

**Fourth Covid-19 Follow Up Inspection of the Shelby
County Men's Jail
201 Poplar Avenue, Memphis TN 38103
August 5, 2021**

Final Report

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INTRODUCTION

I think this color is brown, but I cannot be certain. Nonetheless, this is the color that represents my interactions, observations, findings and recommendations as a result of my August 5, 2021, Fourth Covid-19 Follow-Up Inspection.

My name is Mike Brady, and I am the Director of the Criminal Justice Division for Sabot Consulting. I am a nationally recognized expert in prison and jail operations, the Americans With Disabilities Act, and the prevention and mitigation of the spread of infectious diseases and public health in the correctional setting from an operational and non-clinical perspective.

On June 18, 2020, in the matter of Busby V Bonner (No. 2:20-cv-2359-SHL), pursuant to Federal Rule of Evidence 706, United States District Judge for The Western District of Tennessee, Western Division, The Honorable Sheryl H. Lippman, appointed me as the neutral expert witness in the field of jail and prison operations as it relates to the prevention and mitigation of the spread of infectious diseases and public health in the correctional setting.

The Inspection Order states in pertinent part:

“...The appointed expert shall provide information to the Court responsive to Plaintiffs’ Motion for Temporary Restraining Order (ECF No. 2) and render an expert opinion on the current health and safety of medically vulnerable Plaintiff-detainees at the Shelby County Jail (“the jail”) in light of the Covid-19 pandemic, including but not limited to the Facility’s compliance with the pertinent CDC and Shelby County Public Health guidelines and other applicable standards. The expert’s findings shall include, if warranted, recommendations regarding corrective measures that, in his expert opinion, should be implemented at the jail, to protect the medically-vulnerable from the COVID-19 virus at the facility....”

The medically vulnerable detainees to which the inspection order applies are defined as follows:

1. People 65 years and older
2. People with chronic lung disease or moderate to severe asthma (including chronic obstructive pulmonary disease (COPD) (including emphysema, and chronic bronchitis),
3. Idiopathic pulmonary fibrosis and cystic fibrosis;
4. People who have serious heart conditions (including heart failure, coronary heart disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension).
5. People who are immunocompromised (including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications).
6. People with severe obesity (body mass index [BMI] of 40 or higher).

7. People with Diabetes.
8. People with chronic kidney disease undergoing dialysis.
9. People with chronic liver disease, including cirrhosis; and
10. People with hemoglobin disorders, including sickle cell disease and thalassemia.
11. All persons currently or in the future held at the jail in pretrial custody during the COVID-19 pandemic who are at increased risk of Covid-19 complications or death because of disabilities as defined in the Americans With Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

On the 28th of January, Judge Lipman signed an order preliminarily approving the Class Action Settlement between the parties to this action in which it was agreed that I would continue in my role as the Rule 706 Court-Appointed Independent Inspector pursuant to the agreed upon terms and conditions contained in the Consent Decree attached to the Court's January 28, 2021 order.

Pursuant to paragraph 4. Reporting on page 2 of the Consent Decree, Defendants are required to provide me with a report containing certain information. Defendants did comply with the paragraph 4 provision except as to a subpart of 4(b). Defendants gave me the data on the number of Covid-19 tests conducted on detainees and for staff at the jail in the aggregate, but Defendants did not provide me with the information "by pod and the results of those tests" by pod.

In addition, in paragraph 5 on page 2 of the Consent Decree, Defendants did provide me with lists of the Class and Subclass as defined by the Court, and they did specify whether the class or subclass member is housed in a single cell, shared cell, or dormitory, **but I continue to find that information of little value without additional information and sorted in a different way. I have made recommendations on what additional information I will need and how it should be displayed to make my time more efficient, cost effective, and my report more valuable to the parties going forward. To date the Defendants have not complied with my request.**

On August 13, 2021, the Defendants provided me with a list of the Class and Subclass members with their charges and bail amounts. I will review the information provided. I am not attaching the document to this report because I am not familiar with the laws of Tennessee regarding what is or is not public information. If the parties would like for me to attach the document, I will send it under a separate cover.

I also reviewed my prior recommendations with Lt. Styles and found that some have been implemented, some have been implemented in a manner that the Defendants determined works best for them, some have not been implemented because of population size and physical plant restrictions, and others have not been implemented because the Sheriff contends that he has no control over release decisions, bond amounts, or placement in alternative forms of custody. I will cover what has been implemented and what has not in the recommendations section of this report.

On August 5, 2021 Lt. Styles and I discussed my prior recommendations, my concerns, and my current recommendations. As has been the case with past recommendations some have been implemented, some have been partially implemented, and some have not.

In the interest of efficiency and reducing the cost of my onsite inspections, I have overlaid my current observations, findings and recommendations with prior observations, findings and recommendations. I have color coded the different follow-up inspection observation, findings, and recommendations in order to easily distinguish the different onsite follow-up inspections.

There are several issues that continue to be of great concern to me as of June 17, 2021:

1. The inability of the Shelby County Jail (SCJ) to properly social distance inmates because of population size and physical plant restrictions in the Housing Pods. The population continues to be 50% higher than allows for meaningful social distancing to occur.

As of August 5, 2021, this continues to be a serious concern. The Shelby County Jail population is going up not down. As of the date of my Fourth Independent Inspection on August 5, 2021 the SCJ population had increased to 2055. This is troubling not only because the SCJ is running out of space for the initial 14-day quarantine of inmates, but also because even at a lower population the jail could not properly social distance consistent with CDC guidelines. In addition, the SCJ is now using dormitory style Housing Pods for Covid-19 exposed inmates which is contrary to CDC guidelines and could lead to a significant Covid-19 Delta Variant outbreak in the SCJ (The 5th and 6th floors are dormitory style Housing Pods).

In addition, as I heard it, the Defendants presented testimony at the Consent Decree termination hearing that inmates in quarantine are allowed out of their cells for Pod time recreation even when they have been exposed to Covid-19 or are quarantined for the first 14 days of their incarceration. If this is true, this practice is in direct conflict with the CDC recommended guidelines for medical isolation and quarantine. This practice, if continued, is completely ineffective at preventing/mitigating the spread of the Covid-19 virus in the jail, and may actually foster the spread of the Covid-19 virus in the jail. Based on the studies I have read, a significant number of Covid-19 cases are asymptomatic, the Covid-19 Delta Variant is at least 1,000 times more contagious, the onset of the virus is quicker, and the Delta Variant has resulted in significantly more hospitalizations and deaths in Shelby County as well as other counties and other states.

In an email to me, Dr. Bruce Randolph, the Shelby County Public Health Officer, wrote that 98% of current positive cases are the Delta Variant, and that it is logical to assume that the same percentage is present in the jail positive cases. Shelby County's positivity rate as of June 30, 2021 was 2.5%. As of July 31, 2021 it was 19.5% and projected to continue rising dramatically. As a result, we can expect a dramatic increase in the number of inmates who are positive with the Covid-19 Delta Variant and many of them will be asymptomatic.

Thus, a significant decrease in the Shelby County Jail inmate population continues to be my recommendation in order to protect Class and Subclass members from an unreasonable risk of serious illness or death.

2. As of June 17, 2021, the Court Expeditor continues not have a systematic or uniform process of review, analysis or presentation of all Class Member or Subclass member medical conditions that put them at risk of serious illness or death from Covid-19, nor is there any information regarding the ability or inability of the inmate to be safely placed in alternative forms of custody in the community on a case-by-case basis. It is my expert opinion that to date the Defendants continue not believe this is a responsibility covered by the Consent decree or the Court's Orders. The Sheriff's Court Expeditor is very busy with her myriad of duties. As a result of my previous discussions with Debra Fessenden, Chief Policy Adviser for the Sheriff, I have a better understanding of the breadth of the Court Expeditor's role since my first follow-up inspection. As a result, how I continue to interpret the Consent Decree and the Court's Orders as of June 17, 2021, is far different than that of the Defendant's Counsel. To date, I remain concerned that the Shelby County Jail, inmate attorneys and Criminal Justice Partners do not use community-based programs and alternative forms of custody as viable placement options for disabled inmates (that which is potentially an "Olmstead" ADA violation, and inconsistent with coming into compliance with current CDC guidelines. In fact, when I asked the Court Expeditor for a list of the Class members that she had presented to the court in the previous 30 days, I was presented with a list of three people. It is baffling to me as to why the Court Expeditor is unable or unwilling to develop a robust systematic review, documentation and presentation of Class and Sub-Class members to the Shelby County Criminal Courts to be considered for placement in alternative custodial environments that are not a threat to public safety. I know the Court Expeditor now has a full-time analyst that has been assigned to assist her with her duties, but there has been no meaningful change regarding her review, documentation and presentation of cases of Class Members or subclass members to the Shelby County Criminal Courts. Based on my review of the bail information, and my review of the chronic care and disabled inmates' files, I believe that there are hundreds of inmates who are good candidates for placement in alternative community based custodial environments or to be released on their own recognizance with daily reporting to probation. Moreover, the Shelby County Pre-Trial Services has allowed the GPS grant to expire and there has been no effort by defendants to reinstate or fund the GPS program in spite of significant salary savings because of a high vacancy rate.

On Friday August 13, 2021, at my request from June 17, 2021, I was provided with a list of Class and Subclass member names, charges and bail amounts. The Court Expeditor was out on the day of my onsite inspection so I do not have any new information about what, if anything, she has done to present the health information of Class and Subclass members to the Courts and Criminal Justice Partners in order to determine if they are appropriate candidates for placement in alternative custodial environments. My understanding is that the Court Expeditor may be out

for a lengthy period of time so I do not expect any improvements in this area anytime soon.

3. As of June 17, 2021, the number of at-risk Class and Subclass members who continue to remain in custody in the Jail Housing Pods when there is no ability to social distance in accordance with CDC guidelines has not changed, and, as a result, are subjected to an unreasonable risk of serious illness or death. It is true that the Shelby County Jail has had zero positive Covid-19 reported cases in the jail for the last 4 plus months, and the Shelby County Jail Custody Command Staff and Wellpath should be commended for that accomplishment. However, with a 63 plus percent Covid-19 test refusal rate at day 12 of incarceration, no regular inmate serial testing taking place, approximately 5-6 custody officers out on sick leave due to Covid-19 infections at the time of my follow-up inspection, and a very large component of Covid-19 positive cases in the community being asymptomatic, I do not share their unbridled confidence in the accuracy of the lack of positive cases in the jail. This is not to imply that the Sheriff or Wellpath are being disingenuous. I believe they are genuinely confident in the lack of positive cases in jail. It is my understanding that recently there has been one or more inmate positive Covid-19 cases that have been discovered in the Shelby County Jail. I am very concerned that if the Covid-19 Delta Variant is introduced into the Shelby County Jail, it will result in a significant Covid-19 outbreak and significant cases of serious illness or death to staff and inmates. I will revisit this issue during my next follow-up inspection.

As of August 10, 2021, there were twenty-two (22) Covid-19 positive cases in the Shelby County Jail. Ten (10) Housing Pods were on some form of quarantine/medical isolation as a result of being a confirmed positive case or being exposed to a positive inmate or staff member. Those Housing Pods were LL-A, LL-D, LL-G, LL-K, First Floor J, Second Floor F, Third Floor S, Fourth Floor P, and Fifth Floor B and C.

The Fifth Floor Housing Pods are twenty-two dormitory style Pods. In these settings, the CDC recommends:

Serial re-testing of a quarantined cohort: If quarantine cohorts are used (i.e., if people who are exposed are quarantined together rather than individually due to space constraints), facilities should conduct serial re-testing of the quarantined cohort:

- Facilities should re-test people quarantined as a cohort every 3–7 days regardless of their COVID-19 vaccination status until testing identifies no new cases in the cohort for 14 days since the most recent positive result. Staff who are exposed should quarantine at home, if possible, but those who must continue to work should be tested every 3–7 days. The testing interval should be based on the stage of an ongoing outbreak (testing every three days can allow for faster outbreak control in the context of an escalating outbreak; testing every 5-7 days is sufficient when transmission has slowed).

- Anyone testing positive should be removed from the cohort, placed in medical isolation, and the 14-day quarantine period should re-start for the remainder of the cohort.

Because of the testimony that was presented by the Defendants that inmates in quarantine/medical isolation units are allowed recreation time (Pod Dayroom time), in my expert opinion, serial testing should be occurring in all 10 Housing Units that are on quarantine/medical isolation. Moreover, many of these Housing Pods, if not all of them, have open bars on the top of the cell door, and as a result this aerosolized Covid-19 Delta Variant virus will spread in a similar fashion as in a dormitory setting.

The CDC recommends:

Broad-based testing when contact tracing is challenging: In settings where contact tracing is difficult, such as in a large dormitory, facilities should conduct broad-based testing which involves testing everyone in the affected area(s) of the facility, regardless of their COVID-19 vaccination status. For details on performing testing for large numbers of individuals, review CDC guidance on Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings.

- The scope of broad-based testing should be based on the extent of movement (of staff and incarcerated/detained persons) between parts of the facility with and without cases. Examples of broad-based testing strategies include:
 - Testing all persons in a single housing unit where someone has tested positive, if there has not been movement to or contact with other areas of the facility through staff or incarcerated/detained persons (i.e., incarcerated/detained persons have not left the housing unit and staff work exclusively in that housing unit and nowhere else in the facility).
 - Testing all persons in an entire building or complex when cases have been identified in multiple parts of the building or complex, or if there has been movement between parts of the building or complex with and without cases.
- Note that if someone tests positive at intake but has not had close contact with other members of the facility's population and is immediately placed in medical isolation, this person's positive test would not trigger broad-based testing and could be considered an isolated case rather than a part of a larger outbreak.

The quarantined Housing Pods are throughout the Shelby County Jail, and as of my onsite inspection on August 5, 2021 there were quarantined/medical isolation Housing Pods on every floor except the sixth floor.

Moreover, according to Lt. Lee (the Custody Supervisor of Intake/Booking and the Court Tunnel), my own observations and those of Captain Harris, there were approximately 65 newly arrested inmates in the intake/booking area who can remain there for between 8 and 12 hours. These newly arrested inmates were sitting in rows of fixed plastic chairs right next to each other for hours, using the phone, eating and drinking, and many of them were not mask compliant. Although the inmates had masks, many of them were not wearing the masks properly. During my observation their masks were down below their chins because they had just been given their lunches.

With the community transmission rate of the Covid-19 virus at 19.5%, 98% of the Covid-19 positive cases being from the Delta Variant, and a significant number of the Covid-19 positive cases being asymptomatic, it is logical that the newly arrested inmates would have a statistically similar positive rate, virus variant rate, and asymptomatic positive rate among the approximately 65 newly incarcerated inmates in the intake/booking area.

Finally, the CDC Guidance for Correctional and Detention Facilities states:

Symptom screenings cannot identify persons with COVID-19 who may be asymptomatic or pre-symptomatic, and therefore will not prevent all persons with COVID-19 from entering the facility.

4. As of June 17, 2021, custody staffing shortages at the Shelby County Jail continue to cause Class and Subclass members to be locked in their cells oftentimes for days if not weeks at a time. As of June 17, 2021, some Class and Subclass members are now getting some limited outdoor large muscle group exercise since my last inspection in April 2021, but as of June 17, 2021 Class members do not have regular access to the rooftop yards (The Gym). The lack of regular large muscle group exercise and being confined in their cells for extended periods of time continues to negatively impact the mental and physical well-being of this already immunocompromised Class and Subclass population. The lack of out of cell exercise is a violation of Shelby County Jail Standard Operating Procedure 420.03 (A) and ACA 4-ALDF-5-C-01 which entitles inmates to receive one hour a day of out of cell exercise except during inclement weather. In addition, the lack of indoor recreation is a violation of Shelby County Jail Standard Operating Procedure 420.03 (B) and ACA 4-ADLF-5-C-02.

During my August 5, 2021 follow-up inspection, I met with Chief Fields and asked about staffing vacancies. Chief Fields estimated that there were approximately 167 custody vacancies.

I also asked Lt. Styles to provide me with the number of custody staff who were out sick. Lt. Styles wrote that there were a total of 86 people out sick on the day prior to my inspection spread over the three eight hour shifts (35, 30, and 21).

Defendant's Counsel, Mr. Tilly, sent me statistics that indicated in the last 30 days, 30 staff members have taken leave for Covid-19 related reasons.

During each of my four follow-up inspections in 2021, and observations with Lt. Styles, Captain Harris and Ms. Dixon, (Captain Harris and Lt. Styles in March, Captain Harris, and Lt. Styles on May 6-7, 2021, Lt. Styles, Captain Harris, and Ms. Dixon on June 17, 2021, and Captain Harris on August 5, 2021 with Lt. Styles securing the documents I requested and Captain Harris walking around the Housing Pods with me.) we observed that there were that staffing shortages for posted positions that were consistently causing the inmates in the Housing Pods to be locked down for days if not weeks at a time. I have consistently observed this as a major problem for Class and Subclass members, I have identified this problem in each of my reports, and I have made recommendations in each of my follow-up reports.

During my August 5, 2021 follow-up inspection, the staffing shortages and lockdowns were more prevalent than in my previous inspections. Whole sides of floors if not more had not been out of their cells for days if not weeks at a time. The inmates during my August 5, 2021 inspection were upset about not getting any recreation time, showers, and phone time. One inmate actually was screaming at me about the lack of out of cell time and being sick. I walked an entire side of the 3rd floor that had been locked down, and all the inmates in each Housing Pod wanted to talk about was the lack of recreation time, lack of showers, lack of phone time and the inability to call their attorneys. Captain Harris and I went to the 4th floor and walked the side of the floor that did not have any Housing Pods that had been exposed to Covid19 and as a result were on quarantine/medical isolation. Each Housing Pod we entered on the 4th floor universally had the same complaints. It was very difficult to discuss their vaccine hesitancy, the Covid-19 monetary incentives, or any other aspect of the prevention/mitigation efforts of the Shelby County jail because of their anger regarding lack of recreation time, shower time, and phone time. Even the Rockmen were complaining to Captain Harris and I. I am unsure of the exact length of their lockdowns, so I have asked to see the recreation logs for the Housing Pods on the 3rd and 4th floors where Captain Harris and I walked and heard the complaints. I have also made a larger request for the recreation logs for all 60 Housing Pods, but because of the workload required to retrieve those recreation logs, I agreed to accept a smaller sampling over the next week giving Lt. Styles more time to complete the larger request. The defendants proffered testimony that each Housing Pod was getting 5 hours a day of out recreation time, but that is not consistent with the observations of Captain Harris, Lt. Styles, Ms. Dixon, and myself.

These extended lockdowns are complicating the vaccine education process as well as the acceptance rate because the inmates don't want to hear anything about a pizza party, vaccines, education materials, or why they should take the vaccine. All they want to know is when are they going to get back to regular recreation, shower, and phone time.

5. As of June 17, 2021, when bail is considered in Shelby County, the judicial commissioner setting bail continues not take into account the economic ability or inability of the detainee to post bond. Thus, in my expert opinion, the manner in which bond amounts are set discriminates against Class Members and Subclass members many of whom may not be a current threat to public safety, who are people of color, have qualified disabilities, and simply cannot afford even a minimal bond. The current cash bail system is not necessary to ensure future court appearances or to protect public safety. It should be noted, however, that some of the Class and Subclass members have very serious charges pending and may not be good candidates for alternative forms of custody.

Nothing has changed here as of August 5, 2021.

6. As of June 17, 2021, the vaccine education program does not provide a culturally competent or effective vaccine education program. Given that the inmate population in the Shelby County is 90 percent African American, and given the African American population is very distrustful of any government health initiatives (rightfully so), a culturally competent education program is of critical importance. Inmates are seen during booking and provided a handout, but as I wrote in my last report, inmates are oftentimes dysregulated, under the influence, and stressed out from being arrested and the last thing they are concerned about is getting a Covid-19 vaccine. The vaccine education program needs to be culturally competent, multi-layered with multiple inmate vaccine education contacts. The turnover of inmates in the Shelby County Jail is high so the effective education of inmates is challenging, but critical to overcome vaccine resistance and vaccine misinformation.

When I urge the Shelby County Jail to develop a culturally competent vaccine education program, I am referring to it from a healthcare vaccine education perspective.

It remains my expert opinion that the vaccine education program must be culturally competent, and ADA compliant. Those are two completely separate concepts.

It is well settled that the average grade level reading in jails and prisons is at a 6th grade level. When I was Assistant Secretary of the Department of Correction and Rehabilitation in California, our department administered the Test of Adult Basic Education (TABE), and we determined that the average reading grade level of 172,000 inmates was 6th grade. That was across all races and genders. Yes, there are a significant number of Shelby County Jail inmates who can read much higher and would have no problem reading and understanding the Amend vaccine education materials I provided. However, there are a significant number of Shelby County Jail inmates whose reading level is lower than the 6th grade across all races. In fact, there are statistically about 2% of the Shelby County inmate population that

are developmentally disabled/intellectually disabled and a number of them cannot read at all.

Moreover, there are a percentage of inmates who are learning disabled and read at a 4th grade level or lower across all races.

In addition, according to Ms. Geeter, the Mental Health Director at the Shelby County Jail, as of August 5, 2021 about 25% of the Shelby County Jail inmate population are seriously mentally ill. Some are higher functioning inmates who can be housed in the general population and only require medication management. Some are sub-acute and need special housing and an effective communication accommodation for informed consent and to have equal access to the programs, services and activities offered at the Shelby County Jail. There is a smaller population that are in crisis and on suicide watch. According to the data that the Mental Health Director provided and I reviewed, in 2020, there were 439 watch events, 272 suicide threats/ideation, 43 NNSIB's (Cutting and other acts that result in tissue damage), 120 precautions, and 4 completed suicides. Up to May of 2021, there have been 179, 103, 21, and 54 respectively with one completed suicide. All of these inmates are ADA class members and need to be accommodated. When I asked Ms. Geeter about what they are doing to educate the SMI inmates about the vaccine program, she told me she brings them in to speak with the treatment team and the treatment team explains what is being offered, address their fears, and explains the benefits of getting a vaccination. It is my expert opinion that Ms. Geeter's vaccine education process is ADA compliant and culturally competent.

The Americans with Disabilities Act (ADA) pursuant to Title II requires all jails and prisons to effectively communicate with the disabled inmate population so they are not excluded from the programs, services and activities in jails and prisons. The vast majority of Class and Subclass members are disabled as defined by the ADA. The vaccination program is a healthcare program. I am a nationally recognized ADA expert and a joint neutral monitor and settlement monitor in jails and prisons across the United States. In my expert opinion, the Shelby County Jail is violating the ADA by failing to effectively communicate with the disabled Class and Subclass members and failing to offer vaccine education materials at a 6th grade reading level, in large print materials (The Society For The Blind recommends 18 font), Braille for the blind/visually impaired, and in an audio format.

Cultural Competence in healthcare, is the ability to understand and to effectively communicate with people from races, cultures, religions, and ethnicities different from our own. It also means being able to negotiate cross-cultural differences to accomplish practical goals. Multicultural competency requires the following:

- A basic understanding of your own culture and ethnicity
- A willingness to learn about the cultural practices and worldview of others
- A positive attitude toward cultural differences
- A willingness to accept and respect these differences

- A desire to understand before trying to persuade.

Cultural competence has four major components: awareness, attitude, knowledge, and skills.

Cultural Competence is acknowledging and honoring the differences between cultures, races, ethnicities, and religions.

It can be challenging to connect and to develop a trusting relationship with others without a solid understanding of their backgrounds, fears, biases, beliefs, and thought processes.

Many people have unconscious bias when it comes to their personal beliefs and values. Many tend to treat people from different religions, cultures, races, and ethnicities as if we are all one homogenous group with the same values, fears, hesitancy, biases, experiences, and beliefs. Nothing could be further from the truth.

In the April 2021 edition New England Journal of Medicine (NEJM), Dr. Lisa Rosenbaum recently wrote an article “Escaping Catch-22 – Overcoming Vaccine Hesitancy” (Attached)

In this article, Dr. Rosenbaum suggests that behavioral obstacles to wide-spread vaccination are as important to understand as the scientific and logistical hurdles.

A few excerpts from this article I found particularly compelling:

As critical as recommendations from trusted authorities will be, in an environment rife with misinformation and distrust of expertise, disseminating evidence-based information may be insufficient to persuade some people. That’s partly why Heidi Larson, an anthropologist at the London School of Hygiene and Tropical Medicine whose recent book, *Stuck*, summarizes her decades of research on vaccine hesitancy, sees Covid-19 as an opportunity to rethink our approach to vaccine uptake. Larson, who studies rumors, cautions against the impulse to merely correct misinformation and assume our work is complete. Writing before the pandemic, Larson observed that “Vaccine reluctance and refusal are not issues that can be addressed by merely changing the message or giving ‘more’ or ‘better’ information.” Though the pandemic has cast the dangers of misinformation into stark, soulcrushing relief, the gravity of a falsehood’s consequences doesn’t render it more correctable with truth.

Larson’s own thinking was transformed in 2003, when, while overseeing vaccine strategy and communication at UNICEF, she was called to Nigeria, where a government-led boycott of the polio vaccine was under way. There, Larson discovered that resistance reflected not specific concerns about the vaccine but rather a

convergence of broader social factors, including rumors that Western vaccines were intended to sterilize children; a fear, in the aftermath of 9/11, that the United States was at war with Muslims; and ongoing conflict between the local and central governments. Quashing the rumors seemed to matter less than addressing the nexus of questions, concerns, beliefs, and historical forces that gave rise to them. Though the reasons for skepticism may vary among communities, Larson’s approach to vaccine hesitancy is universally relevant: before you attempt to persuade, try to understand.

...Of course, people who are determined to undermine confidence in vaccines will always find ways to spread misinformation. But a much larger proportion of the population may be willing to get vaccinated given the proper reassurances, and dismissing their concerns often leaves them seeking someone to validate them. I suspect that’s one reason why correcting misinformation often falls short. Some people, for instance, may truly believe that vaccines cause autism. But for others, this ostensible fear may mask less easily expressed needs such as maintaining one’s identity, belonging to a group, or simply being heard. And yet respecting these more basic instincts also raises an uncomfortable question: At what point does empathy sacrifice scientific truth?

Or perhaps this is a false dichotomy. One of my best friends practices in a region where many people, including some health care workers and patients in her practice, are hesitant to get vaccinated. Even my friend — whose brilliance and rationality I have always admired — has reservations about vaccination, though she knows that expressing them is taboo. But I think that it’s only because she understands why people are scared that she’s effective not just at allaying fears, but at convincing people who don’t know anyone who’s willing to get vaccinated that what is known about the vaccine is more important than what isn’t. Indeed, the staff members who were initially reluctant to be vaccinated, changed their minds after speaking with her. Although the scientific community’s obligation will always begin with championing truth, the pandemic has shown that society’s health also depends on understanding why so many people reject it. While some trust scientific experts, Larson notes that others seek “truth” elsewhere — their experiences, perhaps, or “heard truths” from their social networks. The pandemic, then, has reminded Larson why getting the public to understand science may be insufficient. Maybe, she suggests, it’s also time for science to understand the public.

I encourage the parties to read the full article which explains why addressing misinformation only, and simply affirming that the science should drive decision-making is inadequate to overcome vaccine hesitancy.

Another example of an ongoing problem where cultural competence could be very useful, is trying to understand the differences in resistance to mask compliance as well as vaccine hesitancy education in metropolitan and rural areas. People who grew up and live in large metropolitan areas and people who grew up and live in

historically rural areas oftentimes have significant cultural differences, different fears, different biases, different racial demographics, and different religious beliefs. Even within those two groups who have a similar racial makeup, there are subcategories of fears, biases, culture, and religious beliefs may be significantly different.

Thus, if we wanted to do an effective vaccine education program, would we engage those two demographically different populations with the same homogenous education materials? Would we address if their fears, biases, and religious beliefs relevant to vaccine hesitancy in the same way? I think not.

Healthcare cultural competence, in this situation, is essentially developing a vaccine education program that effectively communicates the benefits of taking a Covid-19 vaccine while empowering the audience across all races, ethnicities, religions, and cultures to feel comfortable and safe asking questions. Acknowledging their fears. Making them comfortable asking questions and expressing why they are hesitant to take the vaccination. Admitting the limitations of what we know about the long-term effects of the vaccine, and explaining the risks of going unvaccinated especially in light of the Delta Variant.

The failure to make a concerted effort to understand the root cause of inmate vaccine hesitancy, and to build inmate community trust in the Shelby County Jail, has, in my expert opinion, rendered the vaccine education program completely ineffective.

Defendants presented testimony at the Consent Decree Termination hearing that it was their opinion that they should be focusing on correcting the misinformation about the Covid-19 vaccines, but as healthcare experts suggest, that may not be effective or sufficient.

7. The established Covid-19 vaccination administration program in place as of June 17, 2021 is inefficient and ineffective in the manner in which inmates are offered the vaccine and the manner in which the vaccines are administered. The Shelby County Jail Covid-19 vaccine administration is completely dependent on the availability of EMT's from the City of Memphis. Wellpath, the Shelby County Jail, healthcare provider does not store any vaccine doses onsite even though the Moderna and Johnson and Johnson vaccine do not require refrigeration beyond what every other vaccine requires. Moreover, even though Wellpath has qualified healthcare professionals onsite that can administer the vaccine, they prefer that the City of Memphis to handle the storage and administration of the Covid-19 vaccines because they believe it is more efficient. While I have tremendous respect for the Medical Director, Dr. Randolph and HSA Sanders, I respectfully disagree and urge the Sheriff to move the vaccine storage and administration in house. It is my belief that the reluctance to move the vaccine program in house is more about the

workload, the responsibility, and the fact that, as of June 17, 2021, they had 32 nursing positions vacant at the Shelby County Jail according to public health.

As of August 5, 2021, it continues to be my expert opinion that relying on the City of Memphis EMTs to provide the vaccines and to administer the vaccines creates unnecessary delays in the administration of the vaccines. It is my expert opinion, that having vaccines readily available to administer to the willing, is critical to materially increasing vaccine acceptance in the Shelby County Jail.

Given the exponential surge of Covid-19 infections in Shelby County, and 98% of the infections coming from the Delta Variant, I also worry about the ability of the Memphis Fire Department to regularly appear at the Shelby County Jail each week to administer vaccines going forward. It is a risk, and should be evaluated.

In the August 15, 2021, Daily Memphian, there was an article “Emergency Responders Look For Ways To Lessen Covid Strain On The System”.

In that article, Angie Sullivan, Deputy Chief of the Memphis Fire Department Emergency Medical Services states in pertinent part,

“Before COVID, the average number of calls the fire department responded was about 134,000 to 138,000 a year.”

“Your average call volume a day ebbs and flows, but the average would be around 373 to 380 a day, and now we’ve gone up to 450 a day,” Sullivan said.

“We broke 500 last Friday, when we went up to 509 and then on Wednesday, we were at 543. This is the highest number of calls in a day I’ve ever seen. I sent the chief (Sweat) a text and said this is not sustainable.”

This is of great concern to me and it should be of great concern to the SCJ Command Staff. The fact that the Deputy Chief of Emergency Services believes that the number of calls the EMTs must respond to is “unsustainable”, does not bode well for their ability to continue assisting with the vaccine administration program in the SCJ. The EMTs already did not have sufficient EMT personnel to come to the SCJ on at least two occasions (an entire month in May and one week in July).

The SCJ is not an island. They are part of the community. They are part of the whole. Bringing the vaccine administration program in house would create an effective vaccination administration program for inmates when coupled with an effective and culturally competent vaccine education program. It would also assist with the prevention/mitigation efforts of the City of Memphis and Shelby County by reducing the workload of the EMTs.

On June 17, 2021, arrived at the Shelby County Jail at approximately 0830 hours. Lt. Styles and Captain Harris continue to be my security escorts and resources for any and all matters related to my follow-up Covid-19 inspections.

Having the same security escorts on my follow-up inspections is critical to my efficiency and success. Lt. Styles and Captain Harris go out of their way to get me the documents I need, and access to the people and places in the Shelby County Jail. Thank you, Lt. Styles and Captain Harris.

I also want to continue acknowledge Chief Fields, his staff, Wellpath's Medical Director, Dr. Donna Randolph, and HSA Jeremy Sanders, for continuing to allow me to repeatedly take time away from their busy schedules to answer my questions and provide me with the documents I needed to verify that the policies, procedures and practices about which they spoke were in writing. They are consummate professionals who care deeply about the inmates in the Shelby County Jail.

I continue to have unrestricted access to key personnel and the jail facility. Shelby County Jail command staff and Wellpath leadership continue to be transparent, responsive and open to new approaches in addressing the opportunities for improvement I discover during my inspections. I have been conducting my onsite inspections in one long day starting at 0830 and ending around 2200hrs in the evening. Because of the amount of Class members that I need to interview and the number of Housing Pods I need to inspect, on my 5th follow-up inspection, if any, I am going to extend my onsite work to a second day. If the Court or the parties object, I will stay with one long day, but given the personal conflicts of my escorts in the evenings and in fairness to their families, conducting my onsite inspections over a two-day period will work better for all of us.

As of August 5, 2021 nothing changed. I continue find Wellpath and the SCJ Command Staff, transparent, responsive, and open to some of the opportunities for improvement I discover during my inspections. As was apparent during the August 6 & 9, 2021 hearing in front of Judge Lipman, there are some critical recommendations with which the SCJ and Wellpath disagree.

SECOND AND THIRD FOLLOW-UP INSPECTION OBSERVATIONS – MAY 6-7, 2021, JUNE 17, 2021, AND AUGUST 5, 2021

Observations in Black in this section are from my Second Follow-Up Inspection

Observations in Purple in this section are from my Third Follow-Up Inspection

Observations in Brown in this section are from my Fourth Follow-Up Inspection

On Thursday morning, May 6, 2021 at approximately 0730hrs, I notified my security escort, Lt. Styles that I would be conducting my inspection of the Shelby County Jail and that I would be arriving at the Shelby County Detention Facility at 0830. The date and time of my inspection was unannounced until one hour prior to my arrival.

On Thursday morning June 17, 2021, I gave Lt. Styles that I was coming to conduct my third follow-up inspection a week in advance. I do not believe that the advance notice negatively impacted the integrity of my inspection or altered my findings in any way. In fact, the notice allows Lt. Styles and Captain Harris to rearrange their schedules to spend a very long day with me. While Captain Harris was not present during the evening hours of my inspection on June 17, 2021, the ACA and PREA Compliance Officer, Ms. Dixon accompanied me along with Lt. Styles during the evening hours and her presence and assistance was welcomed and informative.

On or about August 3, 2021 I gave Lt. Styles notice that I was coming to conduct my fourth follow-up inspection. As always, I do not believe that the advance notice negatively impacted the On or integrity of my inspection or altered my findings in any way. For this inspection, I asked Captain Harris and Lt. Styles to reduce the number of my escorts because I did not want to unnecessarily expose staff or inmates to the Delta Variant. As a result, Lt. Styles did not enter the Inmate Housing area, but rather worked on fulfilling my document request. This division of duties was the safest and most efficient way to conduct my fourth onsite visit on August 5, 2021.

EMPLOYEE ENTRANCE

There is nothing new or different to report about this process. I am satisfied that this process complies with CDC guidelines and recommendations.

As of June 17, 2021, there is nothing new to report here.

As of August 5, 2021 the SCJ continues to screen all employees for Covid-19 symptoms by administering a temperature check and a questionnaire. When I entered the jail, I was issued the appropriate PPE, and screened appropriately. In the absence of regular PCR or rapid testing of all employees this screening process appears to work reasonably well.

MEETING WITH SHELBY COUNTY CHIEF JAILER FIELDS

I initially met with Chief Fields in his conference room to see if he had any questions regarding my prior recommendations, and to let him know what I intended to review during this second follow-up inspection. Chief Fields has been and continues to be completely candid, transparent, and cooperative during my Covid-19 inspections. Chief Fields stated that he understood my recommendations, implemented some, and acknowledged that others he did not because of staffing shortages, physical plant limitations, and limited authority as to others. As always, I appreciate the Chief's candor, transparency, and cooperative spirit. I continue to believe, and Chief Fields has demonstrated that he takes my recommendations seriously, and he will implement the process improvement recommendations as staffing permits if it is within his authority to do so.

As of June 17, 2021, Chief Fields continues to give me unfettered access to the Shelby County Jail and continues to be receptive to many of my recommendations. Running a jail is labor intensive and staff dependent even in the absence of Covid-19. I thank Chief Fields for his candor, transparency, and cooperative spirit.

On August 5, 2021 I met with Chief Fields to go over my findings and recommendations. As of August 5, 2021 he had not had an opportunity to review my Third Follow-Up Inspection report because his time was consumed by deposition preparation and hearing preparation. We briefly discussed my prior findings and recommendations. Chief Fields and I disagreed about the need for a culturally competent education program, but it was a respectful disagreement. I have always had unfettered access to the Shelby County Jail, this inspection on August 5, was no different.

MEDICAL

After I met with Chief Fields, I met with Wellpath HSA Jeremy Sanders, and Wellpath Medical Director, Dr. Donna Randolph. During the course of my discussions with them during my onsite visit and subsequent phone calls, I learned that outside appointments for chronic care and serious medical conditions had resumed except for Ophthalmology.

I asked Dr. Randolph to provide me with a list of the most medically fragile inmates currently housed in the Shelby County Jail, and a list of disabled inmates before the end of the day.

I asked HSA Sanders about the current Covid-19 testing refusal rate for newly incarcerated inmates who are offered PCR tests on day 12 of their 14-day medical isolation. Mr. Sanders told me the refusal rate remains steady at approximately 63 percent. I asked him if they offer the PCR test to the inmates in medical isolation multiple times, and he stated that they do not, but they inform the inmate if they change their minds, they can always get the test. He also confirmed that at the time of my second follow-up inspection there were no Covid-19 positive inmates in the Shelby County Jail and there had not been a positive case since December of 2019.

When I asked Dr. Randolph if she is concerned about the most medically fragile inmates remaining in custody, she stated she is concerned about it, but that she has no control over their release decisions. Many of these inmates are elderly and severely disabled. I asked her if the Court Expeditor goes over the current list of vulnerable and ADA inmates with her on a regular basis and she stated that she does not. Dr. Randolph did state that she does bring inmates to the Court Expeditor's attention that she believes are the most medically fragile.

Next, I inquired about the Covid-19 vaccination education and administration process at the Shelby County Jail. Mr. Sanders told me that everyone who comes into the Shelby County Jail is provided with vaccine education information and is offered a Covid-19 vaccination in a one-on-one setting. I have reviewed copies of the vaccine education materials some of which I provided to the Shelby County Jail, and while the education materials are adequate, the manner in which the inmates are provided the information is ineffective.

First, some of the education materials are at a reading level that is far higher than the reading level of many of the inmates.

Second, during the course of my follow-up inspection, the materials were posted in places that were not readily accessible to the inmate population.

Third, it is ineffective to just hand education materials to inmates upon their arrival at the jail and talk at them. Most inmates who arrive at the jail are stressed out, distracted, dysregulated, under the influence, decompensated, etc. To expect a newly incarcerated inmate to be open to reading vaccine education materials, and to be receptive to a taking a controversial vaccine administered by a government agency which the African American inmate population distrusts is wrong headed and doomed for failure.

As I will cover later in this report, when I took the time to talk to the mostly African American inmate population in a one-on-one setting and also in groups the reception to taking the vaccine was higher. Lt. Styles, Captain Harris, and I went to less than 20 percent of the Housing Pods and uniformly heard inmates say, “Nobody ever explained it to us like this,” “We haven’t seen any education materials. Can you get us some education materials?” We were able to recruit an additional 37 inmates to take the vaccine in about 4 hours. Inmates want real talk in a simple and understandable terms that they can understand. It is time and labor intensive, but for the vaccine program to be viable and effective, it needs to be done in every Housing Unit multiple times.

Moreover, Wellpath does not have ready access to the Covid-19 vaccine, nor can they administer the vaccine to inmates. The City of Memphis possesses the vaccines, controls the number of doses available to the Shelby County Jail as well as the days the EMTs will be onsite to administer the vaccines. Over the course of several conversations with Mr. Sanders he told me candidly that Wellpath has no control over the vaccine program. Their only role is to provide the City of Memphis the number of vaccines they need. Twice this month, the EMTs failed to appear when they were scheduled to appear to administer first and second doses for unknown reasons. At the time of my second onsite inspection a mere 242 first doses of the vaccine had been administered. The 37 additional inmates who we recruited to take the vaccine during my Housing Unit inspections had waited over two weeks for their first injection, and as of the date of this report, I have little confidence that they have received their vaccines. As of the last time I checked only 273 inmates had been vaccinated with their first dose and were waiting on their second dose.

In my expert opinion, this critical inmate vaccine program is completely ineffective, and under its current structure will have little, if any, impact on protecting the mostly African American inmate population from contracting this highly contagious oftentimes deadly Covid-19 virus.

Having a vaccine program that is poorly thought out, poorly administered, and poorly received is the equivalent of not having a vaccine program at all. Taken to its extreme, if the Shelby County Jail has vaccines on hand but no mechanism to administer the vaccines, one could absurdly argue they have fulfilled their obligations pursuant to the Consent Decree. I cannot imagine that is what the parties and the Court had in mind when approving the Settlement Agreement/Consent Decree. If it is, I strongly disagree with the construct of the Settlement Agreement.

Dr. Randolph and HSA Sanders continue to be open, transparent, cooperative, and responsive. They were readily available for me to interview them and they were responsive to my questions. Dr. Randolph provided me with a list of the chronic care and disabled inmates when requested.

When I expressed my concerns about the Court Expeditor not presenting inmate medical issues to the attorneys, criminal justice partners, and the Court, Dr. Randolph volunteered to help the Court Expeditor go through the list working from the newest to the oldest and the oldest to the newest inmates on the list (inmates who have recently been incarcerated and inmates who have been in custody the longest).

As of June 17, 2021, the vaccine education program does not provide a culturally competent or effective vaccine education program. Given that the inmate population in the Shelby County is 90 percent African American (as opposed to 64% in Shelby County), and given the African American population is very distrustful of any government health initiatives (rightfully so), a culturally competent education program is of critical importance. Inmates are seen during booking and provided a handout, but as I wrote in my last report, inmates are oftentimes distracted, dysregulated, under the influence, and stressed out from being arrested and the last thing they are concerned about is getting a Covid-19 vaccine. The vaccine education program needs to be culturally competent, multi-layered with multiple inmate vaccine education contacts. The turnover of inmates in the Shelby County Jail is high so the effective education of inmates is challenging, but critical to overcome vaccine resistance and vaccine misinformation.

Moreover, from my interviews with inmates, vaccine education materials that currently exist continue not to be readily accessible, and when they are available, they are hit and miss depending on the Housing Pod Floor Officer/Counselor.

In addition, the vaccine education materials are not updated with the latest reliable information from the CDC and Public Health. As an example, there was no information in the education materials regarding the Delta Variant.

The established Covid-19 vaccination administration program in place as of June 17, 2021 is inefficient and ineffective in the manner in which inmates are offered the vaccine and the manner in which the vaccines are administered. The Shelby County Jail Covid-19 vaccine administration is completely dependent on the availability of EMT's from the City of Memphis. Wellpath, the Shelby County Jail, healthcare provider does not store any vaccine doses onsite even though the Moderna and Johnson and Johnson vaccine do not require refrigeration beyond what every other vaccine requires. Moreover, even though Wellpath has qualified healthcare professionals onsite that can administer the vaccine, they prefer that the City of Memphis to handle the storage and administration of the Covid-19 vaccines because they believe it is more efficient. While I have tremendous respect for the Medical Director and HSA Sanders, I respectfully disagree and urge the Sheriff to move the vaccine storage and administration in house. It is my belief that the reluctance to move the vaccine program in house is more about the workload, the responsibility, and the fact that, as of June 17, 2021, they had 32 nursing positions vacant at the Shelby County Jail according to public health.

I personally witnessed the EMTs administering vaccines to inmates at the Shelby County Jail. It was done efficiently, but I am very concerned about the wait time for vaccines, the requirement that the Shelby County Jail has to have a sufficient number of inmates willing to take the vaccine in order for the EMTs to come to the jail, and the availability of the EMTs given the increasing infection rates from the Delta Variant in the community. If vaccines were stored onsite and if Wellpath was responsible for administering the vaccines, the vaccine wait times would be eliminated and the number of inmates who are vaccinated in the jail at any given time would increase substantially. There is no legitimate reason why

Wellpath could not oversee the vaccination administration program if they were paid to do so. Contractors like Wellpath have a defined scope of work and can only request reimbursement for procedures and processes within the scope of work defined in the contract. Covid-19 vaccinations are not within the scope of the current Wellpath contract.

Per my request, Lt. Styles provided me with the following responses to my questions from Wellpath as of July 1, 2021:

1. How many vaccines have been administered to date since the vaccine program started? **463**
2. How many vaccines have been administered since the incentive program began? There should be a significant uptick in vaccine requests. **225**
3. What the wait time was for vaccines was when requested from the beginning to June 1, and what the wait time is currently. **1 week. Takes time to gather numbers, get consent forms signed, etc. Patients sometimes refuse or are released before the vaccination date.**
4. How many times the EMTs have rescheduled the vaccination administration since the program started. I am aware of at least two rescheduling events. **Rescheduled due to EMT staffing and low vaccination requests.**

As you can read, the total number of inmates who have been vaccinated to date is very low. Wellpath was non-responsive to one or two of my questions which is probably an innocent oversight but implies the wait times are lengthy and there have been numerous the EMTs rescheduled due to EMT staffing availability and the failure to reach the threshold of vaccine requests that are required for the EMTs to come to the Shelby County Jail.

Those problems would be eliminated if the vaccine administration was handled in house.

In addition, I do not know how many of the inmates who have been vaccinated remain in jail. During my next inspection, I will request that information along with the answers to questions 3 and 4.

The number of SCJ inmates who have been vaccinated has increased by 100+ inmates, but it is unknown how many of the vaccinated inmates remain in the SCJ. Jails are high turnover operations with significant numbers of suspects being arrested every day and a significant number being released every day depending on the charges and their ability to make bail. I have requested point in time data regarding how many of the vaccinated inmates remain in the SCJ, but as of the date of this report, I have not received that information.

My recommendations have not changed in this area. It continues to be my expert opinion that Wellpath and the SCJ should offer a culturally competent vaccine education program which is also compliant with the Americans with Disabilities Act. The manner in which the vaccine education takes place is a one size fits all approach which, in my expert opinion is not effective.

The SCJ continues to rely on the City of Memphis EMTs to administer the vaccines, and in my expert opinion this is not an efficient or effective vaccine administration program because of the wait times for vaccines.

In addition, I am concerned about the continuing availability of the EMTs to come to the jail given the exponentially higher community calls. It is risky and something that should be evaluated.

Earlier in this report, I went in to great detail regarding my expert opinions regarding an effective, culturally competent and ADA compliant vaccine education program as well as my expert opinions regarding an effective vaccine administration program. I will not repeat those opinions here for the sake of brevity. However, I will make some specific recommendations later in this report regarding these issues.

INTAKE/BOOKING/RELEASE

During this follow-up inspection I inspected the Intake/Booking/Release area and there is nothing new to report here. The Shelby County Jail and Wellpath continue to do a good job in this area. The Covid-19 test offering at day 12 does not allow the Wellpath staff to offer the Covid-19 test to inmates multiple times during multiple contacts, and that is my only criticism.

Inmate mask compliance in Intake/Booking/Release on June 17, 2021 was high but given the spike in community Covid-19 infections in the community, hypervigilance regarding inmate and staff mask compliance is critical.

On my August 5, 2021 follow up inspection, there were approximately 65 inmates that had been arrested and were sitting in the Intake/Booking area waiting to be processed. At the time of my observations, mask compliance was poor, but my observations were at a time when the inmates had just been fed. Some inmates had finished their meals and were not actively eating or drinking but still had their masks down around their chins. This is especially concerning in a large close contact group setting of untested and unvaccinated inmates.

MEDICAL ISOLATION LOWER-LEVEL PODS A-K

I inspected this area and there is nothing new to report that is different than my last inspection. Lt. Lee continues to do an excellent job of social distancing inmates for court appearances in the holding cells and limiting the number of inmates who are present for in person or video court appearances. However, on the fifth floor which are dormitory style Housing Unit Pods, I witnessed video arraignments where inmates were sitting right next to each other and mask compliance and social distancing compliance was poor. I am unsure of who is in charge of the 5th floor video arraignments, but if it is Lt. Lee, I ask that she correct this process deficiency.

The social distancing issue on the fifth floor has been resolved. As is true with Intake/Booking/Release social distancing and inmate mask compliance was within the range of what I would expect in this area, but with the dramatic increase in community Covid-19 infections and hospitalizations, I recommend that the jail return to hypervigilance regarding mask compliance.

Because, as of August 5, 2021 the population of the SCJ had increased to 2055, there were 20 Covid-19 confirmed positive cases, and there were 10 separate Housing Pods on quarantine throughout the jail for exposure to a positive Covid-19 case(s), it has become impossible for Wellpath to quarantine or medically isolate inmates in cohorts. In response to a question regarding medical isolation and quarantines HSA Jeremy Sanders provided the following response:

Again, we don't have the luxury of space. Patients that arrive at the same time, with similar charges are housed together. The difficulty comes when we have additional classifications: charge levels, known enemies, mental health status or health status. We do not have adequate space to create the different cohorts and properly separate unknown asymptomatic patients. Housing new entrance in LL and offering testing is our only defense with such a growing, transient population. Medical does not control population levels, but we do care for everyone that enters the building.

In addition, if the testimony of Chief Fields is accurate, inmates in medical isolation and quarantine are also allowed out of their cells for 5 hours a day for POD dayroom recreation together.

This is directly contrary to CDC guidelines and represents a significant risk of cross contamination of potential asymptomatic positive cases with inmates who are not infected with the virus.

FLOORS 2-6

I inspected floors 2-6 for social distancing, mask compliance, availability of hand sanitizers, masks, soap, and cleaning supplies. Social distancing was non-existent, and inmate mask compliance was poor. Staff mask compliance was excellent. There were adequate masks, hand sanitizer, soap and cleaning supplies. However, the inmate masks were beginning to look somewhat tattered.

Half of each floor Housing Pods were locked down, and the other half were programming because of staff shortages. When I went to the 6th floor, the inmates housed on the 6th floor were out on the rooftop yard (The Gym). However, there are 3 yards on the roof and only one was being utilized due to posted position staffing shortages.

Staffing shortages in the Housing Pods has been a chronic problem for the Shelby County Jail as far back as my first inspection in June of 2020, and when you couple over 157 staff vacancies and 5-6 custody staff currently out because of Covid-19, it exacerbates the problem. As a result, inmates are locked in their cells for 24 hours a day oftentimes for days at a time if not an entire week. In my expert opinion, this creates a serious risk of harm to the mental and physical health of Class and Subclass inmates.

While I was inspecting these Housing Pods, we did an impromptu vaccine education program with the inmates in about 15-20 percent of the Housing Pods. What I heard from the inmates was that they had received no education materials, and nobody had taken the time to explain in understandable terms the benefits and risks of taking the Covid-19 vaccine. When Captain Harris, Lt. Styles, and I took the time to explain why this mostly African American population should take the vaccine, the acceptance rate increased with others willing to consider taking the vaccine after they had reviewed the vaccine education materials and thought about it.

It became clear to me that because of staffing shortages, and the lack of control of the vaccine program by Wellpath and the Shelby County Jail, inmates were not being properly educated about the health benefits of taking the vaccine while dispelling misinformation and rumors about how dangerous the vaccines are. There is an inherent cultural distrust of government medical programs that continues to exist as a result of the Tuskegee Experiment and other government betrayals like the Greenwood Massacre in Tulsa, Oklahoma.

On June 17, 2021, Inmate social distancing and mask compliance was very poor. Social distancing is non-existent and mask compliance was very poor. Mask compliance is completely dependent on the Housing Pod floor officers to enforce and ask you can imagine the enforcement is sporadic. In defense of the staff, they are all suffering from Covid fatigue, and supervision of the Housing Pod floor officers to ensure they are following the mask mandates is sporadic as well. However, the current spike in Covid-19 infections in Memphis and the high number of unvaccinated inmates in the jail makes mask compliance critical to the health and safety of staff and inmates alike.

I inspected about 30 percent of the Housing Pods on the 3rd and 4th floors. The inmates continue to state that they are not getting the vaccine education materials or other information they need regarding the benefits and risks of taking the vaccine in order to make an informed choice about taking the vaccine. This has to change. There is little if any out of cell time occurring for exercise in the Gym. There is more Housing Unit Pod recreation occurring, but Pods are getting the Pod time on a hit and miss basis depending on which Deputies show up for work that day.

It is my expert opinion that if a more individualized culturally competent vaccine education program was implemented, vaccine acceptance would increase substantially.

Another way to increase vaccine acceptance is to offer an incentive such as:

If any Housing Pod achieves 75% vaccine acceptance within the next two weeks, that Housing Pod will be awarded a pizza and soda night. In my expert opinion, the funds for this initiative can come out of the Inmate Welfare Fund because widespread vaccination acceptance is in the best interest of the inmate's health and welfare by protecting them from serious illness or death. There should be sufficient pizzas and sodas so inmates can get two or three pieces of pizza or the inmate rumor mill will kill the program. I recognize that this is an incentive that some will say is unnecessary, but all over the country states, cities, schools, jails and prisons are offering vaccine incentives.

Unvaccinated inmates are as much of a threat to public health and the local community as unvaccinated community members and staff are to each other and the inmates. There is a very high turnover in inmates on a daily basis and the county and jail know that inmates are being arrested and booked into the jail and that inmates are being released every week back into the community. For the protection of the community, we should be doing everything in our power to get all inmates and staff vaccinated, but especially the medically vulnerable Class and Subclass members. The Covid-19 Delta Variant is far more contagious and potentially deadlier than any other Covid-19 variant, and over 90 percent of the hospitalizations are from unvaccinated people. It is a serious threat to public health.

On August 5, 2021, I observed at least half of the Housing Pods locked down because of staffing shortages and additional Housing Pods locked down because of Covid-19 exposure. Custody staffing shortages are critically low. There were 167 vacancies and 86 custody staff members were out on sick. It is not possible to safely program inmates or to provide recreation time/exercise time to inmates given this level of staffing shortages. Inmates on the 3rd and 4th floors universally complained about being locked down for days if not weeks at a time. This has been going on since I began my Covid-19 inspections, but during this follow-up inspection, the lockdowns are interfering with the ability of the SCJ to provide an adequate vaccine education and administration program because the inmates are angry and only want to talk about when they will be able to get recreation time, shower time, and phone time.

In the Housing Pods I inspected, I did not see vaccine education materials readily accessible to inmates nor did I observe culturally competent education materials, town halls, or “white coat rallies” taking place. This is not to say that the SCJ is not providing vaccine education materials in multiple formats, but rather that the materials provided are not effective or culturally competent. It is my expert opinion that if they SCJ will take the time to develop culturally competent and ADA compliant vaccine education materials and conduct smaller town halls that allow for questions to be asked by inmates regarding what they are hearing, what they are afraid of, and what the benefits and risks are of taking the vaccines, the acceptance rate will go up exponentially.

I am empathetic to the SCJ staffing shortages, and the challenges that operating a jail in a constitutional fashion (including providing adequate recreation time and exercise time) presents when there has been such a large staffing shortage over the last year that I have been conducting my Covid-19 inspections.

COURT EXPEDITOR

The Court Expeditor continues not have a systematic or uniform process of review, analysis or presentation of Class Member or Subclass member medical conditions that put them at risk of serious illness or death from Covid-19, nor is there any information regarding the ability of the inmate to be safely placed in alternative forms of custody in the community.

The Court Expeditor is very busy, and things have improved since my first follow-up inspection, but I remain concerned that the inmate attorneys and Criminal Justice Partners do not use community-based programs and alternative forms of custody as viable placement options which is potentially an “Olmstead” violation and a violation of the Americans with Disabilities Act. As an example, the Pre-Trial Services grant for active GPS units expired. I saw no efforts to seek alternative funding for GPS units. In a phone conversation with the Shelby County Chief Jailer, I asked him to ask the Sheriff if he would be willing to use salary savings from vacant positions to fund the GPS initiative for a year going forward. The Chief Fields committed to speaking with Sheriff Bonner about the issue. As of today’s date, I have not heard the result of that conversation, but will follow-up with the Chief on my next inspection.

The Court Expeditor still does not have an organized robust tracking system developed that allows me to look at the number of Class or Subclass member cases that have been presented to the court with a recommendation for release or placement into an alternative form of custody. Having said that, the Court Expeditor has now been provided with additional help that should result in a more robust tracking and reporting process going forward.

I sincerely believe that Ms. Best is deeply committed to her work but does not have the bandwidth to perform all that is asked of her. The real challenge here is the common defense of defendants that the release of low-level class members to alternative forms of custody or on their own recognizance is out of the Sheriff’s control, and as a result Sheriff Bonner’s hands are tied. I believe these are good faith representations by the Sheriff.

In addition, I do not believe the defendants believe that the Court Expeditor is subject to the consent decree and that she has any obligation to present this information to the Shelby County Criminal Courts for consideration. Doing so, in their view, makes the Court Expeditor an advocate for the inmate population. The parties may want to clarify this issue and paragraph 8 of the consent decree.

To remedy these problems, it would be my expert recommendation that the parties consider making the Shelby County a party to this action which will go a long way toward ending the siloed responsibilities and authorities of the various Shelby County entities. There is really no excuse for many offenders who are mainly poor people of color, disabled, medically vulnerable and not a current threat to public safety not to be safely released to the community into structured and supervised environments or placed on home confinement.

Another option is for the parties to ask the Department of Justice Civil Rights Division to conduct an independent investigation pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA) as to whether the actions or lack of action by Shelby County to remedy the problems identified in my reports are a violation of the ADA, the Olmstead decision, and the 8th Amendment.

As of June 17, 2021, the Court Expeditor continues not have a systematic or uniform process of review, analysis or presentation of all Class Member or Subclass member medical conditions that put them at risk of serious illness or death from Covid-19, nor is there any information regarding the ability or inability of the inmate to be safely placed in alternative forms of custody in the community on a case-by-case basis. It is my expert opinion that to date the Defendants continue not believe this is a responsibility covered by the Consent decree or the Court's Orders. The Sheriff's Court Expeditor is very busy with her myriad of duties. As a result of my previous discussions with Debra Fessenden, Chief Policy Adviser for the Sheriff, I have a better understanding of the breadth of the Court Expeditor's role since my first follow-up inspection. As a result, how I continue to interpret the Consent Decree and the Court's Orders as of June 17, 2021, is far different than that of the Defendant's Counsel.

To date, I remain concerned that the Shelby County Jail, inmate attorneys and Criminal Justice Partners do not use community-based programs and alternative forms of custody as viable placement options for disabled inmates (that which is potentially an "Olmstead" ADA violation, and inconsistent with coming into compliance with current CDC guidelines. In fact, when I asked the Court Expeditor for a list of the Class members that she had presented to the court in the previous 30 days, I was presented with a list of three people. It is baffling to me as to why the Court Expeditor is unable or unwilling to develop a robust systematic review, documentation and presentation of Class and Sub-Class members to the Shelby County Criminal Courts to be considered for placement in alternative custodial environments that are not a threat to public safety.

I know the Court Expeditor now has a full-time analyst that has been assigned to assist her with her duties, but there has been no meaningful change regarding her review, documentation and presentation of cases of Class Members or subclass members to the Shelby County Criminal Courts.

Based on my review of the bail information, and my review of the chronic care and disabled inmates' files, I believe that there are hundreds of inmates who are good candidates for placement in alternative community based custodial environments or to be released on their own recognizance with daily reporting to probation. Moreover, the Shelby County Pre-Trial Services has allowed the GPS grant to expire and there has been no effort by defendants to reinstate or fund the GPS program in spite of significant salary savings because of a high vacancy rate.

On June 17, 2021, I asked the Court Expeditor through Lt. Styles to provide me with a list of the Class and Sub-Class member's medical/disability, their charges, and their bail amounts so we could determine who could potentially be safety released to the community in alternative forms of custody or on their own recognizance. In spite of receiving a

dedicated analyst to assist her with her workload, to date I have not gotten a response from the Court Expeditor. Based in my inquiry into why not, it was represented to me that in spite of this additional help being available to the Court Expeditor, the Court Expeditor has given that analyst little or no work or direction. This is troubling at best. The Court Expeditor reports to the jail's Chief of Programs, Tiffany Ward, but there appears to be little if any supervision or corrective action taken by the Chief of Programs regarding the Court Expeditor's deficient work. I understand she was previously a judge, but she is in a different role now, and must adapt to that new role and be open to changing the manner in which she conducts her business.

On August 5, 2021, the Court Expeditor was not available for me to interview, and my understanding is that she may be out long term. I was provided the information I have been requesting for the last 6 months on August 13, 2021, but I have not had an opportunity to review it at the time of this report.

It continues to be my expert opinion that the SCJ is missing a great opportunity to reduce their jail population to a more manageable size in light of staffing shortages, the inability to social distance, and the presence of the Covid-19 Delta Variant by presenting the healthcare information of Class and Subclass members to the attorneys and Justice Partners so they may consider placing them in alternative custody environments in the community.

POPULATION MANAGEMENT

The Shelby County Jail inmate population continues to hover in the low 1900s. In my first follow-up inspection report, I recommended that the jail population be reduced by 50 percent in order to comply with the CDC social distancing guidelines for Correctional and Detention Facilities. No real efforts have been made to implement my recommendation in this area. Defendant's position is that the Sheriff has no control over release decisions. While I respect the Sheriff's position, and believe it is sincere, there are options available to the parties and the Federal Court that would eliminate these siloed authorities.

Because of the current size of the inmate population, and the severe staffing shortages, inmates are being denied adequate levels of out of cell time for large muscle group exercise, and they cannot properly social distance consistent with current CDC guidelines. Without a significant drop in the size of the inmate population these dangerous conditions will continue to exist going forward.

Moreover, it is my expert opinion that the Shelby County vaccine program for the Shelby County Jail inmate population is poorly conceived, poorly administered, and completely ineffective in protecting the vulnerable inmate Class and Subclass members.

The totality of the circumstances in the Shelby County Jail leads me to the inescapable conclusion that Class and Subclass inmates at the current population levels coupled with chronic severe staffing shortages and the completely ineffective vaccine program are being placed at an unreasonable risk of harm for serious illness or death from the Covid-19 virus.

As of June 17, 2021, nothing has changed here. This remains my expert opinion. I have consistently recommended that the jail reduce its population by placing Class members in community bases alternative forms of custody, and to bring the vaccination program in house in order to decrease the wait time for vaccinations, increase the number of inmates who are vaccinated, and for the jail to control its own destiny in this area.

As of August 5, 2021, the jail population was 2055 inmates which is an increase of over 100 inmates. This population increase exacerbates the ability of the SCJ to properly quarantine/medically isolate and social distance inmates consistent with CDC guidelines.

Moreover, this increase exacerbates the ability of the SCJ to provide recreation and exercise time to inmates consistent with their SOP 420 and ACA Standards.

STAFFING SHORTAGES

Currently the jail has 157 security staff vacancies, and the Sheriff's Department is experiencing difficulty in their recruitment efforts to fill those vacancies. In addition, a recent staffing study that was completed found that the actual need for security staff is over 300 additional positions. Having significant staffing shortages like these is a major impediment to consistently providing routine programs, services, and activities to the vulnerable inmates in the jail. On this second follow-up inspection, the staffing shortages continue to be the major cause of the Class and Subclass members being locked down for days if not weeks at a time.

As of June 17, 2021, the staffing shortages remain critically high. The mandatory overtime program does not fill all posted positions, and as a result, inmates are locked in their cells for days if not weeks at a time. I will make some recommendations to Chief Fields, Captain Harris, and Lt. Styles that will help the jail get more inmates out of their cells for exercise consistent with Shelby County Jail Standard Operating Procedure 420.03 (A) and (B) and ACA 4-ALDF-5-C-01 and ACA 4-ALDF-5-C-02.

As an example, on the 4th floor of the jail, locking down an entire side of the floor and redirecting all staff, except one or two Deputies, to the open side and to the gym, will allow the inmates to get more out of cell time for exercise and Pod recreation time. The following day, switch sides of the Floor to allow the entire other side to get outdoor exercise and Pod recreation time. This will allow one Deputy to remain in the Housing Pod to Supervise Pod dayroom recreation for half of the inmates in the Housing Pod, while another redirected officer escorts the other half of the Housing Pod to the Gym for exercise. There are three yards in the gym so having a fully staffed Gym team supplemented from redirected officers would allow the jail to utilize all three Gym yards simultaneously. The Deputies who remain on the closed side of the floor can conduct routine safety checks per Shelby County Standard Operating Procedures. The Supervisors can oversee pill call and feeding as needed. I have discussed this approach with Lt. Styles, and in order for it to work we would need to take a closer look at the daily staffing to put a detailed plan together. Chief Fields represented to me that he had given direction that the Gym team be reinstated. I defer to Chief Fields and his staff, but I stand ready to assist where I can.

Finally, in my expert opinion, the Shelby County Sheriff should consider making vaccinations mandatory for every employee who enters the jail including healthcare staff, support staff, badge staff, contractors and vendors or requiring them to take a Covid-19 PCR test once a week.

I am not running around like Chicken Little saying the sky is falling, but I am sounding the alarm about the very real threat to inmates, staff and the community from the Covid-19 Delta Variant.

Staffing shortages have reached critical mass. There are 167 staff vacancies and as of August 5, 2021 86 staff were out sick. This problem is reflected in the continuing inability of the SCJ to provide recreation time and exercise time to inmates in the Housing Pods.

It remains my expert opinion that the SCJ should consider making vaccines for all persons entering the SCJ mandatory.

JAIL VENTILATION SYSTEM

I did not revisit this issue during this follow-up inspection. However, given the prevalence rate and lethality of the Covid-19 Delta Variant among unvaccinated people, this issue has become a critical component to the successful prevention and mitigation of the Covid-19 virus being introduced into the Shelby County Jail.

As of June 17, 2021, nothing has changed here. This remains my observation and expert opinion, but this issue is beyond the scope of my expertise. The ventilation issue needs to be examined more closely by the parties.

Nothing new to report here.

COVID-19 VACCINE EDUCATION AND ADMINISTRATION

During the course of my second Covid-19 follow-up inspection, I examined the Covid-19 vaccine education and administration program at the Shelby County Jail.

As of the dates of my onsite inspection on May 6-7, 2021, I reviewed the Covid-19 education materials provided to the inmates prior to my arrival, and as I walked through each Housing Unit, I looked for the Covid-19 education materials to see if they were readily available to inmates and written in simple terms.

What I observed was an education program that, while well-intentioned, is inadequate and ineffective. When an inmate is booked into the Shelby County Jail, many of them are stressed out, dysregulated, and under the influence. Others are seriously mentally ill, learning disabled, or intellectually disabled.

Moreover, given that 90% of the inmates who are housed in the Shelby County jail are African American, there is a deep-seated cultural mistrust of government sponsored programs especially offerings of medical treatment. We need not look too far back in history to find the Tuskegee Experiment which did not end until 1972, and the Tulsa, Greenwood Massacre. There is a plethora of other events that have caused the African American population to be very wary of any offerings by a government agency.

Wellpath does its best to educate inmates on the benefits of taking the vaccine upon arrival and to offer them the opportunity to take the vaccine when they arrive at the jail. However, it is my expert opinion, these efforts are inadequate and ineffective because the amount of time and personnel necessary to properly educate distrustful inmates who not only have a cultural distrust, but also read and hear about the recent problems with the Johnson and Johnson vaccine that caused the deaths of several women. There is also a tremendous amount of misinformation in the news and circulating in the ethnic communities that an effective vaccine education program needs to overcome. Handing an inmate an information sheet, telling them that the vaccine is safe, and offering them a vaccine during a single limited time encounter is doomed from the outset.

The Shelby County custody staff also make limited efforts to educate inmates on the benefits of taking the vaccine by posting vaccine educational materials in the Housing Pods, providing vaccine education materials on request, and showing a PSA featuring President Barack Obama, Charles Barkley, and Shaquille O'Neil. I had the opportunity to preview the PSA while I was onsite. However, the vaccine education materials were posted in a spot that was not highly visible and readily accessible to inmates. In addition, due to severe staffing shortages, there are insufficient personnel to do a more labor intensive and individualized education program.

During my inspection of the Housing Pods, I spoke with many inmates who told me they had not seen any education materials, nor had anyone explained the benefits of taking the vaccine like Lt. Styles, Captain Harris and I were doing for them. I asked about their

underlying medical conditions and explained what would happen if they got sick. There were inmates with heart conditions, hypertension, diabetes, asthma, renal failure, HIV, and more. The inmates also expressed a deep distrust of the vaccine itself worrying that they would suffer serious illness or death from taking the vaccine like they read about or heard about. Even within the Housing Unit Pods, there are spokespersons (shot callers) who actively discouraged inmates from taking the vaccine. In a custodial setting, if the shot callers say no, all the inmates will get in line and refuse the vaccine. We were able to overcome these obstacles in the few Housing Unit Pods where we were able to speak with the inmates individually and as a group. There were as many fears and objections to taking the vaccines as there were inmates. However, because we took the time to explain the benefits of taking the vaccine and the very real dangers of remaining unvaccinated while in the Shelby County Jail, we were able to recruit 37 additional vaccine takers. While these additional 37 vaccine volunteers should have been able to get their vaccines within 48 hours, they had to wait for at least two weeks to receive their first dose of the vaccines for the reasons explained below.

Finally, much to my surprise the Shelby County Jail nor Wellpath has any control over the Covid-19 Vaccination Program. The program is totally controlled by the City of Memphis. The City of Memphis tells the jail how many vaccines they can have, when they can be administered, and only allows Memphis City EMTs to administer the vaccines. There are no vaccines stored on site that could be administered immediately upon request, nor are any Wellpath doctors or nurses authorized to administer the vaccines to inmates. The only role of the onsite healthcare provider is to let the City of Memphis know the number of vaccines they need in a given week. On at least two occasions between the dates of my onsite inspection and the penning of this report, the City of Memphis EMTs cancelled their scheduled time to administer vaccines to the Shelby County inmates. Clearly the provision of vaccines to the Shelby County Jail inmate population is a very low priority for the City of Memphis.

As a result of the totality of the circumstances outlined above, it is my expert opinion that the Covid-19 vaccine education and administration program at the Shelby County jail is completely ineffective and does little to protect the vulnerable Class and Subclass members who are currently housed in the Shelby County Jail. Without a major restructuring of the Covid-19 vaccine education and administration program, it is of little or no value in keeping Class and Subclass members safe from the Covid-19 virus.

See the “Introduction” and “medical” sections above in this report. As of June 17, 2021, it is my expert opinion that the vaccine education and vaccine administration program is ineffective, poorly thought out and poorly administered. While the Memphis EMTs do come to the jail and vaccinate inmates, there is a threshold of a minimum number of vaccines that need to be requested and the administration of the vaccine is completely dependent on the availability of the EMTs on the day the vaccines are scheduled to be administered. The jail has offered a 20 dollar commissary credit incentive for inmates who take the vaccine and that resulted in an uptick of vaccine takers by over 200. However,

some inmates have complained that they have not received their commissary credit over a month after they have taken the vaccine.

On June 24, 2021, 8 days after my third onsite inspection, the jail was going to conduct a town hall “white coat” day where medical professionals would speak to the inmate population about the benefits and risks of taking the Covid-19 vaccine. This is a great idea, and during my next inspection, I will get more information about how the inmate’s received this information and its effectiveness.

There have been no meaningful changes here. My expert opinion remains that the vaccine education and administration program is ineffective.

ONSITE FOLLOW-UP INSPECTION RECOMMENDATIONS STATUS

Comments in Red are from my first follow-up inspection
Comments in Blue are from my second follow-up inspection
Comments in Purple are from my third follow-up inspection
Comments in Brown are from my fourth follow-up inspection

These findings and recommendations are not in order of importance.

RECOMMENDATION #1

1. It is recommended that Wellpath move to a 14-day medical isolation with a nasal pharyngeal test-based strategy for symptomatic and asymptomatic inmates who are newly booked in the jail. The tests should occur between day 3 and day 6 for the initial test, and between day 10 and day 12 for the second test. All inmates in medical isolation must be asymptomatic for two consecutive days subsequent to the final test results being received before they can be released to general population. Covid-19 test refusals should be considered positive tests and subject to a 21-day isolation with no movement.
2. Implemented w a single PCR Test at day 12. This date was chosen because of high inmate turnover from day 2-11. Unfortunately, the refusal rate is approximately 63% rendering the Covid-19 testing program ineffective.

This continues to be the case as of May 6-7. I did not review this during my June 17, 2021 onsite inspection, I will review this on my next onsite on August 5, 2021.

As of August 5, 2021, there are increased challenges to containing the Covid-19 virus because of staff shortages and space shortages to appropriately quarantine/medically isolate new arrestees and inmates who have been exposed to the Covid-19 Delta Variant. The test refusal rate at day 12 of the intake quarantine hovers in the low 60th percentile. I address this earlier in my report, and for the sake of brevity, I will not readdress it here.

3. It is recommended that Wellpath and the jail command staff identify living units where the vulnerable population can be sequestered away from the rest of the general population inmates without losing their privileges or dayroom time consistent with their security level. The most medically fragile inmates and the inmates that are at the highest risk of serious illness or death if they contract the Covid-19 virus should be housed near the medical unit in case there is a white alarm. Areas that could be considered are the third floor and the Annex. Custody might be able to open the sixth-floor living units which have 192 beds for the Level 7 inmates currently housed on the 3rd floor and move some 3rd floor inmates to the empty cells in the Annex.

Implemented to the best of their ability given the physical plant limitations. Some of the most medically fragile inmates are located by the nursing station on the second floor of the jail. Some have been moved to a solid door setting in the Jail Annex. Some remain in Housing Pods where there are open bars, but the jail has placed plexiglass over the open bars to emulate a solid door cell. The majority remain in Housing Pods with open bars.

During my May 6-7 onsite tour, I identified two additional solid door Housing Pods that could easily be used for housing vulnerable class and subclass members. As I recall those Housing Unit Pods are 4C and 3C.

As of June 17, 2021, the Shelby County Jail had not followed the May 6-7, 2021 recommendation. With the Delta Variant lurking in the wings, this recommendation becomes even more important.

Nothing has changed here as of August 5, 2021 except that there is less available space than there was as of June 17, 2021.

RECOMMENDATION #2

1. Consult with Dr. Bruce Randolph, Shelby County Health Officer, to see if he would be amenable to adding detention facilities to Shelby County Health Directive #7 or issuing a separate health directive for detention facilities in Shelby County. The language in the directive could read that “Any person detained in a detention facility should be isolated from the rest of the inmate population for 14 days if they are not eligible for ROR and cannot make bond. If the detained person is eligible for ROR or can make bond, they should be released, provided with a copy of Shelby County Health Directive #7 dated June 22, 2020 and instructed to follow that directive upon release. Nothing in this directive is intended to delay or impede the release of detained individuals if they are eligible to be released”. This is in the best interest of public health. Detained people are members of the Shelby County community and should be protected from unreasonable risks of infection just like non-detained persons in Shelby County.

The Jail in consultation with the Courts, have implemented a new process by which inmates are only brought down to the court holding cells when they are needed for their court appearance in person or via video conference. No positive inmates are making court appearances of any kind, and only inmates who may have a chance to be released on their own recognizance are brought to the holding cells in small numbers for video or in person visits. I am satisfied that this practice is much safer.

This process continues to work well, but Lt. Lee needs to take corrective action on the 5th Floor during video arraignments to ensure adequate social distancing and inmate mask compliance.

During my June 17, 2021 onsite, I found no issues with this process.

During my August 5, 2021 inspection, this process continues to work well. Lt. Lee is vigilant about enforcing the mask mandate and the social distancing of inmates waiting for court. She also notifies Classification if an inmate has been exposed Covid-19 in court, so Classification can place the Housing Pod on quarantine, but given the population challenges and the lack of serial testing, this quarantine has little value in identifying asymptomatic positive inmates.

2. Consult with the General Sessions Court and Criminal Court and ask the Judges to use the existing video technology located in holding tanks LLR and LLS for arraignments, bond hearings, and other court proceedings that would not violate the inmate's 5th or 6th amendment rights. In March, the Tennessee State Supreme Court issued an emergency order suspending in person court appearances for two weeks, but I am unaware of the validity of this order today. Technology such as Skype, Zoom, Microsoft Team, and WebEx are also available and could be deployed in a cost effective and efficient manner while limiting the exposure of vulnerable inmates to infection. Ms. Best, the Sheriff's Office Expeditor, is a former judge and an attorney and could be very helpful in explaining the risk of spreading the Covid-19 virus among the inmate population if the court continues to demand the inmates appear in, at, or near the Courts in large holding tanks. The use of video arraignments, bond hearings, and other appearances would go a long way in reducing the risk of vulnerable inmates getting infected with the Covid-19 virus.

The jail and the Courts have substantially increased video court appearances. However, the Courts resumed normal operations on March 15, 2021, and this could increase the risk of inadvertently introducing the virus into the jails. Having said that, from my observations during the follow-up inspection, I believe that a good faith effort has been made to mitigate the introduction of the Covid-19 virus into the jails.

As of my May 6-7 onsite follow-up inspection this continues to work very well reducing the exposure of Class and Subclass members to the Covid-19 virus.

During my June 17, 2021, I observed this process to be to working very well.

During my August 5, 2021 inspection, the process continues to work well. I am concerned about positive inmates being presented to the court via video in the court tunnel, but Lt. Lee assured me that the positive inmates who are brought down are in full PPE (mask, Tyvek suit, goggles, booties and gloves). It is a risk, but the SCJ does not have control over who the court orders to appear.

3. Wellpath leadership needs to be more aggressive and more vocal about protecting the vulnerable inmates in their care. There are several practices that take place in

the jail that are potentially harmful to their patients, and they should not be allowed to continue. I recognize that Wellpath leadership feels powerless to insist that those harmful practices be discontinued, but in my expert opinion, Wellpath should have brought those harmful practices, at a minimum, to the attention of Dr. Bruce Randolph and documented that those harmful practices were brought to the attention of whatever entity they notified including the Court. Judges can be dismissive, but it is the responsibility of the medical provider to protect the health of the inmates in their charge and to speak up and advocate for the safety of their patients. I know this is an uncomfortable recommendation, but it is the right thing to do. Doing the right thing is not always easy, but it is always the right thing to do.

See above. This is a difficult situation to be in, but I believe that Wellpath is now more of an active participant than on my last visit. The Court Expeditor does not seek information from Wellpath on the Class and Subclass members on a regular basis. She only looks at inmates over 60 and those that are the most medically fragile that Wellpath brings to her attention. This needs to change.

The Court Expeditor is on the regular phone calls with Wellpath and Dr. Randolph does provide the Court Expeditor with the most fragile inmate names and medical conditions that she believes should not be housed in the jail. However, as I stated earlier, based on the responses from defendants and their counsel, it is my expert opinion that they do not agree that the Court Expeditor function falls under the jurisdiction of the consent decree. This needs to be clarified.

During my June 17, 2021 follow-up inspection, I learned that the Court Expeditor had been assigned additional help. In addition, Dr. Randolph agreed to work with the Court Expeditor to go through the list of Class and Subclass members in order to narrow the list of inmates who would be viable candidates to be safely placed in community based alternative forms of custody. However, in spite of my recommendations that a multi-disciplinary group evaluate the viability of the Class members medical conditions, charges, and bail to determine which inmates should be presented to the defense attorneys, criminal justice partners and Court, this has not happened. The Court Expeditor presented three Class and Subclass inmate cases to the Court in the 30 days prior to my visit. While this may seem tangential to Wellpath, this multi-disciplinary approach was welcomed by Dr. Randolph and the Mental Health Director, Ms. Jeter. Their addition to the team would significantly lighten the load of the Court Expeditor, and allow the viable candidates to be presented to the Courts and criminal justice partners in a timely fashion

There have been no improvements here.

FINDING #3

1. The Shelby County Jail is not maximizing its efforts to enforce social distancing in its living units and should consider rethinking how it programs inmates in all areas of the jail.

Unfortunately, except in the dormitories on the 5th and 6th floors, social distancing is not possible at the current population levels. Severe custody staffing shortages limit the Jail Command Staff from using the rooftop exercise yards simultaneously with dayroom time in the Housing Pods. Even if that were to occur regularly, proper social distancing would not be achievable in my expert opinion.

During my May 6-7 follow-up inspection, there was no inmate social distancing occurring on any floor in the jail during out of cell time. Moreover, due to severe staffing shortages, inmates do not have regular access to the Gym on the roof, and as a result, for the most part, out of cell time is limited to Housing Unit Pod Dayrooms.

During my June 17, 2021, nothing had changed.

As of August 5, 2021, the jail population has increased by over 100+ inmates and as a result the inability of the SCJ to social distance consistent with CDC guidelines is only exacerbated. In addition, based on my observations, the lack of recreation time has only gotten worse.

RECOMMENDATION #3

1. Jail Command Staff could consider allowing fewer inmates in the dayroom area at the same time. By reducing the number of inmates in the dayroom at one time while continuing to enforce the mandatory mask order for staff and inmates who are in the dayroom, the risk of infecting others with the Covid-19 virus will be reduced. As an example, only allowing 6-8 inmates out in the dayroom at the same time on the 3rd, 4th, 5th, and 6th floors vs allowing 20 inmates out in the dayroom at the same time will substantially reduce the risk of person-to-person infection. In the dormitory living units, staff can put some inmates on bunk status until it is time for them to program in the dayroom. It is critical that the security officers enforce the directive that inmates properly wear masks. I did not physically go into the asymptomatic medical isolation units, but those inmates should only be coming out alone with masks properly worn until their medical isolation is lifted.

Social distancing compliant with CDC guidelines is not possible in this jail given the size of the inmate population and the physical plant limitations. Social distancing consistent with CDC guidelines will only be possible by reducing the jail population to 50% of design capacity if then. There are a significant number of inmates in the Shelby County Jail that could be safely placed in structured and

supervised environments in the community, and some that only remain in jail because they are economically disadvantaged people of color who cannot afford even a minimal bond.

I continue to recommend a significant reduction in the Shelby County Jail population.

As of June 17, 2021, recommend a significant reduction in the Shelby County Jail population. I also recommend reconfiguring staffing assignments on each floor to maximize social distancing and opportunities for exercise and Pod recreation time. I do not believe the staffing issues at the jail will improve for the foreseeable future.

As of August 5, 2021, because of the severe staffing shortages and the increased inmate population in the SCJ, there is no hope of change here for the foreseeable future unless the SCJ dramatically reduces the inmate population.

RECOMMENDATION #4

1. At the daily shift supervisors meeting, jail command staff should issue a directive to the floor Sergeants, Lieutenants, and Captains requiring them to direct living unit security staff to distribute free soap to the inmates in every unit twice a week until further notice. Furthermore, living unit security staff should provide each new inmate who enters the living unit with an information sheet that provides the inmate with Covid-19 education materials and a statement that they are entitled to free soap twice a week and that they will not be written up if they have more than one bar of soap in their possession. If security staff do not follow this directive, they should be disciplined.

Soap, Mask, and Hand Sanitizer availability has improved dramatically. I did not see any evidence of systemic problems with the distribution of these materials. I will review again on my next follow-up inspection.

On this inspection, soap, masks, hand sanitizer, and cleaning supplies were readily available. I did not receive any inmate complaints about this issue during my onsite inspection.

During my June 17, 2021 follow-up inspection, I observed soap, masks, hand sanitizer readily available. I continue to recommend that every new inmate who enters a Housing Pod be given a Covid-19 information sheet, but it should be a culturally competent information sheet with a follow-up individualized education process. Housing Pod Floor Officers could be trained to do this education. It would be good for everybody.

During my August 5, 2021 inspection, I did not witness any new inmates getting Covid-19 education materials, and it was very difficult to speak to inmates about Covid-19 because they were focused on getting out of their cells for recreation, showers, and phone time.

RECOMMENDATION #5

1. Twice a week, every living unit in the jail should have a deep cleaning overseen by the security officer and the living units should be inspected by the floor sergeant. Inmates should have the opportunity to clean their cells every day at a specified time that does not take away from their dayroom time. If the living unit is not spic and span, the inmate's dayroom time should be suspended until such time as the living unit is spic and span. In addition, the living unit security officer should be disciplined for not keeping their living unit clean. Taking pride in your work area is a fundamental principal and best practice for a paramilitary organization.

While there was some improvement in this area, during my follow-up inspection, I still found Housing Pods and showers that were unsanitary including one right across from the 2nd floor Nursing Station that housed medically fragile inmates. This is inexcusable. The newly appointed Compliance Captain, Captain Harrison, should routinely inspect the Housing Pods, common areas and showers to ensure they are clean and disinfected regularly.

I did not find any cleanliness issues during my May 6-7 onsite inspection. The environmental team led by Dwayne Johnson have addressed my previous concerns. I will continue to monitor this on my next onsite follow-up inspection.

I did not find any cleanliness issues during my June 17, 2021 follow-up inspection. Cleaning schedules have been modified to increase the level of cleaning in the Housing Pods. I did not inquire about whether or not Compliance Captain, Captain Harris, is routinely inspecting the Housing Pods, common areas, and concerned showers to ensure they are clean and disinfected regularly. I will review this recommendation on my August 5, 2021 follow-up inspection.

During my August 5, 2021 inspection, I did not see any glaring cleanliness issues.

RECOMMENDATION #6

1. Floor Sergeants, Lieutenants, and Captains need to be hypervigilant in enforcing the mandatory mask directive for staff and inmates. In fact, they need to be hypervigilant in enforcing all of the Covid-19 policies, procedures, and practices.

There was a vast improvement in this area. I did not see any custody staff or healthcare staff with their masks down below their noses. All staff and 95 percent

of inmates were mask compliant in the Housing Pods and in the Court holding cells. No jail will ever be perfect in this area, and the Shelby County Jail is no different, but the Command staff should be commended for the increased compliance in this area.

It is my expert opinion that as a result of severe staffing shortages and a lack of supervision, the mandatory mask directives are not being enforced.

During my June 17, 2021 follow-up inspection, inmate mask compliance was poor. Some Housing Pods were better than others, but it is clear to me that supervision and accountability was lacking. In defense of the Deputies, it is an ongoing issue that takes constant vigilance and reminders to inmates to wear their masks properly. Housing Pod floor officers also have to feed, conduct pill call, laundry exchange, and conduct safety checks. Having said that, the Deputies must continue to make their best efforts, and in many cases, it did not appear to me to be the case.

It is impossible to enforce inmate mask mandates when there are not sufficient staff to fill posted positions within the housing units. During my August 5, 2021 inspection, most inmates were locked in their cells and there was no floor officer present.

2. It is critical that supervisors maintain their professional distance from subordinates. Overfamiliarity breeds contempt and as a result supervisors become unwilling to enforce policy and discipline non-compliant subordinates. This will poison the well, and all the great work that management has done to fight the spread of this virus will go for naught. Many of the vulnerable inmates will unnecessarily become seriously ill and die.

This issue has been resolved. I did not see any overfamiliarity or clustering of staff during the course of my follow-up inspection.

No issue on second follow-up inspection.

During the June 17, 2021 follow-inspection, I did not see any overfamiliarity, but supervision of subordinates could be better.

During my August 5, 2021 inspection, I did not look at this issue.

3. I recommend that Chief Fields and Assistant Chief Hubbard increase their presence on the decks and spot check compliance with the Covid-19 policies, procedures, and practices including the cleanliness of the living units, dayrooms, and bathrooms.

While I did not ask about this directly, from the source documents I reviewed, it is clear that Chief Fields' and Assistant Chief Hubbard's presence and active participation in the day-to-day operations of the Shelby Jail are seen and felt.

No changes here.

No changes to report here.

No changes.

4. I recommend that the jail consider creating a compliance unit whose sole responsibility is to audit compliance with department policies, procedures, and practices. This unit can develop an internal audit tool and audit the jail quarterly for compliance. A quarterly report then should be filed with command staff and a corrective action plan should be developed to correct any identified deficiencies. This is important to protect the vulnerable inmates from an unreasonable risk of harm due to policy violations.

A Compliance Unit of one has been created and Compliance Captain Harris accompanied me throughout my follow-up inspection. This Unit will go a long way to ensure consistent compliance with the Covid-19 policies, procedures and directives, and she will be able to immediately address any episodic violations that are occurring.

When more staff are available, I recommend that at least 3 positions be added to the Compliance Unit, and their presences on the decks of the Shelby County Jail should be a daily occurrence.

During my June 17, 2021 inspection, Captain Harris remained the only person in the Compliance Unit. She was not available in the evening of my inspection. The Compliance Captain should have been present for this Inspection. With the severe staffing shortages that currently exist, I do not see that improving in the short-term.

No changes here.

RECOMMENDATION #7

1. Create a Covid-19 information sheet that is at a 6th grade reading level. This information sheet should be provided to every inmate who is booked in the county jail and again when they reach their assigned housing unit after being taken off medical isolation. It should also be posted on the wall of every living unit. The living unit security officer should make sure the inmate understands the information on the sheet when they orient the inmate to the living unit rules and regulations. This information sheet should be available in audio and large print for the visually impaired, hearing impaired, and blind.

I did see Covid-19 fact sheets and educational materials on the wall, but I did not inquire about the 6th grade reading level materials on this follow-up inspection. I will examine this issue more closely on my next follow-up inspection.

Not reviewed on the second follow-up inspection due to time constraints.

The Covid-19 education materials are not culturally competent. Some are below a 6th grade reading level, but there is no meaningful education taking place. I recommend that the Housing Pod floor officers be trained to provide culturally competent education to the inmates housed in their Housing Pod. During this last visit, I recommended that the Covid-19 education materials be posted on the walls that are accessible at all times to the inmates rather than behind and to the left of the officer station.

No changes here. The Covid-19 materials are not Culturally Competent or ADA compliant.

FINDING #8

1. Cleaning supplies for high touch surfaces such as telephones and kiosks are not readily available for inmates to use after each inmate uses those high touch items.

I did see cleaning supplies in bottles in each Housing Unit available for inmate use.

No changes here.

No changes here, and no inmate complaints.

I did not review this on August 5, 2021.

RECOMMENDATION #8

1. Place an EPA approved cleaning solution in a spray bottle with a supply of paper towels in an area in the living unit where inmates can readily access it for cleaning the phone, kiosk and other high touch surfaces after every use. The jail is a direct supervision jail, and security staff are in the living units and can easily supervise its use or assign a pod worker to that responsibility. Many inmates are indigent and assigning inmates with a pay number at .20 to .50 cents an hour will allow the inmate pod worker job to be attractive. First Watch and Second Watch can each

have their own pod workers to assist the housing unit security officer with the management of the cleaning supplies.

The cleaning supplies were readily available.

No changes here.

I did not inspect this issue during my August 5, 2021 inspection.

RECOMMENDATION #9

1. Issue the inmate population two cloth masks one of which can be exchanged with the weekly laundry exchange. During laundry, the masks should be inspected and replaced if they are in disrepair. Masks should not be sprayed with Bio vex. The manufactures warnings state that Bio vex is considered to be a mild irritant and can cause irritation of the eyes, ears and throat. Vulnerable inmates may have an adverse reaction to this substance being sprayed on their masks especially those with COPD or moderate to severe asthma.

Inmates I interviewed had adequate cloth masks and they can be exchanged during laundry exchange. Bio vex is no longer used on masks. Some inmates choose to launder their own masks.

Some inmate masks were looking tattered. Inmate masks should be inspected and changed when this is observed.

On June 17, 2021 inmate mask compliance was poor. Given the spike in community infections, the jail must return to hypervigilance about mask compliance.

On August 5, 2012 intake/booking mask compliance was concerning given the amount of close contact time inmates had in that area. In the Housing Pods I inspected, all the inmates were locked down so nobody was wearing a mask. Given the open bars on the top of the cell doors, I worry about the transmission of the Covid-19 Delta Variant in those settings given studies are suggesting that it is at least 1,000 times more infectious.

RECOMMENDATION #10

1. Wellpath may want to consider hiring a Clinical Psychologist to test for intellectual disabilities and learning disabilities. Some experts have found that there may be as many as 2-4% of the inmate population that are intellectually disabled with a much smaller percentage being profoundly intellectually disabled needing high adaptive supports and protection from victimization.

This recommendation was not adopted.

This continues to be a problem and is a violation of the ADA as to subclass members.

I did not review this recommendation during my June 17, 2021 onsite inspection.

Nothing has changed here.

FINDING #11

1. During my inspection and interviews, I came to the conclusion that there is no concentrated and coordinated effort to assemble and present information to the courts regarding an inmate's medical conditions that may make him vulnerable to serious illness or death while housed in the jail. Moreover, while I find Mischelle Best, the Court Expeditor, to be hard working and passionate about her job, I am concerned she is spread too thin and has to do the job of a competent criminal defense attorney in addition to her other duties. Nor is there any consistent multi-disciplinary effort within the jail to secure alternative custody venues for vulnerable inmates. I found that a significant number of these inmates had very serious charges, but some have been charged with garden variety felonies and, in my expert opinion, because of their medical condition, they are not a current threat to public safety if they were placed in a structured and supervised environment.

This has not changed dramatically. Defendants believe that this would amount to advocating on behalf of inmates and as a result the Court Expeditor cannot advocate for inmate's release. I respectfully disagree with this position especially in a global healthcare crisis.

As of June 17, 2021, I observed no improvements in the process even though an analyst has been assigned to assist the Court Expeditor. The Court Expeditor only presented 3 Class member cases to the Court in the 30 days prior to my arrival.

RECOMMENDATION # 11

1. Create a multi-disciplinary task force within the jail to present the medical conditions of the inmates who along with their non-violent offenses make them good candidates for release to alternative custodial settings. Technology has come a long way and alternatives custodial environments work well in many other states and jurisdictions.

I left this finding AND recommendation in because this is such a critical component to not exposing Class and Subclass members to an unreasonable risk of serious illness or death from being exposed to the Covid-19 virus or any of the significantly

more contagious and more deadly variants like the B.1.1.7 variant or others from South Africa, Brazil, etc.

The Court Expeditor function is understaffed, and the manner in which the data is collected is unorganized, sporadic, and ineffective. The manner in which the information regarding the medical conditions of the immunocompromised is monitored, collected and presented to the Courts with recommendations for alternative placements in the community is dysfunctional, unorganized, inconsistent, and ineffective.

The Court Expeditor has many tasks and has received little or no guidance on how to interface with medical and mental health on a daily basis, the breadth and depth of what information to collect, what information to present, what recommendations to make, how store and display that information, and how to track what if any action the Court has taken in response to her recommendations if she is making recommendations.

As a result, many Class and Subclass members who are immunocompromised with serious medical/mental health conditions and disabilities who could be safely placed in structured and supervised programs in the community instead are exposed to an unreasonable risk of serious injury or death in a jail that cannot enforce social distancing or provide the out of cell time and large muscle group exercise critical to the physical and mental well-being of this vulnerable population.

Again I strongly recommend that Court Expeditor function be reimagined and restructured into a larger office with more personnel charged with gathering and presenting information regarding the Class and Subclass healthcare conditions, available alternative community based structured and supervised placements including but not limited to board and care facilities, residential treatment programs for substance abuse and dual diagnosis, GPS, home confinement, mental health treatment programs or being released on their own recognizance for those who are being held in jail because they are economically disadvantaged people of color.

I was too critical of the Court Expeditor in my first follow-up inspection because her duties are many, she was understaffed, and the defendants do not believe the Consent Decree applies to her and her job function. This needs to be clarified.

As of June 17, 2021, an additional analyst was assigned to the court expeditor, but there were no improvements in the process.

As of August 5, 2021, the Court Expeditor was potentially out long term. My recommendations have not changed. Very few, if any, inmates are being considered for placement in alternative custody environments in the community. I do not see this changing with the Court Expeditor being out for any extended period of time.

STATUS OF FINDINGS AND RECOMMENDATIONS FROM FIRST AND SECOND FOLLOW-UP COVID-19 INSPECTIONS.

FINDING #1

1. The Shelby County Jail, because of population size and physical plant limitations, does not have the ability to properly social distance inmates in the higher security levels. If social distancing did occur consistent with CDC guidelines it would result in inmates receiving little or no out of cell time for recreation time/large muscle group exercise. Inmates receiving adequate out of cell time/large muscle group exercise has already been cut severely because of staffing shortages.

RECOMMENDATION #1

1. The size of the Shelby County Jail inmate population needs to be reduced by up to 50% in order to achieve social distancing consistent with CDC guidelines in order to effectively prevent/mitigate serious illness or death in the inmate population. Time is of the essence given the high vaccine refusal rate which is approximately 75%, The high refusal rate according to high-ranking officials in the Shelby County Jail is in part because of the distrust of government by the African American population stemming back to the “Tuskegee Experiment” and other civil rights atrocities. Moreover, at the time of my inspection only 22 inmates had been vaccinated.

There has been no movement in this area because the defendants contend release decisions are out of their control. The parties may want to consider joining Shelby County as a party to this action to end the silos of responsibilities and authority. The size of the jail population combined with severe staffing shortages make the conditions of confinement dangerous for Class and Subclass members. Only 273 inmates have been vaccinated as I pen this report.

600+ SCJ inmates have been vaccinated as of the date of this report. However, the number of inmates who remain in jail is unknown at this time. I will receive that information by Wednesday of next week, and I will notify the parties of my findings in an email once I receive that information. This will only be a point in time analysis because inmates are entering and leaving the jail in large numbers each week.

RECOMMENDATION #2

1. The Shelby County Jail and Wellpath should create a comprehensive, culturally competent vaccine education program for current and future inmates that will demonstrate to the inmate population that the vaccines are safe and effective. Until the majority of inmates have been vaccinated at the Shelby County Jail, the prevention/mitigation effect is de minimis.

As noted above, the Shelby County Jail vaccination education and administration program is completely ineffective and there is no culturally competent education program available to inmates. I will make separate recommendations as a result of my May 6-7 follow-up inspection.

Nothing has changed here. I recommendations remain the same. I have volunteered to come to the SCJ to conduct small group education session with inmates for free. It is that important. I am willing to donate a week of my time onsite to go to every Housing Pod and to have a culturally competent vaccine education interaction with the inmates if the SCJ is open to my participation. I am also willing to develop culturally competent vaccine education materials in conjunction with Wellpath and the SCJ of they are open to it.

FINDING #2

1. The Court Expeditor function is completely ineffective in presenting Class and Subclass member healthcare information to the Court for them to consider in ROR decisions, Bond decisions, and safe alternative placements in structured and supervised environments in the community. The Court Expeditor function is severely understaffed, and the manner in which data is collected, presented, and preserved is dysfunctional and unreliable. Less than 1% of the Class and Subclass healthcare information has been submitted to the Court for consideration. This is a serious problem that places Class and Subclass members at an unreasonable risk of serious illness or death while in the Shelby County Jail.

RECOMMENDATION #1

1. I recommend that the Shelby County Jail add at least two additional positions to the office of the Court Expeditor to assist in gathering the healthcare data of Class and Subclass members as well as available community-based programs for presentation to the court in making its release, bond, and alternative placement decisions (such as GPS, mental health treatment programs, substance abuse treatment programs, board and care facilities, home detention, etc.)

The Shelby County Jail has added an additional position to the Court Expeditor function, but the main issue is that the defendants do not believe the Consent decree applies to this function and maintain that she cannot act as an advocate for the inmates. This needs to be clarified or my comments regarding the ineffectiveness of the Court Expeditor on behalf of Class and Subclass members are irrelevant.

No meaningful changes here.

FINDING #3

1. Contract tracing occurs in silos in the Shelby County Jail, and there is a significant reliance on schedules and self-reporting of exposure and significantly less on cameras and other real time comprehensive contact tracing. As a result, there is a serious risk of missing individuals who have been exposed to the Covid-19 virus, and an inadvertent introduction of the virus into the jail or the community.

RECOMMENDATION #1

1. It is my expert opinion that there should be an integrated approach to contract tracing involving reviewing camera footage, interviewing staff, reviewing schedules etc. in order to mitigate this problem.

This has been remedied. While I did not witness integrated contract tracing occurring, it was represented to me by Chief Fields that this does now occur when there is a Covid-19 positive case detected. On my next follow-up inspection, I will review the any contract tracing records that exist.

As of June 17, 2021, the process remains remedied.

During my August 5, 2021 inspection, I did not review the status of this recommendation, but I have no reason to believe it is not still in play.

FINDING #4

1. Staffing shortages at the Shelby County Jail cause Class and Subclass members to be locked in their cells oftentimes for days if not weeks at a time. In addition, Class and Subclass members have not gotten any outdoor large muscle group exercise since my last inspection in June of 2020. The lack of large muscle group exercise and being confined in their cells for 24 hours a day for extended periods of time negatively impacts the mental and physical well-being of this already immunocompromised Class and Subclass population.

RECOMMENDATION #1

1. The Shelby County Jail Command Staff should institute a mandatory overtime program that fills all of the posted positions required to ensure the inmates in the jail get the minimum out of cell time recommended by the ACA while properly socially distancing. Inmates should have access to the rooftop yards and dayrooms from 0800hrs -2200hrs every day of the week. Giving the inmates their dayroom time and yard time will assist with their mental and physical well-being during this stressful time.

The Shelby County Jail has a mandatory overtime program in place. However, because over 30 Custody personnel were out sick from Covid-19 during my May 6-7 follow-up monitoring tour coupled with severe staffing shortages, the mandatory overtime program does little to mitigate the dangerous conditions of confinement and lack of out-of-cell time for inmates. Inmates, as of May 6-7, had very limited access to the Gym due to staffing shortages. I will make an additional recommendation regarding this issue below.

As of June 17, 2021, there were no meaningful changes to this challenge.

As of August 5, 2021, based on my observations and the observations of my security escort, the situation has even gotten worse. I have requested the recreation logs for the Housing Pods I inspected on August 5, 2021, but I will not receive that information until approximately August 25, 2021. I will provide this information to the parties in an email as soon as I get it.

The mandatory overtime program is ineffective because it does not include patrol deputies, and it only allows the SCJ to mandate custody staff return to work two days a month. Given these factors, the mandatory overtime program will do little to solve this crisis.

FINDING #5

1. When bail is considered in Shelby County, the judicial commissioner setting bail does not take into account the economic ability or inability of the detainee to post bond. Nor does the Court Expeditor uniformly present to the Court health information about all at risk Class and Subclass members who could be placed in alternative structured and supervised environments thereby reducing their risk of serious illness or death without jeopardizing the safety of the public. Thus, in my expert opinion, the manner in which bond amounts are set discriminates against Class Members and Subclass members who may not be a current threat to public safety, but who are people of color and who simply cannot afford even a minimal bond. The current system is not necessary to ensure future court appearances or to protect public safety. Under this system, the Class Members and Subclass Members, most of whom are poor and people of color, are disproportionately held in custody simply because of their inability to afford to post a bond, and they are not being considered for alternative placements in structured and supervised environments despite their underlying health issues. This discrimination results in a disproportionate number of Class and Subclass, immunocompromised poor people of color, being subject to an unreasonable risk of serious illness or death from the Sars-COV-2 virus because they are held in custody solely because they are economically disadvantaged. According to data I reviewed, as of September 2020, there were 351 inmates housed in the Shelby County Jail with bonds of less

than \$2,000. While, I do not have the most recent data, I have no reason to believe the numbers are substantially different.

RECOMMENDATION #1

1. The Court, with the assistance of the Shelby County Jail Expeditor, should take into consideration an inmate's financial ability to post a bond as well as if they are a current threat to public safety when making release decisions, bond decisions, and placements in structured and supervised environments in the community. There is a significant number of inmates in the Shelby County Jail whose bonds are \$2,000 dollars or less.

I reviewed the most recent bail information for the entire Shelby County inmate population, and my recommendation stands except that I believe inmates with bonds of \$50,000 dollars or less can be safely placed in alternative forms of custody. If all an inmate has to do is come up with \$5,000 dollars and he gets to go home, there is no current threat to public safety. However, the defendants contend that they have no authority to make release decisions or decisions regarding alternative forms of custody. The parties may wish to consider joining Shelby County as a party to this action to remedy this issue.

As of June 17, 2021, there have been no meaningful changes to this process.

Addressed in detail earlier in this report.

FINDING #6

1. I met with the men who are responsible for the Shelby County Jail ventilation system. Shelby County has spent 1.1 million dollars on the installation of Global Plasma Ionizers in the ventilation system. According to the marketing materials the Ionizers are 98 percent effective in killing the Covid-19 virus. I am unqualified to make that determination, but I did review the marketing materials and contract with the vendor.

RECOMMENDATION #1

1. The ventilation expert contemplated by the consent decree should be consulted in determining whether the GPS ionizers are sufficient to render the air quality in the jail safe. I understand there may be concerns, including within the CDC and ASHRAE, that these ionizers are not sufficient to mitigate the risk of aerosol spread of COVID-19. I am unqualified to make that determination, but I applaud the Shelby County Jail Command Staff for pursuing this solution.

I did not revisit this issue on the May 6-7 follow-up inspection, and I am aware of no further actions in this area.

On June 17, 2021, I did not revisit this issue as it is beyond my scope of expertise.

No additional recommendations here.

ADDITIONAL FINDINGS AND RECOMMENDATIONS FROM SECOND FOLLOW-UP COVID-19 INSPECTION ON MAY 6-7, 2021 AND COMMENTS FROM THIRD AND FOURTH FOLLOW-UP INSPECTION

FINDING #1

1. Inmate mask compliance in the Housing Pods was poor. In spite of most of the Housing Pods being direct supervision pods (A custody officer stationed inside the Housing Unit Pod), the inmate mandatory mask policy requiring all inmates to properly wear their masks at all times while out of their cells was not being enforced. In my expert opinion, there are two main reasons why the mandatory mask policy was not being enforced.

First, on most floors of the Shelby County Jail, there is a chronic staffing shortage and oftentimes there are not sufficient custody personnel to have an officer inside a single Housing Unit Pod full time. I witnessed officers having to go back and forth between Housing Unit Pods during their shift to supervise the inmates out in the dayrooms. As a result, these officers are spread too thin to complete all of their duties and mask enforcement falls by the wayside. I also witnessed rank and file officers not enforcing the mandatory mask order even when I was present in the Housing Unit Pod dayrooms. Lt. Styles had to intervene and direct the inmates to not only pull up their masks over their noses, but also in some cases to go get a mask from their cell or return to their cell.

Second, inmates and staff are suffering from Covid-19 fatigue, and the deck Sgts., Lts., and Cpts., are not properly supervising their subordinates and requiring them to enforce the mask mandates. This is an inexcusable failure of supervision.

RECOMMENDATION #1

1. The Shelby County Command Staff must firmly remind inmate Housing Unit Floor Supervisors that they are required to ensure the inmate mandatory mask orders are being enforced at all times, and to discipline rank and file officers who repeatedly fail to enforce the inmate mandatory mask policy.

As of June 17, 2021, there have been no improvements in this area Inmate mask compliance remains poor.

During my August 5, 2021, it was not possible to determine mask compliance because virtually every inmate in the Housing Pods I inspected were locked down.

RECOMMENDATION #2

1. Due to the severe custody staffing shortages in the Shelby County Jail, and their inability to staff critical posted positions on a daily basis, it is my expert opinion that this creates dangerous conditions of confinement for the Class and Sub-Class members. Consistent supervision of inmates is not occurring as a result inmates and staff are being placed at an unreasonable risk of harm. Therefore, it is my recommendation that the inmate population be reduced to the level at which there are sufficient custody staff available to fill the posted positions on each Housing Unit floor to adequately supervise the inmate population and enforce policies, procedures, and directives designed to keep inmates, staff, and the public safe.

As of June 17, 2021, there have been no significant reductions in the inmate population in the jail.

As of August 5, 2021 there has been an increase in the SCJ population by over 100 inmates, and the population is now 2055. My recommendation remains the same.

FINDING #2

1. Based on my review of the process by which the Shelby County Jail and Wellpath educate the inmate population on the benefits of taking the Covid-19 vaccination as discussed previously in this report, and the significant health risks of not taking the vaccination, it is my expert opinion that the vaccine education program at the Shelby County Jail is completely ineffective and needs to be restructured. Nor is there culturally competent vaccine education going on in the Shelby County Jail that addresses the deeply embedded distrust of government medical programs, and the misinformation that is prevalent in lower socioeconomic neighborhoods and communities of color.

In addition, the materials that have been provided are posted in places that are not readily accessible to inmates, nor has there been a concerted effort to conduct follow-up vaccine education of inmates in smaller groups by trusted community/religious leaders, sports figures, local celebrities, etc. apart from a PSA by President Obama, Charles Barkley, and Shaquille O'Neil.

RECOMMENDATION #1

1. Restructure the vaccine education program to include multiple contacts with the inmate population in small groups and individually at least every two weeks until the pandemic is over or until at least 70 percent of the inmate population has been vaccinated.

As of June 17, 2021, this had not been occurring. However, Chief Fields told me the jail was going to do a “whitecoat townhall in the Gym on June 24, 2021. During my next onsite follow-up inspection, I will inquire about this initiative.

As of August 5, 2021, the vaccine education program remains ineffective and not ADA compliant.

Recruit vaccinated inmates and train them to be peer vaccination educators/advocates in their Housing Unit Pods. Peer run programs are some of the most effective programs in custodial settings. Peers have instant credibility and can talk about their own experiences with taking the vaccine.

As of June 17, 2021, this recommendation had not been followed.

As of August 5, 2021 this recommendation had not been followed. This would be a great way to have a continuous culturally competent program that is run by peers. It would be far more effective than is now taking place. I would be willing to donate my time to train the inmate population to do this vaccine education program.

Develop a culturally competent vaccine education program that includes a cadre of community religious leaders, community-based organizations, sports figures, local celebrities, and medical professionals who meet with the inmates regularly to discuss the cultural distrust and misinformation regarding the Covid-19 vaccines.

As of June 17, 2021, this recommendation had not been followed.

As of August 5, 2021 this recommendation had not been followed. Testimony from the defendants at the August 9, 2021 Consent Decree termination hearing indicated that correcting misinformation is what is needed. I respectfully disagree with that recommendation.

RECOMMENDATION #2

1. As I discussed with Chief Fields and his staff while I was onsite May 6-7, 2021, I recommend that the Shelby County Jail incentivize taking the Covid-19 vaccine like so many other jails, prisons, cities, counties, and states are doing. There are a number of incentives that can be offered to inmates to take the vaccine that I believe will dramatically increase the acceptance rate, and I defer to the Shelby County Jail to decide what types of incentives are appropriate for their inmates.

As of June 17, 2021, this recommendation had been followed and it essentially doubled the number of inmates who have been vaccinated. I recommend additional incentives that would benefit the entire Housing Pod like a pizza and soda night.

As of August 5, 2021 the SCJ continues to offer non-punitive incentives to the inmate population who take the Covid-19 vaccine. The SCJ has been creative in their incentives and I encourage them to continue doing what they are doing and to expand the incentives where possible.

FINDING # 3

1. It is my expert opinion, that the Shelby County Jail vaccine administration program is completely ineffective in its current state.

First, the Shelby County Jail and its medical provider, Wellpath, have no control over any aspect of the vaccine administration. The City of Memphis controls the number of vaccine doses that are allocated to the jail, when the doses are administered, and the personnel who administer the vaccinations (EMTs). Wellpath is not authorized to administer the vaccines, nor are there any vaccines stored onsite at the Shelby County Jail. The only role Wellpath has in the vaccine administration program is to provide the City of Memphis with the number of vaccines they need.

On at least two occasions that of which I am personally aware, the scheduled dates for the vaccines to be administered to the inmates were postponed by the EMTs due to conflicts. This unnecessarily delayed a critical component of prevention/mitigation of the spread of the Covid-19 virus in the Shelby County Jail placing the inmates who requested to be vaccinated at an unreasonable risk of serious illness or death.

As I mentioned earlier in this report, we were able to recruit an additional 37 inmates to take the vaccine during my onsite follow-up inspection, but because the Shelby County Jail has no vaccines onsite, and they are not authorized to administer the vaccines, the 37 inmates had to wait over two weeks to get their first Covid-19 vaccine dose. Two weeks is a lifetime if there is a Covid-19 outbreak in the Shelby County Jail.

RECOMMENDATION # 1

1. The Shelby County Jail and Wellpath should ask that they be allowed to take control of the inmate vaccine program in all respects. The jail should be allowed to have a reserve of vaccines stored onsite in order to be able to administer shots within 24 hours of an inmate's request. The Moderna and Johnson and Johnson vaccines can be stored at normal refrigeration levels unlike the Pfizer vaccine. Inmates are very afraid of the Johnson and Johnson vaccine as a result of several bad outcomes that were widely reported in the press, and as a result I recommend offering the Moderna vaccine if possible. It is hard enough to overcome the existing distrust of government medical programs without adding the widely reported

Johnson and Johnson vaccine issues to the mix. I recommend that the jail keep at least five hundred doses onsite so there are sufficient doses available to administer to inmates if the acceptance rate ticks up as a result of an intensive education program and incentivizing taking the vaccine.

Wellpath, as the Shelby County Jail medical provider, has sufficient qualified medical professionals on staff in the jail to competently administer the Covid-19 vaccinations just like every other vaccine. There is no rational/legitimate reason why Wellpath should not be authorized to administer the Covid-19 vaccine to the staff and inmates at the Shelby County Jail upon request, and they should immediately be authorized to do so.

As of June 17, 2021, this recommendation was rejected because Wellpath believes the current structure of the Covid-19 is the most effective. I am only questioning the process and not Wellpath's clinical judgment. I respectfully disagree with Wellpath and refer to my remarks earlier in this report about the benefits of an in house Covid-19 vaccination program at the jail.

As of August 5, 2021 nothing had changed. I encourage the SCJ to bring the vaccine administration program in house and to couple it with an intensive education effort.

The SCJ should consider targeting the Class and Subclass members to increase the acceptance rate among the immunocompromised and the ADA inmates.

In one California County in which I am a joint neutral Covid-19 inspector, the vaccination acceptance rate is approximately 66%. The healthcare contractor there is also Wellpath.

I also recommend that if and when the vaccination administration program is brought in house, that Wellpath and the SCJ offer inmates choices in vaccines rather than giving them only the single choice of accepting or rejecting the Johnson and Johnson vaccine. Moderna makes a highly effective Vaccine that is two doses, but need not be stored at subzero temperatures. It is also my expert opinion that this will increase the vaccine acceptance rate among the inmate population who are vaccine hesitant because of the Johnson and Johnson vaccine and the bad press surrounding it.

ADDITIONAL FINDINGS AND RECOMMENDATIONS FROM FOURTH FOLLOW-UP COVID-19 INSPECTION ON AUGUST 5, 2021.

FINDING #1

The Shelby County Jail's mandatory overtime program is ineffective at filling the severe staffing shortages in the SCJ. The mandatory overtime program does not include patrol deputies and only requires two days a month in mandatory overtime from custody staff.

RECOMMENDATION #1

Expand the mandatory overtime program to include patrol and other non-jail personnel and increase the mandatory overtime days to 12 days a month.

The inability of the SCJ to fill posted positions in the jail has created unsafe conditions of confinement in the jail, and has become a distraction to the important work of the vaccine education and administration program. Inmates are locked down for days if not weeks at a time, and as of August 5, 2021, all the inmates could talk about was how they were being denied recreation time, shower time, and phone time. Inmates were already denied exercise time in the Gym for over a year. I am very concerned generally about the mental and physical health of the Class and Subclass members, and I am also very concerned about the very real possibility of increased suicide attempts.

FINDING #2

The SCJ and Wellpath do not conduct serial testing which is a CDC recommendation and a best practice across the nation. Earlier in this report, I highlighted the CDC recommendations and will not do so here for the sake of brevity. There is no way for the SCJ and Wellpath to discover Covid-19 asymptomatic inmates that are housed in the exposed Housing Pods without serial testing.

I recommend that the SCJ and their healthcare provider immediately begin serial testing of all the Housing Pods in the SCJ consistent with CDC guidelines.

One Jail in which I am a Joint Neutral Covid-19 expert does conduct serial testing consistent with CDC guidelines and that healthcare provider is Wellpath. Here is part of the notice I get daily from the healthcare provider:

No New COVID 19 Positive Patients

5 New COVID 19 RED Patients (from HU 4 C Pod, 1 from intake, 3 became cite and released)

No New Red Medical with Negative COVID 19 results

HU 4 C: Quarantine under yellow monitoring due to exposure to Red Medical developing symptoms 8/18. Quarantine until index case tests negative or completes 14 day quarantine.

4 New Negative COVID 19 results
164 Pending COVID 19 results

We have a total of 14 RED patients
We have a total of 21 Dark Red patients

New books 2 - Day's testing numbers from yesterday **8/18**: 18 consented, 22 refused
New books 10 - Days testing numbers from yesterday **8/18**: 8 consented, 8 refused
Pre-release testing numbers from yesterday **8/18**: 0 consented, 0 refused
Quarantine HU testing numbers from yesterday **8/18**: 76 consented, 5 refused

DAILY COVID-19 UPDATE FOR August 19, 2021

SRJ has positive 21 inmates COVID-19 case

Of the positive 21 inmates COVID-19 case:

18 are asymptomatic

3 are symptomatic

292 formerly positive COVID-19 inmates have completely recovered and are still in custody.

228 formerly positive COVID-19 inmates have recovered and are no longer in custody.

98 inmates who tested positive for COVID-19 were released from custody.

There have been 2 COVID-19 related hospitalizations

There have been 0 COVID-19 related deaths

There are 14 RED inmates and 21 DARK RED inmates housed in either OPHU, HU8A, HU8B. Red patients include both patients with COVID-19 symptoms awaiting test results and patients with positive COVID-19 results. (For a description of the SRJ patient color-coding system please see the Outbreak Control Plan.) Red patients will be released individually from OPHU, HU8A, or HU8B when cleared by medical.

Yellow housing units and/or pods are listed below. Quarantines in these housing units and/or pods will remain in effect until the date listed, which is a date 14 days after the index patient presented with symptoms, or sooner if the index case's test results come back negative.

HU 21F: N/A (These housing unit is designated for yellow inmates with known exposure to a COVID-19 positive person; inmates are released from quarantine on individual dates)

HU 1 A, B, C, D, E, and F: Quarantine under yellow monitoring due to exposure to DARK RED medical and subject to serial testing.

HU 2 A, B, C, D, E, and F: Quarantine under yellow monitoring due to exposure to DARK RED medical and subject to serial testing.

HU 4 C: Quarantine under yellow monitoring due to exposure to Red Medical.

HU 4 E: Quarantine under yellow monitoring due to Dark Red Medical testing positive. Subject to Serial Testing.

HU 8 C DEF: Quarantine under yellow monitoring due to exposure to Dark Red Medical. Subject to Serial Testing.

HU 9 B: Quarantine under yellow monitoring due to exposure to Red Medical.

HU 32 A, B, C, D, E, F under yellow monitoring due to Dark Red Medical testing positive. Subject to Serial Testing.

SRJ has 194 orange patients

Aggregate Testing results:

16919 tests completed with 16116 negatives, 639 positives, and 164 pending

Thank You,

xxxxxxxxxx

Medical Assistant

As you can read, they serial test and keep everyone informed of how many Covid-19 exposed Housing Pods there are, how many suspected Covid-19 inmates there are (Covid-Red), how many deep red inmates there are (Confirmed Covid-19 positive inmates), and which Housing Pods have been exposed and are subject to serial testing. This keeps Custody and Healthcare rank and file staff knowledgeable about each Housing Pods status so they take the necessary PPE precautions in those Housing Pods. A color coded piece of paper is also posted on the Housing Unit Pods indicating the Covid-19 status of each Pod. They also cluster the vulnerable inmates in Housing Pods consistent with their classification and security level. This is labor intensive but critical to preventing/mitigating

the spread of the Covid-19 virus in the jail and more specifically the more virulent Delta Variant.

As you can also clearly read, the asymptomatic positives vastly outnumber the symptomatic positives. The SCJ and Wellpath simply ignore this very dangerous group of infected inmates. This is shocking and an unacceptable practice.

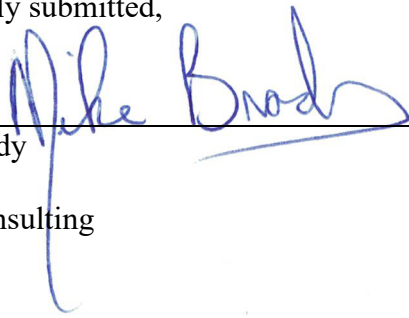
CONCLUSION

I am very concerned that the conditions in the Shelby County Jail have gotten far worse over the last 6 months because of staffing shortages in custody and healthcare. These shortages have colored their responses and are standing in the way of sound practices in the operation of the Shelby County Jail, and the healthcare response to the ever-changing challenges with which they are confronted.

I understand the frustration of lack of space and lack of staff to remedy the issues identified in this report. However, until these deficiencies are remedied it is my expert opinion that the Shelby County Jail places Class and Subclass members at an unreasonable risk of serious illness or death.

Thank you for allowing me to work on this very important project.

Respectfully submitted,



Mike Brady
Director
Sabot Consulting

August 19, 2021

Date