

**The National Commission on COVID-19 and Criminal Justice**  
**The Honorable Attorneys General Alberto Gonzales and Loretta Lynch**

Thank you for this opportunity to submit oral and written testimony on this critical topic. My name is Andy Potter, I am the Founder of One Voice United and a 28-year veteran of the Michigan Department of Corrections where I proudly worked as a correctional officer.

One Voice United was founded on the principle that for lasting change to happen in corrections, the voice of Corrections Officers and other front-line staff must be heard. During this state of national emergency, crisis and tragedy surrounding coronavirus (COVID-19), corrections officers and other staff across the country are being asked to report for duty amid rapidly changing and unprecedented circumstances. The 24/7 nature of corrections makes it a profession where officers and staff don't get to self-isolate at home with their family or reasonable social distance even when that is what most Americans are being told to do. As we continue to mourn the loss of more than 50 corrections staff who have contracted COVID-19 in the line of duty, there is a growing level of fear, frustration and downright panic among corrections staff in facilities across the country. These circumstances have also led to heightened tensions among the range of stakeholders (particularly officers and incarcerated individuals) as communication is strained, officers are put in a position to deliver bad news to those in their custody about changes in programs and movement and everyone is afraid for their own health and the health of their loved ones.

It is clear to everyone paying attention that Departments of Corrections were utterly unprepared for this pandemic, responded inconsistently during the early waves of the spread and up until this very moment are still lacking any real public health preparedness plan for the next spike or the next horrific threat to the health and safety of those who work and live in our nation's prisons.

Some examples of our recommendations moving forward include, but are not limited to:

- Policy mandating infectious disease presumptions for workers comp coverage
- Policy mandating roll call and pre-shift briefings at every facility
- Policies that covers sick leave, hazardous duty pay and accommodations for staff if/when the virus rebounds and starts to spread again at even more alarming levels
- National Protocols to deal with future pandemics that are informed by frontline staff
- National Bill of Rights protecting COs and their families

In keeping with our ongoing approach at One Voice United, we are not advocating for or against early release, but rather remaining one of the few voices entirely focused on ensuring that all those who remain inside the prison environment, the staff and those who are incarcerated, are as safe as possible moving forward.

Over the past seven months we have taken great pains to reach out to line staff across the country to assess what is happening in our facilities. We have conducted surveys, ZOOM conferences, YouTube presentations and podcasts. We have spoken with representatives from the National Governors Association, the CDC and the Public Safety Officers Benefit Plan. We

have worked with over 30 unions representing correctional officers and drafted a resolution and set of proposals based on their combined experiences.

On the following pages we provide a summary of our outreach efforts, the data we've collected and early recommendations that form the basis for our critique and forward looking proposals. We believe that if taken in conjunction with our oral presentation you will find that along with identifying problem areas, we also offer solutions to those problems. It is our hope that we can play a major role going forward as the nation addresses this pandemic and prepares for future eventualities.

### **Overview of Rapid Response Efforts:**

- We designed and fielded a correctional staff survey ([link here](#)) that was completed by more than 1200 corrections staff in under two weeks;
- Out of the survey findings we created a corrections protection resolution with 15 key policies and procedures that we want to see adopted by governors and DOC's ([Resolution link](#)); We garnered 40 labor leader signatures in support of this resolution (an unprecedented coalition of corrections unions);
- We held a press conference announcing the resolution and sent it to Governors Hogan and Cuomo and leaders at the National Governors Association, calling on them to convene governors to adopt the resolution ([link here for letter](#));
- We also posted the resolution and cover letter on social media and have received over 2000 signatories from individual corrections officers and staff across the country;
- We have spoken to corrections staff on national platforms consistently, for example:
  - Tiertalk - Correctional experts discuss the steps agencies must take to protect correctional staff from COVID-19 - [link](#)
  - Tiertalk - Are we doing enough to protect the frontline from the Corona Virus - [link](#)
- Secured LODD status for the corrections staff lost and the more to come;
- Developed a pilot presentation for corrections staff and unions who are interested in learning more about what has taken place elsewhere, what is currently available and how they can be proactive in implementing best practices that will ultimately benefit staff and those who are incarcerated as well;
- Assembled a zoom panel highlighted in this [5-minute video of Corrections Officers](#) from around the nation discussing some of the impacts that COVID19 is having on those in our profession

### **Key Learnings from the One Voice Survey:**

- Only 7% of respondents said their facility was "very" equipped to handle this emergency or a crisis of this magnitude before it hit
- When asked what is happening inside facilities causing the greatest anxiety among officers and staff, the top three answers were:
  - Lack of proactive testing
  - Poor communication contributing to stress and uncertainty
  - Lack of protective gear such as gloves and masks

- 67% of respondents said neither they, their union or line staff had been invited to help with building any protocols or new operating procedures since COVID-19 hit in the United States
- 62% of respondents said they DO NOT have all the tools needed to do their job in this time of crisis related to the coronavirus pandemic
- 59% of respondents said problems/hazards inside their facility related to this pandemic remain unaddressed

#### **Key Points from Our Joint Resolution:**

- Temporarily suspend transfers and admittance of non-security or non-medical personnel
- Limit participation in in-house programs to maintain social distancing
- Provide daily clear updates to staff
- Include correctional officers and staff in ongoing strategy discussions in response to the current pandemic and in planning for potential future epidemics and other high-risk scenarios
- All correctional officers and staff should be provided hazard pay when reporting for duty during this time;
- All leave time as a result of COVID19, including mandated quarantine periods shall be paid by the agency at the employees' regular rate of pay and shall not be charged against any accrued leave.
- In addition to masks and gloves, every correctional facility shall receive an immediate and adequate supply of PPE's including adequate cleaning supplies, working thermometers and the like; and
- Line of duty death benefits should be extended to the families of all corrections staff who contract COVID-19 and pass away as a result.

#### **Key Points from CDC Request:**

- N95 protective masks must be provided to anyone entering, working or living in a prison or jail. All staff should be required to wear a mask, be provided with a new one each shift and those in our custody as well as anyone else (wardens, etc.) in the prison setting must also be provided with and wear top quality masks. As you know, the evidence is now clear that rates of transmission are dramatically lower when all parties not able to practice social distancing are wearing best in class masks.
- Second, in many of our facilities it is a physical impossibility to segregate or quarantine the population. Ventilation is also an issue, especially in older facilities, which raises the risk of contamination, as such we must adopt the safest postures possible. In addition to the N95 masks, gloves must be mandatory for all staff and disinfectant must be readily available throughout the facility.
- Third, if COVID-19 does not already exist in a facility, proper precautions should keep that facility infection free. The only way for the virus to take hold is if staff bring it in. Since we now know that COVID-19 can be carried with no outward signs of infection, temperature checks are insufficient. All staff and all inmates should be tested without exception. Lack of testing leaves us blind to the level of threat and incapable of fully

preparing for what is to come. It also increases our fears that we may be unknowingly endangering our families.

- Fourth, if the infection is detected in the facility (through staff or inmate testing) then all precautions must be taken to minimize its spread. Alternative housing arrangements must be provided for staff working in those facilities to limit that potential and wherever possible inmates testing positive must be medically segregated.
- Furthermore, we continue to see a lack of consistency in practices and protocols from state to state. From our recent survey we know that still 25% of staff don't have hand sanitizer and 20% don't have masks. We think there is more the CDC could do to inform Governors and heads of DOC's across the country about what the CDC is recommending and urge them to comply with these minimum standards.

### **Key Challenges within Correctional Agencies**

- **Lack of preparedness:** Probably the most surprising and disappointing revelation was the overall lack of preparation for this eventuality. Given that next to health care workers corrections is faced with the highest level of exposure to infectious disease one could reasonable assume a thoughtful and strategic response. The opposite was true with no real consistency or direction. We regularly deal with contagious disease outbreaks like MRSA and Hepatitis and should be well prepared for such an eventuality. What has become abundantly clear is that we are not.
- **Lack of transparency:** Staff across the country had no idea what they were dealing with, what the infections rate was, or what their personal exposure and vulnerabilities were. What comorbidities could increase their mortality should they be infected? How easy was it to infect others? What percentage of staff and inmates tested positive? What plans we being put in place to provide this information? Not knowing the answers, they were then thrust into the corrections environment where this lack of transparency also impacted the incarcerated population and in too many cases started a genuine panic inside these facilities. This is a life and death situation that the incarcerated population cannot escape. Transparency can go along ways to ease tensions and quell fear.
- **Failed Communications:** Many jurisdictions kept everyone in the dark. Whether it was informing staff and their families, the incarcerated population and theirs, the politicians or the media, from coast to coast departments failed to both involve staff in seeking solutions and to inform staff and those who are incarcerated of the situation. Seven months in and questions remain unanswered on sick leave, workers compensation, hazardous duty pay, pay during mandated quarantine periods and several other areas that directly impact staff, their careers, and families.

### **Future Emergency/Crisis Management Planning Recommendations**

- **Communications**
  - An information officer shall be designated to provide daily updates to the staff, promote open, consistent communication throughout the agency and to provide updates to those in our custody, so long as it does not jeopardize safety or security;
  - Provide a mechanism for staff to be a part of the ongoing strategy to address the current pandemic and a partner in planning for potential future epidemics and other high-risk scenarios; and

- Supervisors/heads of facility should be responsible for communicating programmatic changes and such to the incarcerated population.
- **Economic Security**
  - Should a staff member be denied entrance by failing the temperature test, is quarantined or contracts COVID-19, their resulting leave shall be considered the result of a hazardous duty injury and will be fully compensated at their regular rate of pay, without being attached to any existing accrued leave time, including sick leave, vacation time, personal leave or comp time; and
  - should a jurisdiction provide hazardous duty pay to 1st Responders as a result of COVID19, all essential correctional personnel working in said jurisdiction shall be compensated as such; and
  - all essential corrections personnel and first responders who die in the emergency shall be considered as having died in the line of duty and their survivors shall be entitled to all benefits afforded officers by their jurisdiction including all benefits afforded by the federal Public Safety Officers Benefits program.
- **Housing**
  - If the infection is detected in the facility (through staff or inmate testing) then all precautions must be taken to minimize its spread. Alternative housing arrangements must be provided for staff working in those facilities to limit that potential safeguard their families and wherever possible inmates testing positive must be medically segregated.
- **Safety in Workplace**
  - Advisory committee shall determine all equipment needed at the time of the emergency and secure stockpiles of whatever that may be so that staff have all that is needed;
  - Should there be a limitation on equipment or unexpected interactions with those incarcerated, those on the advisory committee whose jurisdiction is the particular disaster must advise on how to continue

These are our initial recommendations and should help to establish a floor for all Departments. Clearly there is much more Departments can do and we look forward to contributing to those forward looking strategies.

Thank you for allowing us to submit this testimony and documentation. We seek inclusion into this process and look to be a partner in addressing this and future issues of mutual importance.

Andy Potter  
Founder  
One Voice United

Stephen B. Walker  
Director, Correctional Health  
California Correctional Peace Officers Association