

Matters from the Public - Questions and Concerns

1. With regard to the cleaning of the towels and washcloths; they never smell clean, and we only get freshly laundered items once every seven days. It seems as though, not enough detergent is being used.
 - a. **We will be issuing 2 towels and 2 washcloths per week as soon as we receive additional supplies.**
 - b. **The issue regarding the smell of the laundry will be addressed ASAP.**
2. Inmates do not get enough cleaning supplies; there is only 1 rag to clean everything. Brooms are full of hair and lint when we receive them.
 - a. **The Chief of Facility Maintenance will ensure inmates have enough cleaning supplies and more cleaning cloths.**
3. There are cases of inmates testing positive for MRSA or shingles and them being placed back into the block.
 - a. **Having MRSA does not preclude a person from being around anyone else. As long as wounds and drainage is contained / covered and treated if required, then that is what is supposed to be done as well as contacting you all for increased cleaning if more than one in a block has it. It is estimated that 80-90% of jailed inmates actually carry CA-MRSA (community associated methicillin resistant staph aureus).**
 - i. **Prevention and control measures for MRSA in correctional settings include:**
 1. **Skin infection screening and monitoring (e.g., maintaining a log of skin infections and visual skin screening on intake).**
 2. **Culturing suspect lesions and providing targeted antimicrobial therapy.**
 3. **Efforts to improve inmate hygiene (e.g., education about appropriate hand and body hygiene, appropriate laundering techniques, measures to limit use of shared items, and greater availability of soap).**
 4. **Improved access to wound care and trained health-care staff.**
 - ii. **The medical department monitors, screens and cultures suspicious lesions (although it isn't required because it is mostly a clinical diagnosis).**
 - b. **There are really no contraindications of being around a person with shingles, unless there is a pregnant woman who has never had chicken pox and who is in VERY close contact as it spreads only from the fluid from the blisters. If someone were to have shingles on an area that is not able to be covered then depending on the severity, we may monitor them in medical for a time until they crust. In other words, married couples can continue to sleep together when someone has shingles as shingles itself is not contagious.**
 - i. **In general, all adults are either immune from chicken pox (the virus that causes shingles) from vaccines which have been around for over 20 years, or from natural immunity from having had chicken pox previously. You cannot "catch" shingles.**

- ii. **FROM THE CDC: if you have shingles, direct contact with the fluid from your rash blisters can spread VZV to people who have never had chickenpox or never received the chickenpox vaccine. The risk of spreading VZV to others is low if you cover the shingles rash. People with shingles cannot spread the virus before their rash blisters appear or after the rash crusts.**
- 4. If an inmate falls and loses consciousness with signs of head injury, are they taken to the hospital or are paramedics called?
 - a. **If an inmate loses consciousness they are evaluated by qualified medical staff who will determine the appropriate steps up to and including being sent to the hospital for further treatment.**
- 5. Fingernail clippers are only given every 30 – 45 days.
 - a. **Fingernail clippers by their very nature can be used to manufacture contraband / weapons since they have a metal edge that can be used to sharpen materials. Therefore, their distribution and use must be supervised and accounted for at all times. They are distributed every 30 days. We are looking into revising this policy to distribute them more often while maintaining safety and security.**
- 6. A “sick call” costs five dollars to see an LPN, ten dollars to see an FNP or PA, and there is never an option to see a MD unless the FNP or PA determines that the inmate needs to be seen.
 - a. **This is correct; however, no one is denied medical services regardless of their ability to pay a co-payment.**
- 7. Has the jail ever been inspected by OSHA?
 - a. **OSHA does not inspect Jails or Prisons. The Department of Corrections and the Local Health Department handle all inspections. We received a 100% on our 2020 annual inspection.**
- 8. Why are female inmates housed in the “old jail”?
 - a. **It is simply a matter of using the beds we have in the jail as efficiently as possible while maintaining safety and security. All populations of men and women need to have multiple housing options in order to maintain separation of co-defendants, witnesses and inmates who for other reasons cannot be around one another. The new section of the jail has three housing areas and each have 80 beds for a total of 240. There are currently 32 women in the jail. In order to house the women in the new section, we would need at least two housing areas to accommodate the need to provide multiple housing options. If we house the women in the new section of the jail, we would be losing approximately 128 beds (two units 80 each for a total of 160 beds minus 32 beds for our current female population would leave 128 beds we could not otherwise use). In addition, the newer housing units are better suited for quarantine units due to the glass front doors and direct supervision. If the jail’s population of men and women were reversed, then all of the men would be housed in the older section of the jail. The majority of the men are actually housed in the old section of the jail.**
- 9. The impression to the public was that the “state of the art” new jail, built in 2004 was replacing the old portion of the jail.

- a. **The new addition was not built to replace the old section of the jail. It was built to address the jail's overcrowding at the time.**
- 10. The jail is unsanitary. Do you have a professional cleaning contract? If so, who holds this contract and how often do they clean? Are inmates used to clean the jail?
 - a. **We do not have a contract with a cleaning company. All inmates and staff are required to maintain their work and housing areas. No jail or prison in Virginia uses a cleaning company to maintain the housing areas of a jail.**
- 11. There is no toilet paper, soap, or sanitizer in the medical holding room bathrooms, or the gym bathrooms. Why is this not provided in these areas?
 - a. **This will be addressed immediately.**
- 12. Why do inmates share one cloth for multiple bathroom cleanings?
 - a. **This will be addressed by the Chief of Facility Maintenance.**
- 13. Tablets for visitation are far overdue and no programs are running. There should have been funds to have this done before now. It is not a funding issue.
 - a. **The video visitation / tablet program is fee based and does not use tax payer funds. Per Virginia Procurement regulations a contract of this nature must be procured and the process is long and complex. The contract has been awarded and the implementation is underway. According to the vendor, the process should be complete by the end of March or early April.**
- 14. Commissary prices are extremely inflated, and it was my understanding that this money goes towards programs. As there are currently no programs, where is the money going now?
 - a. **The funds are being held in the commissary account and are used to provide cable television, recreation equipment community re-entry supplies for inmates leaving the jail. This account also pays the salaries for substance abuse treatment and mental health transition staff as well as 1 educator. Programs will resume when it is safe to do so. Safety is our number one priority.**
- 15. "Keep-aways" are not mentioned in the inmate handbook and there are no written policies or procedures for this available to inmates. Why is this process used and what is the definition of a keep away?
 - a. **A keep away is a security procedure implemented by staff to ensure the safety and security of the individuals under out care. Keep-aways are put in place when it is necessary to ensure co-defendants or witnesses are kept from being housed together. They are also used to keep victims separate from the perpetrators. They are also used to keep inmates who have threatened to assault or have assaulted one another either in the community or while previously housed together in the jail. A keep away can be requested by an inmate or staff once made aware of any of the above situations. All inmates are asked if they have anyone in the jail that they need to be kept separate from.**
- 16. Are there any programs in place to motivate inmates with earned time off?
 - a. **There are trusty programs that inmates may earn good conduct time from their sentences provide their sentence makes them eligible for such reductions. However, earned good time (EGT) credits are only effectively eligible to a very few classes of**

under Virginia Law. Inmates must be fully sentenced to earn EGT. WE automatically award all EGT to inmates serving felony sentences less than 12 months. EGT is awarded to inmates serving felony state responsible sentences of more than 12 months by the Department of Corrections.

17. First, I'd like to follow up with a comment that was made during the November board meeting about telephone charges. As was brought up in that meeting, these charges make it difficult for inmates to stay in touch with their family and communities and the costs are often borne by people who do not have resources to spare, particularly now as we are facing widespread economic crisis. I'm also concerned about the charges that the jail imposes for other means of communication, specifically email charges and the charges for stamped envelopes. Research suggests that one of the leading factors associated with recidivism is a lack of contact with family and community outside of jail. By imposing financial obstacles to communication, whether that's phone calls, emails or letters, the jail is making it so that only inmates with sufficient means are able to maintain relationships that are critical to their reentry and the strength of our communities. I ask that the board reconsider phone, email and envelope charges, especially now while in-person visitation is suspended.
 - a. **Our calling rates are among the lowest of any jail in Virginia and we strive to keep them low in favor of encouraging communication with family and friends. Our phone provider has been providing two free phone calls per week during the pandemic as well as two free emails. There are no additional fees associated with stamps. When inmates arrive at the facility they are provided five free stamped envelopes. In the very near future, all indigent inmates will be provided free of charge five free stamped envelopes per week and their account will not be debited if they later receive funds.**
18. Second, I would like to revisit concerns about inmate quality of life during the pandemic. Not only are inmates limited by cost in their ability to communicate outside the jail, but currently the pandemic has prompted the suspension of programming. With no programming and limited communication ability, inmates have little in the way of stimulation. My understanding is that inmates have access to a book cart and that is perhaps the only stimulation available for many inmates—how often are inmates able to access reading materials and what sort of selection is available?
 - a. **The book cart comes around once per week for inmates to exchange books. We have several hundred books and magazines available for our inmate population. Our tablets will also offer books and magazines.**
19. I also wonder whether the board could consider programming that is COVID-19 appropriate—many institutions have found ways to offer services and remain in compliance with health department guidelines and I believe the jail could work to offer safe programs. Between the lack of programs and the barriers to communication with families and communities, I am very worried that there will be long-lasting negative consequences and harm both to the mental well-being of inmates as well as to our communities more broadly.
 - a. **The average length of stay in this facility is approximately 37 days. This makes it difficult to offer significant and impactful programming during the pandemic. Our number one priority is to keep our population safe from the most prominent risk to**

their immediate health which is COVID. The limited programming we could provide would not outweigh the risks associated with the internal movement required to transport inmates to and from classrooms or the additional interaction with staff. The long term solution is to provide programming through our tablet based system which will be operational in the next 60 days.

20. Can you please tell us what your plan is for vaccinating the jail population?
- a. **In coordination with the BRHD and our medical staff, we will make the COVID-19 vaccine available to any individual who wants it in the coming weeks. We will do a mass vaccination of the population currently in Jail. The final logistics are being worked out this week. BRHD staff and medical staff will then offer the vaccine to individuals who are booked into the jails after the initial wave of vaccines. Any individual who does not receive the vaccine but wishes to do so upon release will be provided specific instructions on how to do so prior to leaving the facility. The same procedure will be followed for the second dose of the vaccine should someone be released prior to receiving it.**
21. Specifically, I'd like to understand the process for requesting doses (including how many doses the jail has estimated it needs), when and how the jail will acquire and administer the doses, what jail personnel are doing to prepare for this important stage, and if COs and inmates will be vaccinated at the same time.
- a. **The specifics are still being coordinated with the BRHD and Jail staff. BRHD will provide as many doses as needed. Jail staff and BRHD staff will administer the vaccine to our individuals.**
22. Are those in the facility currently being given meaningful education about the vaccine, in a way that is safe and accessible to them, so they can properly make a decision about it?
- a. **All individuals will be provided CDC and VDH vaccine information prior to receiving the vaccine.**
23. Do they also have the opportunity to consult with a doctor, meaning a licensed MD, prior to administration to review their own medical histories and ask questions?
- a. **Any inmate who has any questions about the vaccine and how it relates to their personal health will be afforded the opportunity to speak with a qualified health care provider prior to taking the vaccine.**
24. I would hope that the cost for this would be waived too, as this would be a barrier for inmates in getting necessary medical information and assessments.
- a. **The vaccine will be administered free of charge with no additional fees associated with it administration.**
25. What is the plan for handling transfers in and out of the jail and those under home electronic monitoring?
- a. **HEI individuals are quarantined as with the rest of the jail population prior to being moved inside the facility as well as being released to HEI. If an HEI individual while on HEI becomes symptomatic or exposed then they are provided information to receive free testing and information through the BRHD. If they return they are quarantined all over again and tested prior to being rehoused in the facility.**

26. While getting vaccinated is a positive step, it is still important to keep the jail's population at a minimum until this pandemic is over. The vaccine should not be used as an excuse to increase the jail's population or to justify transferring inmates in and out of the jail or to not provide home electronic monitoring as an alternative.
- a. **There is no plan or intention to return any current HEI participant to the jail from HEI or cease providing the HEI program after the pandemic. We are currently operating one of the largest HEI programs in Virginia.**
27. Will transfers be stopped during the vaccination period, and will the jail ensure that all new inmates are given the opportunity to get fully vaccinated before being placed in the general population?
- a. **Transfers in and out of the facility will not be stopped during the vaccination period. If they were, the jail's population would become so large; we would not be able to effectively quarantine. Although this is an optimal process we will strive to achieve, it will be dependent upon housing for proper quarantining.**
28. As our country continues to hit record highs of COVID-19 deaths, it is so important for the vaccination process to be taken seriously and be conducted efficiently. Though I am heartened that our state guidance has recognized the high risk that incarcerated folks face, it seems there could be a lot of room for error in the vaccine rollout process. I'd like to see the jail take a proactive approach to make sure this rolls out smoothly and overall more transparency and communication about the process with those both inside and outside the jail, so I would appreciate if you would share your detailed plan soon.
- a. **We couldn't agree more. Once the process is finalized, it will be shared.**
29. During the last board meeting, I was concerned to hear the board's discussion of budgetary issues and cost, with no mention of how these decisions would impact the individuals housed in the jail.
- a. **The majority of the budget is directed toward caring for the individuals in our care. Medical care and meals are never compromised due to budget constraints.**
30. I would like to see more recognition from this group of people that are in your care, and have no way to advocate for themselves. The incarcerated are still people and members of our communities that should be given the respect and dignity that we ourselves expect to receive. As the decisions that this board makes have a direct impact on the people inside ACRJ, is there a way for them to attend and participate in these meetings?
- a. **Any inmate may contact the Board directly if they have any suggestions or concerns. We will ensure they are aware of how to address the board.**
31. Many individuals continue to be concerned about COVID and report improper use of PPE by staff. This was brought up at the last meeting and was said to have been addressed, but does not seem to be the case.
- a. **Staff is constantly reminded to properly wear their PPE and we will continue to do so. Disciplinary measures will be used if necessary.**
32. I have been given multiple reports of poor living conditions. One individual reportedly having to live with standing water in their cell for days. What is the process for individuals to file

maintenance requests, and why was this individual not moved to a dry cell as soon as the water was reported?

- a. Although staff is looking into this concern, we have so far been unable to substantiate this claim without further information. There is no reason why any person would have to remain in a cell with standing water.**
33. Several inmates have informed me that they have made suggestions or even offered to lead programs themselves with no response from the administration.
 - a. Inmates are permitted to lead or develop groups; many do. Inmates can run classes as long as the class takes place inside their housing unit to reduce the transmission of COVID. They do not need the permission of administration.**
34. While the pandemic has been difficult for all, it's hard to imagine the struggle it's been for those that have no autonomy to at least go outside for a walk when things become overwhelming.
 - a. This facility does not have outdoor recreation. Our indoor recreation does allow inmates the ability to walk and exercise. Recreation is offered three days a week.**
35. What systems are in place to ensure that they are receiving proper medical attention?
 - a. This facility has the most robust and holistic medical care of any jail its size in Virginia. We have on staff, 18 full-time employees who are dedicated solely to the physical and mental health of our inmates. There is one Family Nurse Practitioner, one Physician's Assistant, one Mental Health Nurse Practitioner, one Certified Substance Abuse Social Worker/Mental Health Transition Specialist, mental Health Nurse, one registered nurse, 12 Licensed Nurse Practitioners, one Certified Nurse Assistant/dental assistant. We have a full onsite pharmacy and dental suite with two part-time dentists. We have access to on-site imaging services, telemedicine capabilities with both local hospitals and a part-time Medical Doctor Contract through the University of Virginia Health System to provide care oversight.**
36. It should not take outside influence for inmates to receive proper medical attention and care.
 - a. We respond to all requests for medical service and appreciate that family or friends are able to provide insight to an individual's health needs.**
37. The lack of emergency protocol is extremely concerning, especially during times of COVID. Inmates have reported that they are instructed to yell and jump around for attention if an emergency occurs and wait for a guard to come.
 - a. The housing areas are monitored by closed circuit television and checked by staff at least twice per hour.**
38. What are the current emergency procedures in place and is there a reason that emergency buttons are not available?
 - a. The lack of call buttons will be addressed during the renovation of the old section of the facility.**