

Wayne County Jail Inspection Report
May 16, 2020
Fred Rottnek, MD, MAHCM

1. **Executive summary** My recommendations include
 - a. Continue reducing the population in all three facilities as quickly as possible, so that medically vulnerable populations have fewer exposures to potentially deadly coronavirus and social distancing measures can be better followed by those remaining in physical custody.
 - b. Follow the Centers for Disease Control and Prevention (CDC) Interim Guidance on the Management of Coronavirus Disease 2019(COVID-19) in Correctional and Detention Facilities, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
 - c. Increase regular and as-needed testing for COVID-19 infection for inmates, staff, and any other visitors.
 - d. Post and distribute to all stakeholders up-to-date education about prevention, spread, and treatment of COVID-19. This information should also include the definitions and importance of social/physical distance, and the use of personal protective equipment (PPE).
 - e. Post schedules for cell and common space cleaning with CDC-approved disinfectants that kill coronavirus.
 - f. Adjust medical services to meet the demand of this population during the pandemic. Stop disincentivizing inmates from sick call and seeking assistance.
 - g. Provide aftercare planning to inmates so that they are aware of practices to safely return to their homes and communities, since many have been exposed to COVID-19.
 - h. Discontinue housing inmates and staffing of workers in the secured areas of Division II as soon as possible. This environment is unsafe for more reasons than COVID-19.
 - i. If these measures are not adopted, this jails will continue to be an ongoing source of infection, morbidity, and mortality to all residents of Wayne County.
2. I would like to thank all the members of the Sheriff Napoleon's office as well as Corporation Counsel for their assistance in the tours, the opportunity to interview inmates in an unhurried manner, and the information they provided me during this inspection. A special thank you to Sergeant Elon who was with us all day to take photos and provide information regarding the system.

3. Materials reviewed before finalizing inspection reports

- a. The Joint Proposed Inspection Order, ordered by Chief Judge Timothy M. Kenny
- b. Centers for Disease Control and Prevention (CDC) Interim Guidance on the Management of Coronavirus Disease 2019(COVID-19) in Correctional and Detention Facilities, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
This is my primary resource.
- c. Additional resources include
 - i. The United States Department of Justice National Institute of Corrections' NIC Coronavirus Information, <https://nicic.gov/coronavirus>
 - ii. National Commission on Correctional Health Care's COVID-19 Coronavirus: What You Need to Know in Corrections, <https://www.ncchc.org/COVID-Resources>

4. Individuals interviewed during this inspection include

- a. Individual staff in the Sheriff's office, who also conducted the tours of the facilities
- b. Medical staff in Division I and II
 - i. Division I
 - 1. Psychiatric Nurse Practitioner, Dr. McCauley
 - 2. Nurses/techs passing medications
 - ii. Division II
 - 1. Nurse Coleman
- c. Inmates in all 3 Divisions
 - i. Division 1
 - 1. Psychiatry floor
 - a. Lemar Stanley
 - b. Damasi Cook
 - 2. Women's floor
 - a. Rhionna Nichols
 - b. Christiana Carey
 - 3. Quarantine unit
 - a. David Ellecchia
 - b. Corey Sims
 - c. Robert Littmer
 - d. Sean Willis
 - e. Robert Moran
 - ii. Division II
 - 1. General population
 - a. Deangelo Butts
 - b. Barius Robison
 - c. Christopher Moore
 - d. Omar Taylor
 - e. Murray Stuart

- f. Darnell Moore
 - g. James McCoy
 - h. Marcus Lynn
 - i. Anthony Childs
 - j. Jason Bell
 - k. Jason Childs
 - l. Sylvester Cornelius
 - m. James Matthews
 - n. David Grier
 - o. Michael Beeve
 - p. Delano Marquez
 - 2. 4th floor (COVID positive/suspected floor)
 - a. Aaron Davis
 - b. Joshua Brown
 - c. Craig Gullege
 - d. Darrel Smith
 - e. Damon Bailey
 - f. Steve Williams
 - g. Cornelius Barnes
 - h. Kyle Dyas
- iii. Division III
 - 1. General population
 - a. Marcus Russel
 - b. Derrick Houston
 - c. Ray Culbertson
 - d. Mika Simpson
 - 2. COVID+ unit
 - a. Ariel Sunday
 - b. Darron Thomas
 - c. Deandre Paul

5. **Observations for Divisions I, II, and III** regarding matters related to below

- a. Conditions of the housing units during the COVID-19 pandemic
 - i. Division I:
 - 1. Building is in some disrepair, with uneven floor and missing tiles
 - 2. All cells outside of medical unit have front facing walls of bars or open steel grids. This allows aerosolized and large droplets containing COVID-19 to be freely spread from cells, where inmates are not wearing masks.
 - 3. Toilets and sinks are located near the front wall of these cells. They have no lids. COVID-19 can be aerosolized from fecal matter—whether from the act of voiding or flushing a toilet.
 - 4. The cells appear to be clean, but many of them are cluttered.

- ii. Division II:
 - 1. Building is in severe disrepair.
 - 2. All cells outside of medical unit have front facing walls of bars. This allows aerosolized and large droplets containing COVID-19 to be freely spread from cells, where inmates are not wearing masks.
 - 3. Toilets and sinks are in each cell. They have no lids. COVID-19 can be aerosolized from fecal matter—whether from the act of voiding or flushing a toilet.
 - 4. There is extensive rusting, paint chipping, and filth on bars, heaters, and other horizontal surfaces.
 - 5. Vents in cells are usually at least partially blocked by dirt and airborne dust.
- iii. Division III
 - 1. House units appear clean.
 - 2. Doors are solid surface, so transmission of the virus is mitigated when an inmate is in his room.
 - 3. Toilets and sinks are located near the front wall of these cells. They have no lids. COVID-19 can be aerosolized from fecal matter—whether from the act of voiding or flushing a toilet. Aerosolized particles can remain in the air for several hours.
 - 4. The cells appear to be clean, but many of them are cluttered.
- b. Conditions of and access to shower/bathroom facilities during the COVID-19 pandemic
 - i. Staff reported that the County provides bleach and Simple Green for cleaning
 - 1. **Simple green does not kill COVID-19,**
<https://simplegreen.com/news-and-media/coronavirus-faq/>
 - 2. Diluted bleach is effective in killing COVID-19.
 - ii. Division I
 - 1. Medical unit: The shared room which I inspected has a shared bathroom which is usually cleaned once/day by a trustee. It should be cleaned after each use.
 - iii. Division II
 - 1. Individual cells have toilets and sinks. Units share a shower. Inmates demonstrated for me that water pressure is low, and they reported little to no hot water.
 - 2. The showers on the floors have extensive rust and chipping and peeling paint on ceiling and walls. (Photo) It appears the black mold or mildew flows from the buttons controlling water flow.
 - iv. Division III
 - 1. Inmates have access to the shower/bathroom facilities when needed—one unit is a wet unit (with sink/toilet in room); the

other is a dry unit (without sink/toilet—they are communal, at the far end of the unit).

2. Tiles are missing in shower
3. Rust and mildew are present on bathroom fixtures and walls

c. Conditions of and access to medical, laundry, dining facilities and shared common areas during the COVID-19 pandemic

i. Division I

1. Medical: Rooms appear clean, but cluttered. Some inmates stated that they are getting their medical needs met. Others stated the that virus has slowed down responsiveness to their sick calls. According to the two officers sitting in an otherwise empty clinic, they were unable to give clinic hours or rough capacity at present. They stated that they have been understaffed with providers recently, but they just got a new physician. (When we walked in, they were sitting at their desk, shoulder-to-shoulder, about a foot apart, and they were not wearing
2. Laundry: Linen exchange area appeared clean
3. Dining facilities: There is currently no shared dining for trustees. In all facilities, inmates are eating in their rooms by themselves.
4. Kitchen: The kitchen area is large and appeared clean, but it had many wet surfaces. The kitchen supervisor stated that “we can’t clean like we’re supposed to” because she used to have 25-28 trustees for cleaning and now only has 2. She reports that they “clean daily”.
5. Shared common areas: Appear clean. Two of the three men’s units I visit were on 23-hour lockdown. In the women’s unit, woman have more time in the common area.

ii. Division II

1. Medical: The medical care as reported was almost wholly inadequate. Nurse Coleman stated her biggest concern was the movement of inmates among units. She wondered why “inmates [are] still here?” When I asked her if she thought they were adequately staffed in medical with COVID as well as chronic care and sick calls, she stated “Not really, to be honest, due to the shortage [of staffing].” Patients report delayed or ignored sick calls.
2. Laundry: No laundry is done at this facility, but it is shipped to Division III. Some inmates stated that they are not getting fresh linen every week. One stated he’s had the same uniform for 6 weeks.
3. Dining facilities: Inmates eat in their rooms.

4. Kitchen: Not visited in this building
 5. Shared common rooms: These areas are common areas that each cell releases into. There is extensive rusting, paint chipping, and filth on bars, heaters, and other horizontal surfaces.
- iii. Division III
1. Medical: Appears clean. Three or four nurses and/or tech were present for sick calls and med passes.
 2. Laundry: The laundry was empty on this Saturday tour. It appeared clean.
 3. Dining facilities: All inmates eat in their cells.
 4. Kitchen: Appeared clean, but little activity at the time
 5. Shared common areas: Appeared clean, and only one inmate is allowed out at the time. While I was there, 3 or 4 trustees were present to wipe down surfaces. Inmates report that telephones are not wiped down between use.
- d. Availability and stock of cleaning supplies and personal protective equipment for inmates and jail staff
- i. I did not explicitly ask to see stocks of cleaning supplies, hygienic supplies, or PPE, so I did not see the inventories. I apologize for this oversight.
 - ii. Of concern, none of the staff at all three sites knew how to don the blue plastic protective suits.
 - iii. There was inconsistent use of masks, and the appropriate wearing of masks, among both inmates and staff.
 - iv. Answers varied widely when I asked inmates if they had enough cleaning supplies. Some said they did; others said they frequently were told that the inventory was low or zero.
 - v. Division I
 1. PPE and cleaning supplies were seen in the kitchen, the laundry, the clinic, the medical unit, and at the officers' stations.
 2. I saw one two-man team of trustees emptying the trashcans in on of the quarantine units. Otherwise, I saw no one cleaning any area during my visit.
 - vi. Division II
 1. PPE and cleaning supplies were seen in the clinic and at the officers' stations.
 2. I observed a few buckets with mops in shared areas. I saw several unused buckets and mops in an unused cell in an empty block.
 3. Inmates frequently reported lack of supplies
 4. I saw no inmates cleaning any area during my visit.

- vii. Division III
 - 1. As mentioned, I saw a group of 3-4 trustees cleaning the first unit I visited. The two trustees I interviewed had visibly dirty and frayed masks.
 - 2. No other inmates were cleaning during my visit.
- e. Availability and stock of hygienic and disinfecting supplies for inmates and jail staff
 - i. I did not explicitly ask to see stocks of cleaning supplies, hygienic supplies, or PPE. I apologize for this oversight.
 - ii. Throughout all three facilities, inmates brought up the inadequacy of PPE. They did not start receiving disposable surgical masks until, per their consistent reports, 4/22/2020. The masks are replaced once every two weeks, which is inadequate since these masks were designed for single use—not sustained use. Some inmates have gone as far trying to wash these masks with soap—which would further damage their integrity. Most of the masks I saw were fraying and/or visibly dirty. The most common date on the masks was 5/6.
 - iii. Answers varied widely when I asked inmates if they had enough soap. The soap shown to me were **1 oz.** travel size soaps. They were free of charge.
 - 1. Division I: Supply was adequate overall.
 - 2. Division II: Inmates report that they were given 3 soaps every week or **every 2 weeks**. This is remarkably inadequate for regular hand washing and showering, particularly during a pandemic in which people are encouraged to frequently wash hands.
 - 3. Division III: There were no complaints about soap.
- f. Availability of communications to inmates about COVID-19 including low-literacy and non-English-speaking people
 - i. Posters and written materials: Some materials were posted in most cells and hallways about hygiene and social-distancing. However, the most common materials did not mention COVID-19, and they did not define 6 feet for social distancing. They stated to use tissues (which inmates don't have) and they didn't mention masks. (The only posters that mentioned COVID-19 were in the hallways in Division 3. And these posters were designed for the public with admonitions about staying at home when you're sick). The Wayne County website has some updated materials, but even these are not current.
<https://www.waynecounty.com/>
 - ii. Cleaning instructions, schedules, and expectations: I did not see any instructions on how to clean a cell. I did not see any schedule for unit or cell cleanings. Staff reported that the County provides bleach and Simple Green for cleaning. Simple green does not kill COVID-19,

<https://simplegreen.com/news-and-media/coronavirus-faq/> Diluted bleach is effective

iii. Inmate interviews:

1. Division I: Some inmates reported that they were told about COVID-19, that it was dangerous, and that they should wear their masks when out of their cells. Others reported they were told nothing. They stated that they received most news via the television.
2. Division II: They stated that they received most information and updates via the television. Most reported they received no information from medical or correctional staff.
3. Division III: Most of these inmates were concerned about what to do when they are released, since they don't want to give COVID-19 to their loved ones. They did not receive this information. Nor did they understand why they were put on 23-hour lockdown because they are sick.

g. Social distancing measures

i. Division I:

1. Cells are generally staggered in occupancy, but there was at least one cell with 2 male inmates. This doesn't allow appropriate distancing.
2. Bars and open grids do not allow for social distancing, since COVID-19 can be transmitted by surface (fomite), where COVID-19 can remain for 2-3, by large droplet, which can be projected at least 6 feet, and by aerosolized particles, which can hang in the air for several hours and can be transmitted through ventilation.
3. In the medical unit, four inmates were on stretchers in one room. All of these men had co-occurring health problems, most were on CPAP or IPAP (breathing machines) due to obstructive sleep apnea. They were positioned in a square, head to foot. They were clearly too close together. While I do not have all their diagnoses, they all likely fit into the category of those at higher risk for severe illness, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>
4. In the women's unit, women were sitting together at the common area tables. One woman was doing another woman's hair, neither wearing masks, when we arrived on the floor.

ii. Division II

1. While these are single cells, inmates are allowed to move around in common areas. This doesn't allow appropriate distancing. Unless inmates are on lockdown, no one can walk

in the secured area or the hallway, without being closer than 6 foot to another person.

2. Bars and open grids do not allow for effective social distancing, since COVID-19 can be transmitted by surface (fomite), where COVID-19 can remain for 2-3, by large droplet, which can be projected at least 6 feet, and by aerosolized particles, which can hang in the air for several hours and can be transmitted through ventilation.

iii. Division III

1. Inmates are housed in cells with solid doors—steel and glass. This allows for mitigation of large droplet and aerosolized transmission in ways open bars and grids do not.

h. Ingress/Egress Staff Screenings: The effectiveness of any measure taken to ensure that persons entering the jail, including jail staff, are not carrying the COVID-19 virus

1. Due to the low census, the pandemic, and the day being Saturday, we saw very few people entering and exiting building. All visitors had their temperature taken and were asked three screening questions.
2. Division I; I asked a few officers if they were tested regularly for COVID-19, and they replied that they were tested once. But they get their temperature checked whenever they come into the building. (This is not an effective test, since it has been well-established that asymptomatic people still shed the virus).
3. Division II: I did not ask this question
4. Division III : I did not ask this question

i. Punitive Transfers and Retaliation: There were three recurrent themes that I found very concerning at all three Divisions: one, new inmates in Division one were quarantined for 3 days upon admission; two, inmates were placed on 23-hour lockdown for being testing positive for the virus; three, inmates reported being disincentivized by both medical and correctional staff to seek medical care for anything other than complaints related to coronavirus (while the information that was posted about the virus was inadequate and out of date).

1. Division 1: The coronavirus quarantine unit has men on 23-hour lockdown simply because of the are new to the facility. The quarantine unit hold men for 3 days for observation for development of COVID-19 signs and symptom. I was told by the CO's that this 3-day policy was recommended by Wellpath, the contracted health care provider. I have not seen this policy, but I have also not seen any recommendation for a 3-day observation by the CDC.

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional->

[detention.html](#) The structure of the unit—with open bars--does not allow for social distancing or cohorting inmates in a single unit, so reinfection is possible within a 3-day period.

2. Division 2: The coronavirus quarantine unit has men on 23-hour lockdown simply because of their testing status. The structure of the unit does not allow for social distancing, so reinfection is possible within a 14-day block. Several inmates reported delayed and ignored requests for medical care.
 3. Division 3: The coronavirus quarantine unit has men on 23-hour lockdown simply because of their testing status. The structure of the unit does allow for social distancing, but when men are on lock-down, they are unable to speak to each other due to the solid surface doors. This isolation has been shown to increase anxiety, depression, and suicidality among incarceration populations. Inmates reported delayed and ignored requests for medical care.
6. To the extent you were unable to observe, or otherwise obtain information about, any of the above-listed issues, provide an explanation.
- a. I did not inspect an inventory of PPE, cleaning supplies, and hygiene supplies. And that is my fault for not asking. Due to the timeframe of the inspection document being released, I did not have a paper copy of it.
 - b. Corporation Counsel seemed to have different interpretations of whom I could and could not interview. I knew I could and should interview inmates. But I also assumed I could speak to officers and medical staff. I was able to speak to all parties at Division I. At Division II, Paul O'Neill took the place of Sue Hammond. He and plaintiff's counsel Allison Kriger argued, in front of us, the appropriateness of me speaking to a nurse in the medical area. While this was off-putting to both the nurse and me, I had the information from the medical staff I needed, and I ended the conversation and apologized to the nurse. I did not attempt to ask questions of the medical staff in Division III.

7. Recommendations

- a. Continue reducing the jail population as quickly as possible to reduce sickness and death among inmates, correctional staff, and medical staff. Reducing the size of the population in jails is crucially important to reducing the level of risk both for who both are housed and work within those facilities and for the community at large. Rationale:
 - i. From a public health perspective, it is my strong opinion that there is no way short of release to protect the medically vulnerable from grave risk of imminent infection and death.
 - ii. Although mitigation and containment strategies are vital, they are merely one piece of the puzzle. The lower the jail or prison population, the more effective these strategies will be. Fewer people in a facility

means best practices will be more possible, fewer community resources will be needed, and other inmates and correctional staff will be safer.

- iii. Divisions I and II have no physical barrier on the front cell wall, so even with alternate cell usage, aerosolized virus can infect other inmates in the unit.
 - iv. In Division II, social distancing is impossible for inmates as well as for staff doing rounds.
- b. Develop and implement a schedule for routine testing of all inmates and staff. As long as inmates and staff enter and leave the facilities with their status unknown, the facilities become incubators for the virus. The virus can not only be brought into the facilities; it can be brought back out to stakeholders' homes and communities.
- c. Follow CDC guidelines, Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
- i. Provide the necessary tools for inmates and staff to mitigate the risk of COVID-19, including, but not limited to
 - 1. Free soap, on demand, in adequate quantities for hygiene
 - 2. Use of CDC-recommended cleaning agents on a regular and as-needed basis
 - 3. Posted cleaning schedules for the trustees and the individual inmates to promote cleaner cells and common area
 - ii. Update, post, and distribute up-to-date educational materials in all areas of the jail: Use CDC materials <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. Provide education and guidance to staff, inmates, and other visitors. Review information with all stakeholders on a published, scheduled basis
- d. Adjust medical services to meet the demand of this population during the pandemic. Stop disincentivizing inmates from sick call and seeking assistance. Clarify clinic hours for routine care and urgent care, including other infections and trauma. (There are a few photos from this photo that document adverse outcomes from delay in care). Consider expanding telehealth within the walls and among the facilities.
- e. Provide adequate PPE. Educate staff, inmates, and visitors regarding proper use of PPE. Staff should role model social distance and mask use. Provide fresh surgical mask no less frequently than weekly. Replace soiled and torn masks as needed.

- f. Discontinue double-bunking in Division I. It does not allow for social distancing.
- g. Minimize 23-hour lockdown anywhere, but particularly in Division III. These men are essentially being punished for testing positive. They may or may not be ill. The current isolative practice increases anxiety, depression, and suicidality.
- h. Develop a back-up plan for cleaning that is not dependent on trustees.
- i. Stop housing inmates in Division II as soon as possible. And then stop requiring staff to work there.
 - i. The physical conditions are filthy and cannot be adequately cleaned due to pervasive disrepair, irregular surfaces, rust, paint peeling and chipping, mildew, and mold. Individuals in this facility are at an increased risk of, but not limited to, contracting the following: tetanus, contact and airborne infection, worsening of chronic conditions, and exacerbation of respiratory conditions.
 - ii. It is impossible for inmates to physically distance when they are out of their cells. Likewise, it is impossible for officers and other staff walking the hallways in the units to maintain 6 feet distance.
 - iii. Aerosolized virus cannot be contained in a cell with bars.
 - iv. Inmates report and I observed consequences of a level of care and attention far below the other two facilities. It appears that the inmates are not receiving basic medical care or the hygiene supplies.

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Appendix A

Wayne County Question Bank

- How are you?
- What have you been told about COVID-19/Coronavirus?
- What have you been told about physical/social distancing?
- What have you been given to protect yourself? How often are you supplied?
- Have you been told how and why to wear a mask?
- Hygiene supplies (do you have to purchase?)
- Cleaning supplies
- Are people cleaning? How often?
- Do people use their PPE?
- Have you been receiving any needed medical care—including mental health care?
- Have you been able to use Sick Call?
- Are you being locked down differently? More often? How?
- Has staffing patterns changed with officers and/or medical staff?
- Have they changed access to phones and/or other communication?
- What do you want me to know about your experience with COVID-19?

Appendix B

Visit notes

1. Division I

- a. Lobby
 - i. Limited signage
 - ii. Outdated signage
 - iii. Signage is from health department
 - 1. Doesn't mention COVID
 - 2. Talks about using tissues to cover cough
 - 3. Doesn't mention masks
- b. Kitchen, spoke with supervisor
 - i. "We can't clean like we're supposed to" because they used to have 25-28 trustees, now, only 2.
 - ii. "We clean daily"
- c. Medical clinic
 - i. When we walked in the two CO's sitting there were sitting side by side, two feet apart, without wearing masks
 - ii. When asked about the schedule of providers and if it is currently adequate for inmate needs, the CO's were unsure about the provider schedules. They stated that there is a new doctor being trained.
 - iii. Wellpath provides all the medical professionals; the County just has a custodial function. County cleans clinic--it appeared clean, but cluttered.
 - iv. Medical apparently recommends a three-day protocol for quarantine/isolation of new inmates. (Unclear where this comes from).
 - v. Staff reported that the County provides bleach and Simple Green for cleaning (Simple green does not kill COVID-19, <https://simplegreen.com/news-and-media/coronavirus-faq/>)
 - vi. Staff in the medical unit state that they only get temperature checks on a regular basis, not COVID-19 testing
 - vii. All inmates were tested on 5/8/20
 - viii. Units are provided with mop buckets and cleaning supplies every days. Inmates can use these whenever they ask
 - ix. Inmates are written up if they don't clean their cells
 - x. In the medical unit, 8 inmates are currently housed in 7 rooms
 - xi. One room on the unit had 4 patients in the room. They need regular, daily nursing care, most need CPAP due to sleep apnea. Their beds were not distance 6 or more feet apart. A trustee cleans their shared shower and toilet daily. The recent trustee with this duty was released yesterday.
- d. Housing for inmates with mental health diagnoses
 - i. Census is very low on the floor--35 inmates with capacity for 128
 - ii. There is no double bunking
 - iii. Cell doors/front walls are vertical bars (aerosolized problems)
 - iv. The staff admitted they are short on trustees for cleaning

- v. Staff stated that they have adequate staffing during the week, but weekends have been challenging--both due to regular staffing shortages and increased shortages due to COVID-19.
 - vi. We spoke to Dr. McCauley (DNP) who was seeing inmates that day. She has extensive experience working the county and the jails. She feels she has what she needs to take care of inmates. She noted increased anxiety with COVID-19, more isolation, and unease about the future. Dr. McCauley stated she would like increased access to telehealth for the inmates. She finds that an effective way of providing care.
- e. 11th floor--Quarantine unit
- i. Nine inmates at present
 - ii. Cell doors/front walls are grid-like steel (aerosolized problems)
 - iii. This is the unit where inmates are quarantined for 3 days, and, if they display or develop no signs and/or symptoms of COVID-19, they are sent out to another housing unit.
 - iv. Inmate interviews
 - 1. Lemar Stanley (incarcerated for 4 months)
 - a. He states he is waiting for a hearing
 - b. He reports getting cleaning supplies if he asks for it.
 - c. He reports he gets an adequate supply of soap if he asks for it.
 - d. He reports no concerns with responsiveness of medical teams or CO's
 - 2. Damasi Cook (incarcerated for 4 days)
 - a. He states he has received no information on COVID-19
 - b. He states he recently had surgery on his back (Harper Hospital), but he has not seen a doctor here and his meds weren't continued
 - c. He stated cells are not cleaned regularly
- f. 8th floor, Women's floor
- i. All the women in Wayne County custody are housed in Division 1
 - ii. When we walked in, inmates were using the common space. One woman was doing another woman's hair
 - 1. Inmate interviews
 - a. Rhionna Nichols (incarcerated for 6 months)
 - i. Overall she states she's doing well
 - ii. She reports having adequate cleaning supplies and soap
 - iii. She states she was told why she needs to wear mask
 - iv. She reported (as did subsequent interviewees) that she gets a new mask once/every two weeks. By then, the mask is dirty and falling apart
 - b. Christiana Carey (incarcerated for 6 months)
 - i. She's waiting on a court date

- ii. She states all the information they get on COVID-19 is from watching the news
 - iii. She's concerned about the officers bringing in the virus from the outside
 - iv. She also reports inadequacy of 2 week mask supply
 - v. She states there is adequate cleaning supplies
- g. 10th floor (general population, male)
 - i. When we arrived on 10 I saw 2 trustees in the unit. They were standing next to each other with their masks off.
 - ii. Inmate interviews
 - 1. Dave Ellecchia
 - a. He was provided no information on COVID-19, on masks or how to use them.
 - b. He states they don't get cleaning supplies.
 - c. The soap supply is fine.
 - d. He also stated the masks were too infrequent
 - 2. Corey Simms (who didn't wear a mask during the interview through his cell grid)
 - a. He stated that he was told nothing about COVID-19
 - b. He stated that unit is cleaned only once every few weeks
 - c. He stated that 2 nights ago, the CO's took out an inmate on the unit, after telling him in front of everyone that he tested positive
 - 3. Robert Littner (Incarcerated for 5 months)
 - a. He is concerned about the staff coming and in out of the building regularly and bringing the virus into the jail.
 - b. He stated that all the inmates got tested on Friday, 5/8/2020.
 - c. He stated many of the deputies don't wear masks.
 - d. He stated it's difficult to get cleaning supplies.
 - e. He reported that when he came in February, he had symptoms consistent with COVID-19, but he could get the staff to take him seriously. So, he faked a faint. He was given a CXR, and a five-day course of antibiotics. Since he didn't get better with that, he was given a course of amoxicillin.
 - 4. Sean Willis (incarcerated since 2/20)
 - a. He states that his court date keeps being pushed 2 weeks at a time
 - b. He has sickle cell, and he's had 2 crises since he's been in Division 1, but he hasn't been treated properly.
 - c. He feels his health and his legal matters have been delayed "due to Corona"
 - 5. Robert Moran
 - a. On my way out, this inmate stopped me to show me his elbow. He asked me if I thought it was an MRSA infection, because

he can't get anyone to look at it. He states he has put in sick call requests.

2. Division II

- a. Signage is old and inaccurate. Similar concerns as above--no mention of COVID-19 or definition of social/physical distancing
- b. Medical unit
 - i. Nurse Coleman
 - 1. I asked her how her work has changed with COVID-19. Her biggest concern is "movement of the inmates." "Why are the inmates still here."
 - 2. I asked her if she felt they were adequately staffed to manage health care with COVID-19. She stated there should be 3 nurses on each shift and that nurses are working lots of overtime.
 - 3. I asked if they were able to keep up with chronic care of the inmates and sick calls. She stated "not really, to be honest, due to the shortage.
 - 4. She offered that 2 of the regular physicians had died from COVID-19.
- c. 6th Floor
 - i. Floor plan offers little protection from COVID-19
 - 1. When inmates are out of the cells (as they were during our visit), they cannot maintain social/physical distancing
 - 2. Only some of the inmates wore masks at any time
 - 3. The front and door of each cell is bars
 - ii. The building is a state of disrepair, which makes effective cleaning difficult to impossible
 - 1. Rust on bars and in showers, including the walls and ceiling of showers
 - 2. Apparently, there is black mold in the shower plumbing
 - 3. Chipping paint and rust on the most cell doors and walls
 - 4. The floor is uneven with chips and holes
 - 5. Vents in inmates are usually at least partially blocked by dirt and airborne dust
 - iii. Inmates report that they receive 3 small travel-size motel soaps each week.
 - iv. Inmates report that they often request cleaning materials, but they are told that they don't have any.
 - v. Inmate interviews
 - 1. Deangelo Butts (Incarcerated for 6 months)
 - a. They learn about COVID-19 from the news. The signs up on social distancing aren't possible in their set up.
 - b. He states that he's concerned that he has bronchitis, but he has no meds and can't get an appointment.
 - 2. Barius Robison (incarcerated 13 months, to be released Monday)
 - a. He states they first received masks on 4/22
 - b. Social distancing is impossible

- c. He is worried about sheriffs bringing virus into the facilities, and they are inconsistent with wearing masks
- 3. Christopher Moore (incarcerated 10 months, waiting on trial)
 - a. He states food quality has deteriorated further.
 - b. He is awaiting test results from 5/8
 - c. He demonstrated that there is poor water pressure with timed water faucet
 - d. He commented on the inadequacy of soap and showed me the ~ 1 oz. travel size bar.
- 4. Omar Taylor (incarcerated 8 months)
 - a. He demonstrated the apparent black mold/contaminant that is part of the plumbing by pressing the communal shower button and showing me the black substance that accumulated on his thumb as a result
 - b. He has developed a conjunctivitis to his right eye. It took him over a week to be seen by the nurse. He was given a bottle of normal saline for treatment. He still has signs of a conjunctivitis.
- 5. Murray Stuart (incarcerated for one year)
 - a. He commented on what he thinks is bird excrement on the bars and heaters throughout the units
- 6. Darnell Moore
 - a. He commented on roaches and bird excrement he has commonly seen in the facility
 - b. He is still waiting on his test results from 5/8
 - c. He stated the they have just been provided cleaning supplies on a daily basis in recent weeks. Prior to that, they only had supplies 3x/week.
 - d. He also commented on the inadequacy of soap supplied.
- 7. James McCoy
 - a. He states he had to submitted multiple sick calls for a swollen right 5th finger. After it burst with infection, he was seen and treated (photo taken)
- 8. Marcus Lynn (incarcerated 11 months)
 - a. He complained of severe neck pain for 6-7 months. He submitted several sick calls. He was never seen, but the pain resolved on its own.
 - b. He states he has only seen spraying in the unit down during his incarceration.
 - c. He states he has asked for cleaning supplies, but he has been told there are none.
 - d. He commented on the inadequacy of soap

9. Anthony Childs
 - a. He states he was written up and locked up for sending out a video reporting on the conditions in Division #2
10. Jason Bell
 - a. He states he was told “Unless you’re dying, you won’t go to clinic”
11. Jason Childs
 - a. He states the hot water doesn’t work
 - b. He stated that medical doesn’t respond to medical complaints and sick call
 - c. He pointed out to me the clogged vents in the cells and the rust on the ceiling of the communal shower
12. Sylvester Cornelius (he acted as a facilitator of a discussion on 613) Inmates on that unit, in that discussion, shared concerns
 - a. Masks were first distributed on 4/22, and the one mask allocation every 2 weeks is inadequate
 - b. They are still waiting on their test results—why did they move some inmates and not others if they don’t have all the test results?
 - c. Medical hasn’t answered their sick calls
 - d. Two days ago, a COVID+ inmate was moved out. “We need to be retested.”
13. James Matthews (incarcerated for 2 years)
 - a. He reports having a valve replacement, hypertension, and asthma
 - b. He states he brought his medication in with him, but he has not received them since he has been incarcerated
14. David Grier (incarcerated for 10 months)
 - a. He states he completed his bond reduction papers 3 weeks ago, but he has not heard back from anyone
15. Michael Beeve (incarcerated for 10 months)
 - a. He states he has hypertension, diabetes, and psychological problems. “Since the pandemic, everything changed.” He states that all his medications were changed without any visit or evaluation by medical.
16. Delano Marquez (incarcerated 2 months)
 - a. He states he’s on the wrong chronic medications, even though he’s told medical that they can find his meds at CVS
 - b. He has a dental abscess on a left upper molar and he has only received Tylenol
 - c. He has not seen a doctor, even though he has put in multiple sick calls

- d. 4th floor
 - i. In these units, we were told by the sheriffs that they may be COVID-19 positive, but they weren't certain. However, we had to gown up in full PPE, including protective suit, face mask, N95, and gloves
 - ii. The inmates on these pods all told similar stories that they were tested on 5/8 and then moved down to the 4th floor the week of 4/11. Few had masks on when I spoke to them. When I asked those who were not wearing masks why, they replied that they were not given mask. They stated that their care consisted of Tylenol and Gatorade.
 - iii. Inmate interviews
 - 1. Aaron Davis (incarcerated for 9 months)
 - a. He reported loss of taste and smell
 - b. He reported he was told nothing when he was moved to the unit other than he tested positive
 - 2. Joshua Brown (incarcerated for 5 months)
 - a. He has chronic life-long asthma
 - b. He was given a rescue inhaler, but no control inhaler, although he's been on that in the best
 - c. He has not been able to receive a nebulized breathing treatment, even though he has asked for one.
 - 3. Craig Gullege (incarcerated for 4 months)
 - a. He was really sick on admission—sick enough to be moved to the infirmary, but he was not tested
 - b. He has had chest pain on and off for 3 days this week—sharp, centralized chest pain, and he has hypertension; he was only given Tylenol
 - 4. Darrel Smith
 - a. He states he has had no PPE since mid-March. He states that there are many times when they have no cleaning supplies
 - 5. Damon Bailey (incarcerated 10 months)
 - a. He states that he's had chills, HA and fever for a week or two
 - 6. Steve Williams
 - a. He states he has had "all the symptoms" for 2 weeks
 - b. He asked one of the CO's "Big Girl" when they were going to get tested, and she said, "We'll take care of that later."
 - 7. Cornelius Barnes
 - a. He states he was concerned when he had "all the symptoms, because he had a history of a gunshot wound to the chest and lung involvement. He noted the lack of masks.
 - 8. Kyle Dyas
 - a. Reports feeling light-headed and dizzy.

3. Division III

- a. We toured the Intake area, where social distancing was maintained.
- b. We toured the kitchen, where social distancing was maintained. But masks were worn incorrectly by those working.
- c. We toured the laundry, which was not active since it was a Saturday. It was a large room with plenty of room for distancing.
- d. We visited the medical clinical, which was not very active, since it was a Saturday. Three medical staff were present. I did not ask them questions.
- e. There were signs in the hallway and in the units we visited. They were COVID-19 specific; however, they had the old signs and symptoms—not the newer expanded signs and symptoms list by the CDC. They were also oriented to the general public, with workplace and school concerns.
- f. The cells in the units we visited were typical of modern jail design with glass windows and steel doors on each cell.
- g. Inmates in the first unit I visited were part of a domestic violence education program. While we were told by the staff that all programs were suspended, inmates told me that the domestic violence program had not been. They said that other inmates had been released since their programs were suspended. They wondered why their program had been continued. The instructor looked unwell, was obese, and didn't wear his PPE consistently. Inmates were afraid he was bringing the virus into the facility.
- h. While we were visiting the first unit, trustees were cleaning in the common area.
- i. Many inmates stated that they were unclear who was moved back and forth between the two open units and why.
- j. Facilities were newer than the other facilities. However, tiles were missing in many showers, and the fixtures and tiles had rust and mildew present.
- k. The second unit we toured housed inmates who tested positive for COVID-19. All of them reported being on 23-hour lockdown due to the fact that they have COVID-19. Only one inmate is allowed out at a time to take care of their business. This isolation was reported by most of the mean that this heightened the anxiety in general and their fear of increasing illness in particular.
- l. Inmates were tested on 5/9. Some inmates were moved over to the COVID-19 unit as a result. Most of the inmates had not been informed of their testing results yet.
- m. Inmate interviews (First unit)
 - i. Marcus Russell (First day incarcerated) He was sitting in the common area and was sweating profusely. He stated he felt fine otherwise, but there was no ventilation in the room—that's why he was sweating.
 - 1. He stated he has asthma, but he hasn't talked to a nurse yet for his inhaler.
 - ii. Derrick Houston (incarcerated for 6 months)
 - 1. He was wearing his mask incorrectly
 - 2. He stated things were OK, except he was frustrated by all the hearing delays.
 - 3. He noted that cleaning seems to be happening.

- iii. Ray Culbertson, trustee (incarcerated for 4 months)
 - 1. He was not wearing his mask correctly
 - 2. He stated he asked to be part of the cleaning crew because he was really anxious about catching the virus. This way he could make sure someone was doing it right—not everyone was.
 - 3. He has diabetes, asthma, and hypertension—he said he was getting his medications.
 - 4. He noted the masks were also first distributed on 4/22, and they don't last the whole 2 weeks.
 - 5. He is observing Ramadan, but he is upset that they put his tray on the floor at night—"why is that necessary?"
 - 6. He stated that he wants to know how hearings are determined? He hasn't had a hearing yet.
- iv. Mika Simpson, trustee (incarcerated for 6 months)
 - 1. He was upset that they move people back and forth between pods before people know their test results. He states the moves didn't make sense
 - 2. He states he has schizophrenia. He had stopped his meds because he couldn't participate in the domestic violence program because he couldn't concentrate on the meds. He would like to restart them now. He stated concerns about the health of the instruction.
 - 3. He said many men try washing their masks with soap because they get so dirty over 2 weeks.
 - 4. He states that there have been periods when they were out of soap.
- n. Inmate Interviews (Second unit—COVID+ unit)
 - i. Ariel Sunday (incarcerated 3+ months)
 - 1. He was a pod worker since the beginning of March.
 - 2. He soon felt sick—problems with vision and moving. He asked to see medical and was told, "They don't want to see anyone." He told me that at the time, "They were working under the assumption that if you have no temperature, you don't have COVID." Eventually, they sent him to medical. He had no temp, so they sent him back to his unit.
 - 3. He noticed after this that many people were getting sick, and the first seven or eight were pod workers.
 - 4. He was transferred to Division #1 at the end of March/beginning of April because he got into a fight. He states he was transferred on the same day that eight officers tested positive. He was there for over 5 weeks. On 5/5, he was called to the clinic, because he has a history of asthma and an auto-immune disorder. He had a fever of 107, and he was transferred to this unit on Division #3
 - 5. He just received his own inhaler last week. He reports that he refused the albuterol offered before because the inmates have to use the same inhaler.
 - 6. He reports having no contact with his attorney since 2/2020.

- ii. Darron Thomas (incarcerated at #3 for 37 days after 6 months in Division #1)
 - 1. He's frustrated that the rules for 23-hour lockdown don't make sense. He's felt anxious and suicidal.
 - 2. He's not received any response from medical for his asthma.
 - 3. When he was in Division #1, faked passing once in order to get medical attention
- iii. Deandre Paul (incarcerated since 1/31/2020)
 - 1. Felt ill in the end of February and again in the end of April, but his first test was 5/9.
 - 2. He has asthma and sleep apnea and again mentioned the common-use inhaler.
 - 3. "Why won't they just let us go?"