



THE OKLAHOMA CONFERENCE
OF CHURCHES



ACTIONS TO PREVENT THE SPREAD OF COVID-19 IN OKLAHOMA'S CRIMINAL JUSTICE SYSTEM

Oklahoma incarcerates its citizens at one of the highest rates in the nation. The state's prisons and jails have been strained for years with many facilities operating well over capacity. This presents a particular public health risk during the COVID-19 crisis. Incarcerated people have higher rates of underlying health issues than members of the general public, including higher rates of respiratory disease, heart disease, diabetes, and other conditions that suppress immune response. As the virus inevitably overtakes our jails and prisons, correctional officers, law enforcement and medical staff will end up risking their health and safety to an even greater degree, and vulnerable justice-involved Oklahomans will be put at greater risk. The close, overcrowded conditions and lack of access to hygiene products in prisons and jails make these institutions especially susceptible during viral pandemics.

The absence of statewide protocols for all prisons and jails increases this risk. We urge Governor Stitt to issue an Executive Order to protect staff and inmates in our state's jails and prisons and to enact the following recommendations to manage the serious threat of an outbreak of COVID-19 in Oklahoma Corrections and ultimately to the general public.

Identify incarcerated persons who are elderly, immunocompromised, or meet the requirements for compassionate or elderly release as well as those who are within six months of release from incarceration. Balancing the interests of public health and safety, we recommend these individuals be considered for immediate release from incarceration. If necessary for the balance of the term of incarceration, conditions may be required such as home confinement, but they should not be cost prohibitive, they should not require in person contact that puts people's health at risk, and they should not create a barrier for accessing medical care. This should also include anyone incarcerated for technical violations like missing a court payment or an assigned meeting.

Identify and release people who have been detained pretrial if their release would not constitute a threat of imminent harm to public safety. Reduce the use of pretrial booking and detention to the extent consistent with public safety and existing law, focusing on cite and release when possible.

Suspend all conditions that require mandatory in-person meetings, including but not limited to office check-ins with supervision officers. Phone check-ins or alternative methods should be used instead, for as long as there is a risk to public health for in-person contact. Any in-person contact (such as drug testing) will only be conducted when the risks to both the supervising officer and the supervised person are mitigated; no supervision conditions will require the supervised person to travel to or attend group meetings that may put them at risk.

Discretionary groups and programming, such as Alcoholics Anonymous (AA) and grief support groups, should use whatever non-contact alternatives are available (phone, video, or online groups).

Make available to all incarcerated persons at no cost hand sanitizer and soap approved for slowing and preventing the spread of coronavirus. Declassify as contraband hand sanitizer with alcohol. Allow correctional staff to carry personal-sized hand sanitizer.

Increase the number of times cleaning of all shared spaces occurs within custodial facilities and clean with solutions proven to kill the virus. Make available to or provide a schedule for the same cleaning within cells. Make sure phones are sanitized and cleaned before and after every use.

Testing is key to preventing an outbreak. Provide facilities with adequate testing kits to meet the needs for testing according to criteria established by the state health authority. Determine the extent of the crisis. Prioritize testing of vulnerable populations and people with symptoms. If testing is unavailable, other screening measures should be implemented. Solitary confinement and other punitive measures should not be used for quarantine or isolation. If quarantine conditions are perceived as punishment people may be less likely to report symptoms. Barriers to testing such as copays or prescription costs related to coronavirus treatment and prevention should be removed during this crisis.

No one should be incarcerated past their release date, even if quarantine is warranted. Confirmed cases requiring medical care must be coordinated with the appropriate hospital to facilitate the transfer from incarceration to medical supervision in a safe and timely manner. Individuals who are isolated for mild symptoms or quarantined as a precaution should be released with a plan for self-quarantine, and both the supervision department and the local health department should be notified to ensure appropriate accommodations are in place.

Suspend incarceration for a failure to pay court fines and fees as well as all failure to pay arrest warrants for the duration of this health crisis. Courts should also suspend the collection and accrual of fines and fees at least until non-essential employees are safe to return to work.

In facilities where physical visitation is suspended, there must be secure access to non-contact legal visitation. Phone calls, video visitation, and electronic communication — for all types of visits (family, nonlegal professional visits, legal visits where noncontact visits are not accommodated etc) — must be available without fees.