



TEXAS A&M UNIVERSITY
Hazard Reduction
& Recovery Center



**NO ONE TRULY
KNOWS A NATION
UNTIL ONE
HAS BEEN INSIDE
IT'S JAILS**

EXTREME TEMPERATURES AND COVID19 IN TEXAS PRISONS

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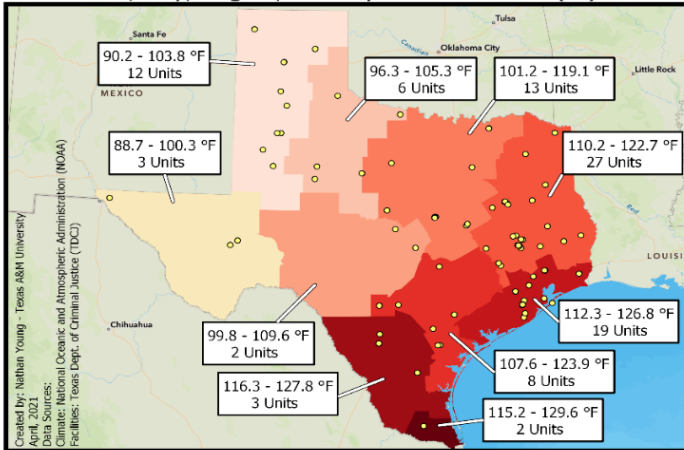
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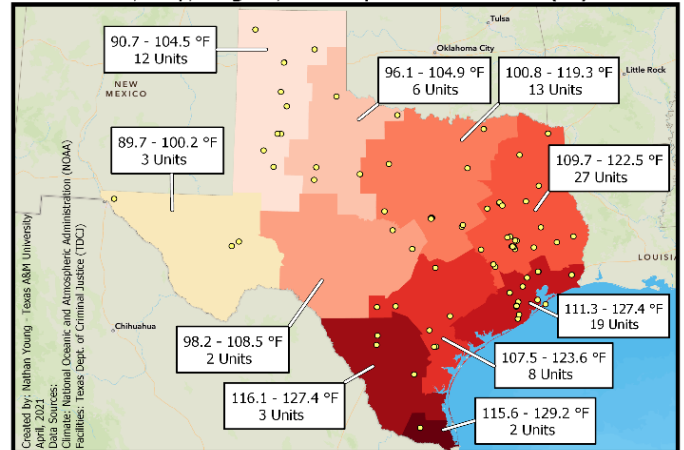
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TDCJ Prison Facilities and Average Heat Index Temperature in June, July, August, and September of 2018 (°F)



TDCJ Prison Facilities and Average Heat Index Temperature in June, July, August, and September of 2019 (°F)



EXECUTIVE SUMMARY

Texas is one of at least thirteen states in the U.S. that does not have universal air-conditioning in state prisons.¹ Throughout the history of imprisonment in Texas, incarcerated people have experienced great harm from extreme heat and a lack of adequate protections. Although 87 percent of households in the U.S. use air-conditioning equipment², only 30 percent of Texas prison units are fully air-conditioned.³ Temperatures inside units have been shown to regularly reach 110 degrees and in at least one unit have topped 149 degrees.⁴ Conditions of high humidity in Texas prisons have also contributed to adverse health impacts from heat.⁵ The number of incarcerated people who have fallen ill or died from exposure to extreme temperatures throughout the state's history is unknown, yet notable clusters of heat-related illnesses and deaths have occurred. At least 23 documented heat-related deaths of incarcerated people have been recorded by the Texas Department of Criminal Justice (TDCJ) since 1998.⁶ In 2018 alone, at least 79 incarcerated people and prison staff members reported heat-related illnesses between January and October.⁷

Without air-conditioning throughout all units, TDCJ policies primarily aim to mitigate the impact of extreme temperatures by getting resources to incarcerated people individually. Aside from the limited access to “cooled beds” or air-conditioned housing areas, the policies include providing drinking water, ice used to cool water temperature, additional cooled showers, fans, and cooled “respite” areas. According to TDCJ, the agency's policies are meant to provide “sufficient heat mitigation efforts” for incarcerated persons in units without air-conditioning.⁸ However, TDCJ noted in 2019 that in practice, implementing this strategy is difficult and that mitigating the risk of heat impacts across the state's 101 units with approximately 122,000 incarcerated persons with varying medical vulnerabilities and security characteristics “presents a unique challenge and requires a comprehensive system-wide approach.”⁹ Despite the current heat mitigation

policies, nearly every year, there are reports of incarcerated people and staff falling extremely ill and/or dying from complications from extreme heat in Texas prisons.

The lack of air-conditioning in prisons, especially housing areas, has been argued to be in violation of human rights, the U.S. Constitution's Eighth Amendment protection against cruel and unusual punishment, the 14th Amendment guaranteeing equal protection to citizens, as well as the Americans with Disabilities Act and Rehabilitation Act.¹⁰ Extreme heat disproportionately impacts incarcerated people with medical or mental health vulnerabilities. Such vulnerabilities are overrepresented in prison systems across the U.S. and especially in Texas.¹¹ Increasing annual temperatures and the increase of days over 100 degrees in Texas will continue to exacerbate the degradation of health for both incarcerated people and staff.¹²

These findings are the result of an analysis of surveys from 309 incarcerated people in Texas prisons about their experiences with TDCJ heat mitigation policies as well as the impact of extreme heat on their lives and personal health in the absence of air-conditioning. The surveys included in this analysis were collected between June of 2018 and December of 2020. The subjects covered in the surveys relate to:

- Experience with heat-related illness
- Experiences with heat restrictions.
- Knowledge of heat-related deaths
- The provision of resources (water, cups, ice)
- Access to and experience with showers
- Access to and experience with respite areas
- Access to and conditions of fans and other infrastructure
- Work-related experiences with heat
- Accessibility and availability of cooling commissary items
- Filing grievances

Findings from this report demonstrate how current heat mitigation policies do not result in adequate protections against heat-related illness for incarcerated people. The experiences of incarcerated people in Texas prisons illuminate systemic issues and patterns across units and also expand the understanding of heat-related illness and death as an ongoing but preventable disaster. Additionally, surveys and letters collected in 2020 reveal how the COVID-19 pandemic, which has disproportionately impacted incarcerated populations in Texas, created further challenges to the individually focused heat mitigation strategies in Texas prisons. Incarcerated people have described the environment of extreme heat and the COVID-19 pandemic as a "living hell."¹³ Each section includes descriptions of how heat-mitigation practices were impacted by the ongoing COVID-19 pandemic in addition to a separate section which provides a more in depth look at the relationship between the two hazards of extreme heat and COVID-19.

INTRODUCTION

Texas is one of at least thirteen “famously hot states” without universal air-conditioning in its prisons.¹⁴ Seventy percent of the state’s prisons do not have air-conditioning in living areas.¹⁵ Each year reports of heat-related illness among incarcerated people and staff draw increased scrutiny among the public and policy makers. Since 1998, nearly two dozen heat-related deaths of incarcerated people in Texas have been documented, with at least ten incarcerated people dying in the 2011 heat wave alone.¹⁶ Lawsuits have continued to plague the agency and its institutions. After TDCJ was subjected to lawsuits in 2013 relating to the deaths of incarcerated people from heat-related illness, a spokesperson told the Houston Chronicle, “TDCJ takes precautions to help reduce heat-related illnesses such as restricting activity during the hottest parts of the day, providing water and ice in work and housing areas and training staff to identify and treat those with heat-related illnesses.” In 2017, Judge Keith Ellison ruled that the Texas prison system would stand trial in a civil rights lawsuit stemming from the heat-related death of an incarcerated man, Larry McCollum. Judge Ellison commented, “These policies contributed to the deaths of 11 men before McCollum and 10 men after him.”¹⁷

The most significant heat-related policy changes were implemented after 2018 when TDCJ mediated ten lawsuits related to extreme heat and the lack of air-conditioning in the state’s prisons.¹⁸ The result was that TDCJ would be required to house particularly vulnerable incarcerated people in air-conditioned housing. Those people were identified “broadly speaking” as having “certain medical conditions or taking certain medications” known to increase vulnerability or susceptibility to heat-related illness.¹⁹ The agency also updated their heat mitigation policies to include definitions of heat and weather terminologies, specific ranges of dates when heat mitigation policies would be in effect, annual deadlines for necessary maintenance and repairs, mandated excessive temperature condition training for staff and incarcerated people, and to include a requirement to evaluate all heat-related illnesses and the “conditions surrounding the incident” in addition to tracking and reporting cluster illnesses.²⁰

The changes formalized policies that apply to all incarcerated people “regardless of their individual risk level.”²¹ These measures include creating cooled respite areas, providing water and ice, additional showers when possible, and allowing incarcerated people to wear cooler clothing options at times, and to allow the purchase of cooling items (personal fans, cooling towels) from the prison commissary. Other policies include transporting incarcerated psychiatric inpatient persons in cooled buses only and transporting all others during the coolest hours of the day when possible. The agency stated that many of these policies were in place before, “but had not yet been formally incorporated in agency policy or standard operating procedures.”²² Reporting has suggested that the heat mitigation policies put into place in 2018 continue to be inconsistently followed.²³

In the midst of the extreme temperatures, incarcerated people have also experienced an ongoing pandemic which has disproportionately impacted prisons and those that live and work within them. In spring of 2020, the pandemic began to impact incarcerated populations across the U.S. However, Texas has had disproportionately high rates of illness and death from COVID-19 among incarcerated people compared to other states.²⁴ As of early July 2022, TDCJ has identified 86 staff member deaths and 307 incarcerated people's deaths linked to COVID-19 through their online dashboard, though the agency has described 63 of those deaths as under investigation.²⁵ As COVID-19 runs rampant in Texas prisons, the extreme heat and lack of air-conditioning in units has been described as exacerbating the devastation of the pandemic as incarcerated people struggle to navigate survival amidst the converging hazards.

METHODS

SURVEYS

For this report, we analyzed 309 surveys which were distributed by the Texas Prisons Community Advocates (TPCA) to incarcerated people housed across 57 TDCJ units between October of 2018 and December of 2020.²⁶ Incarcerated people filled out the surveys and mailed them back to TPCA. Survey data was stripped of any information that would identify incarcerated people or staff members. Dr. Carlee Purdum, a research professor at the Hazard Reduction and Recovery Center at Texas A&M University, conducted the analysis of the surveys. The surveys included in this analysis were received by TPCA between June 2018 and December of 2020. The subjects covered in the surveys relate to:

- Experience with heat-related illness
- Experiences with heat restrictions.
- Knowledge of heat-related deaths
- The provision of resources (water, cups, ice)
- Access to and experience with showers
- Access to and experience with respite areas
- Access to and conditions of fans and other infrastructure
- Work-related experiences with heat
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- Filing grievances

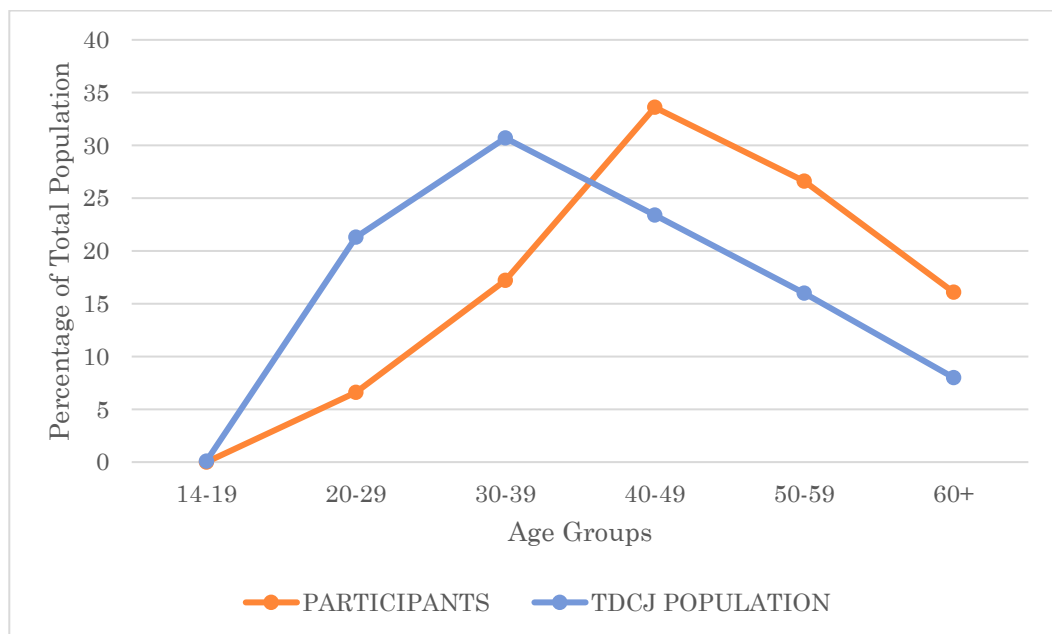
Although no survey questions explicitly mentioned COVID-19, incarcerated participants wrote in to describe how COVID-19 was complicating their experiences with heat and their experiences with the heat mitigation policies.

TPCA HEAT SURVEY PARTICIPANT DEMOGRAPHICS

The surveys did not include questions about demographics such as age, race, or gender but did ask participants to include participants' TDCJ ID number and unit. TPCA was able to use the TDCJ "Inmate Information Search" website and the participant IDs to identify available demographic information for participants including race, and age.²⁷ Gender could not be determined, but the type of unit (male or female) was used as a proxy. For participants who did not show up in the system, demographic information was ascertained (if available) from letters and self-disclosed information and public records. One participant did not include their name or any identifying information and two participants used the aliases of Jane Doe citing a fear of retaliation for reporting on the hazardous conditions of their units. If an individual's information could not be gathered from the system, the unit was used to determine sex except for one participant which disclosed their gender identity as transgender. At the time of analysis, three participants had died, including one participant had died from COVID-19 and another from homicide. Data for comparisons to the TDCJ population were drawn from statistical fiscal year reports for 2019 and 2021.²⁸

AGE OF PARTICIPANTS

Figure 1. COMPARISON OF AGE DEMOGRAPHICS



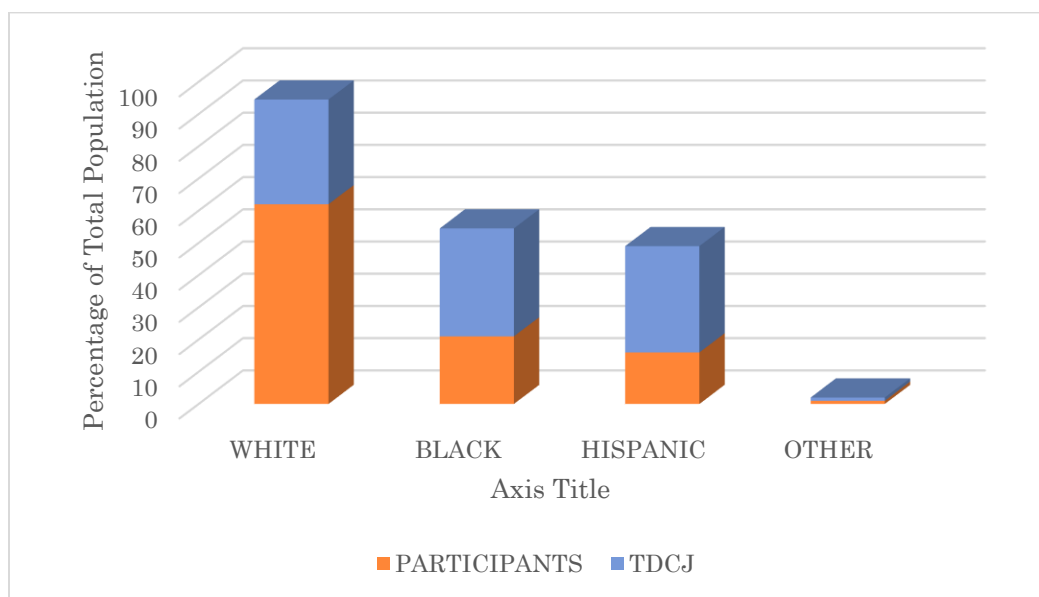
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The ages of 90 percent of the participants were identified using TDCJ's offender search engine and details provided by incarcerated participants in their survey responses.

Most responses were from participants in their 40s (33.6 percent) and 50s (26.6 percent), followed by participants in their 30s (17.2 percent), 60s (14.6 percent), 20s (6.6 percent), and 70s (1.5 percent). All participants were between 20 and 79 years old. Those aged 60 or older were combined so they could be compared to TDCJ demographics, which combines those over 60 in their annual reporting. The TPCA sample had higher proportions of older incarcerated individuals compared to the general population of TDCJ (See Figure 1). This may be because older people are more vulnerable to extreme temperatures and may have felt more compelled to document and share their experiences.

RACE OF PARTICIPANTS

Figure 2. COMPARISON OF RACE DEMOGRAPHICS

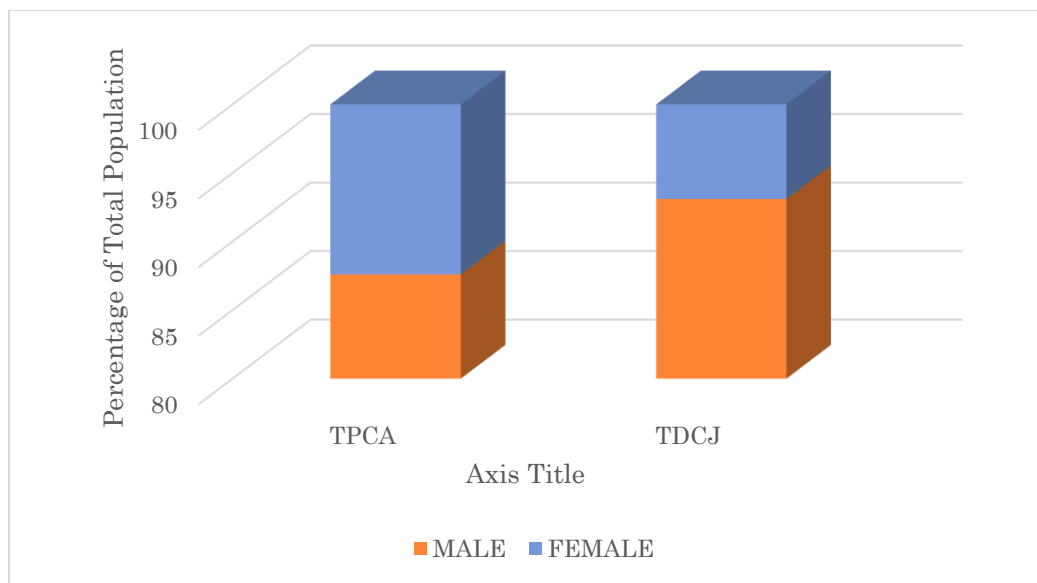


The races of 89 percent of participants were identified using the TDCJ database. Most of the identified responses were from White participants (62 percent), followed by Black participants (21 percent) and Hispanic (16 percent) participants while a few (1 percent) were from a different or “other” racial category according to the TDCJ database. TDCJ’s statistical reports only reference racial categories as White, Black, Hispanic, and Other/Unknown.²⁹ The sample has a larger proportion of White participants and lower proportion of Black and Hispanic persons compared to the TDCJ population as a whole (See Figure 2). One potential reason for the underrepresentation of Hispanic participants is the lack of a Spanish version of the TPCA Heat Survey.

GENDER OF PARTICIPANTS

The gender of participants was identified for 99 percent of participants using the TDCJ search engine and the self-reported housing unit or participants. The TPCA sample is 87.6 percent reported male and 12.4 percent reported female compared to the TDCJ population which is 91.5 percent male, and 8.5 percent female (See Figure 3).³⁰ However, having to identify the gender of participants by TDCJ's binary classification did not allow for participants to self-report their gender. One participant did include in their survey that they were transgender, representing .2 percent of the TPCA sample. As of 2016 there were at least 333 transgender incarcerated people (about .25 percent) in the Texas prison system.³¹ However, TDCJ does not include transgender people in their annual statistics report, therefore the transgender individual was not included in the comparison of gender demographics.

Figure 3. COMPARISON OF GENDER DEMOGRAPHICS

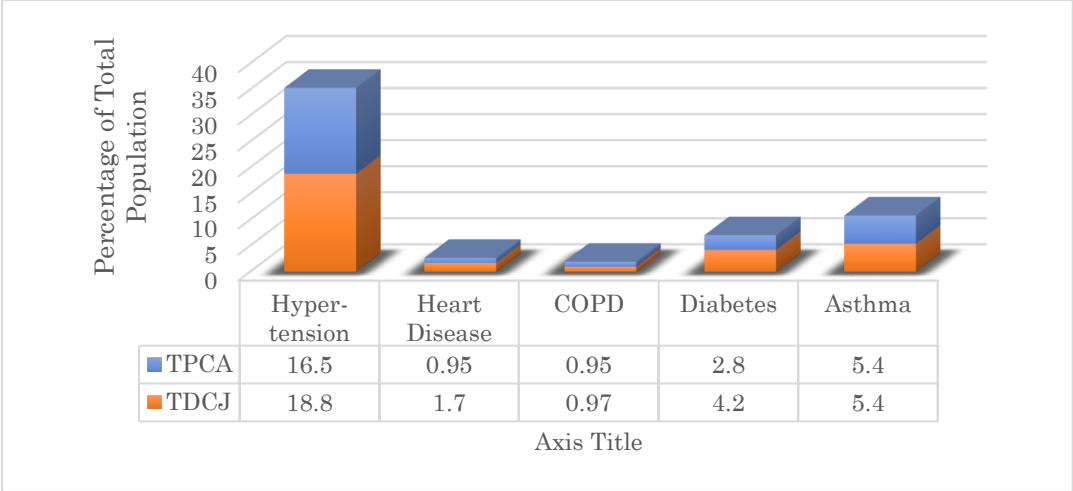


EXTREME HEAT & THE HEALTH OF INCARCERATED PERSONS

According to TDCJ, “a person can begin to feel the effects of heat exhaustion in temperatures as low as 80 degrees” and that “risks for heat stroke begin at temperatures of 91 degrees” while at a few degrees higher (95 degrees), “there can be an imminent danger of developing heat stroke.”³² Incarcerated people are disproportionately vulnerable to the health impacts of extreme temperatures because characteristically, U.S. incarcerated populations have higher rates of mental illness and chronic health conditions. Chronic diseases and conditions are known risk factors for health-related illness, hospitalization and mortality. Individuals may also be taking medications including psychotropics, medications for Parkinson’s disease, tranquilizers and diuretics that may worsen the health impacts of exposure to extreme temperatures.³³ Extreme heat may make it difficult for the body to properly regulate its temperature thereby leading to illnesses including cramps, heat exhaustion, heat stroke and hypothermia.³⁴ Individuals 65 years or older are also at increased risk of heat related illnesses, making the growing elderly population of incarcerated people a of significant concern. Owen Murray, the Chief Physician for Correctional Managed Care, University of Texas Medical Branch, which oversees most of the health care in Texas prisons has stated, “Prisons weren’t designed for patients who are getting older. They were designed for people 18 to 55 and who were able to walk.”³⁵ More than 13 percent of incarcerated people in TDCJ are aged 55 or older.³⁶

Within the TPCA surveys, incarcerated participants described how their health conditions (Hypertension, Heart Disease, COPD, Diabetes, Asthma, Epilepsy, Thyroid conditions, Hepatitis, Mental Illness, Pregnancy, etc.) increased their vulnerability to heat impacts without air-conditioning. Participants reported having certain chronic illnesses at nearly the same rates that have been found in the TDCJ population according to the most recently available study (See Figure 4).³⁷

Figure 4. COMPARISON OF CHRONIC ILLNESS



It was common for participants across units to describe how their medical conditions made them more vulnerable to heat impacts and how those conditions were routinely aggravated by the heat (Table 1). Incarcerated people described experiencing impacts of heat due to taking medication necessary to treat their chronic illnesses and/or conditions. Others described particularly vulnerable conditions including being pregnant or suffering from posttraumatic stress disorder. In 2020, more than half of participants (56 percent) were prescribed medication that could exacerbate the impact of heat to their health.

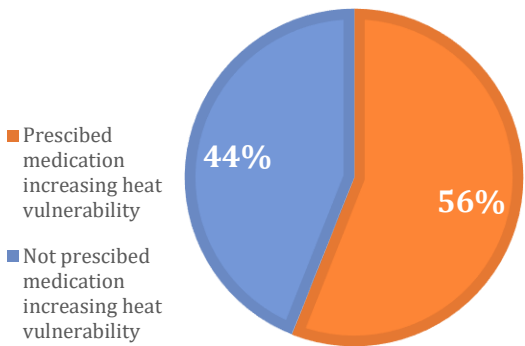


Table 1. Illnesses and Conditions Exacerbated by Heat

Medication Interference	<p>“I had heat related illness which required medical attention. I became dizzy, lost weight, chest pain, headache, diarrhea, sweating and intolerance to heat- due to medications.” – Jester 3</p> <p>“The meds I take makes you overheat.” - Michael Unit</p> <p>“I have extreme heat restrictions due to my medications.” – Lane Murray</p>
Mental Illness	<p>“I suffer dehydration and heat effect, psych medication.” – Stiles Unit</p> <p>“I take mental health medication with heat restrictions.” – Michael Unit</p> <p>“I currently take psych meds (Lithium and Zoloft) that require no direct sunlight and heat restrictions...” – Coffield Unit</p>

Cardiac Vulnerabilities	<p><i>"High blood pressure, I don't sweat when temp is above 95." - Lane Murray Unit.</i></p> <p><i>"Yes, high blood pressure. I also take oxybutynin. It dries me out." – Stiles Unit</i></p> <p><i>"High blood pressure, high cholesterol, suffered two pass outs, heat exhaustion." – Boyd Unit</i></p> <p><i>"I have congestive heart failure, COPD [Chronic Obstructive Pulmonary Disease], thyroid and blood pressure." – Wynne Unit</i></p>
Asthma	<p><i>"My asthma acts up in the summer heat." – Luther Unit</i></p> <p><i>"I have asthma which gets worse in the heat and humidity, and I have to work outside despite several attempts to change my job." – Stringfellow Unit</i></p>
Diabetes	<p><i>"I want to make you all aware of the inhumane living conditions we're living under... Temperatures and heat indexes have been in the 90's and 100's lately... I personally have Type II diabetes, asthma, and high blood pressure and I shouldn't even be assigned housing on this row but they don't really care about the inmate's health." – McConnell Unit</i></p> <p><i>"Diabetic, Asthamatic, Pysch meds." – Allred Unit.</i></p> <p><i>"71 years old and diabetes, heart problems." – Michael Unit</i></p>
Multiple Sclerosis	<p><i>"Multiple Sclerosis, I can't be in extreme heat." – Michael Unit</i></p>
Epilepsy	<p><i>"I have epileptic seizures and a VERY recent brain injury and surgery that causes my heat problems to be magnified many times." - McConnell Unit.</i></p> <p><i>"Take depression meds and have meds for asthma and epilepsy seizures." – Robertson Unit</i></p>
Cancer	<p><i>"I have had three heart attacks, CHF S/P cancer, emphysema, COPD- have had brain surg from aneurism." – Lane Murray Unit</i></p>
Pregnancy	<p><i>"I got sick [from heat] at 30 weeks pregnant... I was big and pregnant with no air conditioning and one working fan that didn't reach my bunk ..." – Carole Young Unit.</i></p>
PTSD	<p><i>"I have PTSD from four combat tours of Iraq and Afghanistan. The heat is a trigger." – Clements Unit</i></p>
Lupus	<p><i>"I have Lupus Miliaris Disseminatus Faciei, the heat causes pain to it." – Eastham Unit</i></p>

HEAT SENSITIVITY AND RESTRICTIONS

As of August 31st, 2020, there were 11,885 incarcerated people within TDCJ who were scored as heat sensitive and designated as "Cool Bed Priority Offenders" (CBP), meaning they are prioritized to get into an air-conditioned housing unit. Incarcerated people qualifying for CBP tend to reflect the "highest probability for increased heat sensitivity" and generally reflect those suffering from "heart disease, mental health disorders, dementia/Alzheimer's disease, developmental disability, or are 65 years or older and are also prescribed certain medications or have certain medical conditions."³⁸ However, at the time, 22 percent, or approximately 2,615, of those with a CBP designation, were documented as lacking access to cool beds. Furthermore, there are tens of thousands of other incarcerated people in TDCJ units with increased vulnerability to

heat-related illness. In 2017, at least 30,678 incarcerated people in TDCJ were prescribed psychotropic medication and 27,256 were prescribed medication for high blood pressure. One incarcerated woman described what it was like to have serious health vulnerabilities and to have to struggle to get access to a cooled bed:

I have no family to help me. My current situation is I am at Hobby Unit with no air conditioning... I have heat restrictions through medical and psych due to my health and medications... I have already been going through proper steps for a unit transfer. I am on my step two grievance... already submitted I have been struggling with medicals help to assist me with this. I struggle with the heat so bad... I can't eat... I can't gain weight... I suffer from the heat... I get dizzy and headaches... I am weak. I have diarrhea too with leg cramps at night. I have even passed out a few times. I drink plenty of water. They do not allow respite... Please... help me with any information to get a unit transfer.

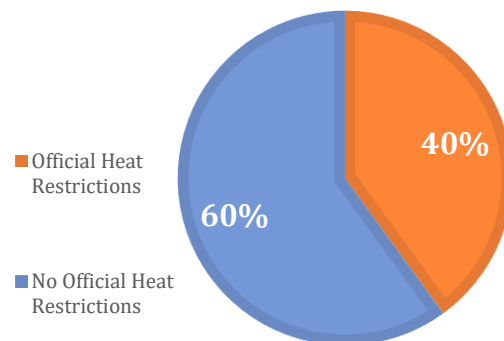
With TDCJ not having enough air-conditioned beds for persons with vulnerabilities to heat, they mitigate the risks to individuals with the use of “heat restrictions.” Heat restrictions typically apply to the type of housing for an incarcerated person as well as their work assignments and the type of action they may be prevented from participating in. For example, one incarcerated person wrote in that due to their sensitivity to heat they received certain heat restrictions which meant they could only be housed on the ground floor and sleep in a bottom bunk. They were also not to be assigned to work (“medically unassigned”) because they were prevented from lifting more than 50 pounds, bending at the waist, repetitive squatting, climbing, and from being in direct sunlight (See Figure 5).

Forty percent of incarcerated participants identified as having some type of official heat restriction. Between September of 2019 and August of 2020, there were 598 heat-related grievances filed relating to medical restrictions not being met.

Figure 6. DESCRIPTION OF HEAT RESTRICTIONS

The image shows handwritten notes on a form titled 'DESCRIPTION OF HEAT RESTRICTIONS'. The notes are organized into two main sections: 'Housing Assignment' and 'Work Assignment/Restrictions'. Under 'Housing Assignment', it says 'Ground Floor only'. Under 'Work Assignment/Restrictions', it says 'Medically Unassigned', 'No Lifting 50 Lbs.', 'No Bending at Waist', 'No Repetitive Squatting', and 'No Climbing'. Below these, under 'Bunk Assignment', it says 'Lower only' and 'No work in Direct Sunlight'. The notes conclude with 'That's about it!'.

Figure 5. PARTICIPANT HEAT RESTRICTIONS



HEAT-RELATED HEALTH CRISES AND WELLNESS CHECKS

Incarcerated people frequently described how their medical vulnerabilities impact their experience with excessive heat, as well as how excessive heat continuously degrades their health. According to TDCJ policy, unit security staff are to maintain a “Medical Heat Restriction List” for all incarcerated people who are susceptible to temperature-related illnesses, typically due to medical conditions and/or being prescribed certain medications. TDCJ’s Administrative Directive on excessive and extreme temperatures states:

TDCJ and medical staff shall work together to identify offenders susceptible to temperature-related illness due to medical conditions. As offenders arrive on intake facilities, a staff member from the medical department shall conduct an initial screening to determine if the offender has any conditions or is on any medication that would make the offender more susceptible to heat. If medical staff determines an offender has a condition or is on a medication that would make the offender more susceptible to heat, correctional staff shall be instructed to perform wellness checks on the offender until a full medical evaluation may be conducted.³⁹

During security rounds, staff are supposed to use this list to conduct wellness checks and to “immediately seek care for all offenders requesting medical assistance or exhibiting signs of illness.”⁴⁰ When heat stroke is diagnosed early and treated rapidly, the rate of mortality decreases from about 80 percent to 10 percent, making such wellness checks a vital component of mitigating heat-related deaths in prisons.⁴¹ However, the majority (60 percent) of participants reported that wellness checks were not being conducted (See Figure 7). In 2020, 43 percent of participants reported having had a health crisis disregarded by staff (See Figure 8).

Figure 7. PARTICIPANT WELLNESS CHECKS

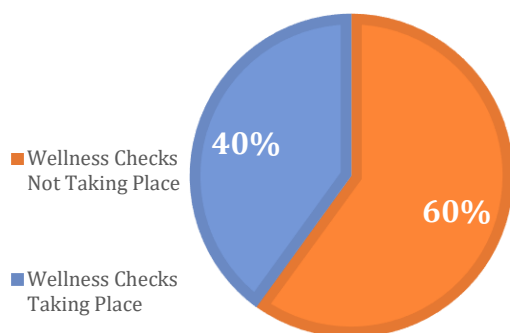
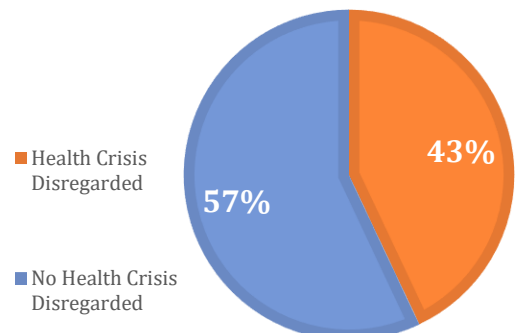


Figure 8. PARTICIPANT HEALTH CRISES



Within the TPCA surveys, incarcerated people frequently described having experienced symptoms of heat exhaustion and/or heat stroke. These symptoms included experiencing heat syncope (passing out), high body temperatures, heavy sweating, nausea or vomiting, muscle cramps and pain, tiredness or weakness, dizziness, and headaches (Table 2). According to the Centers for Disease Control and Prevention:

Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.⁴²

Table 2. Experiences with Heat Exhaustion and Heat Stroke Symptoms

Heat Stroke and Heat Exhaustion	<p><i>"Yes, symptoms of a heat stroke in the dayroom when it's so small."- Eastham Unit.</i></p> <p><i>"Yes; I'm on #20 (heatstroke); Asthma." – Ellis Unit.</i></p> <p><i>"I regularly experience heat exhaustion." – Hughes Unit.</i></p> <p><i>"I was taken to the infirmary after fainting from heat exhaustion." – Luther Unit.</i></p>
Passing Out from Heat	<p><i>"I have passed out twice, on Michael and Allred." – Ferguson Unit.</i></p> <p><i>"Working out in fields in 100+ heat. No cold water. Passing out." – Hobby Unit.</i></p> <p><i>"I got cramps, nausea, I even passed out." – Hughes Unit.</i></p> <p><i>"I fainted four times in my cell and no reports were filed and I received no medical attention." – Wayne Scott Unit.</i></p>
Difficulty Breathing	<p><i>"I get frequent headaches and light headed and lack of air to breath, muscle cramps..." – Jordan Unit.</i></p> <p><i>"Yes, when it's too hot I can't take a deep breath." – Ellis Unit</i></p> <p><i>"I could not breathe." – Wayne Scott Unit</i></p>
Nausea Vomiting	<p><i>"Yes, I get dizzy/nauseated, vomiting." – Allred Unit</i></p> <p><i>"Yes (dizziness, nausea, feeling faint)." – Carole Young Unit</i></p> <p><i>"I get hives/rash; extreme lethargy; nauseas, passing out." – Lane Murray Unit</i></p>
Disorientation	<p><i>"Severe migraines, dizziness, disorientation, feeling faint, over- heating, passing out." – Carole Young Unit</i></p> <p><i>"I get very lethargic and disoriented in the summer heat..." – Lane Murray Unit</i></p> <p><i>"I get dizzy and weak when it's too hot." – Carole Young Unit</i></p> <p><i>"Dizziness, headache & Lethargy/Fatigue." – Estelle Unit</i></p>
Cramping	<p><i>"I struggle with the heat so bad... I can't eat... I can't gain weight... I suffer from the heat... I get dizzy and headaches... I am weak. I have diarrhea too with leg cramps at night. I have even passed out a few times." – Hobby Unit</i></p>
Heat Rash	<p><i>"In the early spring months, summer months, heat rash covers my legs and ankles and groin area of my body." – Coffield Unit</i></p>

“Severe heat rash, nausea, no big deal.” – Michael Unit

“Every summer I battle with heat rash and it's maddening!!!” – Stringfellow Unit

“I always break out in a rash...” – Estelle Unit

CHRONIC ILLNESS AND COVID-19

Studies have shown that certain underlying conditions make individuals more susceptible to severe illness from COVID-19 leading to higher rates of hospitalization and death.⁴³ One study found that nearly two-thirds of COVID-19 hospitalizations in the U.S. were for individuals with diagnosed metabolic disorders (Type 2 Diabetes and obesity) and heart conditions (high-blood pressure and heart failure). Older individuals have been found to be more susceptible to severe illness from COVID-19 as well. Older individuals with underlying conditions were more susceptible to severe illness when compared to younger individuals with the same conditions.⁴⁴

Incarcerated people are more likely than the general population to report having a chronic illness. About half of persons incarcerated in local jails or state and federal prisons have reported having a chronic medical condition. According to the Bureau of Justice Statistics, incarcerated people in the U.S. are “1.5 times more likely than persons in the standardized general population to report ever having high blood pressure, diabetes, or asthma.”⁴⁵ Throughout the pandemic, Texas has had disproportionately high rates of death and illness among incarcerated people and TDCJ staff.⁴⁶

“They came and did tests on elderly prisoners with pre-existing medical conditions. We have had some deaths and a lot of cases of both staff and prisoners.” – Estelle Unit

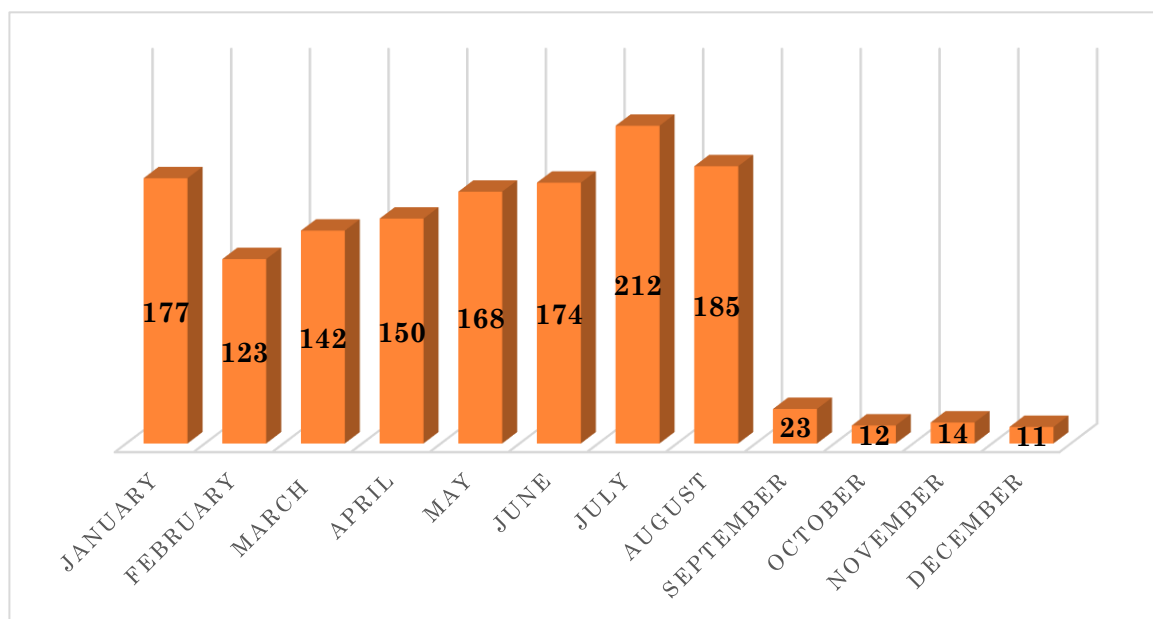
HEAT RELATED DEATHS

Participants expressed a common fear of dying from heat as well as near death experiences related to heat. For example, one participant wrote, “I’m still in this hot cell... I’ve tried to move to a cooler location... I feel like I’m going to die right here in this cell or have one hell of a heat stroke...They don’t care if I die in here or not.” The number of reported heat-related deaths in TDCJ is low compared to the population size, yet narrow definitions of cause of deaths within prison institutions obscure the true impact of hazards like extreme temperatures, especially for vulnerable populations. For example, the Bureau of Justice Statistics defines deaths due to illness as “natural” and death by suicide, homicide, accident, or substance use as “unnatural.” Deaths that fall outside those definitions are categorized as “other.”⁴⁷ Heat-related illnesses and related deaths are preventable, therefore any death to which heat directly or indirectly contributed to can be

understood as unnatural. A recent report by the Prison Policy Institute highlighted this issue, stating “the systemic neglect of illness and aging in prison populations isn’t natural at all.”⁴⁸

Extreme heat and even restricted access to daylight (two particularly relevant conditions in prisons) have been shown to have a relationship to deaths by suicide.⁴⁹ Previous reporting has described a relationship between summer heat and suicides in Texas prisons. Even as the number of incarcerated persons in Texas prisons has decreased, the number of incarcerated persons attempting suicide nearly tripled between 2009 and 2019.⁵⁰ According to an information request to TDCJ from TPCA, at least 1,391 incarcerated persons within TDCJ were documented as having attempted suicide in 2019 and 35 incarcerated persons died by suicide (See Figure 9). In 2020, the number of incarcerated persons who died by suicide increased to 50.⁵¹

Figure 9. Incarcerated Persons in TDCJ & Attempted Suicide in 2019



Research has long shown a relationship between heat and aggression, potentially leading to violence and even homicide within the prison environment. The “brutal heat” of summers in the state of Texas has been linked in reporting to increased use of force incidents by corrections officers against incarcerated persons.⁵² Such incidents have prompted experts to recommend better climate controls in institutional settings, including prisons. According to an article on heat and violence by Craig (2001):

Hot temperatures increase aggression by directly increasing feelings of hostility and indirectly increasing aggressive thoughts. Results show that global warming trends may well increase violent-crime rates. Better climate controls in many institutional settings (e.g., prisons, schools, the workplace) may reduce aggression-related problems in those settings.⁵³

Incarcerated people are intimately aware of this reality and they define heat-related deaths in more expansive terms than TDCJ (Table 3). One incarcerated man described how there were deaths among medically vulnerable people due to heat, “If they were on an AC unit they would still be alive.” Incarcerated people also listed the names of incarcerated people who had died in TDCJ custody but whose deaths had been ascribed to other illnesses, primarily cardiovascular conditions. When asked if they knew of any heat-related deaths, nearly a third of participants (29%) answered that they knew of at least one heat-related death which occurred either in their own unit or at another.

Participants reported that if there were heat-related deaths, they believed that TDCJ would hide that information from them or distort details about the circumstances of their deaths. As one participant commented, “TDCJ conceals that info from us” while another wrote, “Inmates die here, but not sure if heat-related. Could only be rumors, wouldn’t be told anyway.” Some participants also used this space to describe their own near-death experiences with heat. One man in his late 50s incarcerated at the Wayne Scott Unit replied, “... I fainted four times in my cell and no reports were filed and I received no medical attention.”

Table 3. Incarcerated Persons’ Understanding of Heat-Related Deaths

Impact of Heat on COVID19 Deaths	<i>“Combine with COVID19 in Jester 3 gym.” – Jester 3 Unit.</i> <i>“Men have been taken off unit, yes, but because of current Covid-19 lockdown we can’t find anything out.” – Hughes Unit</i>
Personal Near-Death Heat Experience	<i>“I almost died last year.” – Connally Unit.</i> <i>“No [heat-deaths], but I fainted 4x in my cell and no reports were filed and I received no medical attention...” – Wayne Scott.</i>
Mentioned Specific Names	<i>“[Redacted] ... last July” – Michael Unit.</i>
Did not Know Legal Names	<i>“I don’t know real name. We called him Russia (2012).” – Michael Unit.</i>
Did Not Know Names	<i>“Many, many, but I don’t know their names. It’s very hot in this even at night. People pass out all time from heat.” – Coffield Unit.</i> <i>“I do but I don’t know their names.” – Coffield Unit.</i>
Heat-Death Classified as Medical Issue Death	<i>“Yes, but they were ‘seizures’.” – Lane Murray.</i> <i>“We are told it was a heart attack, but yes, it is heat. there are never so many heart attacks in the cooler times of year.” – Polunsky unit.</i>

Medical Death Could be Due to Heat	<p><i>“One man died of a heart attack this summer, not sure if it was heat related.” – Telford Unit.</i></p> <p><i>“Inmates die here, but not sure if heat related. Could only be rumors, wouldn’t be told anyways.” – Wynne Unit.</i></p>
Belief that TDCJ Gives Misinformation on Heat-Related Deaths	<p><i>“Most heat related deaths aren’t reported or are lied about.” – Allred Unit.</i></p> <p><i>“There were 9 heat related deaths on Lane Murray Unit Summer 2019, The unit tried to hide the facts.” – Carole Young Medical Facility.</i></p> <p><i>“TDCJ conceals that info from us.” – Hughes Unit.</i></p>
Heat Leading to Suicide Deaths and Homicide	<p><i>“I know that on Coffield alone there were 19 heat-related deaths. In 2018, 6 people beat to death, 13 suicides.” – Michael Unit.</i></p> <p><i>“Three [heat-deaths], but they said suicide. Don’t know names.. they weren’t getting water in seg in 2017 and 2018.” – Lane Murray.</i></p>

HEAT-RELATED DEATHS AND COVID-19

Although the survey questions were specifically related to experience with heat, the surveys sent to TPCA in 2020 included many descriptions of how COVID-19 was impacting incarcerated people experiences with heat. One challenge facing emergency medical response is that symptoms of COVID-19 and heat-related illness share some similarity (hyperthermia, fatigue, headache, muscle pain/ache, difficulty breathing, abnormally rapid breathing, nausea, vomiting, and disturbed consciousness).⁵⁴ Heat-related illness is diagnosed considering exposure to high temperatures.⁵⁵ In prisons, where excessive temperatures are the norm, telling the difference between COVID-19 and heat-related illnesses is difficult as incarcerated people (or staff) could be suffering from either or both. The populations that are most at-risk for severe illness for COVID-19 also have higher risks for heat-related illness including older adults, people with medical conditions (heart conditions, diabetes, COPD, obesity, cancer, etc.), persons with substance use disorders, and pregnant persons.⁵⁶ An incarcerated person from the Jester three unit described the impact of not having access to air-conditioning and being housed in the heat while trying to recover from COVID19:

I have been passed out, suffered numerous times due to heat-related illness and exacerbation of all of my medical conditions. To make the situation even more extreme and serious I caught COVID-19... As soon as the results came back that I was positive I was moved to a hot gym without any ventilation with numerous other inmates. My temperature stayed over 100 degrees for over or about 2 weeks with the temperature in the gym ranging the over 100 degrees and above on some days (with the humidity). Thanks to my creator, I have recovered (but not fully). The issue stated applies to many other offenders as well. I was so hot, tired, shortness of breath, with other conditions that I thought I was going to die. Unfortunately,

numerous offenders have died in the same conditions described above... combined with the extreme heat offenders are dying at an alarming rate.

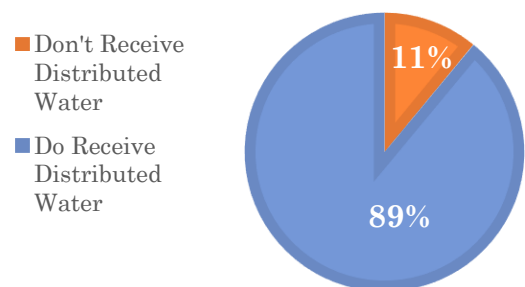
ACCESS TO WATER AND ICE

Under conditions of excessive heat, TDCJ policy dictates that incarcerated people are to have access to water along with ice in the dorms, housing areas, recreational areas, and during mealtimes.⁵⁷ TDCJ has stated that as an agency they take “numerous precautions to help reduce heat-related illnesses such as providing water and ice to staff and offenders in work and housing areas...”⁵⁸ In 2019, TDCJ spent approximately \$80,000 on water coolers.⁵⁹ Although seemingly a simple task, distributing water and ice, the distribution of such life-sustaining resources to thousands of incarcerated people during excessive heat conditions is extremely labor and time intensive. Results from the TPCA survey demonstrated numerous challenges to this task and a lack of consistency in incarcerated person’s access to water. Coolers must be continuously refilled as well as cleaned out. Ice machines must frequently be cleaned to maintain sanitary distribution of ice and machines must be serviced when broken. In 2019, TDCJ spent approximately \$1.2 million on maintenance for ice machines.⁶⁰ Demand is high, leading to significant shortages. Insufficient access to water and contaminated drinking water are common factors that lead to adverse health outcomes among incarcerated people.⁶¹

DISTRIBUTION OF WATER

Participants were asked in the survey if water was provided to them from TDCJ. A significant proportion of participants (11 percent) reported that water is not distributed to them by TDCJ although the heat mitigation policies state that water is to be given out to incarcerated people throughout unit areas (See Figure 10). Although TDCJ’s heat directives don’t specify, when incarcerated participants described the frequency with which they did receive water from TDCJ, answers described a pattern of persistent inconsistency.

Figure 10. WATER DISTRIBUTION TO PARTICIPANTS



TDCJ distributes water communally in common areas through the use of water coolers. How frequently incarcerated people are able to get water while not in their cells primarily depends upon how frequently those water coolers are refilled. How frequently those coolers are refilled most often depends upon staff. Only a few participants reported

that they were able to refill the coolers in common areas themselves. Some participants reported that coolers were refilled intermittently, meaning they had no idea if or when their water coolers would be refilled. Others reported water was given out maybe once a day, twice a day, three or four times a day, maybe every couple of hours, maybe more. A couple of participants described water access as frequent but this was most often in reference to water fountains and sinks and not the water distributed by TDCJ. Access to water fountains was described as problematic. Only a handful of participants mentioned them, but accessing them was difficult due to very high demand (Table 4).

Table 4. Inconsistent Water Access

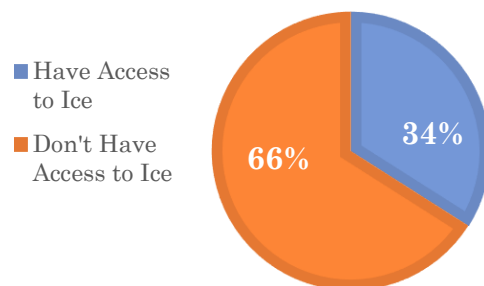
Water not Distributed	<i>"No ice or cold water passed out this year. both were available the past 2 years for summer." – Polunsky Unit</i>
Access Water Only Through Sinks	<i>"We have water from faucets room temp and hot water." – Michael Unit</i> <i>"We have sinks in our dorms and sometimes the water is drinkable." – Coffield Unit</i>
Intermittent Water Distribution	<i>"If we get it [water]... it's hours in between! Without ice, dirty, etc." – Hughes Unit</i> <i>"Depending on availability, once, minimum, 3 times max, per day." – McConnell Unit</i> <i>"Normally with limited ice, 70% of the time it is empty throughout day and night." – Polunsky Unit</i>
Once a Day	<i>"We received cold water, sometimes with ice... just maybe once a day." – Stiles Unit</i> <i>"We are closed custody. We are lucky if we get cold water once per 12-hour shift. And the night shift will at times pass out water at 12 am or 1 am." – McConnell Unit</i>
Twice a Day	<i>"At least twice daily ice is brought to the buildings and rec yards to be put into the dispensers then water is added..." – Clements Unit</i> <i>"Twice a day sometimes with a few small blocks of ice." – Clements Unit</i> <i>"2 times per day with very little ice..." – Wynne Unit</i>
Three to four Times a Day	<i>"The cooler in my dormitory are filled several times daily with ice and water." – Coffield Unit</i> <i>"3-4x a day with ice." – Estelle Unit</i> <i>"If lucky maybe 3 times a day. Ice water." – Clements Unit</i>
More than four Times a Day	<i>"4 or 5 times a day only." – Ellis Unit</i> <i>"Refilled every 2-3 hours." – Eastham Unit</i>
Frequent Distribution of Ice	<i>"We do get ice water regularly." – Clements Unit</i> <i>"Available all the time and water is ice cold. ice is always in the cooler." Mountain View Unit</i>
Inconsistent Access to Water Fountains	<i>"Ice water is only given in the summer, no ice or water fountain available." – Coffield Unit</i> <i>"Water fountain not working and it hasn't been working for over four months unit will not fix it." – Jester 3 Unit</i>

DISTRIBUTION OF ICE

According to TDCJ policy, ice is to be distributed along with water to incarcerated people. Before April 15 of each year, wardens are to review the status of ice machines to identify maintenance needs and to “immediately address any deficiencies.” However, a third of participants (34 percent) reported not having access to ice (See Figure 11). Participants frequently described broken ice machines and not being able to access ice because it was only given out in the communal water coolers and not to individuals. They described this as creating an incentive for incarcerated people to take the top off coolers and dip cups or other items into the coolers and take the ice leading to unsanitary drinking water.

One incarcerated man from the Wynne Unit said there was “dirty coolers and ice with dirt” specifically because incarcerated people were “allowed to handle ice bare handed.” However, this means ice is not accessible to everyone and it can’t be used to keep water cool throughout the day (Table 5). Taking the ice may also lead to a disciplinary charge. One incarcerated man reported, “We get a case of theft if we get caught taking ice.” Yet the high temperatures created an incentive to take the ice.

Figure 11. PARTICIPANT ACCESS TO ICE



CROWDING, STAFFING, AND BROKEN INFRASTRUCTURE

The issues of crowded conditions and low levels of staffing have serious impacts on incarcerated people access to water. Participants frequently described that there was not enough water coolers to meet the actual demand of the large number of persons in the dorms. The low levels of staff in Texas prisons also exacerbated this problem because staff were preoccupied with other tasks or they may not be enough staff persons to refill the coolers as frequently as they needed to be. Staff were also described as purposefully withholding resources from incarcerated people. Broken infrastructure was also described as a significant obstacle.

Table 5. Barriers to Access Water & Ice (Crowding, Staffing, and Broken Infrastructure)

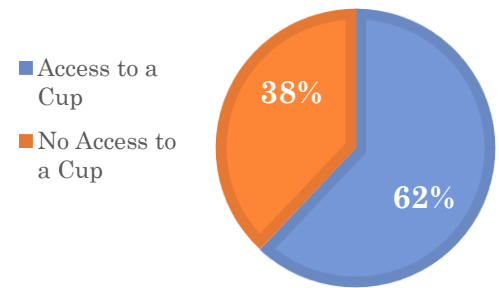
Impact of Crowded Conditions	<p><i>"There was never enough cold water for 130 inmates on my particular wing." – Wayne Scott unit.</i></p> <p><i>"They keep one cooler for water in the dayroom. as soon as it's filled it's empty. Then it's all about waiting for the next fill up." – Wynne Unit.</i></p> <p><i>"They refill coolers every 2 or 3 hours. But with over 100 inmates drinking they never stay full more than 20 minutes." – Stiles Unit.</i></p> <p><i>"Water coolers were on site, but not filled as needed more men than coolers required." – Wynne Unit.</i></p>
Impact of Staffing Issues	<p><i>"If we are on lockdown once or twice a day, depending on if there's a shortage of staff." – Polunsky Unit.</i></p> <p><i>"The ice is such a big commodity in Lane Murray- even though it is only frozen water. It is difficult to get to the dorms at times because of lack of supervision." – Lane Murray Unit.</i></p>
Impact of Staff Attitude	<p><i>"Typically, not an issue depending on the staff member. Sometimes staff lets ice melt and stalls to let us get water..." – Robertson Unit.</i></p> <p><i>"Ice coolers with water is denied when requested if requested too often." – Luther Unit.</i></p> <p><i>"Majority of the time we have to argue with guards to no avail about getting ice or even water." – Pack Unit.</i></p>
Impact of Security Lockdowns	<p><i>"Frequently they will not distribute the water during lockdown periods." – Robertson Unit.</i></p> <p><i>"1 or 2 times with ice daily during lockdowns, other times water with no ice available in dayroom which can only be accesses when cell doors open." – Estelle Unit.</i></p>
Broken Infrastructure	<p><i>"Some dorms do not have a working water fountain (cold water)!" – Terrell Unit.</i></p> <p><i>"Limited ice water during extreme heat due to ice machine failure." – Coffield Unit.</i></p> <p><i>"Ice is sometimes hard to get due to "broken" ice machines, etc." – Clements Unit.</i></p> <p><i>"The ice machine is often broken. But its confusion some say we are suppose to get ice water every 2 hours and some say twice a shift." – Lane Murray.</i></p>

ACCESS TO CUPS

Not having a cup to access communally distributed water creates significant vulnerability to heat-related illness. In 2012 it was noted that Larry McCollum, an incarcerated man who died from hyperthermia in the Hutchins State Jail run by TDCJ, did not have access to a cup for water. One news media outlet reported, "McCollum did not even own a cup for water since he would need to purchase it from commissary, and new inmates could not access commissary for 30 to 45 days."⁶²

TDCJ policy states that indigent incarcerated people are to be given a cup, yet many incarcerated participants reported not having one. In 2019, only a quarter of survey participants reported that they had access to a cup. This proportion increased in 2020 where 62 percent of participants had access to a cup (See Figure 12). This may be due to COVID-19 where incarcerated people spent more time in their cells under lockdown with water distributed to them directly. Without a cup, some use unsanitary alternatives like their hands or other random objects to hold water or hold ice taken from the coolers.

Figure 12. PARTICIPANT ACCESS TO A CUP



COVID-19 IMPACT ON WATER ACCESS

COVID-19 led to lockdowns throughout TDCJ and restricted incarcerated people’s access to water coolers and ice in common areas. This often meant that water had to be distributed individually to people in their cells. This was described as leading to even less access to water. One incarcerated man reported, “Officers of [redacted unit] are not making sure cold water is being passed out to inmates that are locked in their cells due to limited dayroom time to mitigate due to COVID.” Another incarcerated person described in their survey that they had “no access when we are locked in our cells because of covid-19 dayroom restrictions—the cooler in the dayroom runs out quickly—hard to get refill of ice water.” This has led to a distrust in water distribution from guards because of fear of contracting COVID-19. Between September of 2019 and August of 2020, there were 1,196 grievances describing cold water and ice being unavailable.

In a call to TDCJ, the community organization Texas Inmate Family Association (TIFA) asked if frozen water bottles could be distributed as to mitigate the impact of heat to incarcerated people who could not access respite areas, especially those in medical lockdown due to having contracted or been exposed to COVID-19, but the representative from TDCJ rejected such calls due to “over-arching security concerns.”⁶³

Table 6. COVID19 Impact on Water Access

<p>No Access to Communal Water Coolers</p>	<p><i>“No access [to distributed water] when we are locked in our cells because of covid-19 dayroom restrictions...” – Michael Unit</i></p> <p><i>“Sometimes [water] with ice, sometimes just cold and while in cells during lockdown they bring when can. sometimes its hours in between servings which one sometimes two days.” – Redacted Unit</i></p>
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<p>COVID19 Contamination of Sources</p>	<p><i>“The coronavirus is different. It has turned our centralized drinking station into a corona hotspot. Despite TDCJ actions to distance our space deprived lives the numbers continue to increase and I believe it is because of the cooler.” – Lane Murray</i></p> <p><i>“We get water from tap touched by regular inmates non-quarantined and quarantined inmates due to positive tests progressing cross contamination...” – Gurney Unit</i></p> <p><i>“During this medical lockdown, I’d rather drink the water out of the sink. The guards don’t clean the water bucket they be sweating from the heat.” – Darrington Unit</i></p> <p><i>“We are in medical lockdown and the SSI brings cold water every so often 5 or 6 times a day but they do not wear mask!” – Estelle Unit</i></p>
<p>Denied Water due to COVID19 Lockdown</p>	<p><i>“Officer [redacted] denied me and several others during the June lockdown because of COVID19.” – Robertson Unit</i></p> <p><i>“During lockdown these guards don’t allow us to have cold water every hour or let us take showers to cool off at the hottest part of the day. So now I see why there is so many heat related death in TDCJ.” – Price Daniel</i></p>
<p>Infrequent Distribution due to COVID19 Lockdown</p>	<p><i>“Every 3-4 hours depends on the SSI working to bring it to us, we are in lockdown. I have gone 8 hours without water several times.” – Estelle Unit</i></p> <p><i>“Suppose to receive water whenever you want, we’re quarantined in our cells for 14 days, depending on the officer how often we receive cold water” – Redacted Unit</i></p> <p><i>“since we’ve been locked down if we are lucky it comes by twice a day.” – Coffield Unit</i></p>

WATER QUALITY ISSUES

Unsafe water quality was a common and significant concern among incarcerated participants. A distrust in the safety of drinking water presents a serious challenge to heat mitigation by creating a hesitancy to drink the water.⁶⁴ Exposure to illness from drinking water also creates and exacerbates other health issues. In 2014, a class-action lawsuit was filed by incarcerated people at the Wallace Pack Unit against TDCJ for exposure to excessive heat without air-conditioning and for exposure to contaminated drinking water. The amount of arsenic found in the unit’s water was found to be between two and four and half times higher than the amount of arsenic permitted by the Environmental Protection Agency.⁶⁵ One local news headline referring to the suit read, “Arsenic or heat stroke? For Texas inmates, a tough choice.”⁶⁶ In his ruling in the lawsuit, Judge Keith Ellison commented, “The prisoners in the Wallace Pack Unit are forced both to endure extremely high temperatures and to drink water with impermissibly high levels of arsenic.”⁶⁷ Incarcerated people in Texas and other southwestern states have been found to be at, “disproportionate risk of elevated drinking water arsenic exposure and related disease.”⁶⁸

According to this TPCA survey, about a third of participants (32 percent) described unsanitary conditions for water such as dirty coolers and ice machines (bacteria, debris, insects, vermin) and harmful contaminants in the water (feces, E. Coli, H. Pylori, arsenic, lead) (See Figure 13). Ice machines have previously been identified as a source of acute illness and even death among incarcerated people due to a lack of cleaning.⁶⁹ Quotes from participants are listed below that describe the situation.

Figure 13. WATER QUALITY ISSUES

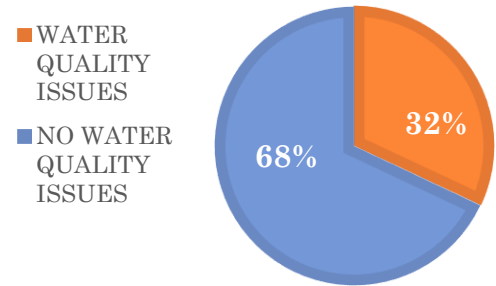


Table 7. Water Quality Concerns

Dirty Infrastructure (Coolers, Ice Machines)	<p><i>"Dirty coolers and ice with dirt. Inmates allowed to handle ice bare handed."</i> – Wynne Unit</p> <p><i>"We have igloos [coolers] with ice and water but they are not cleaned and a lot of time have dirt and hair in it."</i> – Lane Murray</p>
Contracting Illness from the Water	<p><i>"The water is cool but we all have "H.P. Polori [H. Pylori]."</i> – Wynne Unit</p> <p><i>"Twice a day they pass out water. most of the time it smells really bad. Some inmates have gotten H-Pylori."</i> – Wynne Unit</p> <p><i>"The water has Heliocobacter Pylori [H. Pylori] and high levels of E Coli Bacteria, a thing that harmful to our health."</i> – McConnell Unit</p>
Water Contaminated with Sewage	<p><i>"The water here stinks like fish and it is not properly treated. I'm a water plant operator. And know is not filtered right or properly processed. We are forced to drink contaminated water."</i> – [redacted] Unit</p> <p><i>"The water is not fitted to drink, because all the officers bring their own water. I've noticed fecal matter in the water."</i> – Coffield Unit</p>
Water Contaminated with Debris	<p><i>"Sometimes water/ice has food/trash in it."</i> – Lynaugh Unit</p> <p><i>"There is trash in the bottom of the coolers when the ice is gone."</i> – Michael Unit</p> <p><i>"The coolers are rarely cleaned and there is sometimes trash."</i> – Lane Murray</p>
Water Contaminated with Heavy Metals	<p><i>"The pipes are 30 years old, so we might be exposed to lead poisoning."</i> – Michael Unit</p> <p><i>"The water is contaminated with heavy metals, dirt, and excessive amount of arsenic."</i> – Eastham Unit</p> <p><i>"The water on Eastham unit is contaminated with heavy metals, dirt, and impermissible, excessive amounts/quantities of arsenic."</i> - Eastham Unit.</p>
Bad Taste of Water	<p><i>"They put the water in trash bags in the freezer so the water taste like trash bags."</i> – Hughes Unit</p> <p><i>"Water with ice sometimes, and the taste of a steamy metallic flavor."</i> – Michael Unit</p> <p><i>"[Water] from a cooler with ice, it usually has debris or particles in it and sometimes tastes like chemicals."</i> – Clements Unit</p>
Vermin in the Water	<p><i>"Ice water, but has stuff like hair in it mostly. On C-wing they had a dead rat in the cooler."</i> – Beto Unit</p> <p><i>"They don't clean the water cooler and there are rats and roaches here."</i> – Stiles Unit</p>

“80% of time it has bugs in it.” – Ellis Unit

“They recently took our coolers because there were maggots frozen.” – Plane State

SHOWERS

Prisons are congregate settings where resources are distributed communally, including showers. To ensure the availability of showers, wardens are to review the unit status of shower temperatures and units are to ensure the maintenance of unit showers.⁷⁰ More recently built housing units may have several one-man showers while the rest have large communal showers that allow for as many as one hundred incarcerated persons to shower at one time as dictated by staff.⁷¹ An incarcerated man at TDCJ’s Wallace Pack Unit described his experience with the unit’s communal shower for an article published by the Marshall project:

Looking around, I can now see more than 300 people trying to bathe in a 100-man room. The press of the bodies is thick. It smells of sweat and shit. I step on discarded boxers trying to make my way to the showerheads. Only two guards are in the area, talking by the door and ignoring most of us.

According to TDCJ policy, incarcerated people are to be allowed to shower at least one time each day. Under excessive heat conditions, additional showers with lowered water temperatures are to be available to incarcerated people “when possible”. Incarcerated people generally cannot shower whenever they wish, they must get permission to access them from correctional staff. Low staffing levels also mean that there may not be enough staff to facilitate and supervise showers.⁷² Incarcerated people are not allowed to shower during normal work hours unless authorized by a supervisor.⁷³ Work hours begin at 6:00am each morning therefore showers must be taken very early in the morning and are not available during the hottest parts of the day.⁷⁴ Incarcerated people who are in solitary confinement are only allowed to shower once a day.⁷⁵

The majority of participants reported there were working cold showers in their units, but a significant portion reported there were not (20 percent) (See Figure 14). In 2020, additional questions were added to the survey about access to the additional “cool-down” showers as described in the TDCJ heat mitigation policies. Nearly 2/3 of participants (61 percent) reported not having access to additional showers (See Figure 15). This may be due to COVID-19 and the use of lockdowns which limited access to showers.

Figure 14. SHOWER FUNCTION

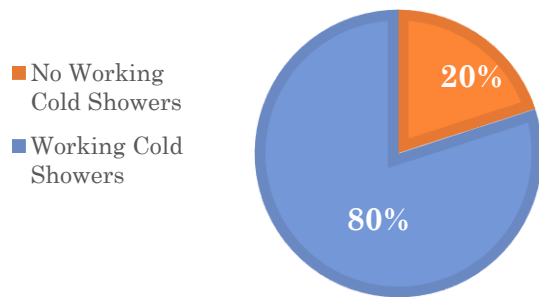
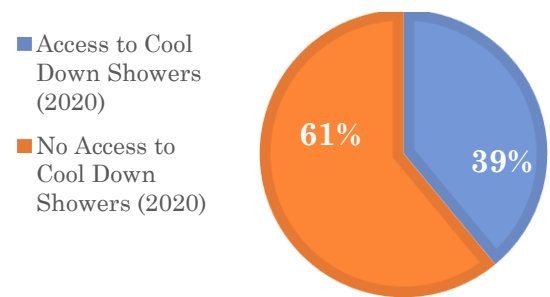


Figure 15. COOL-DOWN SHOWERS



More than one in five incarcerated people (23 percent) described the units showers as having low or no water pressure, seriously limiting their impact (See Figure 16). Crowded conditions were described as impacting the access and quality of showers. With so many incarcerated people and a limited number of working showers, participants reported difficulty in accessing a shower at all, let alone an additional cooling shower.

Figure 16. Poor Water Pressure in Participant Showers

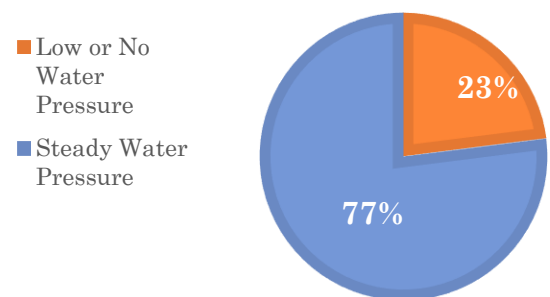


Table 8. Shower Access and Experience

No Additional Showers	<p><i>"Once in the am. Not since '12 have I been offered the opportunity to take a cool off shower in the afternoon. Plainly, it just never happens." – Ellis Unit</i></p> <p><i>"I've requested "cool down showers" but never allowed."</i></p>
Only Persons with Heat Restrictions	<p><i>"Contrary to heat policy, which says offender (ALL) will have access to cool down showers, unit Administration was only allowing offenders with heat restrictions to get (1 extra shower per day!) a cool down shower."- Stringfellow Unit</i></p> <p><i>"Anytime between 6am - 10pm. Not on Lockdown unless Heat Restriction." – Robertson Unit</i></p> <p><i>I live on [redacted] row, we aren't allowed respite showers. You have to have a heat restriction and live on [redacted] row to get cool down showers at night (7PM - 8PM). – Coffield Unit</i></p>
Not Enough Showers	<p><i>"Even though most showers work, one shower for 48 inmates is not enough." – Ellis Unit</i></p> <p><i>"One cold shower for 53 people. We are sometimes told by officers we can't shower at all..." - Lane Murray Unit</i></p> <p><i>"One shower head per 63 men. Available at officer discretion" – Michael Unit</i></p>
Broken Showers	<p><i>"[Showers] once a day if working." – Michael Unit</i></p>

	<i>"There are times we have no water at all, they turn it off, but most of our sinks and showers don't even work." – Carole Young Unit</i>
No Showers During Lockdowns	<i>"During lock-downs officers are instructed to allow no offenders out of their cells." – Stevenson Unit</i> <i>"1-2x daily if not on lockdown." – Hughes Unit</i>
Depends Upon Staff	<i>"Depending on the officers working he will choose how (his) policy will take play." – Coffield Unit</i>
Showers Unavailable at Hottest Time of Day	<i>"We are allowed to shower once a day at 2 to 3 in the AM. Cool down showers are called at 7 to 8 at night." – Coffield Unit</i> <i>"Some nights at 8:30pm to 9:30pm showers last 30 seconds to a minute." – Wynne Unit</i> <i>"Once a day after 7:00PM."</i>
Long Wait Times	<i>"When it was 100+ degrees this summer, you were allowed to wait 2-3 hours. Rank usually ran you away from shower before allowed to use." – Eastham Unit</i>
Requests met with Retaliation	<i>"There is a sign that says cold showers but no one's allowed a cold shower... The signs a decoration. Guards will hospitalize you if you are caught in the showers without permission. Line bosses don't care if you're hot. They say don't come to prison." – Eastham Unit</i> <i>"When we ask for it we are harassed and rushed in/out." – Eastham Unit</i>
Impact of Short-Staffing	<i>"Water is regulated. one shower per day, depending on staff. If short staffed, no showers." – McConnell Unit</i> <i>"If they have the bosses [CO's] to call we get two." – Coffield Unit</i> <i>"If they don't have staff... everyone can't get one." – Lane Murray</i>
Impact of Security Restrictions	<i>"On close custody, can't get cold shower. No officers to bring us, plus we can't leave cell unless falling out." – Ellis Unit</i> <i>"Ad-seg is once-a-day." – McConnell Unit</i>

COVID-19 IMPACT ON SHOWER ACCESS AND QUALITY

COVID-19 has impacted incarcerated people's access to showers due to lockdowns and restrictions on incarcerated people's movement. Prisons are constructed to facilitate showers for dozens of persons simultaneously. Previous reporting in Texas identified this feature of prisons as a potential facilitator of the coronavirus.⁷⁶ Incarcerated participants expressed fearing that showering would lead to exposure and contracting the virus. One person incarcerated in the Estelle unit commented, "We are in our cells, two-man cells, 24 hours a day. They let 126 of us go to showers every day, mixing within 1-2 feet of each other." However, when COVID-19 led to restricted access to showers, incarcerated participants were left without a way to cool down. One incarcerated participant commented,

The other problem we are having is no cool down shower. The TDCJ Summer Heat precautions clearly states that inmates are to be provided cooldown showers. However, on the Ramsey Unit, the Unit major has stopped providing them.... I have attempted to explain to this administration that we understand that even though

there is a pandemic you cannot ignore other health and safety regulation that are currently in place. They claim they cannot run cool down showers and maintain social distancing.

In reference to showers and COVID-19, representatives from TDCJ have commented that incarcerated people who test positive were removed from the general population and isolated alone or with other COVID-19 positive persons. They may shower alone or with others who have tested positive but stated that TDCJ would clean the showers between the uses.⁷⁷ One news media report described how an incarcerated person from the Beto unit wrote to his mother that he was choosing to not shower because the prison unit was having healthy and sick people use the same showers, causing him to fear exposure to the virus.⁷⁸ Surveys and letters from participants described similar situations where incarcerated people feared showering because they feared being exposed to the virus in the communal showers. One incarcerated person within the Ramsey unit described these fears in a letter to TPCA:

About 2.5-3 weeks ago TDCJ chained 25ish people to this unit from a unit known to have COVID-19, placing them into our gym under “quarantine.” Yet still allowed them to shower in population showers and eat in our chow hall and failing to disinfect either afterward. Now one or two are infected and the unit is locked down.

Incarcerated people must then choose between using one of the few heat mitigation resources available to them (showers), or do they protect themselves from an infectious disease by avoiding others. The hazards of doing something so simple as taking a shower highlight how the convergence of infectious illness (COVID-19, flu, etc.) and extreme temperatures within prisons remains extremely hazardous to incarcerated people’s health.

ACCESS TO COOLED RESPITE AREAS

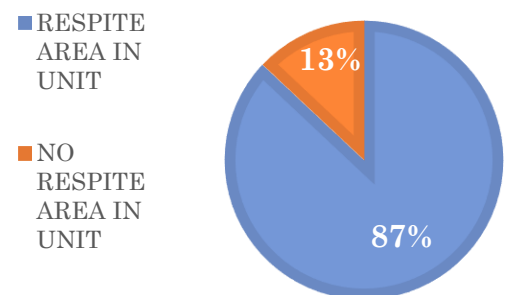
According to TDCJ, incarcerated people are to have “access to a respite area 24 hours per day, seven days per week, even if they are not feeling ill at the time of the request” and are to be allowed to “stay in the area as long as necessary.”⁷⁹ Any area with air-conditioning may be designated as a respite area by the unit’s warden. Incarcerated people are not allowed to choose the respite area they will be taken to.⁸⁰

Although the policy states that incarcerated people are to have access to respite areas at all times, the policy does not state that *all incarcerated people* will have access to the respite areas, especially at the same time. Such significant limitations of the policy are acknowledged in TDCJ’s policy that wardens are to “determine the order of use for respite areas” and to keep in mind that the areas must be “capable of accommodating the greatest number of offenders first, while maintaining the safety and security of the unit.”⁸¹

However, what qualifies as a great number of incarcerated people is not described, nor is the criteria for how the warden is to make decisions on which incarcerated people will be prioritized for accessing respite. Between September of 2019 and August of 2020, there were 1,255 grievances filed describing issues relating to respite areas. The most common complaints were relating to respite areas being unavailable, incarcerated people being denied access to respite areas, or time in respite being cut short or limited against TDCJ policy.

While the majority of incarcerated people (87 percent) described there being a cooled respite area in their unit, a significant portion did not (13 percent) (See Figure 17). Some participants commented later in the survey that they had no knowledge about the respite policy and did not know that they were entitled to request access to a cooled respite area. Access to cooled respite areas is crucial because that may be the only areas in the unit they may temporarily escape extreme temperatures.

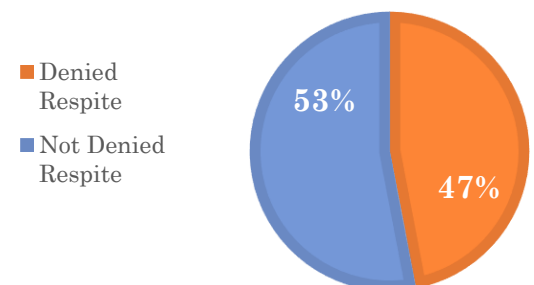
Figure 17. ACCESS TO RESPITE



ACCESS DENIED

Nearly half of participants (47 percent) reported having been denied access to respite areas (See Figure 18). This proportion did not change between the two waves of the survey, however the reasons given for denials did shift in 2020 with the emergency of the COVID-19 pandemic. The detailed experiences with respite reflected many of the issues known to plague TDCJ units. The most common reasons given by incarcerated participants for being denied access to respite include: COVID-19 lockdowns and quarantine (only in 2020), lack of adequate staff, hostility and retaliation from staff, crowded conditions, arbitrary refusals from staff, and limitations on who could access respite (Table 10).

Figure 18. ACCESS TO RESPITE



Incarcerated people are not able to walk freely throughout units and prison grounds and therefore typically require an escort or security oversight in order to access the respite area. Participants described their requests for respite as being viewed as a significant hassle for staff, creating tension and outright hostility. Many connected this hostility to staff being overwhelmed, especially in light of the historically low levels of staff in TDCJ units.⁸² Some participants described being told they would be escorted or taken to respite,

and then no officer came to actually take them. Others described being taken to respite, but then being left there for hours at a time without access to bathrooms. Participants frequently described being told that due to a lack of staff, there were no available corrections officers to escort them to respite. Participants were not always given a specific reason they were being denied access to respite.

Over-crowding in units was a common excuse given for being denied access to respite. If the respite area was already full, they were denied access. Respite areas were described as extremely limited compared to the sheer number of incarcerated people within institutions. Areas that were commonly described as used for respite such as education classrooms, barbershop, chapel, infirmary, or hallways are only built to contain a relatively small number of persons at a time. With such limited areas, TDCJ is only able to accommodate a relatively small number of incarcerated people at a time.

Incarcerated participants also reported being denied access to respite unless the officer believed that they were experiencing heat-related illness or if they were on the official list of those with medical heat restrictions. If they weren't on the list or if they couldn't prove that they were seriously ill, then they would be accused of "faking it" and dismissed or even written up for disciplinary infractions. These exchanges reflect significant tension between staff and incarcerated people when it comes to accessing limited heat mitigation resources. Furthermore, staff may feel pressured to limit access to respite in a context of such high demand with extremely limited space.

Table 9. Access to Respite Areas

COVID19	<p><i>"While in gym suffering from COV-19. If you have COVID19 and housed in the gym you do not get respite, when you really need it due to body temperature."</i> – Jester 3.</p> <p><i>"Medical is denying respite, as well as officers. Excuse-COVID lockdown takes precedent (stuck in cell 24/7 for 14+days...)"</i> – Robertson Unit.</p> <p><i>"I have not seen anyone here able to go to respite while COVID19 is going on."</i> – Michael Unit.</p> <p><i>"Right now we are on medical lockdown so we don't got nowhere."</i> – Estelle Unit.</p>
Staffing Issues	<p><i>"Staff, not enough staff, or they're too busy or out of time. They only set aside a certain time period [for respite] because it will interfere with their duties."</i> – Murray unit.</p> <p><i>"The duty correctional officers [deny respite] simply because they are always short staffed. This is the system practice. You have the respite, if we have the staff"</i> – McConnell Unit.</p>
Staff Hostility & Retaliation	<p><i>"The Lt. said I 'didn't look hot' even though I was over-heated, then threatened to write me up if I wanted a respite"</i> – Carole Young Medical Unit.</p> <p><i>"If you ask to go, you get threatened with a disciplinary case if they think you are lying."</i> – Polunsky Unit.</p>
Arbitrary Refusals	<p><i>"We have respite in the vestibule. The officers make up their own rules concerning allowing us to go to respite."</i> – Murray Unit.</p> <p><i>"I was denied on Monday... the only reason was, 'You think you can come anytime you want?'"</i> – Gurney Unit</p>

	<i>"[Denied] by different Correctional Officers because they can, as they put it." – Coffield Unit.</i>
Crowded Conditions	<i>"It's very difficult to get access to respite—only 10 spots available..." Murray unit.</i> <i>"The guard will refuse us if it's too crowded. Our respite area only holds 20 people. We have 2,014 people who have to share it." – Coffield Unit.</i>
For Heat Restricted Only	<i>"Denied because I technically don't have a heat restriction pass to have access to the area! Denied by all staff!" – Stiles Unit.</i> <i>"You have to be on medical health restriction list to get respite." – Ellis Unit</i> <i>"Correctional officers will not let you go or enter infirmary without a pass or heat restriction on medical record." – Eastham Unit."</i>
Only for Extremely Ill	<i>"The respite area is in medical which is usually full to capacity and difficult to go to unless you fall out and flap around like a fish." – Price Daniel Unit.</i> <i>"Respite areas are always denied, unless I request medical attention which at that point, I'm experiencing heat exhaustion." – Hughes Unit.</i>

RESPITE EXPERIENCE

How incarcerated people experience respite and the extent to which they benefit from the policy is also impacted by prison conditions. Participants described the quality of respite as being impacted by COVID-19, restrictive time-limits, hostility and retaliation from staff, harsh security conditions, crowding, a lack of accessibility for those with disabilities, and poor environmental conditions.

Respite areas were described as hot and even lacking air-conditioning. Some participants described being directed to take “respite” in common areas like the dayroom or even in outdoor areas. Several described their respite areas as an outdoor space with a fan. Respite areas were also described as dirty and infested with vermin. One incarcerated man from the Michael unit commented, “the cages in the hallway are where respite areas are and often have bottles of pee in them, are roach infested, and nasty.”

The quality of respite areas as a tool for heat mitigation was impeded by how crowded the units are. Not only were respite areas extremely limited in relation to the capacity of the unit, but the respite areas also serve multiple purposes (religious services, classes, resource distribution) meaning they’re frequently in use, limiting their potential as respite areas for the unit. Incarcerated participants described respite areas as over-crowded. Time limits were described as frequently used even though the TDCJ policy specifies that incarcerated people are to be allowed to stay in respite areas “as long as necessary.” Restrictive time limits were described by participants as preventing them from actually benefiting from the use of respite areas. Others reported that without the time limits, many incarcerated people may never have access to respite at all.

Participants also described harsh experiences with security and poor environmental conditions within the respite areas. Participants described not being able to wear their hot

weather clothing, having to be strip searched, or having to stand with their nose to the walls, having to sit on the floor with their legs crossed, and no reading material allowed. Staff were described as hostile, wanting to rush incarcerated people out to allow the next persons in and as writing disciplinary cases for minor infractions. Participants commonly described staff as intentionally making the respite environment uninviting or hostile to discourage incarcerated people from wanting to come back.

Participants described these harsh conditions of respite as influencing their decisions to not request respite even if they felt they really needed it. This is extremely problematic given that accessing respite is one of the primary TDCJ heat mitigation policies. These findings also demonstrate the enormous shortcomings of respite as a heat mitigation resource in the prison environment.

Table 10. Respite Experience

COVID19	<i>"It was cooler, semi-organized, but little air flow. They let offenders who were quarantined mix with others."</i> – Luther Unit
Time Limits	<i>"Because of the small size of the infirmary (respice area), people was often rushed out after 3, 5, maybe 10 minutes..."</i> – Wynne Unit <i>"Every time I'm allowed to go, its only for 15 minutes, once a day, and only at night. That's in the infirmary."</i> -Ellis Unit <i>"Officers don't let you stay but five minutes or ten minutes."</i> – Hobby Unit
Staff Hostility & Retaliation	<i>"The officers try to rush you out. They get annoyed at the fact we need respice areas. They start to yell, curse, taunt, tease us to upset us to push us out"</i> – Hughes Unit <i>"They write cases for us talking, even quietly."</i> – Luther Unit.
Harsh Security Conditions	<i>"Not being allowed to wear t-shirt and shorts, everyday rules change [for respice]. We get stripped in and out to keep us from wanting to go..."</i> – Crain Unit. <i>"Have to stand with nose to wall."</i> – Pack Unit.
Crowded Conditions	<i>"Most of the time we stand because of it being over full. We are allowed to stay 15 minutes."</i> – Smith Unit <i>"A very small compact area in the visitation room. Usually filled to capacity with to seating room (standing only)."</i> – Clements Unit.
Respice Area Hot	<i>"There is only one area to go to, the infirmary, but staff keep it hot/warm in there so it discourages inmates from asking for it."</i> – Eastham Unit <i>"The only one I've been allowed to go to is the one at the chapel, which is simply sitting in shade. No fan around."</i> Michael Unit. <i>"Respice areas are outside with a fan it's hot out there and it's hot on the pods."</i> – Boyd Unit.
Poor Conditions	<i>"Conditions in respice are noisy, crowded and dirty. You have to sit on a dirty floor with all kinds of trash and debris on the floor. Inmates are sweaty and smell and the guards don't like it when you talk."</i> – Carole Young Medical Facility <i>"Most all respice is in the infirmary on this unit and that is also a sick and unclean place."</i> – Beto unit.

No Access for the Disabled	<p><i>"I was denied because I could not sit on the floor. I have restrictions; standing and climbing on the restriction notice, I suppose to have a chair to sit on, the officers refuse to give me a chair." – Murray Unit.</i></p> <p><i>"I am handicap-there's no chairs- officer told me to sit down or go in the dorm. Artificial hip and metal rod (left). Arthritis lower both legs. I couldn't get down on the floor..." – Murray Unit.</i></p>
Unlimited Time	<p><i>"Here it's in the chapel, for as long as we need and is pretty cold." – Stringfellow Unit.</i></p> <p><i>"I only went once and it was in the Education wing in a classroom. There was no time limit..." – Pack Unit.</i></p>

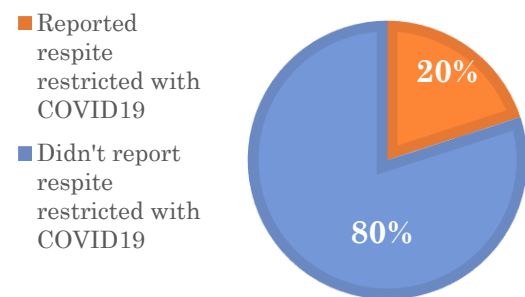
COVID-19, LOCKDOWNS, AND IMPACTS TO RESPITE

COVID-19 led to multiple long-term lockdowns and limitations to the use of respite areas. When asked in a conference call with TIFA about access to respite areas for incarcerated people during the first year of the pandemic, TDCJ officials replied,

There will be opportunities for respite. It is difficult to provide and comply with social distancing requirements. The medical and heat status of each unit is being taken into account, as well as the layout and logistics of movement on a unit. We are also taking care not to co-mingle inmates in respite with others of a different level of virus exposure and have to take into consideration the social distancing.

Although TDCJ officials later reported that their standard heat protocols were in place,⁸³ participants described that their access to respite became extremely limited and for many, nonexistent. In 2020, one in five incarcerated people who described their experiences with respite reported that their unit's respite area had been closed down or that they were not able to access respite due to COVID-19 related lockdowns (See Figure 19).

Figure 19. RESPITE ACCESS & COVID-19 (2020)



Those in medical quarantine described being totally restricted from any movement, including to respite areas. One participant, an incarcerated man housed in the Jester 3 unit, reported that they were housed in their unit's gymnasium after getting COVID-19 and therefore could not access vital heat mitigation resources, "If you have COV19 and housed in the gym you do not get respite, when you really need it due to body temperature." Participants who did have access to respite described fears of exposure to the virus due to the crowded conditions, meaning they would have to weigh risk much differently than free persons, choosing to mitigate risk of heat-illness by taking respite could mean exposure to the virus. In a report from the guardian, a formerly incarcerated woman described her experience of being incarcerated in TDCJ and conversations with

another incarcerated woman about the pandemic's impact to experiences with heat in the pandemic. When discussing respite, she wrote:

During a “normal” summer, inmates are allowed to at least access the recreation yards and chapel, but the arrival of Covid-19 meant lockdowns – and even more restricted movement than usual. Respite areas were now highly controlled by the guards, and often at capacity. And so, the small communal areas where air conditioning could be accessed became a nightmare to social distance in. ‘Where[ever] there’s AC we are crammed in shoulder to shoulder,’ Melissa told me one afternoon – the strain in her voice more apparent than usual. ‘I don’t want to go in there, but I get dizzy and sick from the heat, what am I supposed to do?’ she asked.⁸⁴

THE USE OF FANS AND BLOWERS

HAZARDS OF RELYING ON OF FANS AND BLOWERS

Access to electric fans has been a primary air-regulation resource in prison units without air-conditioning for decades. After the deaths of two incarcerated people due to extreme heat in the summer of 1998, TDCJ used \$700,000 raised from unit commissaries (which is funded by purchases made by incarcerated persons and their family members) to purchase 1,884 box-style and freestanding fans to spread across 105 prisons and state jails. It was the largest purchase of fans made by the state at that time. A spokesman for the agency commented, “We’re putting fans on the cell runs, in the dorms, dining halls, recreation areas—any place we can keep the air moving and bring the temperatures down.”⁸⁵ Today, the agency continues to rely on fans in the absence of air-conditioning. In 2014 alone, TDCJ purchased “700 additional fans for offender housing and work areas.”⁸⁶ The agency purchases fans every year.⁸⁷

Although fans are commonly used in environments without access to air-conditioning, there are significant reasons not to use them.⁸⁸ Numerous health organizations and studies have described the dangers of relying on electric fans to mitigate the risk of heat-related illness. The U.S. Environmental Protection Agency has reported that unless a fan is circulating cooled air from the outdoors or another source, fans will likely increase the circulation of hot air leading to, “increased sweat evaporation” which can “speed the onset of heat-attributable conditions (e.g., heat exhaustion).”⁸⁹ According to the World Health Organization,

Used appropriately, electric fans can help reduce heat stress but, when used inappropriately, can exacerbate heat stress. Fans do not actually cool the air... When the weather is very hot and dry, using a fan alone when body core

temperatures exceed 38°C [100.4°F] actually increases heat stress, because of the limits of conduction and convection. When the temperature is more than 35°C [95°F] and the relative humidity is 100 per cent, air movement can make an individual hotter. Thus, fans need to be used with caution and under specific conditions. Generally, the use of fans should be discouraged unless they are bringing in significantly cooler air.⁹⁰

In materials for the prevention of heat-related illness, The Centers for Disease Control and Prevention (CDC) recommend air-conditioning in contrast to relying on electric fans especially considering that air-conditioning reduces the risk of heat-related illness:

Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath or moving to an air-conditioned place is a much better way to cool off. Air conditioning is the strongest protective factor against heat-related illness. Exposure to air conditioning for even a few hours a day will reduce the risk for heat-related illness. Consider visiting a shopping mall or public library for a few hours.⁹¹

FAN ACCESS AND EXPERIENCE IN PRISON UNITS

According to the TDCJ administrative directive on excessive and extreme temperature conditions, TDCJ wardens and unit staff are required to review the status of unit fans before April 15th of each year. When the heat index rises above 90 degrees Fahrenheit, unit wardens are also required to “ensure the maintenance of fans and blowers... in the housing areas for incarcerated people.”⁹² In the first wave of the survey, participants were asked if there were working fans in their units. The majority of participants (94 percent) reported there were working fans in their unit (See Figure 20). However, for those with working fans in their units, more than a quarter (27 percent) reported that they were not accessible to participants (See Figure 21). For example, one pregnant incarcerated woman describing her experience with heat illness and pregnancy noted that there was a fan near her housing area, but that it was not effective because the air blown by the fan could not reach her, “I got sick [from heat] at 30 weeks pregnant... I was big and pregnant with no air conditioning and one working fan that didn’t reach my bunk ...”

Figure 20. Working Fans in Unit

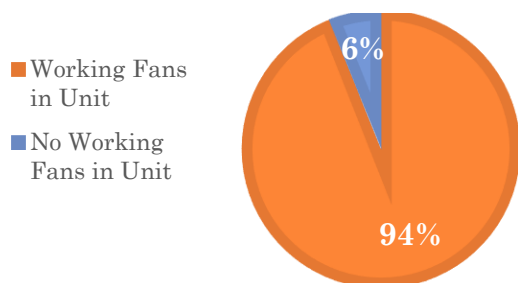
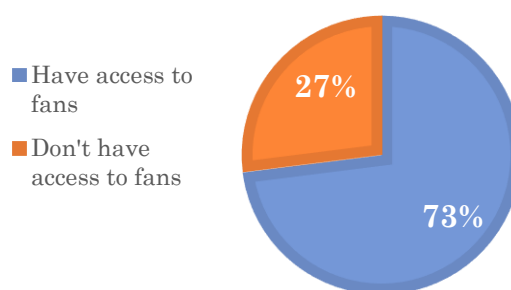
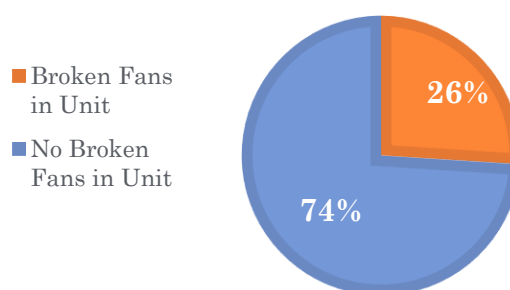


Figure 21. Access to Fans



In 2020, TPCA added additional questions to their heat surveys to ask if participants had **broken fans** in their units and asked where those broken fans were to give a clearer picture of the state of the prison's heat mitigation infrastructure. About a quarter of participants (26 percent) reported having a broken fan in their housing area or in other areas of the prisons including the hallways/runs, dayroom, chow hall, and their workplaces (See Figure 22).

Figure 22. Broken Fans in Unit



In 2020, some incarcerated participants⁹³ wrote additional information about unit fans into the survey unprompted, and described additional issues with the fans including: an absence of fans in their units, inadequate numbers of fans, the fans being in poor locations, a pattern of broken fans being removed and not replaced, and issues with the type and/or quality of fans used. TDCJ heat mitigation policies and statements refer to ensuring that fans are working properly, but in the context of extreme temperatures, incarcerated participants describe the issues as more complex. Without air-conditioning, participants describe the current fan policy as problematic and inadequate.

Table 11. Issues with Unit Fans

Fans Just Circulating Hot Air	<p><i>"We've got fans in the dorm but there is no ventilation. They're blowing hot air." – Coffield Unit</i></p> <p><i>"The laundry is very, very hot in the summer with only fans blowing hot air around." – Luther Unit</i></p>
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	<i>"I am medically unassigned...due to old age and other medical issues. We suffer each summer in the intense heat. Fans do very little except blow hot air on us. Warm water is given and respite and showers are discouraged by staff." – Eastham Unit</i>
No Fans in Unit or Area	<i>"There are no working fans, working or non-working." – Beto Unit.</i> <i>"Fans are needed in the hot spots in the hallways and pill window lines." – Coffield Unit.</i> <i>"No fans in the dayroom area excessive heat." – Michael Unit</i>
Inadequate Numbers of Fans	<i>"All [fans] work on the unit and not enough fans." – Lane Murray</i> <i>"There are two medium size fans in the dayroom. But we need larger fans or additional fans..." – Hughes Unit</i> <i>"Only two fans in dayroom and are not enough." – Hughes Unit</i> <i>"...Not enough fans in dayroom to keep cool." – Wynne Unit</i>
Poor Fan Location	<i>"The back dayroom fans work but have very little airflow due to positioning." – Luther Unit.</i>
Broken Fans	<i>"Non-working fans in kitchen where it is very hot!" – Clements Unit</i> <i>"in the dayroom both exhaust fans broke." – Estelle Unit</i>
Fans Removed but not Replaced	<i>"Dayroom [fan]—it was removed or not brought back—it was the mister fan." – Luther Unit.</i> <i>"They picked them up for repair." – Lane Murray Unit</i>

COMMISSARY ITEMS—HEAT MITIGATION FOR SALE

In Texas prisons, items that can prevent heat-related illness may be purchased from the unit's commissary. Commissary items are items which incarcerated people can purchase with money provided to them by approved family and friends on the outside. Sales are made through an online portal called eCommDirect where an incarcerated person or a family member or friend can select from a list of items for purchase. There are spend limits, typically \$60 a month except for October through December where incarcerated people are allowed to spend up to \$85 a month due to the holidays. Other states pay incarcerated people wages which may be to be put towards commissary items by working, but the TDCJ does not give monetary compensation when incarcerated people work.⁹⁴

Many incarcerated people are not eligible to use commissary items. According to TDCJ, incarcerated people are not eligible to receive commissary purchase if they meet any of the following conditions:

- General population and state jail levels 4 and 5
- Administrative segregation levels 2, 3 and transition.
- Death row levels 2 and 3.

- Have certain medical conditions.
- Are newly received and won't be eligible until the next calendar quarter after entry.
- Are at a unit that has no commissary

Incarcerated people who are eligible may even lose their access for several reasons including as disciplinary punishment or their mental state.⁹⁵ If units go on full or partial lockdown for any reason (security, COVID-19, other) they are not able to receive purchases from commissary. According to TDCJ, “the entire unit must be off lockdown before the official lift will begin and inmates can receive purchases.”⁹⁶

Through the commissary program, TDCJ sells a number of heat-mitigating items such as bottled water, electrolyte drinks (\$0.15), cooling towels (\$2.00), cooling shirts (available as of 2019) (\$4.25-\$7.00), and individual electric fans (\$20.00). There are limitations to the number of such items that incarcerated persons and their family may purchase within certain time frames. Cooling towels are meant to be dipped in cool water and placed upon the body to support evaporation of moisture on the skin to cool the body.⁹⁷ It is unclear from the commissary item list from TDCJ what brand of cooling shirts they supply, however cooling shirts typically work by being designed with certain fabrics that allow more ventilation in the materials.⁹⁸ The fans are the fifth most expensive item at the commissary.⁹⁹ Numerous units do not allow the purchase or use of personal fans because they do not have electrical outlets within the housing areas to support their function. Additionally, the commissary products may not provide significant protection from heat related illness. As discussed in the previous section, research has shown that fans alone do not protect persons from heat exhaustion or stroke when temperatures are above 90 °F and humidity is above 35 percent.¹⁰⁰

The items are often inaccessible to those with limited financial resources. There are many incarcerated people with indigent status in TDCJ, meaning they have less than a \$5 balance in their account.¹⁰¹ For example, an incarcerated person from the Connally unit described how this impacted their access to heat mitigation resources, “I don't have any income at all. I'm indigent and I don't have any money to buy any bottled water with from commissary or any sports drinks either. I can't even buy me a cooling towel or a cooling shirt (I wish I could). I just wet my t-shirt down and go with it.”

Incarcerated people stated that the commissary is not consistently available. Some described long wait lines to get to the commissary which might lead to exposure to extreme temperatures. Without universal air-conditioning throughout unit areas, an incarcerated person may have to weigh the risk of becoming overheated just to get to heat mitigating items. Others described issues with heat mitigating items being out of stock, not being able to purchase items from the commissary frequently, or even being restricted from using the heat mitigating items they had purchased.

Table 12. Experiences with Commissary

Exposed to Heat while waiting in Commissary Line	<p><i>"We have to stand in line for food (outside in hot sun) and commissary have stood in hot hot weather 2 to 3 hours at a time." – Lane Murray Unit</i></p> <p><i>"These items are usually, but not always accessible... [Commissary] waiting lines are often in direct sunlight, or ill-ventilated, non-climate control buildings." – Hughes Unit</i></p>
Commissary Inaccessible without Money	<p><i>"Indigent can't buy one [cooling towel]." – Robertson Unit</i></p> <p><i>Commissary items are available "if you got money." – Coffield Unit</i></p> <p><i>"Bottled water available in commissary but many can't afford it." – Terrell Unit</i></p> <p><i>"How can we work to help our indigent population in TDCJ be able to get electrolytes, cool shirts, and chill towels?"</i></p>
Items out of Stock	<p><i>"They don't keep cooling shirts or shorts in stock." – Lane Murray</i></p> <p><i>"[Cool shirts] 3 times only for weeks now." – Stringfellow Unit</i></p> <p><i>"They don't order enough cooling shirts or shorts, we go months without both." – Carole Young Unit</i></p>
Access to Commissary Infrequent	<p><i>"Bottled water when we can go and commissary isn't out." – Michael Unit</i></p> <p><i>"Commissary is unheard of." – Goodman Unit</i></p>
Restricted from using Commissary Items	<p><i>"This unit administration is not allowing us offenders to wear our commissary purchased t-shirt and gym shorts in the dayroom area to stay cool. Please help." – GIST Unit</i></p> <p><i>"NOT ALLOWED SHORTS." – Stringfellow Unit</i></p> <p><i>"Not being allowed to wear t-shirt and shorts... everyday rules change." – Crain Unit</i></p> <p><i>"I was taken to the infirmary after fainting from heat exhaustion. I was denied access to respite prior and told by my supervisor to wear my state issue shirt, not a t-shirt." – unnamed Unit.</i></p>

COVID-19 AND IMPACT TO COMMISSARY

The COVID-19 pandemic had significant impact on commissary access and access to heat mitigating resources. Commissary was restricted under lockdowns with limits placed on what items and in what quantities incarcerated people could purchase. In summer of 2020, the TDCJ Director of Commissary Services reported that access to eCommDirect, the purchasing program for commissary, would resume after a unit came up from being on lockdown. For example, TIFA and TDCJ also discussed the movement of vulnerable incarcerated people with heat restrictions and the implications for their access to commissary resources in a phone call with criminal justice advocates:

TIFA: At Smith Unit inmates on heat restriction have been moved to high-security areas. They have been on medical lockdown now, without commissary or phone calls, for about 30 days.

TDCJ: We look at individual areas to decide on the safest way to relax movement restrictions..."

In discussion with the same organizations, TDCJ also reported that short-staffing was impacting the delivery of commissary items during the pandemic.¹⁰² Without access to commissary items, representatives of the Prison Show of Texas, a radio show and advocacy organization for incarcerated people and their family members, reported to TDCJ that some incarcerated people had begun hunger strikes requesting hot meals and for commissary items to be delivered:

It's just that we report but things are seldom rectified. I speak to the senior staff on these calls...what you think is happening is NOT happening at the ground level. A culture change is needed. Are you aware that a hunger strike is happening at three buildings on Connally Unit? They are asking for hot meals and for ecomms to be delivered.¹⁰³

Table 13. Impact of COVID19 to Commissary and Heat-Illness Mitigation Resources

<i>Restricted Access to Commissary</i>	<p><i>"We will be allowed a commissary spend to buy food, etc next week for the first time in a month." – Estelle Unit</i></p> <p><i>"I have also filed grievances concerning lack of cleaning supplies, face-masks, soap, hand-sanitizer, access to religious services, access to telephones, access to commissary and access to COVID-19 testing." – Estelle Unit</i></p>
<i>Not Allowed to Purchase Certain Items</i>	<p><i>"During COVID19 pandemic, we're being treated like we're on restriction and aren't able to purchase water at commissary." – Carol Young Unit.</i></p> <p><i>"One big issue—we aren't being able to go buy food, OTC medications, vitamins, or the nutritional drinks, on commissary. They only allowed us \$10 split between hygiene and correspondence supplies." – Estelle Unit</i></p> <p><i>"While on this 'COVID' lockdown we are not allowed to buy cooling shirts, art supplies, etc. You can only buy 8 bottles of water due to the weight." – Estelle Unit.</i></p>
<i>Limit on Spending for Commissary Items</i>	<p><i>"Day #47, still on "cautionary lockdown." Commissary skipped by us last 2-week spend period. Now we're limited to \$15 of "regular" items, \$10 of hygiene/legal items; and not counted against spend limit are 30 electrolyte mixes (at 15 cents each) and up to 30 stamps or stamped envelopes." – Connally Unit</i></p>
<i>Not Having Enough Items</i>	<p><i>"I'm well and trying to deal with the madness that is this place as best as one can. Back on the survey you'll notice that I checked no cooling shirts on commissary. This may be due to everyone trying to purchase them during this COVID situation where the commissary has limited us to what we can purchase. So they run out faster than normal." – Stiles Unit</i></p>

INCARCERATED WORKERS AND THE IMPACT OF HEAT

The majority of incarcerated participants (61 percent) reported having a work assignment within their unit. Nearly a quarter of working participants (23 percent) identified themselves as being part of a “medical squad”, meaning they likely have restrictions on the type of work they may be assigned to do based on their personal health limitations. A smaller but significant portion of participants (9 percent) identified as being “medically unassigned” meaning they could not work due to their personal health limitations and vulnerabilities. Some participants wrote in that they did not work due to being held in administrative segregation (solitary confinement) and one participant described being confined on death row while others left the question space blank and did not provide an answer.

Aside from the medical squad, other work assignments included janitor or SSI (Support Service Inmate), laundry worker, kitchen worker, field/farm worker, factory worker, utility worker, maintenance worker, animal care worker, yard/landscape worker, auto mechanic, welder, electrician, waste-water management worker, sound tech, computer programmer, ice/water distributor, tailor, library assistant, clerk, education worker, student, minister/chaplain and others. A handful of participants wrote in that their work assignments had been put on hold during the COVID-19 pandemic in 2020.

TDCJ POLICIES ON EXTREME TEMPERATURES AND WORK ASSIGNMENTS

Incarcerated persons in Texas are known within TDCJ policy documents to work under conditions of “excessive heat or extreme cold”¹⁰⁴ and “heat stress.”¹⁰⁵ The Merriam-Webster dictionary defines the term “excessive” as “going beyond a normal limit. Excessive implies an amount or degree too great to be reasonable or acceptable.”¹⁰⁶ Extreme temperatures create hazardous conditions for incarcerated workers and unit staff. TDCJ’s administrative directors dictate that if there are excessive heat or heat conditions at the unit (head index at or above 90 degrees) lasting more than three consecutive days, outside work assignments are to be restricted or potentially cancelled.

Newly-assigned workers who are not acclimatized to the heat should be evaluated by the medical staff before being subjected to significant heat stress, and should be monitored by supervisors for signs of heat stress during the acclimatization period.

Incarcerated people do not have the personal right to refuse to work even when the temperatures are excessive.¹⁰⁷ According to TDCJ, “Offenders may be required to work in conditions of excessive heat or extreme cold when situations occur requiring specific work be completed regardless of the temperature or weather

conditions."¹⁰⁸ The TDCJ excessive temperature directives also suggest that medical staff may be consulted to determine the safety conditions of incarcerated workers in terms of excessive heat conditions, though they do not specify the circumstances that such guidance would be sought out:

If guidance is needed, medical staff shall be consulted before exposing offenders to excessive heat conditions in the work area to evaluate the hazards of the current temperatures and humidity, including indoor work areas, such as a boiler room. The hazard of sunburn and other results of ultraviolet (UV) radiation shall also be closely monitored.¹⁰⁹

Under TDCJ policy, incarcerated workers are also to be given certain temperature appropriate clothing to work in. "Inmates and staff working at apparent air temperatures over 90° F should maintain an intake of at least 16 oz of fluids per hour of work. Under extreme conditions, work should be interrupted every 15 - 20 minutes and inmates instructed to drink fluids even if they are not thirsty. Drinking water will always be available to workers in hot weather conditions. "¹¹⁰

INCARCERATED WORKERS EXPERIENCE WITH HEAT PROTOCOLS

Incarcerated people frequently described experiencing exposure to extreme temperatures in their workplace environments. Inadequate access to heat mitigation resources (water, breaks, protective clothing, access to respite) made work assignments hazardous. Some participants described being punished for requesting water, breaks, or protective clothing. Most attention focuses on how temperatures impact outside work assignments given incarcerated people doing such work are exposed to outdoor temperatures that cannot be regulated by air-conditioning.¹¹¹ However, survey responses demonstrated that even indoor work assignments (janitor, kitchen worker, laundry worker, etc.) have significant heat hazards. This lines up with reports of high temperatures within units.

Numerous participants described their working conditions as hazardous but knowing that if they were to refuse to work, they would face significant punishment and repercussions including potential denial of parole due to disciplinary actions. A handful of participants described working in certain work settings such as the schoolhouse or factories where they had access to AC. Participants described wishing they had access to such work assignments but that changing your work assignment was difficult and the number of such positions limited. One incarcerated participant commented that the use of air-conditioning is perceived as an incentive to "encourage" incarcerated people to work.

Table 14. Heat and Work Assignments

Experiencing Heat Illness During Work	<p><i>"I had passed out due to being over heated when I was in Fields. I passed out four times before I go put on medical squad, only after my family called Ombudsman!" – Ellis Unit</i></p> <p><i>"If they work me and I take my blood pressure medicine, the heat effect the medicine causes me to get dizzy, headache, faint-like spells and shortness of breath..." – Lane Murray</i></p>
Penalized for Refusing to Work in Heat	<p><i>"We are not allowed to take a day off because of the heat. We will be written up and punished for it." – Michael Unit</i></p> <p><i>"We have the option of refusing the work. However, we will get a major case and risk losing yard time or parole standing." – Michael Unit</i></p>
No or Limited Breaks Given	<p><i>"I used to work hoe squad. No water, no breaks." – Lane Murray Unit</i></p> <p><i>"When at work I'm not given an option to not work or take a break if getting too hot." – Polunsky Unit</i></p>
Penalized for Requesting or Taking Breaks	<p><i>"When they call me, I clean the building. It's hot as hell. I was threatened with a disciplinary case for taking a break." – Michael Unit</i></p> <p><i>"When working for outside yard the boss was extremely aggressive and intimidating and would become threatening when the crew stopped for water breaks... I personally have seen men pass out from exhaustion." – Coffield Unit</i></p>
Inadequate Water Available	<p><i>"No adequate water given, told we cannot sit down and cannot have cooler of water up front where we work." – Luther Unit</i></p> <p><i>"Water once every 30 minutes but just one cup." – Ellis Unit</i></p>
Penalized for Requesting Water During Work	<p><i>"We are denied water during working hour and provided no protection materials and are threatening with disciplinary case for asking for water and protecting materials." – Ellis Unit</i></p>
No Access to Respite During Work	<p><i>"Access is granted [to respite] for the most part unless you are suffering from heat-related issues at work, you are asked to bear with it until approved to leave for respite." – Luther Unit</i></p> <p><i>"Water is provided, but there are really no cool down areas for us to cool down." – Michael Unit</i></p>
Far from Medical Help	<p><i>"If you fall out it takes one hour or more to come pick you up." – Ellis Unit</i></p>
Racism in Work Assignments	<p><i>"Black inmates work the hot dirty jobs (fields, kitchen, janitor). Whites work the good ones (clerk, library)." – Michael Unit</i></p>
Medical Restrictions Disregarded	<p><i>"There is no other option but to disregard your medical restrictions and work or receive a disciplinary case." – Luther Unit</i></p> <p><i>"Most farm workers have gotten cases for not turning out to work. Most of us have [medical] restrictions which we are told field bosses will 'work around'. Can't get a job change despite asthma and testing positive for COVID." – Stringfellow Unit</i></p>
Hours of Work Changed due to Heat	<p><i>"The only time we are not told to go to work is when the temperatures exceed 100 degrees. And we're always told to work or get a case." – Coffield Unit</i></p> <p><i>"Less hours for outside workers in extreme heat. Laundry and kitchen are extremely hot to work in the summer." – Darrington Unit</i></p>
Too Challenging to Change Work Assignment	<p><i>"As a janitor you are on your feet 12 hours and a lot of COs don't want you to take breaks with temps in the 100s. And we aren't provided with adequate water or breaks... They have climate-controlled jobs but hard to obtain." – McConnell Unit</i></p>

	<i>"I have asthma which gets worse in the heat and humidity, and I have to work outside despite several attempts to change my job." – Stringfellow Unit</i>
Some Work Areas have AC	<i>"The factory is heated and air conditioned. There are two water coolers with ice provided." – McConnell Unit</i> <i>"The garment factory is very air-conditioned." – Eastham Unit</i> <i>"I work in a area at our packing plant that has freezers." – Michael Unit</i>

GRIEVANCE SYSTEM

The purpose of the Texas Department of Criminal Justice offender grievance program is "to promote awareness and positive intervention between staff and offenders, to identify and resolve issues at the lowest possible level, and to facilitate the flow of information between the units and agency leaders." The program is meant to identify issues on a unit-by-unit basis to create a safe and healthy space for officers and offenders alike. However, a closer look at the realities of this grievance system for incarcerated persons reveals multifaceted defects. In 2017, a report on TDCJ's grievance system by the Prison Justice League described significant issues with the agency's grievance system such as a lack of trust in system, retaliation against incarcerated people for filing grievances, a lack of independent oversight, failure to resolve legitimate grievances, a lack of adequate staffing, and no consequences for staff not adhering to process.¹¹²

The TDCJ promises that "harassment, retaliation, or reprisal for using the offender grievance process is strictly prohibited," however several participants reported that they feared filing a grievance would lead to punishment from officers or potentially harm their chances of being granted parole. While created in good faith, incarcerated participants describe the grievance process in TDCJ units is not operating as intended. Between September of 2019 and August of 2020, a total of 6,341 grievances were filed specific to heat-related issues.

According to the TPCA survey, one third of participants (33%) reported having filed at least one heat-related grievance, and the majority of participants who filed a grievance (57%) contested the initial response by filing a second grievance. A significant number of participants (16%) who had filed a grievance had not yet received a response. It was a common theme for incarcerated people to describe a lack of faith in the grievance system while others wrote into the survey that they feared retaliation or had directly experienced retaliation for writing a grievance. A lack of faith in the grievance system also stemmed from the belief that TDCJ would not admit wrongdoing or own its systemic failures and pointed to a lack of independent oversight in the units. Criminal justice advocacy groups, including the Texas Criminal Justice Coalition, have pointed to the lack of independent oversight as a contributor to many issues within Texas prisons. In a recent media report

Doug Smith, senior policy analyst at the Texas Criminal Justice Coalition described these issues:

What we have seen in the last several years is a repeated pattern within TDCJ where an abuse is covered in the press, the response is that this was an isolated incident, and through investigative journalism, we're able to find out that it's not an isolated incident and it's part of a larger pattern.¹¹³

Table 15. Grievances

Lack of Faith in Grievance System	<p><i>"Filing grievances is a joke. It does not work!!" – Wynne Unit</i></p> <p><i>"Grievances are futile, a waste of time." – Stevenson Unit</i></p> <p><i>"None file, because the grievance system is a broken vehicle." – Estelle Unit</i></p>
Retaliation for Filing	<p><i>"Grievance doesn't work on this unit. They will retaliate on you and that scares people." – Eastham Unit</i></p> <p><i>"Overturn case but did punishment in HOT CELL." – Robertson Unit</i></p> <p><i>"I have not filed grievance because this unit tends to put us in 12 building without our property." – Robertson Unit</i></p>
Didn't Change Anything	<p><i>"Allowed to speak with warden about being denied cold water during a 108 degree heat index. nothing has changed permanently." – Redacted Unit</i></p> <p><i>"No action taken (have even requested to be moved)." – Lane Murray Unit</i></p> <p><i>"No change." – Daniel Price Unit</i></p> <p><i>"Nothing? Swept under rug." – Coffield Unit</i></p>
Lack of Independent Oversight	<p><i>"In my 26 years at TDCJ I found that grievances are futile and a waste of time. They are investigated by TDCJ staff. As the saying goes, you don't send the fox to investigate whose eating the chicken!" – Hughes Unit</i></p> <p><i>"Waste of time they are never wrong." – Estelle Unit.</i></p> <p><i>"They don't help, they make excuses to cover thereselves." – Coffield Unit</i></p> <p><i>"Under heat related issues that they comply with all heat related items. Passing out water, cool down showers, respite areas utilized, etc... all lies." – Michael Unit.</i></p>

CONCLUSION AND DISCUSSION

Incarcerated people in Texas prisons continue to suffer from exposure to extreme heat. The mitigation policies currently in place primarily serve to get resources to individual incarcerated people and are simply inefficient and ineffective. Incarcerated people continue to report experiences with heat-related illness and death in their units. Participants in this research repeated the same observations and patterns across 57 units when it came to how mitigation policies were being implemented, the challenges they faced accessing resources, and the impact of the inadequate policies. These patterns of failure across the heat mitigation policies are not isolated, but systemic. Access to mitigating resources is incredibly challenging due to very serious constraints on resources and staff in the context of enormous demand. TDCJ may have policies in place to mitigate heat impacts, but they don't ensure quality, quantity, or even that every individual will have access to heat mitigating resources. Subsequently, there is nothing to truly hold TDCJ accountable for these failures.

TDCJ admitted that “mitigating this risk [of heat] ... presents a unique challenge and requires a comprehensive system-wide approach.”¹¹⁴ However, the response is not carried out by the system, it's carried out by the individuals within it. TDCJ correctional officers are responsible for maintaining institutional safety, and at same time, TDCJ policies make them responsible for preventing heat-related illness and death among incarcerated people. It is up to these understaffed cohorts to monitor the health status of vulnerable incarcerated people through wellness checks, keep coolers refilled with water and ice, sanitize infrastructure (coolers, ice machines, etc.), facilitate additional showers for dozens of people at a time, provide access to cooled respite areas, notice when fans and blowers aren't working, enforce policies around using commissary items such as fans and cooled clothing, and to generally watch for any incarcerated people experiencing heat-related illness. That is a significant number of duties to be added to day-to-day responsibilities while also suffering in extreme heat, and it must all be done within a significantly crowded and understaffed system. Research participants stated repeatedly that this dynamic causes significant tension between correctional officers, staff, and those who are incarcerated. More state prisons systems are recognizing the necessity of cooling temperatures in prisons and installing air-conditioning in units to reduce tension and violence in units and improve retention among correctional officers.¹¹⁵

To enact true systemic change, a system-wide structural mitigation endeavor would be needed. Adding air-conditioning and climate control within institutions would reduce an enormous burden on prison workers, who also experience negative impact from working in the extreme heat. TDCJ has claimed that the cost to install air conditioning across all units would cost \$1 billion dollars and an additional \$140 million annually for utilities and maintenance.¹¹⁶ However, TDCJ has previously over-inflated cost estimates for installing air-conditioning to units. In response to a 2017 lawsuit, TDCJ brought forth

an expert at a court hearing who argued that it would cost more than \$20 million to install air-conditioning at the Wallace Pack Unit. However, the installation ended up only costing about \$4 million while the 2017 lawsuit itself ended up costing TDCJ more than \$7 million dollars.

It is not just inadequate staffing, continual over-crowding, and crumbling infrastructure that creates these conditions. It is that the heat mitigation policies currently in place cannot actually deliver sufficient protection. Even if working fans and blowers were constantly accessible to all incarcerated people, without the introduction of cooled air, they cannot prevent heat illnesses and might even increase them by circulating hot air. Access to cool water should be provided regardless of temperature, but without air-conditioning, lack of access becomes an issue of life and death. Something as simple as not having a cup can potentially lead to dehydration, heat exhaustion, or heat stroke. The overwhelming number of people incarcerated within the units means that only a marginal number of persons may have access to respite areas or additional showers described in the policies.

Without air-conditioning or regulated temperatures, the system will continue to be under extreme stress and members of the TDCJ population will remain on the brink of potential health emergencies. This could kill them, but if it doesn't, it will certainly degrade their health over time. This degradation of health due to being incarcerated in extreme heat conditions can have devastating consequences for formerly incarcerated people, their families, and their communities as they move out of the system into the community and face additional barriers to accessing health care.¹¹⁷

If anything, the devastation of the COVID-19 pandemic has shown how the current policies in place are not enough. Pandemic protocols undermined TDCJ heat mitigation policies at every turn while, at the same time, extreme temperatures played a role in how COVID-19 impacted incarcerated people and staff. The infectious illness and disease, COVID-19 made getting adequate resources to each incarcerated person extremely difficult and even dangerous. The communal distribution of resources (water coolers, showers, respite areas) have the capacity to contribute to the spread of COVID-19 and/or other infectious illness. Yet without access to these needed resources, incarcerated people are left with few options to mitigate heat. When resources were accessible, incarcerated people had to navigate a seemingly impossible risk environment—and resources were inaccessible due to the widespread use of lockdowns. Testing positive for COVID-19 or being isolated due to symptoms or exposure meant restricted access from communal resources. Most importantly, extreme temperatures likely made it difficult for many to adequately recover from COVID-19. Similarly, COVID-19 likely weakened the ability of many to withstand heat-related illness.

GLOSSARY

TDCJ - Texas Department of Criminal Justice, the agency that manages the overall operation of the state's prison system, parole, and state jail systems. The agency also provides funding, training, and certain oversight of community supervision. TDCJ is the largest state agency in Texas.

Boss – See CO.

CO - correctional officer, an employee of the TDCJ-CID who performs advanced work involving the direct supervision of offenders in their daily assigned duties including the responsibility of preventing escapes and maintaining discipline in conformance with strict rules, regulations, and standard operating procedures. May also be referred to as “boss.”

Cool beds - designated housing areas within a unit that have an Air-Conditioned environment.

Cool bed database - The agency [TDCJ] recognizes that some offenders are potentially at a heightened risk of heat-related illnesses because of their age, health conditions, or medications. These offenders are identified through an automated heat sensitivity score that uses information from the offender’s electronic health record (EHR). Heat sensitivity scores are updated daily with changes to the EHR. For newly received offenders, health services staff use an intake heat sensitivity form to screen offenders as soon as they arrive. When new offenders receive their physical examination, their score is updated automatically. Offenders who have a heat sensitivity score receive priority placement in a housing area that is air-conditioned.

Cool Bed Priority (CPS) - prioritized to get into an air-conditioned housing unit highest probability for increased heat sensitivity” and generally reflect those suffering from “heart disease, mental health disorders, dementia/Alzheimer’s disease, developmental disability, or are 65 years or older and are also prescribed certain medications or have certain medical conditions

Commissary - Commissaries are located at each unit. Authorized offenders may use funds available in their trust fund accounts to purchase merchandise from these unit commissaries. The unit commissaries sell over 700 individual items including snacks, nutritional supplements, personal hygiene, educational supplies, entertainment and clothing.

eCommDirect - TDCJ Commissary and Trust Fund Department has utilized an online program, eCommDirect, where friends and family can purchase items for eligible offenders. There are an approved assortment of up to 100 top-selling current unit commissary products that may be procured.

Correctional Managed Health Care Committee - the Health Services Division ensures access to timely health care for offenders incarcerated within TDCJ. The provision of health care is accomplished through a series of contracts between TDCJ, the Correctional Managed Health Care Committee and its agencies, as well as contracts with private correctional corporations. The Health Services Division monitors the health care provided to offenders to ensure compliance with contractual terms, accreditation standards, and applicable state and federal laws. In addition, TDCJ Health Services provides technical assistance to other TDCJ divisions/departments on health-related matters.

CMHC Policy D-27.2 Heat Stress- a policy designed to keep heat-related illness to a minimum.

The names of offenders who are determined to be heat-sensitive are entered onto a Medical Heat Restriction List, which is provided to officers who supervise housing areas. During their normal security checks, officers also conduct wellness checks on these offenders. If any offender requests medical help or shows signs of illness, qualified health services staff are summoned immediately to assist.

Dayroom - A designated common area with the unit where sixty to ninety inmates congregate. Seating is generally on metal benches bolted to the floor.

Grievance - a formal written complaint from an offender.

Heat Directive - Extreme Temperature Conditions in the TDCJ (TDCJ AD-10.64), the agency established policies AD-10.64 Excessive and Extreme Temperature Conditions in the TDCJ, Heat-stress precautions will be implemented by unit wardens or department heads from April 1 until October 31, unless unseasonably warm temperatures require an extension.

Heat Sensitive - medical conditions that make them susceptible to heat-related issues

I-60 - offender request form submitted to official

Lay-in - a written leave of absence from an assigned program or activity for a specific purpose and time period. The lay-in excuses an offender from assigned work, treatment, educational, or vocational programs, provided the scheduled appointment is kept.

LO - Loved One - can refer to an affected family member or incarcerated individual

Lockdown - a temporary suspension of ordinary and routine activities. As a general rule, offenders are confined to their cell or dormitory.

Offender/Inmate - incarcerated individual

Parole - the conditional release of an offender from prison, by a BPP decision, to serve the remainder of his/her sentence under supervision in the community.

Respite Area - Any area within the unit that has air conditioning, as determined by the warden during periods of excessive heat.

Violation or “catching a case” – Punishment for incarcerated persons deemed as not abiding by a rule or condition of their supervision. A violation may be either technical or criminal in nature.

Unit - prison/facility

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Texas Prisons Community Advocates (TPCA)




TDCJ Units with full, partial or no air-conditioning

April 2022


According to TDCJ, All TDCJ units have air conditioning in the administrative, education, and medical areas of the unit. The units we describe as partially air-conditioned have air conditioning in part, but not all of the housing areas. While TDCJ has some prototype units, the design of each unit and the areas that are air conditioned varies due to the date and the purpose at the time of construction. There are about 15,000 air-conditioned beds in the units that are described as partially air conditioned in 2021. TDCJ currently has 100 active units, with 70 units having partial to no air conditioning, and 9 units that are over 100 years old. The following information is based on information request from 2018-Feb. 15,2022 and TDCJ Website.

Unit Name	Air Conditioning	Unit Capacity	Unit Name	Air Conditioning	Number of Air-Conditioned (AC) beds	Unit Capacity	Unit Name	Air Conditioning	Unit Capacity
Bell 1989	Full	520	Allred 1995	Partial	857 AC beds, 12 Building and 10 Building (Medical) expansion cellblocks / prototype units that have building(s) that is air-conditioned.	3,722	Baten	None	
Bridgeport 1989	Full	520	Boyd 1992	Partial	7 AC beds, Restrictive Housing Area mostly for the transient population.	1,372	Beto 1980	None	3,471
Colman 1993	Full	1,000	Bradshaw 1995	Partial	40 AC beds, Restrictive Housing Area mostly for the transient population.	256	Byrd 1964	None	1,365
Cotulla 1992	Full	606	Briscoe 1992	Partial	1,015 AC beds, Restrictive Housing Area and Currently Immigrant Detention facility with temporary AC in OLS area	1,384	Clemens 1893	None	1,536
Diboll 1995	Full	518	Clemens 1990	Partial	1,334 AC beds, Expansion cellblocks, 12 Building and 10 Building (Medical)	3,798	Coffield 1965	None	4,139
Duncan 1992	Full	606	Cole 1995	Partial	25 AC beds, Restrictive Housing Area mostly for the transient population	900	Ellis 1965	None	2,482
East Texas 2004	Full	2,236	Connally 1995	Partial	522 AC beds 12 Building and 10 Building (Medical)	2,148	Ferguson 1962	None	2,421
Estes 1989	Full	1,040	Crain 1980	Partial	788 AC beds, Valley, Terrance, Hackberry, and Sycamore Dorms 12 Building and 10 Building (Medical) several large dormitories that are air-conditioned.	2,115	Goree 1907	None	1321
Fort Stockton 1992	Full	606	Dalhart 1995	Partial	7 AC beds, Restrictive Housing Area	1,398	Hightower 1990	None	1,384
Glossbrenner 1994	Full	612	Daniel 1989	Partial	7 AC beds, Restrictive Housing Area	1,384	Hilltop 1981	None	553
Halbert 1995	Full	612	Dominguez 1995	Partial	210 AC beds, Restrictive Housing Area	2,276	Huntsville 1849	None	1,705
Hamilton 1996	Full	1,166	Estelle 1984	Partial	980 AC beds, Expansion Cellblock, Regional Medical Facility and Geriatric Center	3,480	Lopez 1997	None	1,100
Havins 1994	Full	596	Formby 1995	Partial	25 AC beds, Restrictive Housing Area	1,100	Luther 1982	None	1,316

Unit Name	Air Conditioning	Unit Capacity	Unit Name	Air Conditioning	Number of Air-Conditioned (AC) beds	Unit Capacity	Unit Name	Air Conditioning	Unit Capacity
Henley 1995	Full	576	Garza West 1994	Partial	50 AC beds, Restrictive Housing Area	2,278	Memorial (Darrington) 1917	None	1,931
Hodge 1995	Full	989	Gist 1994	Partial	208 AC beds, Restrictive Housing Area	2,276	Powledge 1982	None	1,137
Hospital Galveston 1983	Full	365	Goodman 1995	Partial	3 AC beds, Restrictive Housing Area	612	Ramsey 1908	None	1,891
Kegans 1997	Full	657	Hobby 1989	Partial	7 AC beds, Restrictive Housing Area	1,384	Stringfellow 1908	None	1,531
Kyle 1989	Full	520	Holliday 1994	Partial	50 AC bed, Restrictive Housing Area	2,128	Terrell 1983	None	1,603
LeBlanc 1995	Full	1,224	Hughes 1990	Partial	522 AC beds, 12 Building and 10 Building (Medical) prototype unit that has a building with air-conditioned.	2,984	Vance 1885 & 1933	None	378
Lindsey 1995	Full	1,031	Hutchins 1995	Partial	210 AC bed, Restrictive Housing Area buildings that are air-conditioned.	2,276	Wainwright (Eastham) 1917	None	2,474
Marlin 1992	Full	606	Jester III 1982	Partial	240 AC beds, Dorms 1 and 2 Expansion Dorms 15 and 16 designated for treatment	1,131	Wynne 1883	None	2,621
Mechler (Tulia) 1992	Full	606	Johnston 1995	Partial	3 AC beds, Restrictive Housing Area, mostly for the transient population.	612	TOTAL	21	13,566
Moore, B. 1995	Full	500	Jordan 1992	Partial	7 AC beds Restrictive Housing Area, mostly for the transient population.	1,008			
Ney 1995	Full	576	Lewis 1990	Partial	982 AC beds, Expansion Cellblock and Restrictive Housing Area	2,232			
Pack 1983	Full	1,478	Lychner 1995	Partial	206 AC beds, Restrictive Housing Area buildings that are air-conditioned.	2,276			
San Saba 1992	Full	606	Lynaugh 1994	Partial	7 AC beds, Restrictive Housing Area mostly for the transient population.	1,416			
Scott (Jester IV) 1993	Full	550	McConnell 1992	Partial	527 AC beds, 12 Building and 10 Building (Medical) prototype units that have a building that is air-conditioned.	2,900			
Skyview 1988	Full	562	Michael 1987	Partial	527 AC beds, Restrictive Housing Area, 12 Building and 10 Building (Medical), prototype units that have building that is air conditioned.	3,305			
Travis County 1997	Full	1,161	Middleton 1994	Partial	50 AC beds, Restrictive Housing Area, mostly for the transient population	2,128			
Willacy County 1995	Full	1,069	Montford 1994-1996	Partial	577 AC beds, Main Unit with exception of Trusty Camp designated for treatment and have a significant number of air-conditioned beds.	1,044			
TOTAL	30	23,714	Moore, C. 1995	Partial	7 AC beds, Restrictive Housing Area, mostly for the transient population.	1,224			

Unit Name	Air Conditioning	Number of Air-Conditioned (AC) beds	Unit Capacity
Mountain View 1975	Partial	610 AC beds, Main Unit with exception of Restrictive Housing several large dormitories that are air-conditioned.	645
Murray 1995	Partial	289 AC beds, Restrictive Housing Area and Sheltered Housing mostly for the transient population.	1,341
Plane  1995	Partial	208 AC beds Restrictive Housing Area buildings that are air-conditioned.	2,291
Polunsky 1993	Partial	521 AC beds, 12 Building and 10 Building (Medical) prototype unit that have a building that is air-conditioned.	2,984
Roach 1991	Partial	7 AC beds, Restrictive Housing Area, mostly for the transient population.	1,651
Robertson  1992	Partial	515 AC beds, Building and 10 Building (Medical)	2,984
Sanchez 1996	Partial	30 AC beds, Restrictive Housing Area	1,100
Sayle 1994	Partial	612 AC beds, Main Unit with exception of Restrictive Housing	632
Segovia 1995	Partial	1224 AC beds, B2 Dormitory, Restrictive Housing, and Temp AC in OLS Area, mostly for the transient population.	1,224
Smith 1992	Partial	840 AC beds, Expansion Cellblock and Restrictive Housing	2,234
Stevenson 1994	Partial	7 AC beds, Restrictive Housing Area mostly for the transient population.	1,384
Stiles 1993	Partial	805 AC beds, 12 Building and 10 Building (Medical) and Sheltered Housing, prototype units	2,981
Telford  1995	Partial	616 AC beds, 12 Building and 10 Building (Medical) and Sheltered Housing, prototype units.	2,872
Torres 1993	Partial	7 AC beds, Restrictive Housing Area, mostly for the transient population.	1,384
Wallace 1994	Partial	7 AC beds, Restrictive Housing Area, mostly for the transient population.	1,448
Wheeler 1995	Partial	3 AC beds Restrictive Housing Area, mostly for the transient population.	576
Woodman 1997	Partial	25 AC beds, Restrictive Housing Area, mostly for the transient population.	900
Young 1996	Partial	371 AC beds, Main Unit with exception of C Dorm designated for treatment	455
Total	49	10,238	62,300

*The number of air-conditioned beds includes permanent inmate housing, as well as beds that are designated for temporary assignment, such as medical and restrictive

 Indicates an increase in "cool beds" since original 2018 information request *Units highlighted in red are over 100 yrs old *Date Unit Established or On Line

These units have been idled/shuttered and can be re- opened

Idle/shuttered units	Year Idled	Bed Capacity	Year Built	Air Conditioning
Wayne Scott Unit in Brazoria County	2020	809	1913	None
Neal Unit in Amarillo	2020	1,728	1994	Partial
Gurney Unit in Palestine	2020	2,128	1994	Partial