

April 9, 2021

VIA EMAIL

Warden Murray Tatum
Lee Arrendale State Prison
2023 Gainesville Hwy
Alto, GA 30510
Murray.tatum@gdc.ga.gov

Re: Conditions at Lee Arrendale State Prison and Treatment of Vulnerable Populations

Dear Warden Tatum:

We write with concerns about conditions of confinement at Lee Arrendale State Prison (Arrendale) and the treatment of medically vulnerable populations, including women in the postpartum period and those suffering from COVID-19. The prison has constitutional obligations to people in its custody. It must ensure that incarcerated people receive adequate food, clothing, shelter, and medical care, and it must take reasonable measures to guarantee people's safety.¹ The conditions at Arrendale often fail to meet these basic standards and put individuals at great risk of serious harm.

Women incarcerated at Arrendale consistently report the following conditions:

- 1) Postpartum women are shackled and placed in solitary confinement just days or weeks after giving birth, in violation of Georgia law;
- 2) Women live in filthy cells with defective plumbing and electricity, and receive limited access to cleaning and hygiene supplies;
- 3) Medically vulnerable women, specifically those with COVID-19 diagnoses or symptoms, are placed in medical isolation without adequate sanitation and access to basic necessities;
- 4) Chronic understaffing results in poor medical care, unchecked prisoner violence, and meager meal portions; and
- 5) Women cannot access grievance forms, and legal mail is intercepted.

We have provided specific examples of unlawful and unconstitutional conditions so that you may remedy them. We respectfully ask that you respond to this letter by April 20, 2021, describing the steps you will take to address the issues described herein.

¹ *Farmer v. Brennan*, 511 U.S. 825, 832 (1994).

1. Shackling and Solitary Confinement of Postpartum Women

At least five women who have given birth within the last six months have been shackled and/or placed in solitary confinement during the first six weeks after labor. Shackling postpartum women and holding them in solitary confinement violates state and federal law and places new mothers at risk of serious harm. Giving birth can be one of the most painful and dangerous experiences of a woman's life. After labor, new mothers are often in need of additional medical care and are vulnerable to depression, post-traumatic stress disorder, blood clots and other medical complications.² Restricting women's movement and ignoring their medical needs—both by shackling women and placing them in solitary confinement—can cause new mothers physical and psychological harm and threaten their health and safety.

i. *Arrendale Shackles Postpartum Women*

Georgia state law prohibits a prison, jail, or law enforcement from using “handcuffs, waist shackles, leg irons, or restraints of any kind” on a woman in the immediate postpartum period, defined as up to six weeks after giving birth.³ This ban on shackling postpartum women is unequivocal unless a woman is a serious risk of harm, or is a substantial flight risk and cannot be reasonably contained by other means. Even under these exceptional circumstances, women may be restrained only in wrist handcuffs in front of their bodies, and the exceptional circumstance justifying this limited shackling must be documented.⁴ At Arrendale, however, shackling postpartum women appears to be the norm, not the exception.

Multiple women report being shackled during the immediate postpartum period for no justifiable reason. For instance:

- S.T. delivered her baby by emergency cesarean section (“C-section”) on October 27, 2020, after 29 hours in labor. She experienced multiple complications during labor, including an inability to dilate, a drop in her baby's heartrate, and abnormal levels of pain that required two epidurals. After delivery, Ms. T was shaking and sweating so severely that she struggled to hold her baby, who was taken from her soon thereafter. Less than 48 hours after giving birth, Ms. T was placed in a transport van with her ankles in iron shackles for the 71-mile trip to Arrendale.

Over the course of the next week at Arrendale, Ms. T experienced excruciating pain, vomited green fluid, and developed sepsis, a potentially life-threatening condition. Despite her poor

² See Mayo Clinic, *Postpartum complications: What you need to know*, Apr. 6, 2019, available at <https://tinyurl.com/vpzyb>.

³ See O.C.G.A. §42-1-11.3.

⁴ O.C.G.A. §42-1-11.3 requires that a custodian who uses wrist handcuffs on a woman in the immediate postpartum period document “the details of such exception” within two days of the incident, including “the nature of the circumstances and length of time of such use of restraints.” Despite the requirement that the records be “retained by the penal institution,” a January 27, 2021 response to an Open Records Request produced no such documents.

condition, officers placed iron cuffs around Ms. T's ankles and wrists, and a metal chain around her abdomen, to transport her 12 miles to the nearest hospital, Habersham Medical Center, on November 4. At Habersham Medical Center, physicians diagnosed Ms. T with excess water in the lungs, fluid build-up around her heart, and an abdominal infection that required immediate surgery. She was taken that day via ambulance to Northeast Georgia Medical Center Intensive Care Unit, where she had surgery and remained for the next 12 days. Nineteen staples were needed to close the large surgical opening in her stomach.

Four days after returning to prison, still less than four weeks after giving birth, Ms. T had to be taken back to the hospital because she had diminished lung capacity in her left lung and was having trouble breathing. Before placing her in the transport van, an officer placed iron cuffs around Ms. T's feet, shackled her hands around her waist, and placed a metal chain below her breasts near the staples in her abdomen, causing her great pain. Ms. T asked the officer not to shackle her, but he threatened not to take her to the hospital unless she was shackled. When she arrived at Northeast Georgia Medical Center, Ms. T's wrist and ankle shackles were removed. An officer at the hospital asked Ms. T why she was not shackled. Although she explained that she was in the immediate postpartum period, the officer still shackled her ankles.

- S.B. gave birth on November 9, 2020. Ms. B experienced vaginal tearing during childbirth, which required stitches. She was first shackled within 11 days of delivering her baby and several more times during the immediate postpartum period. Between November 21 and November 27, officers handcuffed Ms. B when they escorted her to the showers. Because of her vaginal tearing, Ms. B struggled to walk and maintain her balance while handcuffed, especially on the slippery area near the shower stalls. Ms. B repeatedly asked officers not to be shackled, but her requests were denied.
- S.M. gave birth on October 27, 2020. Two days later, Ms. M was transported with shackles around her wrists and ankles, and a metal chain around her abdomen, from Atlanta Medical Center to Arrendale. Ms. M had given birth so recently that she was transported out of the hospital in a wheelchair. Nonetheless, officers proceeded to remove her from the wheelchair and shackle her before placing her in the transport van. Ms. M's body felt sore, and it physically hurt her to be restrained. Throughout the immediate postpartum period, Ms. M's wrists were shackled any time she was moved between dorms in Arrendale and when she was escorted to the showers.
- N.J., who gave birth on February 9, 2021, experienced postpartum bleeding for days after delivery. Despite her weakened condition, officers shackled her at least three times while taking her to shower. On March 12, Ms. J informed an officer that she was in the immediate postpartum period and should not be handcuffed while transported to the shower. The officer reportedly told Ms. J that she could not shower unless she was walked to the showers in handcuffs.

Not only does shackling women in the immediate postpartum period violate Georgia law, but it also causes a substantial risk of serious harm in violation of the Eighth and Fourteenth Amendments.⁵

⁵ See *Women Prisoners of D.C. Department of Corrections v. District of Columbia*, 877 F. Supp. 634, 668 (D.D.C. 1994); *Brawley v. Washington*, 712 F. Supp. 2d 1208, 1218-21 (W.D. Wash. 2010), *Nelson v. Corr. Med. Servs.*,

Organizations including the American College of Obstetricians and Gynecologists, the American Medical Association, and the United Nations recommend that women in the postpartum period are not shackled in absence of exceptional circumstances because of the risk to the mother's health.⁶ Moreover, beyond the requirements of the law, the prison's routine shackling of women who just gave birth, and in some cases are still experiencing medical complications following delivery, is inhumane. We ask that Arrendale cease this practice immediately.

ii. *Arrendale Places Postpartum Women in Solitary Confinement*

Georgia law also prohibits prison or jail administrators from placing women in solitary confinement during the immediate postpartum period.⁷ Despite that command, however, women in Arrendale are regularly locked inside their cells nearly 24 hours a day—often in the same bloodied clothes they wore during childbirth—just days after giving birth to, and being separated from, their new babies. For instance:

- Four days after giving birth, S.M. was placed in solitary confinement in A Unit, an isolation area for women with COVID-19 symptoms or diagnoses, for three weeks, the first two of which were spent in the same bloodied clothing she wore during labor and delivery. Ms. M begged to be removed from A Unit because she was concerned about contracting COVID-19, but her complaints were ignored. She remained locked in her cell nearly 24 hours per day for three weeks. She was not allowed to use the phone to call her baby's caregiver. She was denied yard time or access to the kiosk. During her first two weeks in A Unit, she only had the one pair of underwear she wore during delivery; she washed this one pair repeatedly in her cell sink in an effort to stay clean. Ms. M experienced pain and soreness after giving birth, yet she was unable to receive even ibuprofen.
- S.B. was placed in solitary confinement two days after giving birth. She remained there for 13 days in the same bloodied pajamas she wore during delivery. Ms. B was locked in her cell for 24 hours each day, except when she was escorted to the shower while handcuffed. She hardly ever received ice, had no hot water, and had only sporadic access to a phone to call her baby's caregiver and check on her newborn daughter. Ms. B asked for, but did not receive, clean clothes for two weeks.

In isolation, Ms. B felt depressed and anxious, in part because she had just given birth and could not check on her baby's wellbeing. She had nightmares about being locked in a cell apart

583 F.3d 522, 534 (8th Cir. 2009) (“[T]he obvious cruelty inherent in this practice [may] have provided [the defendant's officers] with some notice that [their] alleged conduct violated [the plaintiff's] constitutional protection against cruel and unusual punishment.” (quoting *Hope v. Pelzer*, 536 U.S. 730, 745 (2002))).

⁶ See Am. Coll. Obstetricians and Gynecologists, Committee Opinion No. 511 “Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females” (2016) available at <https://tinyurl.com/m538naxw>; Am. Med. Ass’n, “Shackling of Pregnant Women in Labor,” Policy H-420.957 (June 2010), available at <https://tinyurl.com/33dmv4pn>; *Standard Minimum Rules for the Treatment of Prisoners* E.S.C. Res. 663 C (XXIV) (July 31, 1957), 2076 (LXII) (May 13, 1977) at Rule 33, available at <https://tinyurl.com/7hek2h5d>.

⁷ O.C.G.A. §42-1-11.3.

from her baby. She asked to speak with a mental health counselor but was told that her conditions were not severe enough to see a counselor. Ms. B was so desperate to leave her cell that she asked officers if she could sweep the dorm floors. Ms. B has since been released from prison. To this day, she experiences postpartum depression and trauma from her time in solitary confinement.

- N.J. was placed in the Special Management Unit (SMU) on March 4, 2021, where she remained for two weeks. In the SMU Unit, Ms. J was locked in her cell for nearly 24 hours each day. The cells in the SMU are dusty and dirty, and Ms. J did not receive chemicals nor a broom to clean her cell. Though she experienced post-delivery bleeding, she did not regularly receive sanitary pads. When she requested to be moved to another unit, she was reportedly told that she could choose between remaining in the SMU or being transported to a unit for individuals with COVID-19 symptoms; fearing COVID-19, Ms. J remained in the SMU, where she experienced depression and constantly relived the trauma of being separated from her baby immediately after childbirth.
- A fifth woman who has asked to remain anonymous reported that she was placed in isolation with a COVID-19 positive person just a few days after giving birth, despite displaying no symptoms of COVID-19 herself. Except for twice-weekly showers, she remained isolated around the clock with the COVID positive patient for approximately one month. Throughout her time in lockdown, she never received cleaning supplies, soap, or hand sanitizer. She was only permitted to use the phone once and was never permitted to use the kiosk or go outside.

Not only does the treatment described above violate Georgia law, but it is also unconstitutional. Without adequate penological justification, holding a person in solitary confinement violates the Eighth Amendment.⁸ Although we recognize that the prison administration may have implemented some movement restrictions to prevent the spread of COVID-19, placing postpartum women in punitive solitary confinement settings without access to cleaning supplies and clean clothes undermines the prison's ability to keep people safe. In fact, placing postpartum women in solitary confinement creates a substantial risk of serious harm, given these women's vulnerable physical and psychological conditions.⁹

Arrendale's reported practice of placing postpartum women in areas designated for those suspected of having COVID-19 only makes matters worse, by adding the danger of contracting COVID-19 to the already existing health concerns. We ask that you immediately cease the cruel practice of placing postpartum women in lockdown cells with limited access to clean clothes, showers, and phones to contact their babies' caregivers and other loved ones.

⁸ See, e.g., *Quintanilla v. Bryson*, 730 Fed. App'x. 738, 747 (11th Cir. 2018); *Rhodes v. Chapman*, 452 U.S. 337, 346 (1981).

⁹ U.S. Dep't of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing* 102 ("Women who are pregnant, who are post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy should not be placed in restrictive housing."). Additionally, the Nelson Mandela Rules, which the United Nations General Assembly adopted in 2015, prohibit the solitary confinement of juveniles, pregnant people, postpartum people, and people who are breastfeeding. See The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) at Rule 43-44, Dec. 17, 2015, available at <https://tinyurl.com/hkneudp8>.

2. Inadequate COVID-19 Protocols and Uninhabitable Conditions in Medical Isolation

Despite the serious risk of illness and death posed by COVID-19, we have received multiple reports of inadequate COVID-19 precautions at Arrendale. Women report filthy housing conditions that are unfit for human habitation in any time, let alone during an unprecedented public health crisis. Specifically, many women live in dirty, vermin-infested open dorms filled with bunk beds that make social distancing all but impossible. The dorms' garbage areas overflow with maggots and attract rats, mice, and insects. Meal trays are covered in food residue from prior women's meals. The sinks and toilets in the dorms frequently overflow, forcing women to clean up spilled feces and urine from the ground. Yet women do not receive adequate cleaning supplies and chemicals, and report that any chemicals they do receive are so diluted with water that they are useless.

Furthermore, the power regularly goes out, and it is not uncommon for women to be in cells without power or electricity for hours. One woman reported that in order to keep warm in the winter months, women use hair dryers as heaters. A woman told us that the temperature in the SMU gets so cold that women wear hats and gloves inside the dorm. A third woman wears two robes and two pairs of pants to stay warm in A Unit during the cold months.

i. *COVID-19 Patients Experience Uninhabitable Conditions in Medical Isolation*

Women with symptoms or diagnoses of COVID-19 are sent to medical isolation in A Unit, where they are housed in unsanitary cells without access to basic life necessities. The conditions in A Unit are disturbing under any circumstances. But in the context of the pandemic, they present an “objectively ‘unreasonable risk of serious damage to [the women’s] future health.’”¹⁰

According to women held in A Unit, the walls are covered in mold and the cells are infested with vermin, ants, and spiders.¹¹ Women in A Unit regularly sit in completely dark cells because the power frequently goes out. The plumbing is so deficient that toilets do not regularly flush. Though the unit houses COVID-19 patients, the cells are cleaned infrequently, and are rarely cleaned between occupants. Indeed, one woman reported she was moved into a cell containing the feces and urine of a previous occupant.

Moreover, women in A Unit are deprived of regular drinking water, showers, and sanitary products. In cells without working sinks, women bang on their cell doors for hours just to receive drinking water. One woman reported that after begging for water, she only received cloudy water from the mop closet, and small amounts of hot water in 2 oz. pill containers. Another woman reported that her sink produced only hot water, and she regularly cried out to passing orderlies to bring her ice. Women in medical isolation are not permitted to leave their cells for regular showers. Two women reportedly received only two showers over a period of 18 days. Another woman reported that she was

¹⁰ *Brooks v. Warden*, 800 F.3d 1295, 1303 (11th Cir. 2015) (quoting *Chandler v. Crosby*, 379 F.3d 1278, 1289 (11th Cir 2004)).

¹¹ We have heard reports that women in the immediate postpartum period, and individuals on the mental health caseload, are held in A Unit with individuals with COVID-19 symptoms, even when they themselves do not exhibit COVID-19 symptoms.

experiencing such heavy menstrual bleeding that she often felt dizzy. Despite repeatedly begging for menstrual products, officers refused to provide her with tissues, pads, or tampons.

The unsanitary and uninhabitable conditions described above plainly present an unjustifiable risk of harm to women's health and safety.¹²

ii. *Medical Isolation Functions as Punitive Solitary Confinement*

The Centers for Disease Control and Prevention (CDC) recommends that correctional facilities ensure that “medical isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated and detained individuals, both in name and practice.”¹³ One of the principal reasons for this recommendation is that the threat of punitive isolation deters people from reporting symptoms, which in turn can result in adverse health outcomes.¹⁴ Correctional facilities can ensure that medical isolation is “operationally distinct from solitary confinement” by guaranteeing that individuals in medical isolation “receive regular visits from medical staff and have access to mental health services,” receive access to “radio, TV, reading materials, personal property and commissary,” are allowed “increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated,” and receive communication “about the duration and purpose of their medical isolation period.”¹⁵

At Arrendale, medical isolation is near indistinguishable from punitive solitary confinement. Women suffering from (or suspected of having) COVID-19 are held in small cells infested with mold and crawling with vermin. The cells have no mattresses, so women sleep on a thin mat on top of a concrete bench. Further, women in medical isolation are unable to regularly use the phone. One woman reported that when she was finally permitted to use the phone, she was only allowed to make a three-minute call to her family members. Prison staff reportedly pressured her to tell her family members that she felt fine.

Officers and nurses employ a punitive approach to medical treatment. For example, several women reported that if they requested and received Tylenol or other medication for their COVID-19 symptoms, their 14-day quarantine period would begin again. Moreover, individuals in medical isolation do not receive regular visits from medical staff. While some women reported receiving

¹² See *Chandler v. Baird*, 926 F.2d 1057, 1065-66 (11th Cir. 1991) (recognizing a “well-established” Eighth Amendment right “not to be confined . . . in conditions lacking basic sanitation”); see also *Gray v. Hardy*, 826 F.3d 1000, 1005 (7th Cir. 2016) (holding that evidence of “myriad infestations” and “lack of access to adequate cleaning supplies” showed a deprivation of the “basic human need of rudimentary sanitation”); *Canupp v. Paul*, 716 Fed. Appx. 836, 840 (11th Cir. 2017).

¹³ See Ctrs. for Disease Control & Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, February 19, 2021, available at <https://tinyurl.com/37xrcn8w>. The Department of Justice recently endorsed the CDC's guidelines. See Department of Justice, *Statement by the Principal Deputy Assistant Attorney General for Civil Rights Leading a Coordinated Civil Rights Response to Coronavirus (COVID-19)*, April 2, 2021, available at <https://tinyurl.com/yhkz6wkc>.

¹⁴ See Ctrs. for Disease Control & Prevention, *supra* note 13.

¹⁵ *Id.*

temperature and oxygen-level checks, others reported that they did not receive treatment for underlying conditions or symptoms. Those in medical isolation are also unable to receive their COVID-19 test results, if they do in fact receive a test. One person was told that she had to pay \$7.25 just to *see* the results of her COVID-19 test, despite the Georgia Department of Corrections' purported policy of waiving all co-pays for COVID-19 or flu-like symptoms.¹⁶

Due to the conditions of confinement and treatment experienced by women in medical isolation, women are afraid to report COVID-19 symptoms for fear they will be sent to A Unit. According to one woman, who has asked to remain anonymous, the conditions of medical isolation are so dire that, "anyone who values their life and sanity would seek to avoid a medical isolation situation at all costs." Another woman, who has also requested to remain anonymous, reported that she and other women in her dorm were "all afraid to report [their] conditions due to the inhumane treatment in isolation." As a result, women with COVID-19 symptoms hide the fact that they are experiencing symptoms to avoid punitive isolation treatment. This in turn facilitates the spread of COVID-19 in the dorms, thereby undermining the usefulness of medical isolation and jeopardizing the health and safety of everyone working or incarcerated at Arrendale.

Considering the seriousness of the pandemic and the importance of promptly detecting, isolating, and treating infected women, the prison must ensure that medical isolation does not function as punitive solitary confinement. Instead, it must guarantee that women in medical isolation are treated humanely, and that COVID-19 symptoms are addressed quickly, thoroughly, and without charge.

iii. Understaffing and Lack of Supervision Result in Medical Crises, Unchecked Prisoner Violence, and Lack of Access to Basic Necessities

Arrendale is grossly understaffed. As of December 2020, Arrendale had a staff vacancy rate of 62%, with a turnover rate of 17%, the highest turnover rate of any closed-security facility in Georgia.¹⁷ As a result of severe understaffing, women report that officers regularly leave prisoners without supervision for hours at a time. The prison is so understaffed that the warden, deputy wardens, and counselors sometimes have to step in to run count when not enough officers are present.

Understaffing also compromises women's access to necessary medical care. Just a few examples include:

- Women with diabetes are unable to receive insulin in a timely manner;
- Women are unable to receive their medication at the same time each day because "pill call" happens irregularly, if at all;
- A woman with symptoms of COVID-19 became unresponsive in her dorm and defecated on herself but prisoners were unable to get the attention of officers for 45 minutes because no officers were standing by;
- A woman with long-lasting symptoms of COVID-19 has been unable to receive regular medical care because there the medical unit is understaffed;

¹⁶ See Georgia Dep't of Corrs., *Georgia Department of Corrections COVID-19 FAQs for Friends & Family*, (February 19, 2021), available at <http://www.dcor.state.ga.us/content/faq2>.

¹⁷ See Ga. Dep't of Corrs., GDC Management Team Monthly Roll-Up (December 2020 Data).

- A woman with hip pain did not receive adequate medical care for 10 months, and eventually required a hip replacement;
- Women in the immediate postpartum period do not receive regular check-ups, postpartum care, or sanitary products.

Moreover, multiple women report that they attempt to nurse each other back to health because there are simply not enough nurses or doctors at the prison.

Not only does understaffing result in dire consequences for people with medical crises, but it also threatens women’s safety and wellbeing across the prison. Understaffing naturally results in an increase in violence; multiple women report that stabbings, beatings, and thefts have increased because there are too few guards around to stop them. In addition, women report that there is no officer supervision in the kitchen. As a result, women receive small meal portions, and are constantly hungry. Although we recognize the additional burdens placed on officers as a result of the COVID-19 pandemic, the prison must ensure that officers are able to provide safe environments and necessities for women.¹⁸

3. Inadequate Access to Grievances and Intercepted Legal Mail

Many women report that officers refuse to provide grievance forms when asked and even threaten women who request them. Women that do manage to file grievances report that their grievances are rarely processed. It is critically important that incarcerated women have access to a functioning grievance system, and particularly important during a pandemic that relies on communication to keep the community safe. We ask that you ensure that all people, including those held in solitary confinement or isolation, have access to the grievance process and do not face retaliation or intimidation for filing grievances.

We have also received several reports that legal mail clearly marked as “confidential attorney-client communications” is often opened outside the presence of the addressee. This violates Georgia Department of Corrections (GDC) policy and contravenes federal law.¹⁹ We ask that you ensure that legal mail is not intercepted and opened outside of the presence of its recipients.

4. Requested Response

We are concerned that the conditions at Lee Arrendale State Prison, and the treatment of postpartum women and those with symptoms or diagnoses of COVID-19, violate Georgia law and fall well below constitutional standards. We therefore ask that you take the following actions:

- (a) Ensure that women in the immediate postpartum period are not shackled or placed in solitary confinement settings, receive appropriate medical care, clean clothing, regular out-of-cell time, and can communicate with their baby’s caregivers and other loved ones;

¹⁸ See, e.g., *Harris v. Thigpen*, 941 F.2d 1495, 1505 (11th Cir. 1991).

¹⁹ See *Al-Amin v. Smith*, 511 F.3d 1317, 1325 (11th Cir. 2008); see Georgia Dep’t of Corrs., *GDC Inmate Handbook*, undated, available at http://www.dcor.state.ga.us/sites/all/files/pdf/GDC_Inmate_Handbook.pdf.

- (b) Ensure that individuals at Arrendale are housed in sanitary conditions, have appropriate access to cleaning products, and are held in cells with electricity, adequate plumbing, and working heating and cooling systems;
- (c) Work with medical professionals to ensure that people at Arrendale receive adequate medical care, and prompt treatment for those who report symptoms consistent with COVID-19;
- (d) Ensure that medical isolation does not function as punitive solitary confinement, and that women receive access to clean water, hygiene and cleaning supplies, and regular showers;
- (e) Ensure that Arrendale has sufficient officers and medical staff to maintain a safe facility; and
- (f) Guarantee that women have access to the grievance process, do not face retaliation or intimidation for filing grievances, and receive unopened confidential legal mail.

Thank you for your consideration of these matters. We kindly ask that you respond to this letter by April 20, 2021.

Sincerely,

/s/ Atteeyah Hollie
Atteeyah Hollie
Managing Attorney

/s/ Jesse McGleughlin
Jesse McGleughlin
Legal Fellow

cc:

Timothy Ward, Commissioner
Robert Toole, Director of Field Operations
Ahmed Holt, Assistant Commissioner of Facilities
Cedric Taylor, North Regional Director
Jennifer Ammons, General Counsel