

December 30, 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 the Safety of Individuals Incarcerated at FCI
Danbury

Dear Ms. McConaghy and Mr. Putnam:

We write again regarding our concerns about the safety of those incarcerated at FCI Danbury during this pandemic.

I. Gas Leak at the Camp

Since at least the middle of November 2020, the facility has been aware of gas leaks at the Camp. Late last week, the gas smell became unbearable and women began experiencing headaches, dizziness, nausea, and fatigue. They complained repeatedly to staff and were told to keep the windows open. We understand that both the City of Danbury Fire Department and the gas company tried to access the Camp on December 26 after concerned family members called to inform them of the crisis. Both the fire department and the gas company were turned away by FCI Danbury staff. On December 27, the fire department finally gained access to the Camp and shut off the gas for safety reasons. Turning off the gas meant losing heat and hot water, so staff moved all 47 women from the Camp to the visiting rooms at the men's facility and the FSL.

The women have now been returned to the Camp. We understand that prior to this incident, there were no working smoke or carbon monoxide detectors at the Camp, and no functional sprinkler system. We ask that you investigate why FCI Danbury responded so slowly to the gas leak crisis and turned away emergency responders. We also ask for your help in ensuring that adequate fire and gas safety systems are put in place immediately.

II. Positive Tests and Safety of those in Medical Isolation

At least 11 Camp women were told on December 28 that they were positive for COVID—based on tests performed last Tuesday, 12/22. During this long wait for the results, these women were

living in close quarters with other women from the Camp. We understand that two women from the FSL also tested positive on December 28 after tests conducted a week earlier.

The women who tested positive have now been moved to isolation. We are gravely concerned for the wellbeing of these women, as well as the wellbeing of others in medical isolation at FCI Danbury.

You will recall that five women tested positive for COVID in the Camp the week of December 7, and an additional nine the week after, following a two-week period where staff failed to check temperatures or screen for COVID symptoms at the Camp. Indeed, several women had complained of COVID symptoms to medical staff the week of November 30 and staff did not test them or remove them from the dorms.

The women who tested positive the week of December 7 and the week that followed were placed in the FSL visiting room and the FCI men's visiting room. In the men's visiting room, the women had no access to a phone or computer to contact family members or legal representatives from when they entered quarantine (on December 7 or 8) until December 22. Their temperatures were taken daily on weekdays by an EMT, but on weekends they received no medical attention whatsoever. While the women were in isolation, even on weekdays, medical staff did not check their oxygen levels or listen to their lungs—despite women experiencing serious COVID symptoms. A doctor or nurse did not visit the women regularly, and one woman reported not seeing a doctor or nurse until the final day when the women were released from isolation. Women experiencing symptoms were told that the facility had run out of Tylenol. After the first three days, officers no longer staffed the visiting room and the women were told that if they needed assistance they should “yell out the window.” Heat was turned off at night and extra blankets were not provided. The blankets that were provided were dirty. After three days without a shower, a shower was installed—but the wooden steps were slippery and several women fell, and there was no privacy for changing. One woman with severe allergies was not properly fed while in isolation and it took three days for women to get menstrual products.

The experience of the women housed in the FSL visiting room was similar. One woman with asthma had to wait four days for her asthma pump despite experiencing a cough and chest pain. That woman repeatedly asked for her medication and for her asthma pump, without a response from staff. The only medical attention these women in medical isolation received were daily temperature checks. There was no way to contact staff except by banging on windows.

Our serious concerns arise not only because of the past treatment of women in isolation, but also the experience of the 11 Camp women who were placed in isolation starting on December 28. We have learned that they have been wearing the same clothes since they were evacuated from the Camp on December 27 because of the gas leak. They have had no temperature checks or medical attention since they entered medical isolation. They are sleeping in cots with no mattresses provided. Many are without their medications. One woman, who repeatedly asked for her anti-seizure medication, received it only late on 12/29.

We have heard similar experiences of men in isolation. Medical staff are only checking temperatures for men as well—and not monitoring other vital signs despite high-risk men experiencing serious symptoms. One individual who tested positive for COVID has put in multiple sick call slips complaining of difficulty breathing and has not been seen by medical staff. He was told he would likely be seen after the holidays. Some of the individuals in isolation suffer from other conditions that are not being properly managed or monitored while they are in isolation. One man, [REDACTED], who suffers from poorly controlled diabetes and who is COVID positive has not been provided with a diabetic-appropriate diet during his time in isolation—he reports only receiving the required diabetic snack three times during the 18 days he has been in isolation—and is only receiving two insulin shots per day, which have been given later than the time they are to be administered, and which are fewer than the four prescribed by his doctor. He was recently hospitalized with blood sugar levels over 600, and we are concerned for his safety if he continues not to receive the appropriate treatment and monitoring.

As you know, FCI Danbury’s medical department has been severely understaffed since before the pandemic began. It is clear that the facility is struggling to provide the necessary monitoring and care to those in medical isolation. As we have pointed out previously, the Warden can make a request that BOP provide a Medical Asset Support Team (MAST) to assist the facility and we renew our request that she do so immediately.

III. Testing, PPE, and Cleaning Supplies

The facility needs to access PCR testing that does not take 5-7 days for results, and PCR and rapid testing should be conducted more regularly. For example, women were tested at the Camp on 12/8 and then not again for 14 days—via a PCR test that then took another 6 days for results. In the meantime, the virus spread and at least 11 more women are now infected. Similarly, in the FSL, women were tested on 12/7 and then not again until 12/21. Since then at least two more women have tested positive. Women in the FSL who tested positive from the tests done on 12/21 were not removed from the unit until 12/28. Other individuals who report to medical with symptoms are not being tested and are being kept in the unit. Our expert, Dr. Jaimie Meyer (an infectious disease specialist at Yale School of Medicine), would be happy to consult on the development of an appropriate testing plan.

In addition, FCI Danbury needs to provide appropriate PPE and cleaning supplies. The paper masks being issued are extremely thin, and we regularly hear reports of lack of soap, paper towels, and cleaning supplies for people incarcerated in all three facilities at Danbury. For example, we understand that the women at the FSL have been without hand soap in the bathrooms for a week.

IV. Additional Medical Concerns

We continue to be concerned that urgently needed medical care is not being provided to individuals at FCI Danbury.

Mr. [REDACTED], has a history of Barrett’s Disease of the esophagus. Last year he was sent for an outside consultation with a gastroenterologist to have an

endoscopy performed. The medical staff at the facility told him the endoscopy result was normal. However, at a follow-up gastroenterologist appointment on November 10, he was informed that the endoscopy actually showed pre-cancerous cells, which required him to undergo three sessions to have his esophagus “burned.” The specialist at that appointment advised that the treatment needed to be performed as soon as possible and should have already been scheduled. However, as of December, medical staff at BOP advised Mr. [REDACTED] they were unaware of the recommended procedures to treat his esophagus, and that no follow-up endoscopy was in the system. Medical staff are apparently working to schedule the required procedure, but have told Mr. [REDACTED] that the wait time may be 6-9 months. We are concerned that the precancerous condition may further develop if he is left to wait months for the required treatment and request that the required appointments be scheduled as soon as possible. Mr. [REDACTED] has also been recommended by an outside optometrist for cataract surgery for his left eye. He is losing vision and seeing double, but has not had the prescribed surgery scheduled.

Mr. [REDACTED], has a history of bladder cancer. On October 18, Mr. [REDACTED] was put in the SHU overnight in anticipation of an MRI of his lower abdomen, which was scheduled for the next day—he has been complaining about recurring abdominal pain for more than three years. But, the next day, upon arriving at the hospital for the MRI, he was told that the test could not be performed because BOP failed to administer a required prep medication prior to the scheduled appointment. The test was cancelled for that day. This is apparently the second time that the required medication has not been administered to Mr. [REDACTED] in advance of a lower abdominal scan, resulting in a cancelled test; he reports that this has also happened three times before post-cancer bladder scopes, resulting in cancelled scans on each of those occasions, too. On December 17, Mr. [REDACTED] saw Dr. Schindler for other medical issues, and he asked her when he would be rescheduled for the MRI of his lower abdomen. She looked at his chart and informed him that he had been scheduled for the day prior, December 16. He has not been taken to the appointment.

Finally, we again reiterate our concerns regarding the treatment of Ms. [REDACTED]. As we wrote on December 7, Ms. [REDACTED] has had masses growing on her body for over a year now. She has missed three outside oncology or mammogram appointments in the past two months because the facility failed to transport her. She needs immediate biopsy to determine a course of treatment. The facility has indicated to her a plan to transfer her to the BOP medical facility in Carswell, TX. We understand that Carswell will, just as Danbury must, schedule outside consultations in order for Ms. [REDACTED] to receive her biopsies and mammograms. We are concerned, meanwhile, that she will be exposed to other individuals and vulnerable to COVID-19 during the course of her transport to that facility. Ms. [REDACTED] is currently under reconsideration for home confinement, and would be better served to obtain the medical care she urgently needs in the community from her own oncologist, rather than to be transported miles away to another facility only to wait for more outside consultations to be scheduled. Ms. [REDACTED] is serving a sentence for a non-violent offense, has no history of violence, and no disciplinary incidents; her multiple CDC COVID risk factors include COPD, history of smoking, hypertension, and heart conditions.

Sincerely,

/s/ Sarah French Russell,

Sarah French Russell, *Supervising Attorney*
Tessa Bialek, *Supervising Attorney*
Alexis Farkash, *Law Student Intern*
Abigail Mason, *Law Student Intern*
George Morgan, *Law Student Intern*
Krista Notarfrancesco, *Law Student Intern*
Samantha Pernal, *Law Student Intern*
Grace Ronayne, *Law Student Intern*
Hannah Snow, *Law Student Intern*
Kathryn Ulicny, *Law Student Intern*
Kylee Verrill, *Law Student Intern*

Legal Clinic

Quinnipiac University School of Law
275 Mt. Carmel Avenue
Hamden, CT 06518
Telephone: (203) 582-5258
Email: sarah.russell@quinnipiac.edu

/s/ Marisol Orihuela,

Marisol Orihuela, *Supervising Attorney*
Zal Shroff, *Supervising Attorney*
Ariadne Ellsworth, *Law Student Intern*
Alexandra Gonzalez, *Law Student Intern*
Alexander Nocks, *Law Student Intern*
Phoenix Rice-Johnson, *Law Student Intern*

Jerome N. Frank Legal Services Organization
Yale Law School
P.O Box 209090
New Haven, CT 06520
Telephone: (203) 432-4800
Email: marisol.orihuela@ylsclinics.org

/s/ Alexandra Harrington,

Alexandra Harrington, *Supervising Attorney*
Courtney Bow, *Law Student Intern*
Justice Dunwoody, *Law Student Intern*
Karen Lillie, *Law Student Intern*
Tyler O'Neill, *Law Student Intern*

Criminal Justice Advocacy Clinic
University at Buffalo School of Law
507 O'Brian Hall, North Campus
Buffalo, NY 14260
Telephone: (716) 984-2453
Email: aharr@buffalo.edu