b-11e9-bac5-f7b4ee1d77f0.html.

woman, was hospitalized with COVID-19 on April 18.¹⁰² She was 73 at the time and had recently been recommended for clemency by the state Board of Pardons and Parole.¹⁰³ Then, on April 22, a woman named Dorothy LaVera Pierre died at the age of 60 in Our Lady of the Lake Regional Medical Center while she was incarcerated at Hunt.¹⁰⁴ Dorothy was the third incarcerated person to die of COVID-19 in Louisiana,¹⁰⁵ and she had been scheduled for a hearing with the Louisiana Board of Pardons and Parole on May 18—less than a month after her death.¹⁰⁶ At the time of her death, 97 incarcerated women had tested positive for COVID-19 in Louisiana, including 42 in a single day—making LCIW the source of the most confirmed cases of COVID-19 in the Louisiana DOC system, despite its relatively small size.¹⁰⁷ More than half of the women who tested positive exhibited symptoms.¹⁰⁸

After the high-profile hospitalization and death at a single facility in the course of a week, and with positive tests spiraling out of control, the DOC initiated mass testing at LCIW. In a press conference on May 5, the DOC spokesperson reported that 192 of the around 195



Gloria "Mama Glo" Williams

women housed at Hunt had tested positive, as well as 41 staff on the dorm.¹⁰⁹ At the time, DOC's policy of only testing symptomatic people had yielded only 299 positive tests among incarcerated people statewide, 64% of them among women.¹¹⁰ Officials first conducted mass testing in the female dorms at Hunt, finding 87 percent of about 200 women were infected.¹¹¹ Then they tested everyone at Jetson as well, which revealed that about 62 percent of almost 300 women were infected.¹¹² Many of the COVID-19 cases captured by

the mass testing program were asymptomatic.¹¹³

Inside Hunt and Jetson, officials had women sleep head-to-foot to try and “increase their breathing zone.”¹¹⁴ In early June, *The Advocate* reported that women were being separated into sick and healthy “cohorts” within the dorms.¹¹⁵ The women's facilities did not have the capacity for medical isolation or individual cells.¹¹⁶ Further, according to reports from those inside, Jetson does not have any on-site medical facilities and had to transport any incarcerated woman exhibiting symptoms to another location, increasing the risk of exposure to others and community spread. As of early December, the women at Hunt were reporting that, as a result of a large outbreak of COVID-19 among the men held at the facility, staff had been almost entirely neglecting the women, including serving food hours late, for weeks.

Meanwhile, Mama Glo, who had been placed on a respirator in intensive care, was transferred back into Hunt on May 9.¹¹⁷ She was placed back in a large, crowded dorm with between 70 and 80 other women. Despite being recommended for

clemency, she is still incarcerated.

In early May, a second woman died at Hunt. She was 47 years old and was sentenced to twenty years for two counts of drug possession, enhanced under “habitual offender” laws.¹¹⁸ Notably, while the men who died of COVID-19 at LSP were between the ages of 63 and 84, the women were younger—aged 60 and 47.¹¹⁹ As of early December, reportedly none of the 182 cases of COVID-19 among women at Jetson has ended in death.¹²⁰

Office of Juvenile Justice Facilities

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...only 30 children had been tested for COVID-19, and 28 of those had tested positive

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Since the beginning of the pandemic, Louisiana's Office of Juvenile Justice (OJJ) has had three different directors. As steady leadership throughout a crisis is vital to ensuring the confidence of the response, these rotating deputy secretaries are a source of concern. The first deputy

secretary was James Bueche, who had worked within the DOC for almost 17 years.¹²¹ On March 25, the Governor named Edward Dustin (Dusty) Bickham as the interim Deputy Secretary after Bueche abruptly resigned.¹²² On August 7, the Governor announced that William (Bill) Sommers would be taking over the position on September 7.¹²³

OJJ operates four youth detention centers, known as secure-care facilities, which collectively confine

approximately 220 children. OJJ officials confined the approximately 220 children to their dorms for 23 hours a day when they needed to be quarantined.¹²⁴ They also cancelled all visitation and programming, including school.¹²⁵ The children were left only able to contact their parents through a few free phone calls a week, the families had to pay for any additional calls. OJJ attempted to provide one fifteen-minute zoom video call a week. In describing the

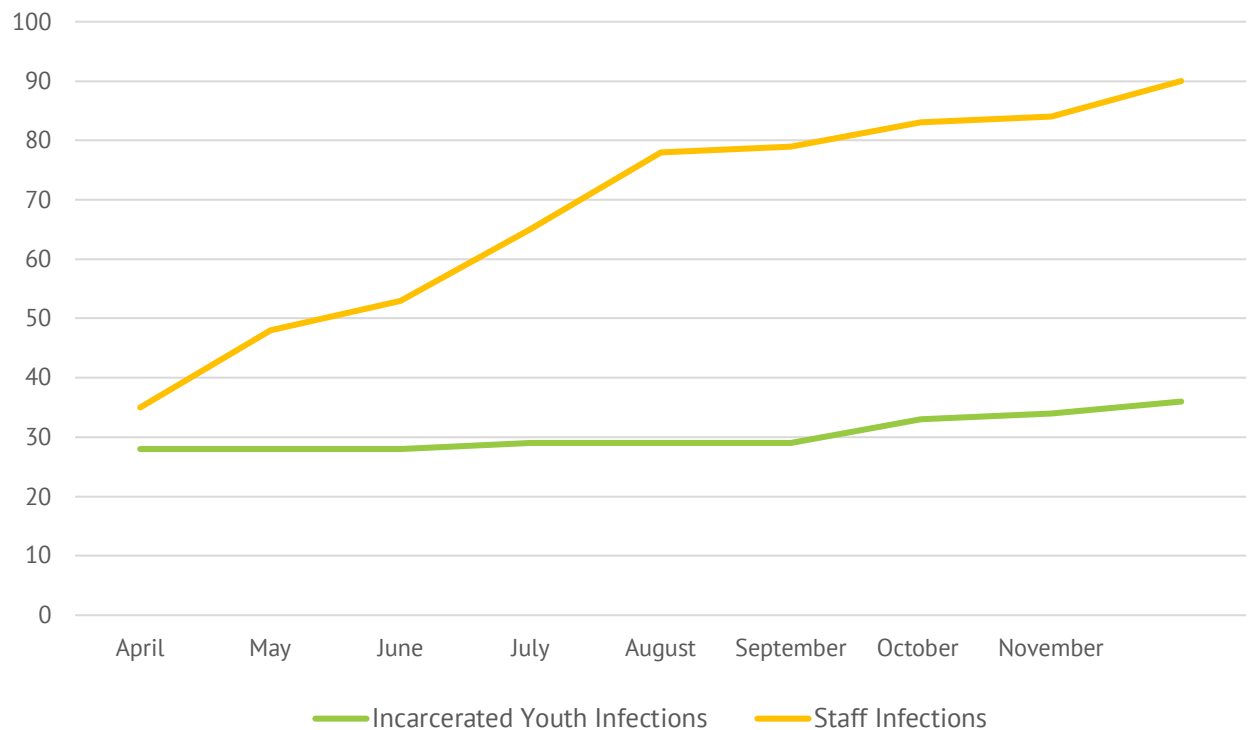


Figure 5: Total Number of COVID-19 Cases Among Children as Reported by OJJ^{vi}

^{vi} Data was compiled by PJI using data from the OJJ website. *OJJ COVID-19 Information*, OFFICE OF

JUVENILE JUSTICE, <https://ojj.la.gov/ojj-covid-19-information/> (last visited Dec. 8, 2020).

impact this had on her son, one mother said, “he got very depressed and withdrawn from everybody. It’s frustrating to me ‘cause that’s not how he was.”¹²⁶

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“They don’t care. It’s not like I’m a stranger or just a friend wanting to get information. I’m his mother.”

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On May 14, 2020, the Promise of Justice Initiative, Juvenile Law Center, the Law Office of John Adcock, and the international law firm O’Melveny & Myers filed a civil rights suit in federal court on behalf of the children, ranging in ages from 12 to 21, who were incarcerated in OJJ’s four secure-care facilities.¹²⁷ On the day the lawsuit was filed, only 30 children had been tested for COVID-19, and 28 of those had tested positive.¹²⁸ In addition, 41 staff members had tested positive, indicating that the true number of positive cases among the children was likely much higher despite a lack of testing due to the high rate of staff infection.¹²⁹ One mother said “The staff are coming back and forth into the facility and my son is scared of

getting sick. I am worried about my son’s safety and well-being.”¹³⁰

On July 3, 2020, the federal judge rejected the children’s request to furlough them or safely release them if they were close to the end of their sentence.¹³¹ Although school instruction had resumed on June 8, children’s parents and advocates remained concerned about a lack of testing and limited communication about their child’s health or with their children directly.¹³² After not being told about her son going to the hospital for a kidney issue and being quarantined, one mother said, “I feel helpless. Nobody ever has answers. Your child is just another number. You sit there for days on end, sick to your stomach, not knowing. It’s a waiting game. It’s a horrible, horrible feeling. They don’t care. It’s not like I’m a stranger or just a friend wanting to get information. I’m his mother.”¹³³

As of December 17, 2020, OJJ reports that 46 youth and 99 staff have tested positive for COVID-19.¹³⁴ The disproportionate number of staff testing positive compared to the youth indicates that OJJ is still not implementing widespread

testing of youth in their care. Further, the increase in youth-positive cases between August and October were all attributed to the Acadiana Center, indicating that this may be the only facility conducting any kind of testing.

No state prison was left untouched by the virus. Though we may never know the extent of the pain and suffering people experienced in Louisiana prisons during the pandemic, incarcerated people, advocates, and journalists were able to expose some of the experiences of people in state prison.

For example, **Dixon Correctional Institute**, the only state prison with the capacity for treating dialysis patients, had their first confirmed positive cases at the beginning of April with those inside reporting they were “dropping like flies.” At least three of the first people to get sick were taken to the infirmary in wheelchairs, given Ibuprofen, and returned to their dorms without being quarantined or socially distanced until the next day. Officials did not start mass testing until late August, at the same time the facility had its first death.¹³⁵ Of the 600 men tested, 331 tested positive and 303 of those were



asymptomatic.¹³⁶ In September, Dixon had 61 dialysis patients, who are at increased risk of COVID-19 due to their kidney failure. Their family members, faith leaders, and medical professionals were publicly and privately pushing state and facility officials to send these men on medical furlough to a proper medical facility for care or to release them. The state responded by temporarily moving some of the dialysis patients to Elayn Hunt Correctional Center.

A large COVID-19 outbreak was reported among the men incarcerated at **Elayn Hunt Correctional Center** in November 2020. As of December 3, there were 81 current positive cases and a total of 194 people had tested

positive out of the 460 who had been tested. There were two reported COVID-19 deaths at the facility. It was also reported that the outbreak had affected the facility's hospital orderlies, and incarcerated men were being threatened with punishment if they did not work in the Skilled Nursing Unit—with no training at all—to fill in for the sick staff.

For information about developments in other state facilities, see *Appendix A*.

LOCAL FACILITIES

When the pandemic began, experts quickly identified jails as sites that could potentially explode the level of infection in a community. Of all types of carceral institutions, jails are uniquely positioned to spread infection because of their high rate of “churn,” where people are booked and released in short time periods.¹³⁷ Sheriffs' responses to COVID-19 varied dramatically across the state. When the State's Health Equity Task Force requested data from sheriffs across the state, only 6 of 64 parishes responded to this call.¹³⁸ This low response is particularly concerning given that 13,485 men and women

sentenced to state prison time serve their sentences in local parish jails and prisons. The local facilities were excluded from all state reporting.¹³⁹

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Orleans Parish Prison

Given the quick spread of coronavirus in New Orleans, it is unsurprising multiple people detained in the Orleans Parish Prison (OPP) tested positive by March 23. OPP officials did not make this public; instead, the information became public when detained people contacted advocates from the Orleans Parish Prison Reform Coalition. By late April, 97 individuals at OPP had tested positive, with hundreds of other tests awaiting results.¹⁴⁰ In a rare example of proactive decision-making, the Orleans Parish Sheriff's Administration decided to implement mass testing at OPP and expressly chose not to send people detained in OPP to Camp J, claiming those infected

in OPP were being effectively quarantined.¹⁴¹ However, prosecutors objected to attempts to rectify the situation by refusing attempts to reduce bond, arguing that releasing incarcerated individuals would risk spreading coronavirus to the general public.¹⁴²

However, jail officials still failed to take sufficient measures to control the virus in OPP. In early April, some detained people had no access to masks or soap. People detained there were becoming so concerned that they contemplated a hunger strike. As of April 16, 326 out of 803 people detained in OPP had been tested for coronavirus, with about 30% testing positive. People who exhibited severe symptoms were taken out of the jail to a hospital. By late April two employees had died, and over 70 employees had tested positive.¹⁴³ In early May, a detained person reported that a dorm full of people recovering from COVID-19 had no gloves, bleach, or hand sanitizers and only had masks that were weeks old.

Even before the virus likely reached the jail, public defenders called for the release of people detained in the jail on non-violent offenses.¹⁴⁴ Any

measures that the Sheriff's Department chose to reduce the incarcerated population were undermined by the New Orleans Police Department¹⁴⁵ and District Attorney's Office, who continued to arrest and prosecute people as if it were business as usual.¹⁴⁶ Prosecutors chastised public defenders for trying to "exploit" the pandemic to get their clients released from custody, with the spokesperson for the District Attorney's Office stating the pandemic was not "a time to encourage lawlessness."¹⁴⁷ However, the Sheriff's Department complied with release orders and joined public defenders in asking judges to increase the number of people being released from OPP,¹⁴⁸ cutting the jail population by a quarter.¹⁴⁹ Though the courts ordered a limited number of



people released, a significant portion of the incarcerated population detained pretrial had no recourse because there were no trials being held, bonds had not been set, or they had a parole hold.¹⁵⁰ Even when people might have been eligible for release, there was confusion over habeas jurisdiction and delays in mandatory hearings.¹⁵¹

After an initial decline of the virus, OPP experienced a spike in late May, with 94 confirmed cases reported on May 20.¹⁵² Though Sheriff Marlin Gusman reported on June 18 that OPP had taken measures to eradicate coronavirus among the incarcerated individuals and staff,¹⁵³ Christian Freeman, who was detained for charges related to his experience with substance abuse, died suddenly after collapsing at the facility on June 25.¹⁵⁴ During the autopsy, it was confirmed that he was positive for coronavirus.¹⁵⁵ Despite the possibility of future waves, on July 31, OPP shipped eighty-one people to other facilities around the state.

In late August, Sheriff Marlin Gusman quietly released a plan to spend \$9.3 million, including \$7 million of FEMA funds, to renovate a vacated jail building to house incarcerated

individuals with coronavirus.¹⁵⁶ FEMA and the sheriff's office gave conflicting dates on when the renovations are projected to be finished, with Sheriff Gusman remaining silent on whether the project would replace larger-scale efforts to reduce the jail population by curbing arrests for minor offenses.¹⁵⁷

East Baton Rouge Parish Prison

In mid-March, East Baton Rouge Parish Sheriff Sid Gautreaux said there were no cases of coronavirus in the prison, but admitted that one case inside the facility could rapidly spread.¹⁵⁸ Shortly thereafter, in late March, the prison had its first confirmed case, leading prison officials to move 94 incarcerated people into quarantine.¹⁵⁹ According to reports from inside the facility, at first no one could get a COVID-19 test unless they had a fever of 100.4 degrees. Around April 9, hospital staff extended tests to everyone displaying symptoms, which was still a limited approach. As more people began to fall ill in the prison, detained people reported cruelty when they asked for help. They were pepper sprayed, isolated, and denied food. When detained



people tried to report the concerning conditions to the mayor, she shared their reports with the warden, who had a talk with the detained people but took no steps to address the conditions. By mid-April, over 50 people had tested positive.¹⁶⁰ The prison responded by moving individuals who tested positive to a part of the jail that had been shut down in 2018 or transporting them to the hospital if necessary.¹⁶¹

In response to rising cases, the criminal legal system came together to reduce the local pretrial population. Law enforcement focused arrests on serious and nonviolent charges,

and prosecutors, public defenders, and judges worked together to identify people for release even if they could not afford their bonds, reaching a ten-year record low for the pretrial population.¹⁶²

Even with these population reduction measures, over 1,000 people were still sharing confined spaces without a possibility for social distancing.¹⁶³ By mid-May there were 93 confirmed cases of coronavirus inside the facility.¹⁶⁴ On May 27, in response to the ballooning number of cases inside the prison, the Advancement Project and the Center for Constitutional Rights

filed a lawsuit seeking a temporary restraining order on behalf of incarcerated individuals for the ongoing and serious risks inside the facility.¹⁶⁵ Sheriff Sid Gautreaux and Warden Dennis Grimes, defendants in the federal suit, claimed they had the pandemic under control and were strictly following public health guidelines.¹⁶⁶ Meanwhile, plaintiffs like Devonte Stewart, who developed high blood pressure after being exposed to COVID-19, claimed that the prison did not follow testing or quarantine procedures when bringing new individuals into general population.¹⁶⁷ Ultimately, like other litigation seeking release, the motion for a temporary restraining order was denied.¹⁶⁸

In general, East Baton Rouge Parish Prison has been unwilling or unable to share information regarding the status of the pandemic at the facility. In response to a public records request, the sheriff's office indicated that it has no information regarding the total number of COVID-19 tests administered to its incarcerated population or how many had tested positive. The office reported a total of 41 staff confirmed staff cases between

March and October, with over half of the cases occurring in April. There have also been recent reports that the prison is no longer quarantining people for 14 days, because they do not have enough space.

For information about developments in other local parish facilities, see *Appendix B*.

PART II: INADEQUATE AND HARMFUL GOVERNMENT RESPONSES

The state of Louisiana and its parishes have responded in ineffective and harmful ways to the pandemic behind bars. Instead of implementing common-sense reforms to reduce the spread of COVID-19 in statewide facilities, the State's response has been woefully inadequate to contain the virus and properly identify and treat those infected with it.

INITIAL STATEWIDE RESPONSE

Camp J

One of the only fully implemented plans from the State was the decision to have local jails send incarcerated people who tested positive for COVID-19 to Camp J at LSP in lieu of providing them with appropriate medical care in a hospital setting.

Camp J is not a healthcare facility—it is a previously shuttered unit notorious for its cruel conditions, and it is located within LSP, a prison that was recently found by a federal

court to provide an unconstitutionally inadequate level of medical care.¹⁶⁹ Prior to being permanently closed in May 2018, Camp J experienced significant mold and flooding, and conditions within were described as worse than death row.¹⁷⁰ Camp J was designed as a disciplinary unit, where people who had broken rules or had behavioral issues would be held in solitary confinement, which is not an appropriate replacement for ethical medical isolation and could potentially worsen the crisis.¹⁷¹ Jerome Morgan, a formerly incarcerated person who was held in solitary confinement at Camp J, described the plan as effectively “punishing them for being sick.”¹⁷²

This plan subjected people who were potentially at risk of losing their lives or sustaining lifelong injury to conditions that likely increased risk of disease and death. In fact, this plan directly contravened LDH and CDC recommendations to transfer infected people to *healthcare* facilities.¹⁷³ LSP, where Camp J is located, is situated over an hour away from the nearest

reference hospital. The State therefore opted to concentrate incarcerated COVID-19 patients from all over the state—a disproportionate number of whom are elderly or otherwise medically vulnerable—in a remote facility with no hospital nearby. Moreover, the DOC's own policy stated that it was preferable for infected people to remain in local facilities rather than be transported, which has the potential to spread the disease even more.¹⁷⁴ But when the state was challenged to come up with a plan to respond to the looming impact of the pandemic in prisons and jails, they chose to sacrifice any modicum of respect for incarcerated people's health and safety.

Once people were experiencing serious COVID-19 symptoms and tested at their origin facility, which likely meant they had been contagious for days, they were transferred to Camp J.¹⁷⁵ Less than two weeks after the transfers began, there was already a critical shortage of medical staff: The ratio of nurses to patients in Camp J medical isolation was already dangerous at 1:20 in mid-April.¹⁷⁶ Some of the people brought to Camp J were experiencing symptoms so severe that they

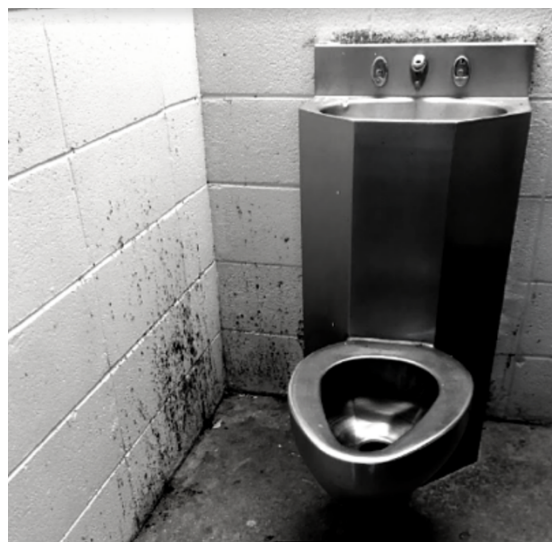


Figure 6: Photo of mold in Camp J shortly after camp closure

needed IV machines or oxygen masks, and many had co-morbidities that significantly increased their risk of severe symptoms.¹⁷⁷ Despite these increased risks, the limited medical staff working in Camp J were unprepared to care for anyone who suddenly developed severe symptoms or required hospitalization because Camp J was neither a healthcare facility nor had it been converted to a makeshift healthcare center.¹⁷⁸ The closest hospital to LSP, West Feliciana Parish Hospital, had no ventilators and was not prepared to care for patients requiring intubation.¹⁷⁹ A number of incarcerated people represented to a federal court that they were concerned they

would not receive medical care should their symptoms become severe.¹⁸⁰

About a month after the plan went into effect, there were about 134 patients in Camp J.¹⁸¹ People who had been transferred there reported that they were being housed in a dormitory setting with very sick patients.¹⁸² PJI; the Southern Poverty Law Center; and law firm Orrick, Herrington, and Sutcliffe brought litigation in *Gumns v. Edwards* on behalf of people who had been transferred to Camp J or were at risk of being transferred to Camp J. Despite the dungeon-like conditions and abysmal medical care for infected people, U.S. District Judge Shelly Dick found the plan passed muster. Judge Dick focused on features like a new air conditioning system, which itself might increase spread based on new information about the spread of coronavirus.

In June, a man incarcerated in St. Bernard Parish was transferred to Camp J and wrote to PJI:

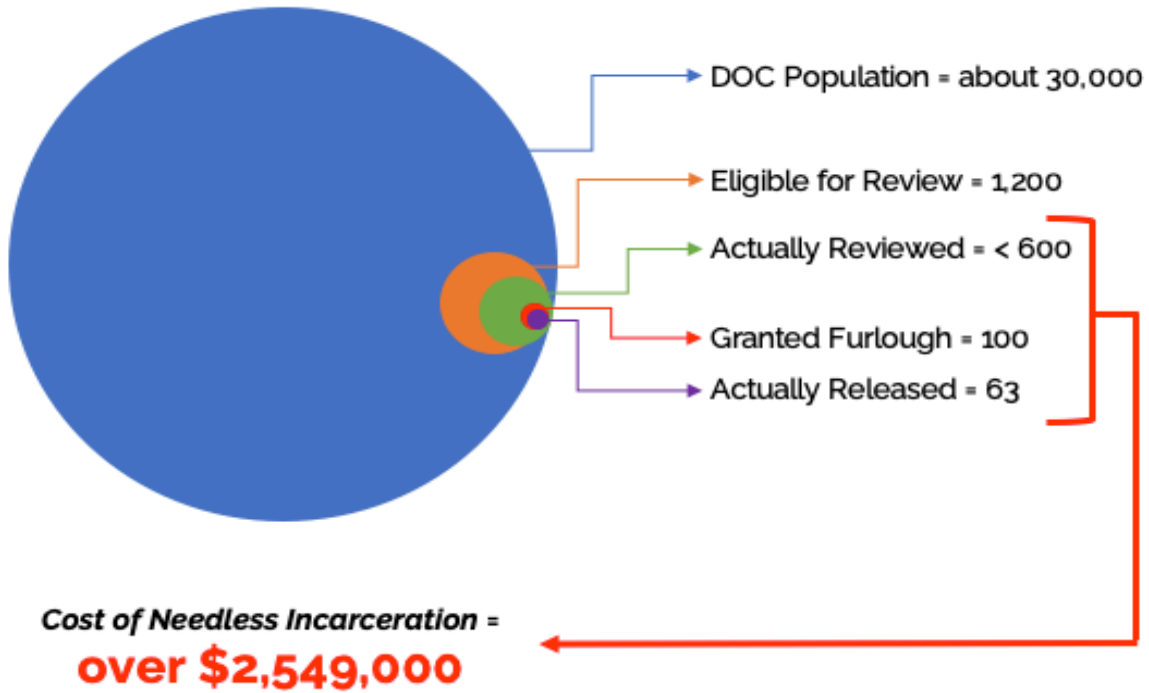
"I tested positive for Covid-19 and was shipped off to Louisiana State Prison – Angola on 4.30.2020, where I was housed on

Camp J (part of the prison that was deemed inhuman due to its conditions) for 34 days, under extreme conditions (no A/C, no drinkable water as well as being housed in a cell filled with rust and mold) while already dealing with a respiratory infection."

Review Panel

In mid-April, as the pandemic began to reach crisis level in state prisons, the state announced a Review Panel that would consider furloughs for 1,200 people in DOC custody who were within the final six months of a sentence for a nonviolent, non-sex-offense, making up only 4 percent of the population in DOC custody.¹⁸³ Furlough required five out of six possible votes from the panel.¹⁸⁴ In practice, few individuals from the already very narrow pool of eligible incarcerated people were ever released.

When the Governor moved the State to Phase Two on June 1, 2020, the DOC chose to disband the panel despite high rates of coronavirus in state facilities and 14 deaths.¹⁸⁵ When the panel was discontinued, only 63 people had been released of the potential 1,200, comprising 0.2 percent of the total number in DOC custody.¹⁸⁶ PJI has racial



data for only a portion of the people who were reviewed by the Panel, but that limited data suggest that the Panel was more likely to grant furlough to white individuals over Black individuals.^{vii}

The incredible narrowness of the furlough plan cost the State millions of dollars. Between those who were eligible for review but denied release by the panel, and those who were granted release but not actually released immediately, the DOC

incarcerated people for months unnecessarily during the pandemic. As of November 4, those individuals reviewed by the Panel had been held for a combined total of at least 97,819 days past review.¹⁸⁷ At a cost of \$26.39 per day,^{viii} the state spent over \$2,549,000 incarcerating people who were within the final six months of their sentences for nonviolent, non-sex-offenses—during a pandemic. These funds could have been spent on testing, PPE, hospital equipment,

^{vii} PJI has racial data for 319 individuals who were reviewed by the Panel. Of those, 61% were Black, and 39% were white, but only 48% of those granted furlough were Black, while 52% were white.

^{viii} Prior to July 1, the cost was \$25.39. The difference between pre- and post-July incarceration costs is accounted for in this calculation.

isolation facilities, staffing, vaccine availability, or countless other resources that could have helped, rather than hurt, Louisianans.

On October 20, 2020, Representative Ted James introduced HR37, which requests that the Department of Public Safety and Corrections reconvene the COVID-19 Furlough Review Panel.¹⁸⁸ That legislation passed the Louisiana House of Representative two days later and was presented to the Secretary of State. However, it remains to be seen whether the Governor will re-start the review panel.

Health Equity Task Force

In another plan to respond to the virus, Governor Edwards convened a Task Force intended to identify the impact of COVID-19 on vulnerable populations, including incarcerated people. This was an important step to help address the racial disparities in deaths from COVID-19 in Louisiana. Namely, Black people make up one-third of the state's population, but more than half of the COVID-19 related deaths.¹⁸⁹ Although we do not have racial data for the infections or deaths in correctional settings, the racial

disparities are likely higher in Louisiana prisons and jails because of the pre-existing disparities in the criminal legal system.

On June 15, the Subcommittee on Special Populations for Prisons, made up of experts on public health and incarceration in the state, released their report and recommendations.¹⁹⁰ They reviewed a significant amount of material, including reports from incarcerated people, and made immediate recommendations, including:

1. The Governor should appoint a Statewide Independent Health Monitor over all jails and prisons;
2. Decarceration or controlled evacuation to enable proper social distancing;
3. Evacuate all positive patients to medical facility for observation/treatment;
4. Enable social distancing as the cornerstone of mitigation;
5. Prioritize testing, hygiene, and sanitation;
6. Adopt measures to address COVID-19 related mental health concerns; and
7. LDH to work in collaboration with DOC to provide real-time, publicly available data on COVID-19 deaths, cases, and facility COVID-19

preparedness and response protocols.¹⁹¹

Despite these reasonable, evidence-based, and urgent recommendations, the State took almost no steps to implement them. Each recommendation was key to reducing viral spread and saving lives, while also maintaining the rehabilitative goals of our criminal justice system. In August, the Health Equity Task Force produced another report, with modified recommendations from the Subcommittee on Special Populations for Prisons.¹⁹² The new immediate recommendations were as follows, with emphasis added to the recommendations that were significantly modified from the July report.

The two changed recommendations are less stringent and inevitably require less work on behalf of the state and less accountability to ensure that prisons are meeting national guidelines and properly evacuating incarcerated people with COVID-19. Despite these changes, only meager steps have been taken to implement these recommendations. The state's inaction here demonstrates an indifference towards the health and lives of

HEALTH EQUITY TASK FORCE JULY RECOMMENDATIONS

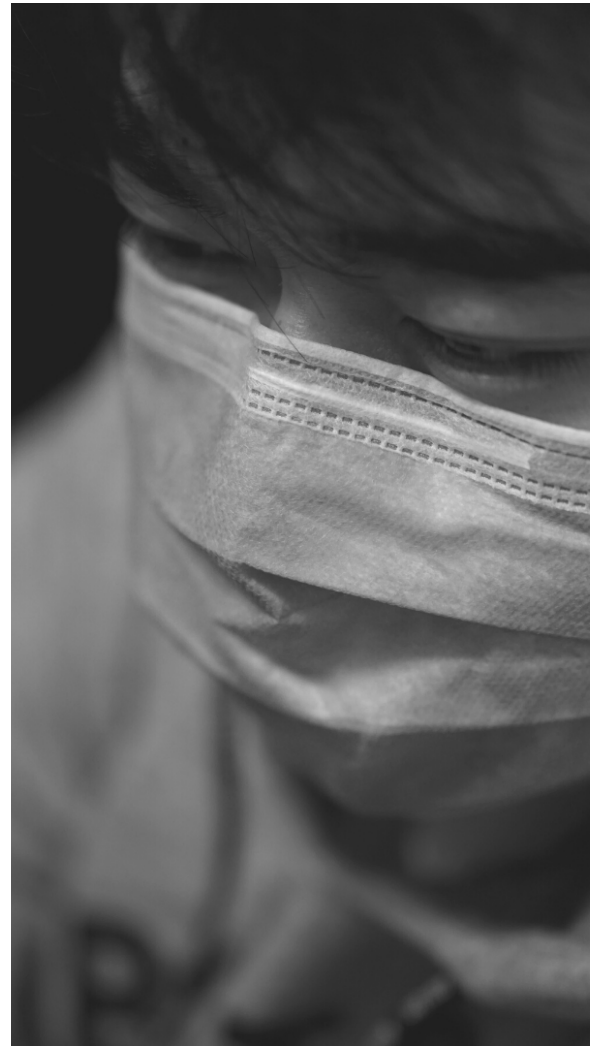
1. We recommend the governor appoint a **Statewide Public Health & Corrections COVID-19 Coordinator to work in close collaboration with a team to support jails and prisons in complying with CDC and OSHA guidelines and make recommendations regarding pandemic practices, policies, and procedures in prisons and jails;**
2. Decarceration or controlled evacuation to enable proper social distancing;
3. **Ensure appropriate health care treatment, including evacuation where symptomatic, for all incarcerated people who test positive;**
4. Enable social distancing as the cornerstone of mitigation;
5. Prioritize testing, hygiene, and sanitation;
6. Adopt measures to address COVID-19 related mental health concerns; and
7. LDH to work in collaboration with DPS&C to provide real-time, publicly available data on COVID-19 deaths, cases, and facility COVID-19 preparedness and response protocols.

incarcerated people and surrounding communities.

MISINFORMATION AND A LACK OF TRANSPARENCY

As the COVID-19 pandemic initially unfolded, it was understandable that information and government strategy would change quickly, just as our understanding of COVID-19 evolved. But that does not explain or justify the intentional misinformation and the lack of transparency from state and local agencies about the virus's spread in correctional institutions. The DOC made misrepresentations—regarding the steps that it was taking—to incarcerated people and their families, the public, and the courts.

Family members calling about loved ones often received misinformation. Michael Williams was experiencing severe symptoms by the time he was allowed to call his family.¹⁹³ When the family and his attorney contacted LSP officials, they were told Mr. Williams did not have coronavirus.¹⁹⁴ He was soon hospitalized.¹⁹⁵ His family



continued to receive conflicting information until they were told Mr. Williams was close to death, less than a week after Mr. Williams initially reported symptoms to his family.¹⁹⁶ He was declared brain dead before his family could get to the hospital.¹⁹⁷

Publicly, DOC officials reported that people incarcerated in state prisons were provided with two masks that were washed and sanitized daily.¹⁹⁸ But incarcerated people reported that they were struggling to get any masks nearly two months into the pandemic, and in response, members of Voices of the Experienced (VOTE) hand delivered masks to the DOC.¹⁹⁹

Further, by refusing to conduct mass testing at LSP, despite the availability of tests, and reporting only the positive results of symptomatic people, the DOC was able to report unbelievably low test results for such a large and overcrowded prison.²⁰⁰ In fact, the methodology made public health experts suspicious that the numbers were inaccurate. Incarcerated people often gave more realistic assessments of the rate of infection just by reporting the number of

symptomatic people at a single point in time in their dorm.²⁰¹ Even when the DOC did provide numbers, they were hard to decipher and outdated.²⁰² Additionally, because so many incarcerated people in DOC custody are held in local parish jails, determining the true number of people exposed to COVID-19, tested for it, or positive in each facility and under state or local custody was impossible.^{ix}

In a court case challenging the conditions at Rayburn Correctional Center, a federal judge found it “troubling that DOC officials, at least at Rayburn, have apparently disregarded the importance of social distancing in preventing the spread of this unique disease.”²⁰³ Further, after hearing testimony from incarcerated people, Judge Jackson found their statements “credible” and that they had “paint[ed] a very

^{ix} More than half of all incarcerated people serving sentences under state custody are held in local jails instead of state prisons. Local jails house people in state custody for a daily per diem and use that money to supplement their budgets. At the time that the pandemic began, 13,844 incarcerated people in state custody were in one of the over 100 parish jails statewide. Louisiana Profile, PRISON POLICY INITIATIVE, <https://www.prisonpolicy.org/profiles/LA.html> (last visited Oct. 30, 2020); Julia O'Donoghue, As

prison population drops, Louisiana sheriffs ask for more money, NOLA.COM (Apr. 18, 2019), https://www.nola.com/news/article_ce3f6329-d9fe-55f4-a295-97db50afe4ff.html; Anat Rubin et al., Inside the U.S.'s Largest Maximum-Security Prison, COVID-19 Raged. Outside, Officials Called Their Fight a Success, PROPUBLICA (Jun 24, 2020), <https://www.propublica.org/article/inside-the-uss-largest-maximum-security-prison-covid-19-raged>.

different picture" from what DOC officials had reported.²⁰⁴ When people incarcerated in state prisons heard the discrepancies between the DOC's public statements and their lived realities, they reached out to advocates, loved ones, and journalists in an effort to tell their truth.²⁰⁵ It is only because of their tireless efforts that we have a genuine understanding of the DOC's response.

The State's responsibility for candor is particularly important when caring for people in custody because of the physical barriers these populations have to communication with the outside world. State officials not only failed to meet these responsibilities with respect to incarcerated populations, but they also affirmatively engaged in misleading behavior that calls for further investigation.

DEPLORABLE CONDITIONS OF CONFINEMENT

Across the country, prisons responded to COVID-19 by cancelling visitation, requiring incarcerated people to remain in their dorms or cells, and

maintaining conditions of confinement that violate our values of decency and humanity. The response by officials in Louisiana was no different.

Louisiana has a long and storied history of detaining and incarcerating people in particularly cruel conditions. This was exacerbated by the pandemic. People were moved into areas at LSP and East Baton Rouge Parish Prison that were previously considered uninhabitable, due to their age, decaying state, and mold infestations. Prison officials cut off rehabilitative activities that are essential to daily life for incarcerated people.

Most importantly, prison conditions are unconstitutional



when they create a substantial risk of serious harm. The continued detention of people who were eligible for release by multiple mechanisms, as outlined below, during the pandemic was cruel and unusual because it put each and every one of them at substantial risk of the worst possible harm: death.

Solitary Confinement and Lockdowns

Principally, correctional officials responded to COVID-19 or exposure to the virus by placing people in solitary confinement or putting portions of a facility on lockdown. For example, at LSP, people who exhibited symptoms were placed in isolation that was akin to solitary confinement.²⁰⁶ Solitary confinement is distinct from ethical medical isolation because it is punitive, keeps people under the control of correctional rather than medical staff, and subjects people to cruel conditions with long-term negative physical and psychological effects.²⁰⁷

Solitary confinement likely deterred people from reporting symptoms and led to increased viral spread. Additionally, the United Nations and human rights bodies consider solitary

confinement a form of torture that should be uniformly banned, making it particularly cruel to impose upon people experiencing or exposed to a life-threatening illness.

No or Inadequate Medical Care

As previously mentioned, facilities across Louisiana were already failing to meet the constitutional floor for healthcare for incarcerated people, which is a very low bar. This was particularly true at LSP and the East Baton Rouge Parish Prison.

Still, the medical care fell sharply at many of these facilities during the pandemic because of overwhelmed medical staff, insufficient supplies, and an unprecedented pandemic. Clinical care at LSP remained suspended as of early December.

One family member who contacted PJI wrote "I just got a call from my son from Angola. He is frantic because his medical needs are being ignored. In the past I called and pestered the powers that be to help him, but it has not been working lately. It has been two

\$3-\$6

= cost of placing a
sick call at LSP

2¢-20¢/hour

= an incarcerated
person's wage
at LSP

years since he was last tested for his hep-C." A man incarcerated at East Baton Rouge Parish Prison reported that he was not being given his blood pressure medication, and failure to control his blood pressure would heighten his risk of severe symptoms if he were to contract COVID-19. A woman reported that she was not receiving her seizure medication and that her diabetes was being poorly managed. A cancer and COVID-19 survivor at Raymond Laborde Correctional Center said that he had blood in his stool, but medical officials were refusing to give him a colonoscopy.

Several men incarcerated at LSP have reported that they do not bother to place sick calls when they need medical

attention because it is a waste of money, since it almost never results in them getting to see a doctor. Placing a sick call at LSP costs between \$3 and \$6 if it is an emergency—which is a significant expense for people who earn between two and twenty cents per hour. The prison had temporarily stopped charging for sick calls during the pandemic, but PJI has received reports that the charges have since resumed.

Amidst it all, prison medical staff continued to accuse incarcerated men of "malingering"—pretending to be sick to avoid going to work or to gain some other benefit.²⁰⁸ Malingering is generally punished with transfer to a disciplinary unit or placement in solitary confinement, consequences that most individuals would not be likely to risk during the pandemic. Assuming malingering can lead to legitimate and life-threatening symptoms being ignored. Moreover, in a time when every headache and sign of fatigue is cause for anxiety among people who are not incarcerated, the threat of being punished for malingering can lead to underreporting of symptoms, and thus unidentified positive cases of

COVID-19, among incarcerated populations.

Forced Labor in Dangerous Conditions

Nationwide, there have been widespread discussions about workplace conditions and working from home since the onset of the pandemic. But little of those discussions have been focused on forced labor in prison settings or work release programs at local jails. Though correctional institutions statewide shut down visitation and some transfers between prisons, both of which are potential avenues for spread of the virus, many parish jails continued their work release programs, moving detained people back and forth between jails and communities.²⁰⁹

On April 3, when a person participating in the East Baton Rouge work release program reported symptoms of COVID-19, he was given homeopathic remedies and sent back to his cell.²¹⁰ The following day, he continued to report that he was ill, after which the warden threatened him and officers choked him until he was unconscious.²¹¹ He was not alone in this kind of abuse. People participating in the Ouachita

Parish work release program were subjected to unsanitary conditions and inconsistently provided masks.²¹² These same laborers had worked at a poultry plant until late March, when civilian employees began to test positive for coronavirus.²¹³

“

The following day, he continued to report that he was ill, after which the warden threatened him and officers choked him until he was unconscious.

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Where work release programs did come to a halt, there was no corresponding change in the number of hours that people participating in the program were required to work to complete their sentence. This effectively extended their release date and increased their confinement beyond what was originally intended.

At LSP, which is a former slave plantation that continues to operate their fields with forced labor, those assigned to work in the fields continued to intermittently do so with no social distancing. According to reports from those inside, they

went in and out of the prison with no precautionary health or

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I am a baker at Camp F. I was sleeping in the dorm . . . and the Warden came and told me to pack my stuff to go to Camp J. He wanted me to move to Camp J to work. I told him I wouldn't go and he wrote me up and locked up me and another person in a cell for refusing to go. I was worried about my health if I went to Camp J. I was in administrative segregation for five days. Before that, I hadn't had a write up in many years.”

”

screening measures taken. People who refused to work in the fields during the pandemic were sent to lockdown. Those who built coffins for the prison graveyard and lay them in the ground experienced an increase in work as they lay so many of their brothers to rest.²¹⁴ Incarcerated people assigned to the kitchen or to do maintenance work were being required to enter Camp J, where the COVID-19 patients were being housed. At one point, kitchen staff were even told they would have to move into Camp J. One person was

disciplined for refusing to move into those decrepit conditions, which would likely ensure exposure to the virus: “I am a baker at Camp F. I was sleeping in the dorm . . . and the Warden came and told me to pack my stuff to go to Camp J. He wanted me to move to Camp J to work. I told him I wouldn't go and he wrote me up and locked up me and another person in a cell for refusing to go. I was worried about my health if I went to Camp J. I was in administrative segregation for five days. Before that, I hadn't had a write up in many years.”

Prison and jail staff did little, if anything, to protect incarcerated laborers, who essentially run much of the day-to-day operations of the facilities.

FAILURE TO USE RELEASE MECHANISMS

Population reduction was more urgent in Louisiana than perhaps anywhere else in the world because of how crowded the state's facilities were. Some jails began population reduction efforts early while state and federal facilities lagged.²¹⁵ The

only element of the state's plan to release incarcerated people in DOC custody, the Review Panel, went largely unfulfilled and underutilized. Civil rights attorneys filed class action lawsuits, individual motions for relief, and habeas petitions on behalf of incarcerated people seeking to be released. Advocates across the state called for releases. For the most part, the litigation was unsuccessful and the calls went unheeded.

Another possible release mechanism is pardons. Governor Edwards has absolute control over pardons, but he failed to sign any until mid-July, at which point he signed a grand total of six. Many of the people whose pardon petitions are awaiting the governor's signature are medically vulnerable, including a cancer patient with a 6-month prognosis.

Another issue that prevented the release of incarcerated people who were nearing the end of their sentence was that their release was contingent on the completion of certain classes or programming, which was suspended at the beginning of the pandemic. For example, the family member of someone at the Cedarwood Manor Work

Release Center in Calcasieu Parish reached out to PJI's office in April. The individual's mother was serving a sentence that required completion of certain classes. Not only were the classes suspended, making release impossible, but all work had been suspended, leaving her detained for no reason. Another man was denied pardon by the board because he lacked the requisite classes, but such classes are not available on the hospital ward where he is being held.

In other situations, individual judges blocked release because of a misunderstanding of the potential crisis at hand. In Calcasieu Parish, judges, prosecutors, and court staff met to discuss public defender Harry Fontenot's argument that nonviolent people should be released to mitigate the effects of COVID-19 in jail.²¹⁶ In advance of the meeting, 14th Judicial District Court Judge David Ritchie texted his colleagues that people using drugs had such poor hygiene, second only to people experiencing mental illness, that they would be at greater risk of infection if released.²¹⁷ These inaccurate generalizations showed a clear misunderstanding of the danger of viral spread in confined

settings. Yet, Judge Ritchie continued to have control over and deny the release of detained people.²¹⁸

In New Orleans, it was prosecutors making absurd arguments. Public defenders in New Orleans immediately acted on behalf of medically vulnerable clients, filing motions to lower bonds so people could be released before the virus spread through the jail.²¹⁹ Prosecutors responded with boilerplate language arguing that the criminal defendants would actually increase the public's risk of infection.²²⁰ This opposition ultimately increased the risk for all of the New Orleans community by increasing the likelihood that facility staff would be exposed and contribute to community spread.

To date, faith leaders and medical practitioners have requested the release of approximately fifteen medically vulnerable patients across the state facilities. For example, one patient is paralyzed from the neck down, and as a result has developed bed sores and a neurogenic bladder, which requires a catheter to collect his urine. He has developed complications from the catheter,

including infection. Quadriplegic patients are at increased risk for respiratory (breathing) complications. Another patient suffers from cardiovascular disease, history of stroke, diabetes mellitus, and hypertension. All pleas for release have gone unanswered.

Unfortunately, almost every actor at every level in the system contributed to this failure to use release mechanisms. Those responsible for ensuring justice and the safety of our state and local communities abandoned this duty. Rather, they equated safety with maximizing the number of people behind bars. This is wrong based on evidence about public safety and incarceration, and gave no consideration to the ways in which mass incarceration puts all of us at risk of infection. Our politicians and government leadership must end their vicious commitment to mass incarceration.

FAILURE TO CONDUCT MASS TESTING

The National Institute of Health states that widespread COVID-19 testing “saves lives” and is

one of the ways that will allow us to eventually return to our normal lives.²²¹ However, most facilities failed to implement any kind of universal, serial testing even when they had access to an abundance of tests. DOC only tested 10 percent of the state prison system between the beginning of April and early July.²²² Over 40 percent of those tested were positive for coronavirus.²²³



According to the Louisiana Department of Health (LDH), the DOC was sent 24,000 tests between the first week of June and the second week of September. However, the DOC website states that they have only tested 7,155 incarcerated people and fewer than 2,114 staff (the DOC reports a total of 2,114 staff tested, but notes that most staff testing is self-reported, not administered by

the DOC), as of December 4, 2020.²²⁴

Ironically, the most comprehensive study of serial testing for coronavirus was conducted in an unnamed Louisiana state prison. The LDH and CDC began the investigation after staff and incarcerated people tested positive for coronavirus between late March and early April.²²⁵ Seventy-one of 98 people across five dormitories tested positive for coronavirus during the serial testing period.²²⁶ Only about half exhibited symptoms during this period.²²⁷ The findings demonstrated the importance of serial testing rather than simply screening for symptoms. The state should heed this evidence-based recommendation. Its failure to do so has likely contributed to the continued spread of the disease in correctional facilities and the resulting deaths.

PART III: RECOMMENDATIONS

The government entities responsible for incarcerated people in the state of Louisiana cannot expect that quick or superficial changes will solve the horrific and pervasive problems described herein; rather, these entities must enact systemic changes to ensure that the rights and health of detained and incarcerated people are being protected during times of disaster and disease.

1. Reduce the use of incarceration as a punishment tool, particularly life without the possibility of parole, and reduce the use of pre-trial detention.
2. Immediately implement the July 2020 recommendations from the Governor's Health Equity Task Force;
3. Give the Health Equity Task Force the authority issue updated findings and recommendations for the duration of the pandemic;
4. Begin universal, serial COVID-19 testing in all carceral institutions in Louisiana and continue for the duration of the pandemic;
5. Appoint an independent monitor to ensure compliance with CDC guidelines;
6. Ensure the DOC, OJJ, and local jails have leadership qualified to respond to pandemics, especially future waves of the coronavirus, and other disasters;
7. Convene a committee to investigate the misinformation provided to the public and incarcerated people about the pandemic in state facilities;
8. Affirmatively develop plans to provide effective medical care to all people incarcerated in jails or prisons;
9. Amend the Basic Jail Guidelines to require pandemic plans by local parish prisons holding people for DOC in local parish prisons and include within those plans mechanisms for reporting that would allow DOC to reflect the status of its entire incarcerated population, along with other best practices;
10. Pass legislation in consultation with medical experts to:
 - Require all facilities to prepare and implement pandemic plans in compliance with CDC guidelines;
 - Maintain a list of all detained or incarcerated people with two or more comorbidities and develop a plan for furlough and

- home confinement of these individuals;
- Require facilities to maintain a stock of PPE and other equipment necessary for disasters;
- Fund and require CDC-approved pandemic training for DOC, OJJ, and local jail staff to be administered by a dedicated division of the Louisiana Department of Health;
- Require all medical staff who work in DOC, OJJ, and local jail facilities to undergo training on malingering and client-centered healthcare in correctional settings;
- Prohibit the use of solitary confinement for medical reasons when ethical medical isolation is appropriate;
- Require the DOC, OJJ, and local jails to provide every detained or incarcerated person free weekly video or phone calls during states of emergency and/or when visitation has been suspended for the facility;
- Mandate that every institution—including mental health facilities, local jails, prisons, juvenile detention, and confinement centers—report the number of coronavirus tests available, number of tests conducted, number of positive tests, and number of people exhibiting COVID-19 symptoms or receiving treatment for COVID-19 on a daily basis to the Louisiana Department of Public Health, which will then make anonymized data available to the public;
- Mandate that the DOC, OJJ, and local jails use all release mechanisms available to them during states of emergency; and
- Codify alternatives to incarceration that can be used during times of emergency without requiring increased and unnecessary surveillance or financial burdens.

“

"In the end, it will be impossible to know if we overreacted or did too much, but it will be quite apparent if we underreacted or did too little."

– Louisiana Business Emergency Operations Center²²⁸

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CONCLUSION

Indeed, it is clear that the state has done too little, and the little they did came too late. Despite its constitutional and moral obligations to protect those in its care, the state expended little to no effort on those in its custody. Efforts by a few were overwhelmed by contempt from the many, resulting in the deaths of at least 31 incarcerated people over a 7-month period.^x

In these difficult times, people detained and incarcerated across Louisiana have proven a strength and compassion that our state and local governments have been lacking. They have shown us what mutual aid looks

like behind bars, organizing cleaning crews, making masks, and caring for each other when the state failed to care for them.

We can no longer allow the effects of statewide disasters to disproportionately kill incarcerated people, among whom our Black and brown community members are vastly overrepresented after generations of racial violence and oppression. We must bear witness to their suffering and their losses since the onset of the pandemic, and we must demand that this never happen again.

^x As of December 4, 2020, the Louisiana Department of Public Safety & Corrections' tracking website was reporting 2,588 total positive cases and 31 deaths among incarcerated

people, and 600 total positives and 5 deaths among staff members. *COVID-19 Inmate Positives*, LA. DEPT OF CORRECTIONS, <https://doc.louisiana.gov/doc-covid-19-testing/>.

APPENDIX A: DEVELOPMENTS IN ADDITIONAL STATE FACILITIES

The first confirmed case at **Allen Correctional Center** was around July 2. Though the entire dorm was quarantined and everyone was required to wear masks, there were between 100 and 200 people in quarantine by late July.

Rayburn Correctional Center was one of the first to report confirmed positive cases, with five positive cases by April 2.²²⁹ There were seventeen cases less than two weeks later. There was no social distancing, minimal cleaning supplies, and infrequent use of PPE.²³⁰ Dangerous conditions in Rayburn Correctional Center were highlighted in late April during a federal court case. Though he did not believe he was in a position to order individual releases, U.S. District Judge Brian Jackson wrote that officials “have apparently disregarded the importance of social distancing in preventing the spread of this unique disease.”²³¹ Incarcerated individual Christopher Marlowe

filed a request for release in April, citing his pre-existing conditions and the facility’s lack of a plan for combating the coronavirus.²³² In Marlowe’s complaint he alleged a complete lack of social distancing, sanitary supplies, or hygienic measures. The spread continued into the summer.²³³ Another individual reached out to PJI in early May, saying:

“I told the warden about our concerns and he just laughed. I’m so hurt because I feel like my safety isn’t a concern to them. So I have to protect myself. I’ve made the decision to stop a much needed treatment until this pandemic is over to protect myself. I feel what’s important to me isn’t important to the administration”.

On June 12, there were forty-five positive cases, and several units in the prison were on lockdown. People were not even being brought out of their dorms to eat or make legal calls. On August 21, the DOC announced Edward “Dusty” Bickham would take over as the new warden after leaving his interim position as OJJ deputy secretary.²³⁴

The warden and the medical director of **Raymond Laborde**

Correctional Center were among the first deaths related to the spread of coronavirus in Louisiana prisons.²³⁵ But there were signs of the coronavirus even earlier. There was a flu outbreak in the third week of March, though incarcerated people were concerned that it could be COVID-19. According to reports from those inside, incarcerated people were told in late March that there were eight confirmed cases and noticed a sudden decrease in staffing levels. Multiple people were removed from their dorms because they had COVID-19 in the first week of April. Guards began wearing gloves and masks, but no incarcerated people were provided gloves or masks. They began to take everyone's temperature, but only responded to sick call requests that involved a life-threatening emergency.

At Elayn Hunt Correctional Center, incarcerated people working for Prison Enterprises were tasked with making hand sanitizer using donated supplies from ExxonMobil and other manufacturers.²³⁶ However, the over 14,000 bottles of hand sanitizer that had been made by April 2 were not used to prevent the spread of COVID-19 within the prison, but rather to be shipped out elsewhere.²³⁷ At the same time this hand sanitizer was being made by those incarcerated, the prison was sending people to be quarantined as early as March 19, according to reports made to PJI.

APPENDIX B: DEVELOPMENTS IN ADDITIONAL LOCAL FACILITIES

Franklin Parish Detention Center is located in Winnsboro, Louisiana and led by Warden Chad Lee.²³⁸ On March 24 there were no reported cases within the parish, but this changed quickly, with three positive cases reported the next day.²³⁹ In April, Franklin Parish Detention Center began taking measures to slow the spread of coronavirus by sending 10 infected individuals to Camp J in Angola.²⁴⁰ One man incarcerated at the detention center expressed concern about how the facility was handling the virus:

"...intentional neglect is unnecessarily exposing me to the risk of contracting the virus which may result in death due to me being an (1) diabetic (2) [having] asthma (3) [and having] hepatitis C and I also have a mental health problem."

In May, the Franklin Sheriff's Office partnered with the Centers for Disease Control in an "effort to understand virus

control in correctional settings."²⁴¹ Even after this partnership, a man wrote to us in July pleading for help and saying "[t]he virus is still spreading because they have us mixed up and don't give us [no] medicines at all..."

In early April, in **Natchitoches Detention Center**, detained people were given one bar of soap every other week and had no access to hand sanitizer. People in the facility were almost entirely confined to their dorms, leaving only for sick calls or infrequently when the dorms were cleaned. Sick people were not removed from the dorms, officers did not wear masks, no medical staff were screening for symptoms, and they were not given any way to social distance. By May, they were receiving two masks per week but the facility had made no other changes.

A person detained at the **St. Tammany Jail** reported that as of April 2, the only precaution staff were taking was distributing soap and a bucket of soapy water for the floor each day. She reported that the jail felt chaotic and as if no one was in charge. The jail reported its first confirmed positive case on April 17, at which point other

people were already exhibiting symptoms.²⁴²

In mid-April, the **Tangipahoa Parish Jail** still had not taken any measures to protect detained people beyond suspending contact visits.

Riverbend Detention Center reported some of the highest rates in the state. There was no hand sanitizer, soap, or masks. In a dorm of 180 detained people, 130 had tested positive in late June. The people who had tested positive were not being separated from those who had not. Sick people were told to return to bed and were not permitted to take showers. Many of these people had recently been exposed to carbon monoxide repeatedly after there were leaks in the jail. Exposure to carbon monoxide over long periods of time is associated with heart disease,²⁴³ which in turn is likely to increase risk of severe or fatal COVID-19 symptoms.

In the first few days of April, a person incarcerated at **St. Charles Nelson Coleman Correctional Center** reported that officers were refusing to wear masks. When incarcerated people reported this dangerous behavior, the officers retaliated

by confiscating their cleaning supplies. As tensions increased between incarcerated people who wanted the prison to take basic protective measures and officers who refused to do the bare minimum, it felt like a “powder keg waiting to go off...” In the last week of July, there was a large outbreak at the facility. Over fifty detained people had tested positive in the jail as of July 29. It is likely that hundreds of detained people were actually infected because the jail was only testing symptomatic people, and up to 80 percent of coronavirus cases are mild or asymptomatic.²⁴⁴ By mid-August, 196 of the 406 people incarcerated there had contracted COVID-19. Officials believe the virus spread through asymptomatic individuals coming to the facility after their arrest, prompting screening procedures at arrest to be ramped up.²⁴⁵ By the end of August, St. Charles Parish sheriff Greg Champagne said the situation had much improved with new testing protocols, with only five positive cases, all of which were quarantined together.²⁴⁶

ENDNOTES

¹ Rita Rubin, *The Challenge of Preventing COVID-19 Spread in Correctional Facilities*, JAMA MEDICAL NEWS & PERSPECTIVES (Apr. 7, 2020), <https://jamanetwork.com/journals/jama/fullarticle/2764379>.

² Andrea Armstrong, Editorial, *COVID-19 Infections in the Prison System Concern Us All*, LA. ILLUMINATOR (July 12, 2020), <https://lailluminator.com/2020/07/12/covid-19-infections-in-the-prison-system-concern-us-all/>; Brendan Saloner et al., *COVID-19 Cases and Deaths in Federal and State Prisons*, JAMA MEDICAL NEWS & PERSPECTIVES (July 8, 2020), <https://jamanetwork.com/journals/jama/fullarticle/2768249>.

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THE PROMISE OF JUSTICE INITIATIVE

LOCKED IN WITH COVID-19

Since the COVID-19 pandemic began sweeping across the United States in February 2020, most Americans have changed their lives, habits, and the way they interact with others in order to keep themselves and others safe. These behavioral shifts have been impossible in carceral facilities.

Administrators of prisons, jails, and detention centers across the country have struggled to effectively respond to the spread of COVID-19. In Louisiana, officials at federal, state, and local facilities have responded poorly to the pandemic by failing to implement mass testing and preventative measures, quarantining people in areas of prisons that had been previously closed due to decaying conditions, and failing to provide adequate medical care to those experiencing COVID-19 symptoms. This report details how COVID-19 progressed through correctional institutions across the state and how government officials have failed to properly respond to the pandemic.