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# CORONAVIRUS CRISIS AT ELKTON: A TIMELINE

## PART II

by Roy Son

April 1st: Via the Trulins bulletin board, the Elkton prison population received word, his first correspondence to us about COVID-19 and our situation, from the warden. Health Services posted

more notifications: a COVID-19 FAQs and a second sheet on handwashing.

In the April 1<sup>st</sup> post by the warden, he admits to two positive cases of COVID-19; also stating that "testing is limited." He says, "The number of people with ~~flu-like~~ symptoms has forced us to remove many of those from their normal housing units -- the sections I mentioned in Part I -- to an isolation area, where we can monitor their health more closely." The "isolation area" likely refers to the SHU but may reference the housing-unit section I mentioned in Part I. The FSL is a separate institution from the (FCI), and the SHU is part of the FCI. The above quote would be, if he means the SHU, an admission to moving ~~feral~~ persons from one separate part of Elton to another. If that was the case, was this the way, or one of multiple ways, Coronavirus entered the FCI?

(cc) The faster we can identify inmates with symptoms, (11) he continues,  
(cc) the faster we can address them, keep everyone else safe, and  
return to a normal operation. Daily temperature checks will be  
conducted for the near future. It's your safety that is being  
monitored and protected. (11) If fast ~~v~~<sup>was</sup> the proper action in early  
April, after several were being isolated with serious illness, I hardly  
feel that it made up for slow preparation, as I see it, in March. The  
extent of identifying symptoms, addressing individual issues of the ill, and  
enforcing daily temp checks, especially as I witnessed these actions, could  
not contain a novel virus, likely weeks on the scene, to a manageable  
situation when it can spread even with no signs of fever. And the  
symptoms vary; and who among us knew all the varying symptoms  
in March when people were obviously sick with something? The actions  
taken on March 27<sup>th</sup>, proceeding well into April, were moves to

not to

catch up to Coronavirus, ~~and not prevent its spread~~, in my opinion.

I saw prisoners consult the nearest available Medical

prisoners

Staff; with some but not all of the key symptoms, <sup>v</sup> chest congestion,

--

difficulty breathing, etcetera <sup>v</sup> and be told to simply lessen their

physical activity (though how active can one be while locked down in their

housing unit?) and drink plenty of water. I never witnessed any staff

get complaints or symptoms down. I believe the individual with difficulty

breathing received an inhaler, and another individual got something to

treat his diarrhea. If you did not have a fever you were not

moved to quarantine, and any concern you had was not apparently equal

to those who were isolated. Those not in quarantine mainly had over-the-

counter medication from Commissary to use -- if we had money for it, and

if Commissary was open and available.

And the temp checks were not in fact daily. The dentist

was our primary attendant, checking our temps Monday through Friday.

The checkers over the weekend varied between nurses and P.A.s. On

April 11<sup>th</sup> and 12<sup>th</sup> we were not checked. The thermometers used varied,

too: Little inhaler-shaped devices and electric-tooth-brush-looking roller

thermometers and stick thermometers and one model similar to the inhaler

look alike -- that last of which, for ~~several~~ over a week, was used  
and

by the dentist (he was by himself most times) <sup>v</sup> appeared to give inaccurate

readings, some in to the low nineties and mid-eighties. But the dentist was

always positive in attitude and asked how we were doing. He did his best.

In that same April 1<sup>st</sup> memo by the warden he says <sup>v (C)</sup> we

are trying to allow as much normalcy as possible, without cross

contaminating areas or units. <sup>(7)</sup> Cross contamination, as I alluded to

with the March 27<sup>th</sup> rearranging of persons, is a key issue in this

crisis. He admits to Coronavirus being here at Elkton; and considering

the timing, cases and this memo, it's safe to assume Coronavirus was active at ElKeon in March, at least. And the virus can transfer, person to person, without fever -- and the staff's priority for many, many weeks was heavily dependent on isolating those with fevers and moving people, likely most not even tested for COVID-19 but <sup>staff</sup> acting solely on the basis of guaranteeing the feverish, to "isolation" areas.<sup>#</sup> Social distancing measures were in play midway through March, and for three weeks we had no soap dispensers in the housing unit and no issued masks. (I recall, again, that town hall meeting in which the Medical staff women said that Unit C.O.s would be given packs of sanitary wipes and that we could ask them for wipes -- in compensation for no dispenser of soap or sanitizer or otherwise.) Anyone could have been a carrier.

April 2<sup>nd</sup>: Late that afternoon we were each given a flat brown bag; in it was two plain surgical masks. No directive was given

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to bus as these were distributed.

Walking  
April 4<sup>th</sup>: While <sup>v</sup> return to collect the supper meal, we saw

alive -

staff erecting an ~~store~~ <sup>v</sup> drab tent over the recreation pad, the corner

closest to the Unit building. This, and word was that the quarantine  
area

<sup>v</sup> of the unit held forty, maybe fifty, people. Just that afternoon, ~~a~~

NPR news had reported that Attorney General Barr was checking on three

specific Federal prisons, all concerning COVID-19. We were one of the three.

Ninety-one confirmed cases was the report. Things were serious.

April 5<sup>th</sup>: While the head of the Justice Department investigated.

the BOP, rumor was that the National Guard was at Elkhorn -- possibly

Seemed

<sup>v</sup> explaining the tent -- but their focus ~~seemed~~ to be on the FCI. I

saw no Guard.

were

April 6<sup>th</sup>: we <sup>v</sup> told by top staff that the unit was

going to be sprayed, that each section would be released and we'd get an

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hour of rec to pass the time. Commissary was cancelled. Prisoners were chattering about some video. Someone, evidently at Elkton, with a cell phone, made a video and posted it to Facebook. A serious situation ~~then~~<sup>V</sup> flipped to that crazy with one rumor. People were sick, people were dying. By the end of the day, no spraying and no rec. The warden posted two notifications, one an update, the other another repost of a HS post, itself a repost of a CDC sign.

In the warden's April 6th update he says, "Plans are being implemented to allow inmates access to the recreation pad." For the FSL, that's where the tent is. During the time out of the units, he says, "disinfection of the units will take place. This never happened for the FSL, but could be true, though, for the FCI. ~~At~~, there was spraying done at the FSH, speaking of the housing unit, but we were not released for rec. The common areas and corridor walls (that of which our cubicals help create in

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, then and presently,  
structure). Spraying ↓ is sometimes, ~~then and presently~~ done with spray  
bottles, sometimes with backpack sprayers.

In the Warden's second post on April 6th he says: In  
line with CDC guidance and the issuance of masks, all inmates are

advised -- note: not mandated or ordered -- that they are to be used

in interacting with persons when social distancing is not possible

(social distancing is defined as at least six feet of space

between persons). But no specification as to where on the compound that

would be. And he reiterates the necessity of hand washing, as HS is apt

to say, too. Their focus on handwashing, usually constant through the flu

season, has seen heavy attention for COVID-19; starting, that was, on

March 24th. Further on he says, Inmates should report to staff

if they are experiencing signs of possible illness, to include fever,

difficulty breathing, or cough. Ah but it is the fever they've been

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~~actually~~ exercising the most action and concern with. Those three he mentions are primarily the most referenced symptoms by staff, in words and in posts. Without a high temperature or low oxygen level, you'll receive muted attention. <sup>(cc)</sup> We will more effectively combat this virus if every inmate takes personal responsibility in these areas, <sup>(11)</sup> in <sup>V</sup> he adds, <sup>too</sup> that second memo. There are two words in that sentence that immediately, from my years at Elkton, grab my eye: Personal responsibility. His statement is not incorrect, but there's a deeper message in this that prisoners notice. To me, he is shifting the burden. This situation, the messenger says, is no more soley on my shoulders of duty to <sup>V</sup> but fix but redirected to you to handle -- as if we can do very much in our isolated, locked-down condition! And the personal-responsibility angle is not new at Elkton because it is used often <sup>to</sup> State that not only is the situation solely our fault but only we

can correct it. Staff are in control, not the prisoners -- if we were, that would be a safety and security threat. The Coronavirus crisis here is an issue of integrity and adequate planning, chiefly, their absence. We have few qualms with seeking medical treatment. But there are qualms where treatment involves the SHU, happily used as a threat by staff (mostly not pertaining to medical issues). They know it makes for excellent punishment. Treatment is very much in the hands of staff.

April 7<sup>th</sup>: A small number of people were released from quarantine, returned among the other three unit sections. Eventually, a few prisoners came through with spray bottles and misted the surfaces of the unit. No rec.

April 8<sup>th</sup>: A guy said he'd read about Elkton's ~~situation~~ situation in a local paper. This prisoner covered key points of the ~~situation~~: Seventy-one in quarantine, thirty-one hospitalized, of those, eleven in ICU. He also said, paraphrasing, staff stated that every inmate in quarantine is being tested. Later, I'd find out what that

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"testing" meant.

My thinking, on April 8<sup>th</sup> was that at least 75% of us had, or had had, the virus. Lots admitted to being sick, and most shared the same list of symptoms, which mirrored those of Coronavirus.

We received an important update via the warden's Trulinks bulletin account: a memo by BOP Director ~~Carvajal~~<sup>V</sup> The director says,

Despite the planning and preparations that have been on going since

January 2020, and the implementation of the first three phases of

our COVID-19 Action Plan, -- that statement is a first step in answering one of my top questions at the end of Part I -- "the BOP

had its first positive inmate case on March 21, 2020, and the first

positive staff case the very next day. Unfortunately, I am also

saddened to report, as of today, -- the memo is dated April 8<sup>th</sup>, 2020 -- "we have had eight COVID-19 inmate-related

deaths. On March 26, 2020, we implemented Phase 4 requiring all individuals entering our facilities, including staff, be screened and temperature checked. This is a critical step to ensure we reduce the risk of introducing and spreading the virus inside our facilities."

I'd very much like to know what Phases 1 through 3 entailed, and that said, surely Phase 4 should have been enacted days or weeks sooner. Again, the catching-up, trying to get a hold of COVID-19 and not really being honest with a situation, such as where Elton was at that point. Further, Carvaljal says, "The nation-wide modified operations implemented to maximize social distancing and limit group gatherings, such as staggering meal times and recreation, have also been helpful." Like above, I strongly disagree. Social distancing in a <sup>crowded</sup> ~~over~~ prison with many common areas is a delusional policy at best. And that "maximize" fails to consider the lack of measures in the housing unit, as the first three weeks.

mentioned in Part I for March, " Next is said: "However, the growing

number of quarantine and isolation cases in our facilities indicates we need to do more." To me, it indicates ~~not enough was~~ <sup>v</sup> done more

sooner. "Accordingly on April 2, 2020, another decision was made that directly impacts you." More catching up. "For a 14-day period, inmates in every institution have been secured in their assigned cells/quarters to decrease the spread of the virus."

Except that at Elkton nearly a quarter of the population at the FSL was rearranged five days before the April 1st lockdown, and ~~at~~ <sup>v</sup> this point, you are confining hundreds of people together. These Phase 4 efforts would have been better suited for ~~early~~ <sup>v</sup> instead of April 1st. We needed focused management, and not generalized preventative measures, by April.

I talked to an individual that day, the 8th, who had returned from quarantine. I asked him if he or anyone he knew of had been prescribed <sup>v</sup> given medication for his or their symptoms. He had not been given any

meds and did not know of anyone else who had. He said they were not tested for COVID-19, only checked twice daily for fever and low oxygen levels.

April 9th: I might be incorrect, but this may have been the day our telephone calls became free. (The only family and decent measure.)

April 10th: Fewer, it seemed, were being placed in quarantine; I could see this during the morning temp checks. Too, the number of those in quarantine seemed to be steadily dropping. There were many rumors about the situation at the FCI. One being that they were a week or two behind us, in terms of infection rate. Another was that the gym and visitation room were made into quarantine areas. This sounded probable, considering available space there, and the fact that there were over 2,000 prisoners there. And our visitation room, which doubles as part of the Psychology department, was holding a handful of people,

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Starting on April 4<sup>th</sup> when A.G. Barr had gotten involved. Those in our visitation room were waiting-out a fourteen day isolation period before release to home or halfway house. Any free space was being used, and I ~~suspect~~ conditions at the FCI were way worse because, from my time there, they had nowhere near enough empty-bunk space to reorganized a quarter of their population.

Slowly my sense of taste returned and the sense of smell lagged behind. I noticed, as well, that staff were working double shifts. Beyond hand-washing signs there were noticeable changes afoot.

April 11<sup>th</sup>: For the first time in weeks there were no temp checks, not at the FSL. At the time, I assumed, wrongly, that we were past the need for them. The next day saw no checks, either.

April 13<sup>th</sup>: The unit sections were allowed, each and separately, one hour of outside recreation. This would continue for

the next several days, though certain sections, at different times, were skipped.

April 14<sup>th</sup>: This day I experienced a surreal moment. Rarely do I watch the local news -- I prefer radio news updates -- but I caught a bit of footage of a building that was familiar: Elkton. Our isolated, fenced-in community was on TV for countless viewers to see, and I realized -- that is, finally felt -- the scale of the situation from outsiders' eyes. In a broader sense, the crisis was more real to me. And rumor of a checkpoint beyond the compound and six protesters out there passed through. The Unit Team staff, at maximum during normal circumstances numbering around nine people, was down to two, two for over four hundred and fifty people. There may have been Team staff on the other floor but they, if here, were muted on the PA, compared to the two I saw. These staff are vital in assisting us with things like printing, Administrative Remedy, bunk assignments, job changes, preparing for reentry, etcetera. Staffing appears strained for many days.

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Lunch was delayed. Rumor explained this, saying there was

a drone sighting. Before this, a staff member yelled into the section  
that

to inform us ~~that~~ visitors were coming. Probably regional BOP officials.

I never saw anyone; nor a drone. We were allowed out, and the temp

checks started, too, again. At lunch time, laundry issued us each  
two masks. They appeared hand-sewn; perhaps made by fellow prisoners

working at a UNICOR?. The cloth looks and felt the same as the

Food Service smocks. The masks looked too long horizontally and too

short vertically to cover both nose and mouth. We were informed via

electronic post to wash them before use. Note, too, that whenever we

are informed of something only through the Trutlines bulletin, if we do

not check it daily, we're likely to be behind on updates, and during

this crisis, sometimes we didn't even receive ~~any~~ information concerning

a change until way after the day the change, or directive, was

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implemented.

word was that the quarantine area, the unit section, was to be cleaned; this, atop previous rumors, that since there were no orderlies brought in to clean it, it had become a mess. This wasn't the case, as I'd find out a few weeks later. If it was ever "officially" cleaned, it was by the same spraying method used elsewhere.

The warden posted a notice above the cloth masks,

April 15<sup>th</sup>: Seven in quarantine was the word. If remotely true, it was good news, considering the ~~figure~~ being around fifty a few weeks earlier. The biggest bit of news was that the ACLU was now involved. A lawsuit.

April 16<sup>th</sup>: HS posted two new posters to the Trulines bulletin. Colorful layouts. One listed a few more symptoms, which would have been great to have a month or more earlier. We knew

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Silliness

already of the various symptoms from experience. The ~~silly~~<sup>v</sup> of

some of the posters, other than being more suited for an elementary  
their subtle

school, was<sup>v</sup> irrelevancy for prisons: alcohol-based soaps, warnings  
of germ-spread via cell phones and tablets and TV remotes.

April 17th: Over the PA there was a new recorded  
message for staff and us: Exercise social distancing, wear our masks  
and gloves, ~~continually~~<sup>v</sup> clean high-touch areas, et cetera, due to the  
current COVID-19 pandemic."

There's a rumor that we'll be allowed to eat in the  
chow hall again; this was not the case. There's a new post from  
HS about COVID-19 symptoms. And around this time, orange boards  
are fixed to the walls and various previous electronic posts are  
reposted on ~~the~~<sup>v</sup> boards.

April 18th: This was an important day, in that we heard,

through the PA system, for the first time, directly as can be without being in the same room, from staff. First, the head of Psychology spoke of the circumstances and sympathized with us, and promised, somehow, to continue meeting our mental-health needs, though it'd be over two weeks before any noticeable action was taken to hold to that promise. Next, a chaplain said that Religious Services would try to work up some plan to continue meeting spiritual needs in this admittedly difficult-to-hold-communal-services situation. Last, a Unit Manager read out the policy for immediate home confinement, and there appeared to be no changes to the policy. Like most early-release, or compassionate, measures, hardly anyone meets the criteria. Even during this crisis, it would seem, by the denied requests and many at-risk individuals still here, that very few qualified for compassionate release. COVID-19 was not extraordinary enough. Nor was the failure to meet our 8th amendment rights.

By this point, the FSL had three separate quarantine

quarter

areas: a ~~quarter~~<sup>V</sup> of the housing unit, the Visitation room and

another separate Psychology room. Two groups waited for release, and their number, subtracted from the rest of us, still left a large prison population

to tend to. Ironically, for one group, their area was more cramped

(four or six people and their cots confined to a tiny room) compared to our cubicles.

April 19<sup>th</sup>: We stopped receiving the brown-bag meal at

what

supper and now got ~~the~~<sup>V</sup> would be our regularly scheduled meal in clam

shells, equal to breakfast and lunch. No explanation for this change was

given; probably they ran out of baloney. (Despite a handful of notifications

through this crisis, the BOP generally tends to leave us in the dark.)

posts

April 20<sup>th</sup>: Three new ~~posts~~<sup>V</sup> from HS: more of the same.

By this day, I am still trying to understand why several

orange traffic cones were placed along the edge of the outside

walking path. From sally port

by  
✓

to the chow hall door, picking up again ~~at~~ Melcal's door,  
continuing to the main entrance of the institution, and circling back to  
the first stretch of cones. Extra money leftover from the government's  
stimulus?

There were important changes on this day. We're told the  
unit will be sprayed three times a week. Nineteen days after first  
being issued masks, we're ordered, directly from staff, to wear them.  
If we do not wear them outside when released for meals or hygiene, we  
will not receive a meal nor will we receive our weekly ration of hygiene  
items -- one soap bottle, one tooth paste (both small), one safety razor, and  
two rolls of toilet paper -- from Laundry. (The warden says in his April 22<sup>nd</sup>  
memo that their safety measures, speaking of the month of April, are not punitive actions.)

Rumor was that there had been a fifth death, though through  
rumor this figure changed often, anywhere from five to eight, in those days.

April 22<sup>nd</sup>: The warden posted a new memo explaining

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the orange cones: they're to remind us of social distancing. Were they six feet apart? Originally, I tried to recall, could be, though I thought they were there to keep us off the grass or reminding us not to feed the birds. Well, at this point, cones had been bumped and tipped over by wind, knocked close together, <sup>meas.</sup> uneven. Soon, some would become door stops.

A big surprise came that day when staff issued each <sup>cubicle</sup> ~~cubical~~ a spray bottle ~~s~~ filled with cleaner. The policy, previously, had been that spray bottles in cubes, unless you were ~~a~~ unit orderly, were treated as contraband. This was certainly a change.

April 23<sup>rd</sup>: The Visitation quarantine group was released, though word came that two were rejected by their halfway houses, having tested positive for COVID-19. But if those two individuals were test, were the others as well?

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April 30<sup>th</sup>: Rumor was circulating that a list of names, over eight hundred ~~8~~ from Elkton's population, had been made. Chatter of halfway house, early release and home confinement increased, of course. The list was supposed to be public knowledge, presented on the local news, but when Elkton's Special Investigative Service (SIS), as rumor has it, got word a list was in the FSL, they came in looking for it.

The warden made an appearance at the FSL -- at least I think it was him. (I think we are long overdue for a face-to-face meeting with top officials. No e-mails. No P.A. announcements. Person-to-person representation to discuss better treatment.) And not long

after this appearance, recreation, and possibly, too, commissary, were cancelled. Rec was cancelled. As for why, there were ~~two~~ <sup>two</sup> rumors. One, that a prisoner asked the warden why we had to wear the mask despite studies that showed they do not help in this kind of

situation? Eventually pissing off the warden, and when he saw people leaving the unit without a mask, cancelled rec on the spot. The other rumor: The warden was unaware that commissary and rec were open ~~to~~ here at the FSL and promptly ended them. Commissary, either way, announced it was open (again that day) soon after lunch.

That . . . .

The following are questions I have concerning events from

April:

- 1) What <sup>were</sup> ~~are~~ the each of the specific plans for every Phase set in motion by the BOP?
- 2) Should any of those Phases have been implemented sooner?
- 3) What was the soonest possible date a complete list of COVID-19 symptoms could have been post to the Federal prisons?
- 4) What preparation did Elkton alone have ready to

implement before the first hospitalizations and proceeding government stimulus?

5) what pre-COVID-19 plans were in place to combat a pandemic at a Federal care-level-2 facility, and what are the details of that plan, if it exists?

6) How many individuals can a prison contain before the prison staff and prison facilities cannot adequately and humanely manage that population during a medical situation, such as Coronavirus posed, and maintain safety and security?