Via email

March 13, 2020

Commissioner Cynthia Brann
New York City Department of Correction
75-20 Astoria Blvd.
East Elmhurst, NY 11370

Elizabeth Glazer
Mayor’s Office of Criminal Justice
1 Centre Street
New York, NY 10007

Re: Early Reports of Failures to Prevent Spread of COVID-19 in New York City Jails

Dear Commissioner Brann and Ms. Glazer:

We received numerous reports yesterday from people incarcerated in the New York City jails describing an absence of basic measures to prevent the spread of COVID-19 among its particularly vulnerable population. Given that the Mayor has declared the pandemic to be a local state of emergency,¹ these reports raise grave concerns about the level of preparedness for COVID-19 at the New York City Department of Correction ("the Department" or "DOC"). We identified many such concerns in our public letter and testimony to the New York City Board of Correction ("the Board" or "BOC") last week, where the Department and Correctional Health Services (CHS) left unanswered many of the community’s questions.² The reports we received describe serious risks to health and safety that must be abated immediately.

Clients across multiple facilities in the borough jails and on Rikers Island told us in the last two days that they do not have access to soap (or hand sanitizer, which is treated as contraband) in their housing units. Some have been told by DOC officers that if they want soap, they must buy it from the commissary. Clients also lack basic cleaning supplies necessary to disinfect the areas in which they live, and report that cleaning protocols identified by DOC for common spaces and showers³ were not being followed. Alarming, we heard that even the North Infirmary Command, which houses people with acute medical conditions, lacks sufficient cleaning supplies. Reports from just yesterday include:

- Person A said there is no soap or hand sanitizer available in his housing unit or in neighboring units. He is on the Inmate Council in his facility, and in that capacity spoke

with captains about whether there were any DOC plans to acquire those items. They had no answer. He has serious underlying medical conditions.

- Person B said his unit was given industrial laundry soap for clothing, but told individuals would have to purchase bar soap from commissary to wash their hands and bodies.

- Person C is in a facility on Rikers Island that houses people who require more intensive medical care, and has a lifelong respiratory condition. He told us that DOC has not yet provided adequate cleaning supplies to his housing unit.

- Person D reported that officers have hand sanitizer in the “bubble,” but that it is not available to incarcerated people. He said that he and many others in his housing unit have no soap, because certain people are hoarding bars of soap. He said the common areas and showers are not being cleaned daily. He is immunocompromised.

- Person E said his unit has no cleaning supplies and has not been cleaned in several days. Officers told him that if he wanted disinfectant, he could buy it in commissary. Before arriving in that housing area, he lived for several days in the intake receiving room in his facility with dozens of other people. He said it was extremely dirty and was not cleaned at any time that he was there. He reported that several people in his unit have been coughing.

Public health authorities are unanimous: we must clean communal areas with disinfectants, and thoroughly and frequently wash our hands with soap and water to slow transmission of this virus. It is unconscionable that any New Yorkers who have no choice but to rely on the Department for all of their basic human needs lack the supplies necessary to protect themselves and others. Many of our clients are indigent and have no commissary funds, nor means to earn them; the suggestion that they buy cleaning products from the commissary is both callous and reckless.

Our clients also express fear and confusion from the absence of credible health education about how the Department and CHS intend to respond to COVID-19. Almost all of the clients who contacted us said that no one from DOC or CHS had spoken with them about virus protection, or what to do if they are symptomatic. Posters alone are not sufficient to communicate information in this evolving crisis, especially where written documents may not be broadly accessible to this population. This is not health education, especially during an emergency.

We remain particularly concerned about whether DOC and CHS have the capacity to protect people who are most vulnerable to infection, such as elderly people, people with certain chronic illnesses, and people with suppressed immune systems, all of whom are over-represented in the incarcerated population. Many clients who reached out to us reported being in such high-risk categories but have remained in general population with no information from DOC or CHS about how to manage that risk. While the Department officials testified that the Communicable Disease Unit (“CDU”) has 88 operational beds, we do not know how many are occupied, nor what will happen when they reach...
capacity.\textsuperscript{4} Given the speed at which individuals are beginning to report symptoms, the capacity may be reached all too soon.

As a former chief medical officer of New York City jails recently said, when jails routinely overlook prisoners’ medical problems in ordinary times, and struggle to separate them safely, “[i]f jails have to add quarantines and sequestration of high-risk prisoners to the mix…they will find managing a COVID-19 outbreak ‘almost impossible.’”\textsuperscript{5} In a time when nursing homes and other facilities housing vulnerable populations are taking critical steps to protect their residents, the Department and CHS have offered little concrete information as to how they will do the same.

The basic hygiene failures our clients report could have been avoided with oversight and accountability. They must be remedied immediately. Given the danger, they must be remedied immediately. We therefore ask that, no later than Monday, March 16, the Department inform us of how they have completed the following:

1. Provide free of charge all incarcerated people with soap and cleaning supplies needed to wash their hands frequently and clean their living areas.

2. Provide hand sanitizer in every housing unit for use by incarcerated people and staff;

3. Routinely audit the number of operational sinks and showers and availability of soap in every housing area, and fix any down units.\textsuperscript{6}

4. Make public a detailed plan for how DOC and CHS will identify and protect the most at-risk individuals in their care.

5. Provide us with City’s plan for housing and treating symptomatic people in the very plausible event that the CDU is full.

6. Send CHS staff to every housing area to conduct health education in English, Spanish and other languages necessary.

As the country and the world struggle to contain and mitigate the COVID-19 pandemic, it is abundantly clear that the unsafe, unsanitary New York City jail setting is not capable of adequately

\textsuperscript{4} Id.

\textsuperscript{6} If the event that there are not sufficient sinks for individuals to frequently and thoroughly wash their hands as recommended by the CDC, alternate means of handwashing should be made available, such as the portable handwashing stations that have been used during outbreaks of communicable diseases. Other venues and countries have installed such stations in response to the COVID-19 pandemic. https://www.nytimes.com/reuters/2020/03/11/world/africa/11reuters-health-coronavirus-rwanda.html?searchResultPosition=2
protecting people in custody from this outbreak, nor prepared to treat individuals who become symptomatic. We have urged state and local authorities to release our vulnerable clients. If they must remain in these inherently dangerous custodial environments, the City must take basic and humane steps to prevent suffering and loss of life.

We look forward to your response.

Regards,

/s/

Justine Luongo
Attorney-in-Charge
Criminal Defense Practice

cc: Heidi Grossman, General Counsel
    Brenda Cooke, Chief of Staff
    Patricia Feeney, Deputy Commissioner of Quality Assurance and Integrity
    Dr. Patricia Yang, Correctional Health Services
    Dr. Ross MacDonald, Correctional Health Services
    James E. Johnson, Corporation Counsel
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Justice in Every Borough.