

November 23, 2020

Michelle McConaghy
Nathaniel M. Putnam
United States Attorney's Office
District of Connecticut
157 Church Street, 25th Floor
New Haven, CT 06510
Via e-mail correspondence

Re: *Whitted v. Easter*, Concerns about Conditions at FCI Danbury

Dear Ms. McConaghy and Mr. Putnam:

We write to follow up on our October 30, 2020 letter expressing concern that FCI Danbury is not taking certain actions that it had committed to take to meet the medical needs of prisoners during the COVID-19 pandemic and to mitigate and control the spread of the virus. On November 4, you indicated in response to our letter that you planned to visit the facility this past week (week of November 16-November 20) and could speak with us about conditions after your visit.

We are eager and await your response as soon as possible regarding the matters that we raised in our letter. In the three weeks since we wrote, the rates of COVID infection in the state have grown exponentially, raising additional concerns and reaffirming some outstanding ones. Below, we outline concerns about conditions at the facility, in addition to the ones raised in our October 30, 2020 letter, that we want to bring to your attention and discuss with you.

- *Detection of COVID-19: Symptom Screenings, Temperature Checks, and Testing:* In our letter of October 30, we expressed concern that daily symptom screenings were not being performed, temperature checks were not being conducted properly and consistently, and no facility-wide testing had been done since May. We continue to hear that temperatures are not being taken daily in all locations and are often conducted by correctional officers rather than medical staff or lieutenants. We understand that a wall-mounted thermometer is now being used in the dining hall to test the men's temperatures, but that staff are seldom recording any temperatures. Individuals from all three facilities report that symptom checks are not being conducted. Facility-wide testing has still not been accomplished. As you know, individuals with COVID frequently do not present with a fever. As COVID rates continue to rise in the community, we are concerned that the facility is not taking appropriate steps to detect those infected with the disease.
- *Isolation and quarantine:* Inappropriate locations continue to be used for quarantining women. We understand that the education rooms at FSL are being used to quarantine women coming

into the Camp and FSL. The women placed in these rooms are kept in a locked room with no way to alert staff to any medical needs or emergencies and with no heat overnight. There are no bathroom facilities in these rooms, so women have to wait for staff to let them out to use the bathroom, or they have to use a bucket left in the room to relieve themselves.

- *Sanitation, Heat:* We understand that units in the men's facility as well as the Camp have been without heat or hot water for multiple days this month. In the FSL, women are frequently without hand soap or paper towels in the bathroom and without readily accessible cleaning solution to clean the common areas.
- *Rash and other medical issues:*
 - Numerous men continue to express alarm and extreme discomfort from the rash, which has been present at the men's facility since spring 2020. Men continue to suffer from the rash despite being treated for scabies or receiving medication intended to treat their itching. The rash is described as red, raised, and incredibly itchy. Some sufferers report feeling as though their skin is on fire, that they have open wounds from itching, and that the rash makes it uncomfortable to walk and impossible to sleep. The men report that they have not had skin or blood samples taken to determine the cause of the rash. Some have also expressed concern that they are being treated with oral ivermectin, which is not FDA approved for the treatment of scabies, and which has made the rash worse in some instances. One of the men who took the medication now has the rash covering his entire body and has many open sores. (*See Ex. A* for additional details). We seek an update on the facility's treatment plan for this persistent condition and ask that samples be analyzed by a specialist to verify the cause of the rash—including a determination of whether it is indeed related to COVID-19—and to develop a treatment plan.
 - Countless individuals incarcerated at FCI Danbury continue to wait for urgently-needed visits with medical staff at the facility, as well as consultations and procedures in the community. For example, a woman at the Camp is pregnant and has yet to receive an ultrasound—despite being 6 months along in the pregnancy. She has been told by medical staff that she will not be receiving an ultrasound during the pregnancy. (*See Ex. A*). One man has been experiencing blood in his stool since this summer. In early October, Dr. Greene evaluated him and expressed concern that he may have colon cancer. A consultation confirmed he urgently needs a colonoscopy. In mid-November, the man learned the procedure had still not been scheduled and may take another 90 days to be performed.
 - We are also still awaiting a response to the urgent medical concerns we raised with respect to other individuals on October 30.

We look forward to hearing from you soon regarding these concerns, as well as the other issues we raised in our October 30, 2020 letter.

Sincerely,

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Exhibit A

EXHIBIT A

Below we identify the individuals referenced in the letter who are awaiting urgently-needed medical treatment:

- **J [REDACTED] G [REDACTED] (Reg. No. [REDACTED])** requires immediate medical attention. He has a severe rash that went untreated for two months. A week ago, he was given ivermectin and had a severe reaction: the rash got much worse and is now covering most of his body—with open sores that are weeping pus and soaking his clothes. He urgently needs to see a specialist. In addition to having a BMI of 62.5 (he weighs 461 pounds), Mr. G [REDACTED] suffers from severe asthma, obstructive sleep apnea, and peripheral vascular disease/deep vein thrombosis. He was hospitalized in 2018 for cellulitis and sepsis and has been hospitalized multiple times in 2020 for breathing difficulties and chest pains. Mr. G [REDACTED] is on blood thinners because of his past DVTs and he is in grave risk of infection given his open sores and medical history.
- **S [REDACTED] J [REDACTED] (Reg. No. [REDACTED])**, a woman at the Camp, is pregnant and has yet to receive an ultrasound—despite being 6 months along in the pregnancy. She has been told by medical staff that she will not be receiving an ultrasound during the pregnancy. (See Ex. A).
- **K [REDACTED] D [REDACTED] (Reg. No. [REDACTED])** has been experiencing blood in his stool since this summer. In early October, Dr. Greene evaluated him and expressed concern that he may have colon cancer. A consultation confirmed he urgently needs a colonoscopy. In mid-November, Mr. D [REDACTED] learned the procedure had still not been scheduled and may take another 90 days to be performed.