

March 16, 2020

To the Sheriff, Jail Administration, and County Commissioners charged with the custody of people incarcerated in your county jail facilities, we are writing to urge you to immediately develop evidence-based and proactive plans for the prevention and management of COVID-19 within the custodial facilities of your County Jail.

People in jails are especially vulnerable to outbreaks of contagious illnesses because they are housed in close quarters. Given the overrepresentation of people with disabilities, people experiencing homelessness, people who are drug users, and people who engage in sexwork and other street economies, jails already struggle to meet chronic health needs of these populations who may have higher vulnerabilities to contract this virus. Without the active engagement of jail administration, they have little ability to access information about preventive measures or afford to take such measures if they do manage to learn of them.

In times of public health crisis, these dangers are compounded, and the threat posed by the COVID-19 pandemic is no exception. People in confinement, who have no control over their own movement and must be in close quarters, are particularly vulnerable to COVID-19 outbreaks. All available public health guidance states that social distancing is the primary tool to combat the spread of COVID-19. By their very nature, jails—like schools or large crowds—preclude appropriate prevention measures and must be limited during times of emergency.

At this point, there is more unknown than known about this virus. You have the responsibility to be appropriately prepared to prevent and manage any illness that may arise from this virus. If you have not done so already, we ask that you immediately look to the Center for Disease Control to develop plans to address the virus in the jail system. You have hours, not days to get this under control. This is an urgent matter. Having an appropriate, evidence-based plan in place can help prevent an outbreak and minimize its impact if one does occur.

In the absence of immediate and decisive action, incarceration will turn into a death sentence for many of our community members. Oklahoma jails have drawn harsh criticism for their systemic failure to provide adequate healthcare. While the plan should be developed collaboratively by your jail administration and county commissioners, based on the CDC guidelines, some of the critical issues that must be addressed are:



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- **Plans for Release:** Immediately release, to the maximum extent possible, people in your custody incarcerated pre-trial and post-conviction. We recognize that jails cannot adequately meet the social distancing requirements to protect people who are incarcerated or jail staff. We outline below a few considerations to initiate action and emphasize that they do not preclude the release of groups not explicitly discussed in this letter.
 - Pretrial release: you should work with judges and prosecutors to protect jail staff, people who are incarcerated, and our communities, by releasing all people who are incarcerated without having been convicted of any crime, with the exception of pending capital cases.
 - Post-conviction release: while most people post-conviction are in the custody of ODOC, we know prison overcrowding means there are some people serving sentences in jails. You should work to release as many people incarcerated post-conviction as possible, including but not limited to: all people over 55; individuals who have uncontrolled diabetes, respiratory conditions and/or are immunocompromised; people who are pregnant or who have just given birth; and all people who are eligible for parole and community supervision/release or who are currently incarcerated for technical parole or probation violations.
 - COVID-19 poses the greatest risk to older people as well as anyone with chronic conditions or weakened immune systems, who are more vulnerable to developing serious complications from COVID-19 and requiring medical care. The older demographic is growing steadily amongst the incarcerated population in Oklahoma. People over the age of 55 are at the greatest risk for COVID-19, but also pose the least public safety risk to our communities. People in this age group can and should be released to mitigate the spread of COVID-19.
 - In addition, you should work to release anyone being held for a technical parole or probation violation, failure to pay warrant, or being detained due to inability to pay bond.
 - In conjunction with the releases, you should take extra



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measures and coordinate with municipal authorities to ensure that these individuals have access to medical care, health insurance/Medicaid, housing or shelter and other necessary re-entry services. Particular attention should be given to the needs of women, who in general have less access to re-entry services and resources than cis men.

- **Declare a moratorium on incarceration except in the cases of physical harm:** You should order your officers to immediately cease adding to the incarcerated population given the high risk of infection posed by population increase, both to those already incarcerated and to those entering correctional facilities. You should work with officials with authority to set bail, including judges and prosecutors, to maximize release on personal recognizance. To protect the public health at large and that of your officers, only cases of violence in which a person poses a reasonable threat of harm to identifiable person(s), or in the case of Capitol crimes, should someone be brought into a jail during the time in which community spread persists in Oklahoma.
- **Halt ICE holds:** Immigration detention poses the same health risks as jails and prisons. You should release all people in your custody who are awaiting transfer to Immigration and Customs Enforcement (ICE) custody, and declare a moratorium on all such future transfers.
- **Provide access to high-quality and respectful medical care for anyone who remains incarcerated:** This includes preventive care, medical testing, and prompt treatment — including any necessary transfers to higher care [in accordance with CDC guidance](#) — for any illness without co-pays or additional costs, regardless of patients' medical insurance status. All jails must have adequate access to water, food, preventive screening measures (such as body temperature monitoring) and hygiene products, including alcohol-based hand sanitizer of at least 60% alcohol, [as recommended by the CDC in other closed settings](#).
- **Never use solitary confinement as a strategy to limit transmission of COVID-19.** Solitary confinement is a form of torture and a violation of human rights in all cases, and [may not limit the transmission of COVID-19 because solitary units share HVAC systems](#).
- **Educate the people in your custody:** People housed in the jails need to be informed about the virus and the measures



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they can take to minimize their risk of contracting or spreading the virus. They must be educated on how the virus is transmitted and the importance of proper hygiene, including handwashing with soap and coughing into their elbows.

- **Screen and educate the staff:** Correctional, administrative, and medical staff all must be educated about the virus to protect themselves and their families, as well as the people in their custody. Consider screening staff reporting to work. For the moment those guidelines are: check for fever over 100 degrees, cough, shortness of breath, recent travel to a high risk country, exposure to someone who is symptomatic and under surveillance for COVID-19. If 2 out of 3 are present, send the employee home. Additionally, we encourage your jail to incorporate a “no fault” sick leave policy whereby employees are not charged sick leave while under quarantine or recovering from the virus.
- **Staffing plans:** Regardless of how many staff stay home because they are sick, the jail will have to continue functioning. There must be a plan for how necessary functions and services will continue if large numbers of staff are out with the virus. This especially should include plans around how people with chronic illness, people who are pregnant, and people with other medical needs unrelated to the virus, who you choose to continue to detain, will receive their regular care.
- **Staffing plans for services provided by people who are incarcerated:** Some tasks in jails, such as food preparation and basic sanitation, are performed by people who are incarcerated. The plans for an outbreak must also address how necessary tasks performed by people who are incarcerated will continue if large numbers of people who are incarcerated are ill.
- **Provide adequate hygiene supplies:** The most basic aspect of infection control is hygiene. There must be ready access to warm water and adequate hygiene supplies, both for handwashing and for cleaning. People who are incarcerated should not be required to purchase hand soap or appropriate sanitizers. These products should be made available free of charge.
- **Screen and test of the people in your custody:** The plan must include guidance, based on the best science available, on how and when to screen and test people in your custody.



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- **Care of persons exposed to the virus:** The plan must describe how and where people in the jail will be housed if they are exposed to the virus, who are at high risk of serious illness if they become infected, or who become sick with it. This should not result in prolonged, widespread lock-downs.
- **Treatment persons who develop an illness:** Courses of treatment must be evidence-based, available immediately, and in compliance with scientifically-based public health protocols. When a person requests to see a medical professional for a respiratory complaint, before bringing them to the medical unit, the detention officer should have the person put on a mask. If it becomes necessary to isolate a person who has been exposed to the virus, you should do what you can to not make the placement in isolation feel punitive – placing a person in an overly restrictive environment may delay their notification.
- **Protecting vulnerable populations:** The plan must provide for additional precautions for those who are at high risk of serious illness if they are infected, such as pregnant people and people with chronic illnesses, compromised immune systems, or disabilities, as well as people whose housing placements restrict their access to medical care and limit the staff's ability to observe them.
- **Collect data:** The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical to understanding and fighting the virus. Jails must be part of this process. The same information that is tracked in the community must be tracked in the jails.
- **Maintain visitation:** Visitation provides people who are incarcerated with a critical connection to families, friends, and the community. Visitation assists with rehabilitation, facilitates successful re-entry, and reduces recidivism.
 - Decisions to suspend all visitation should be made in consultation with local public health officials and only when absolutely necessary.
 - Visitation should be suspended only after all other less restrictive solutions are considered and rejected, in consultation with local public health officials. Less restrictive solutions could include staggering visitation schedules to reduce the number of people coming to the facility at one time.



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- The facility should be transparent about the decision-making process that resulted in the suspension of visitation and the timelines for re-evaluation of the new policies and procedures.
- Provide free phone calls to people who remain incarcerated. People need regular access to their loved ones and should not be forced to ration contact. Especially during a public health crisis, when people have legitimate reason to be worried about the health and safety of their loved ones, it is critical they can have regular contact. You should make jail telecommunications free for all incarcerated people.
- **Visitation should not be suspended indefinitely.**
 - Plans to suspend visitation should include clear timelines and processes for re-evaluating the situation and determining whether to continue cancellations or restart visitation, based on the most current information available and in consultation with local public health officials.
- **Legal visits must continue unimpeded.**
 - People who are incarcerated must still have ready access to their attorneys.
 - If necessary, facilities could consider implementing non-contact legal visits or increasing the availability of confidential phone calls to reduce the number of in-person visits.

Given the nature of rapid response around the virus, it will be especially critical that these plans are published and accessible so that all of the people working to center the health and well-being of your staff and those in your custody, including family members and community members, have a clear idea of what is happening, how decisions are being made, and how things are changing in response to additional information. In addition, given that county jails are making decisions independently across the state, transparency of best practices helps elevate the opportunity for equal access to adequate response for people, regardless of where they are located.

We welcome the opportunity to be available for a phone or video meeting immediately to discuss how you are protecting the health of the people in your custody, as well as the people who work in those custodial facilities. We know these are not decisions to be made lightly,

but the urgency in our ask meets the urgency of these times. If you come through this thinking you've overreacted, you likely have done the right thing. If you did not do enough, it will be abundantly clear to us all. To the extent you've already implemented any of the processes outlined above, we are grateful for that.

Sincerely,



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