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Patricia A. Coyne-Fague, Director
Rhode Island Department of Corrections
40 Howard Avenue
Cranston, RI 02920

VIA MAIL AND EMAIL

Dear Director Coyne-Fague:

In response to the coronavirus epidemic, the ACLU's National Prison Project has encouraged its Affiliates to get in touch with local correctional facility administrators to ensure that they are working to immediately develop evidence-based and proactive plans for the prevention and management of COVID-19. That is the purpose of this letter, which is also joined in by both The Center for Prisoner Health and Human Rights and the Formerly Incarcerated Union of Rhode Island.

We were pleased to read in a recent *Washington Post* story that the DOC has begun screening all new commitments entering the system for the coronavirus, but we believe it is worth mentioning some of the other critical issues that should be addressed to counter this serious medical emergency.

As you well know, people in prisons are highly vulnerable to outbreaks of contagious illnesses. Without the active engagement of the prison administration, they have little ability to inform themselves about preventive measures, or to take such measures if they do manage to learn of them. Having an appropriate, evidence-based plan in place can help prevent an outbreak and minimize its impact if one does occur. Not having one could cost lives.

While we are sure you have given thought to many of these suggestions, we highlight below some of the critical issues that we believe deserve prompt attention:

- **Education of the people in your custody:** People housed at the ACI need to be informed about the virus and the measures they can take to minimize their risk of contracting or spreading the virus. They must be educated on the importance of proper handwashing, coughing into their elbows, and social distancing to the extent they can. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science.
- **Education of the staff:** Correctional, administrative, and medical staff all must be educated about the virus to protect themselves and their families, as well as the people in their custody.
- **Staffing plans:** Regardless of how many staff stay home because they are sick, the prisons 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.
- **Staffing plans for services provided by prisoners:** Many tasks in prisons, such as food preparation and basic sanitation, are performed by prisoners. The plans for an outbreak must

also address how necessary tasks performed by prisoners will continue if large numbers of prisoners are ill.

- **Provision of 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.
- **Screening and testing of the people in your custody:** The plan must include guidance, based on the best science available, on how and when to screen and test people in your facilities for the virus.
- **Housing of persons exposed to the virus:** The plan must describe how and where people in the prison system will be housed if they are exposed to the virus, are at high risk of serious illness if they become infected, or become sick with it. *This should not result in prolonged, widespread lock-downs.* Any lock-downs or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration.
- **Treatment:** Courses of treatment must be evidence-based, available immediately, and in compliance with scientifically-based public health protocols.
- **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 women and people with chronic illnesses, compromised immune systems, or disabilities, and people whose housing placements restrict their access to medical care and limit the staff's ability to observe them.
- **Data collection:** The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical to understanding and fighting the virus. The prison system must be part of this process. The same information that is tracked in the community must be tracked in the prisons.

If you have any questions about this, please feel free to let me know. In the meantime, we would greatly appreciate being advised of the efforts that you are taking to protect the health and safety of both inmates and staff from this illness. discuss your plans with us.

Sincerely,



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cc: Jennifer Clarke