

Jack Strain, Jr.

Sheriff

Ex-Officio Tax Collector
St. Tammany Parish

E. Alfred Strain
Chief Deputy



Sheriff Strain,

July 8, 2010

I received the letter from Ms. Marjorie Esman, dated July 8, 2010, which you forwarded for my review. I would like to respond to that letter, address numerous errors contained in the missive, and more accurately describe the jail's policy regarding suicidal inmates.

Ms. Esman begins her letter stating, "People who are suicidal are typically held in the cages for at least 72 hours." This is certainly untrue. The vast majority of inmates placed into protective observation (booking cells) remain there for approximately *one day*. We make every attempt to minimize the time inmates spend in those cells; in fact, the Medical Department now holds physician sick call on Saturdays and Sundays so that inmates on suicide watch do not have to wait in booking cells over the weekend. Ms. Esman also writes, "The cages are used on all suicidal prisoners, including those who have only expressed symptoms of suicide but who have not behaved violently toward themselves or others." She is once again mistaken. There are a number of other therapeutic and/or housing options which may be employed for potentially suicidal inmates. These include: immediate psychiatric referral; frequent, periodic visits with medical professionals to monitor high-risk inmates; housing in "juvenile isolation" cells where continuous camera monitoring is available; housing inmates in "old medical" cells which allows for both solitary confinement and close physical monitoring; and transfer to smaller dorms which permits closer supervision of inmates. Protective observation in the booking cells is utilized only when a licensed physician feels there is a clear and present danger to an inmate's health or the health and safety of others and other means as expressed above are not suitable for the situation.

Ms. Esman also comments in her letter that inmates are stripped of their clothes and forced to wear bright-orange shorts. This is true. However, it is not an intervention designed or intended to humiliate or otherwise demean an inmate. We have had numerous cases where inmates have attempted to hang themselves with their street clothing or jail uniforms. Consequently, such clothing is removed, and the offender is dressed in shorts (cut off jump-suit pants) and a short-sleeved shirt. In this way, we can help prevent potential hangings. The uniform is orange to alert all deputies and medical staff that the inmate is at risk for harming themselves or others and should be monitored closely and treated with caution (e.g., during feeding or when walking the inmate to and from the bathroom). Ms. Esman further commented about an incident where "Hot Stuff" was apparently written on an inmate's scrub pants. I can assure you that I would never tolerate such behavior nor, I am certain, would Warden Longino.

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In her letter, Ms. Esman also states, "We have also received numerous reports that the cages are also used to hold prisoners who are being punished." This is not true. Protective isolation is only utilized when there is a serious risk of an inmate harming himself/herself or others, or when an inmate is exhibiting such bizarre behavior that continuous physical monitoring (with rapid access) is indicated. Furthermore, protective isolation is only initiated on the order of a licensed physician (never by a nurse or security staff). Jail physicians do not participate in the disciplinary process and, thus, protective isolation is not an option to "punish" inmates. Finally, Ms. Esman describes how "staff often ignore(s) prisoners' requests to use the bathroom, forcing people to urinate in discarded milk cartons." She further describes how there can be "pools of urine under the squirrel cages". I have never once in my six years as Medical Director ever witnessed such behavior. In addition, at our jail, both medical and security personnel make periodic checks of inmates on "suicide watch" to monitor their physical well being, mental condition, hygiene, and nutrition. (We specifically note if an inmate is eating, drinking, and using the restroom.)

As you can see there are myriad erroneous assertions in Ms. Esman's letter. She seems to be relying on hearsay rather than valid factual knowledge of the practices actually in place at the St. Tammany Parish Jail.

I would next like to address Ms. Esman's comments regarding our use of booking cells for protective observation. She states that this is clearly unconstitutional and inhumane. I completely disagree. Psychiatric treatment facilities throughout the United States routinely use restraints to control violent patients and those in danger of self harm. This may include "straight jackets" and/or strapping patients to a bed. Likewise, jails and prisons across the country use restraints (bed or chair) to manage suicidal patients. In fact, the National Commission on Correctional Health Care (NCCHC), cited in Ms. Esman's letter, and the American Correctional Association (ACA), both have health care standards dedicated to the proper use of restraints in correctional facilities. I would argue that being strapped to a bed or in a chair for protracted periods (often days or more) is considerably less comfortable than confinement to a booking cell. Moreover, bed and chair restraints both carry a risk for venous thrombosis (blood clots) and potentially fatal pulmonary embolism. Our practices do not pose such a risk to inmate health. In addition, each year, numerous jails/prisons in the U.S. report the death of inmates in restraints; inmates struggle free of their bonds then use those restraints to hang themselves. I can recall several recent cases here in Louisiana where inmates died in jail while restrained. However, during my six years as jail Medical Director, there have never been any deaths or serious injuries to inmates housed in booking cells for protective observation. In short, our practices at St. Tammany have proven to be safer than other more-restrictive methods commonly employed at other jails. [Of note, I should mention that mental health professional favor using "the least restrictive method" for protecting suicidal patients from self harm. Furthermore, during my years at St. Tammany, I have encountered numerous patients with mental illness who have spent time in our booking cell and have also experienced bed restraint (in another correctional facility). *In every instance*, the inmate felt our method of suicide protection was superior to being tied to a bed.]

I am not suggesting that our solution here at the St. Tammany Jail is ideal. Unfortunately, we have few options available to us. When the jail medical staff encounters a patient whose medical needs exceed on-site capabilities, we transfer the patient to a local hospital for further care. Sadly, there are no hospitals in the State of Louisiana which will provide acute, inpatient mental-health treatment to incarcerated persons, including actively suicidal inmates. Offenders with serious, unstable mental illness are, thus, forced to remain at the jail for care. Jails are not designed, built, staffed, or funded to be inpatient psychiatric hospitals. Consequently, health care

providers struggle to provide the best care that they can in the jail environment. I have spent considerable time and research exploring the viable options for protecting suicidal inmates at our facility and believe that our current system- using booking cells for protective observation when necessary- is the safest and most comfortable alternative available to us. Again, we make every effort to utilize alternative measures when possible and to minimize patients' stays in the booking cells, but my first priority must always be protecting the health and life of the inmates, even if, at times, comfort must be sacrificed. Unless there is a radical shift in Louisiana policy and mental-health funding, I fully expect this situation to persist or likely worsen in the future.

I would conclude this letter with a puzzling observation. Mental health services were significantly curtailed prior to Hurricane Katrina (for example the closing of Charity Hospital's inpatient psychiatric unit to incarcerated individuals). Since the storm, services have been reduced even further, despite a marked increase in need for psychiatric care. New Orleans Adolescent Hospital closed, and the number of acute inpatient psychiatric beds across the state has been reduced *tremendously* (Southeast Louisiana Hospital for example). The cuts in mental health services have seriously impacted the care of residents in this state, both in and out of correctional facilities. You and I have discussed this problem on numerous occasions, and, as I recall, you have personally gone to the media on *four* separate occasions since 2007, hoping to draw attention to this growing problem [radio (twice on WWL), television (WGNO News), and print (The *New Orleans Times-Picayune*)]. I am curious why the ACLU is now suddenly so interested in mental health services in the jail when we have been begging for assistance for over three years with no response.

Please let me know if you have any questions or require additional information.

Sincerely,



R. Demaree Inglese, M.D.
Medical Director, STPSO