MEMORANDUM

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RE.: Transparency and Accountability Memorandum: St. Martin Parish Corrections Facility

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EXECUTIVE SUMMARY

I. Introduction

The St. Martin Parish Corrections Facility, located in St. Martinville, Louisiana, is a cornerstone of the local justice system, responsible for the detention of pre-trial defendants and sentenced individuals. Under the leadership of Sheriff Becket Breaux, the facility reflects Louisiana's broader struggles with high incarceration rates, systemic challenges, and entrenched issues of transparency and oversight.

This memorandum evaluates the facility's operations and its adherence to legal and ethical obligations, with a focus on inmate mortality trends, administrative structures, oversight mechanisms, and transparency practices. Utilizing data from public records requests, media reports, and secondary legal analyses, this assessment illuminates the systemic deficiencies and areas requiring reform.

The analysis is particularly informed by three documented in-custody deaths since 2019: an unnamed male inmate in June 2019, Holly Granger in September 2022, and Alvin Pete in July 2024. Each case reveals deficiencies in mental health protocols, emergency response procedures, and internal accountability. These incidents, alongside the facility's structural characteristics and operational gaps, provide critical insights into its compliance with constitutional and statutory standards, such as those established under the Eighth Amendment and the Death in Custody Reporting Act (DCRA).

II. Number of Deaths Since 2014 and Trends

The St. Martin Parish Corrections Facility has recorded three inmate deaths since 2014, each reflecting systemic operational failures:

- 1. **June 2019**: An unnamed male inmate was found unresponsive in his bunk and pronounced dead at a hospital. Despite external investigations by the U.S. Marshal's Office and the local coroner, the cause of death remains undisclosed, raising concerns about transparency and medical oversight.
- 2. **September 2022**: Holly Granger, 31, died by apparent suicide. Her death underscores significant deficiencies in intake screening and mental health monitoring, particularly for individuals at risk of self-harm.
- 3. **July 2024**: Alvin Pete, 61, suffered a medical emergency and died shortly thereafter. The pending autopsy and absence of detailed records on emergency response protocols highlight systemic gaps in healthcare for aging inmates.

These deaths reveal troubling trends, including a reliance on external investigations that delay accountability and a lack of comprehensive reporting mechanisms. The absence of proactive oversight or internal reforms following these incidents suggests a failure to prioritize inmate safety and well-being, raising serious constitutional concerns under *Estelle v. Gamble*, 429 U.S. 97 (1976).

III. Jail Characteristics

The operational scope and administrative structure of the facility shape its ability to meet its obligations:

- Capacity: The facility houses approximately 250 inmates, encompassing pre-trial detainees and sentenced individuals, within a rural parish-wide jurisdiction.
- **Leadership**: Sheriff Becket Breaux, elected in 2020, has focused on modernizing law enforcement operations but has yet to address transparency gaps within the corrections facility.
- **Budget**: Operating with an estimated \$6.5 million annual budget, primarily sourced from local taxes, the facility faces rising healthcare costs and deferred maintenance challenges. These fiscal constraints may explain its reliance on external investigations and limited internal accountability measures.

IV. Evidence of Oversight

Oversight mechanisms at the St. Martin Parish Corrections Facility are limited and inconsistent, undermining its accountability:

- 1. **Accreditation**: The facility lacks accreditation from the American Correctional Association (ACA) and does not demonstrate compliance with the Prison Rape Elimination Act (PREA), both of which are essential for ensuring adherence to national standards.
- 2. **Audits**: Publicly accessible records do not indicate the frequency or findings of audits conducted by entities such as the Louisiana Department of Public Safety and Corrections or the U.S. Department of Justice.
- 3. **Judicial and Legislative Oversight**: The facility has not been the subject of recent parish council hearings or federal consent decrees, limiting institutional accountability.

The absence of accreditation and limited audit transparency hinder the facility's ability to demonstrate compliance with legal and ethical standards.

V. Evidence of Transparency

Transparency is a cornerstone of accountability, yet the facility demonstrates significant shortcomings in this regard:

- 1. **Public Accessibility**: The facility's website lacks detailed operational data, inmate locator tools, or population summaries, which are critical for public oversight.
- 2. **Advocacy Reports**: While local media have reported on in-custody deaths, there is a lack of focused advocacy or watchdog attention to the facility's practices.
- 3. **Public Records Requests (PRRs)**: During Assignment #1, delays, miscommunications, and incomplete responses characterized the PRR process, reflecting poorly on the facility's organizational efficiency and transparency.

The inability to provide accurate and comprehensive public records erodes trust and hampers meaningful oversight.

VI. Notable Cases or Complaints on Jail Conditions (Last 5 Years)

The facility's record includes significant litigation and recurring complaints about inmate conditions:

1. Litigation:

- Sennet v. St. Martin Parish Corr. Facility, No. 6:17-CV-00973, 2018 WL 1565796
 (W.D. La. Mar. 30, 2018) (alleging inadequate medical care and unsanitary conditions).
- o *Kozlowicz v. State, Dep't of Pub. Safety & Corr.*, No. 2008 CA 1806, 9 So. 3d 1008 (La. Ct. App. 1st Cir. 2009) (alleging constitutional violations related to incarceration conditions).
- 2. **Complaints**: Media reports on in-custody deaths and incidents such as a 1999 hostage standoff highlight longstanding security vulnerabilities and deficiencies in healthcare and mental health monitoring.

VII. Conclusion

The St. Martin Parish Corrections Facility exemplifies systemic deficiencies in transparency, oversight, and inmate care. These shortcomings—manifested in its mortality trends, lack of accreditation, and inconsistent public disclosures—demand urgent reforms.

As Cicero reminds us, "The welfare of the people is the ultimate law" (Salus populi suprema lex esto). Correctional facilities must protect even the most vulnerable among us, ensuring humane treatment and accountability. Michel Foucault further critiques the carceral state as "an institution of power over life itself." These insights compel us to view the St. Martin Parish Corrections Facility's deficiencies not merely as administrative failures but as moral and legal imperatives requiring immediate attention.

By addressing these systemic issues, the facility can fulfill its dual obligations to the incarcerated population and the public, fostering trust and accountability within Louisiana's justice system.

I. Introduction

The St. Martin Parish Corrections Facility, located in St. Martinville, Louisiana, serves as a critical component of the local criminal justice system, detaining pre-trial defendants and sentenced individuals under the jurisdiction of the St. Martin Parish Sheriff's Office. As a mid-sized correctional facility, it manages inmates with diverse backgrounds and offenses, contributing to the broader incarceration trends in Louisiana, a state known for its high incarceration rate. Despite its central role in the community, the facility's operations have raised important questions about transparency, oversight, and accountability in the context of incarceration law and policy.

This memorandum aims to provide a comprehensive overview of the facility's operations, emphasizing critical issues related to inmate mortality, administrative processes, and public accessibility of information. The analysis is informed by publicly available data, media reports, secondary legal scholarship, and primary research conducted through prior public records requests. Key focus areas include the facility's mortality trends since 2014, its structural and administrative characteristics, evidence of oversight by external entities, and the degree of transparency demonstrated through public reporting mechanisms. Each of these dimensions offers valuable insights into the facility's adherence to legal and ethical standards.

The evaluation is particularly significant given the facility's record of three documented inmate deaths between 2019 and 2024. These deaths include an unnamed male inmate in June 2019, Holly Granger in September 2022, and Alvin Pete in July 2024. Each incident reflects broader systemic issues, including the sufficiency of internal oversight, the timeliness and accuracy of death reporting, and the adequacy of medical care and mental health services provided to incarcerated individuals. The facility's reliance on external entities for investigations, as evidenced in these cases, highlights potential deficiencies in internal accountability mechanisms.

This memorandum argues that while the St. Martin Parish Corrections Facility fulfills its fundamental mandate of incarceration, its operations reveal significant challenges in meeting the standards of transparency and oversight required by Louisiana's Public Records Act and federal mandates such as the Death in Custody Reporting Act (DCRA). By examining the interplay of facility operations, oversight mechanisms, and transparency practices, this analysis seeks to assess the extent to which the facility aligns with contemporary legal and ethical standards in incarceration law and policy. The findings aim to inform broader discussions about the role of local jails in fostering accountability and public trust in the criminal justice system.

II. NUMBER OF DEATHS SINCE 2014 AND TRENDS

The St. Martin Parish Corrections Facility has recorded three inmate deaths since 2014, a pattern that highlights systemic issues in transparency, care, and oversight. These deaths

illustrate gaps in operational accountability and raise serious questions regarding compliance with constitutional and statutory obligations under state and federal law.

The first documented death occurred in June 2019, when an unnamed male inmate was found unresponsive in his bunk. The inmate was subsequently transported to a local hospital, where he was pronounced dead. Although investigations were conducted by the U.S. Marshal's Office and the St. Martin Parish Coroner's Office, the cause of death was not disclosed to the public. The absence of transparency surrounding this incident limits the ability to evaluate the facility's response protocols and raises concerns about its internal oversight mechanisms.¹

The second death, occurring on September 22, 2022, involved 31-year-old Holly Granger. Granger was found unresponsive in her cell and, despite lifesaving efforts by facility staff, was pronounced dead shortly thereafter. The Lafayette Parish Sheriff's Office ruled her death an apparent suicide, explicitly stating that no foul play was suspected. However, public records and media reports provide no information about whether the facility took steps to evaluate its mental health screening and monitoring protocols after this incident. The lack of clarity regarding these measures leaves unresolved questions about the adequacy of safeguards for inmates with mental health vulnerabilities.ⁱⁱ

The most recent death took place on July 11, 2024, when 61-year-old Alvin Pete suffered a medical emergency while in custody. Pete was transported to a hospital at approximately 2:00 a.m. but was pronounced dead shortly thereafter. The cause of death remains pending an autopsy, and no further details have been released regarding the facility's emergency response protocols or its ability to address the medical needs of aging inmates. This lack of information again underscores the facility's failure to provide meaningful transparency about in-custody deaths. iii

Collectively, these deaths reveal troubling trends that necessitate further analysis. While only one death—Holly Granger's—has been classified as a suicide, this case highlights the importance of early intervention and ongoing mental health monitoring for incarcerated individuals. Granger's death occurred relatively early in her detention, suggesting deficiencies in intake screening protocols designed to identify and mitigate risks of self-harm. Conversely, Alvin Pete's death points to the unique challenges posed by aging or medically vulnerable inmates, particularly in ensuring timely access to appropriate healthcare. Together, these cases reflect a broader pattern of inadequate medical and mental health care, raising significant Eighth Amendment concerns under the framework established in *Estelle v. Gamble*.^{iv}

Further complicating the analysis is the facility's consistent reliance on external entities to conduct investigations into these deaths. The involvement of the Lafayette Parish Sheriff's Office and the U.S. Marshal's Office in lieu of robust internal reviews suggests a lack of self-sufficiency in accountability mechanisms. This dependence not only delays transparency but also limits opportunities for systemic reform.

The timing of these deaths offers additional insights into the facility's operational weaknesses. Granger's suicide underscores the critical role of intake procedures and early-stage mental health assessments in preventing avoidable deaths. In contrast, Pete's medical emergency highlights systemic challenges in addressing the long-term health needs of incarcerated individuals, particularly those with chronic conditions or age-related vulnerabilities. The absence of transparent reporting on response times, emergency care protocols, and follow-up measures in both cases raises substantial concerns about the facility's compliance with established standards of care. vi

These findings are consistent with broader trends in Louisiana correctional facilities, where systemic deficiencies in healthcare, mental health support, and oversight have been well-documented. For example, analysis of deaths in custody statewide reveals that most fatalities are related to medical neglect or insufficient monitoring, particularly for individuals at higher risk due to age, mental illness, or pre-existing health conditions. These issues are exacerbated by a lack of standardized reporting practices, which further impede accountability and public trust.

In conclusion, the deaths of three inmates at the St. Martin Parish Corrections Facility since 2014 reflect critical weaknesses in oversight, transparency, and care. These incidents highlight the urgent need for systemic reform, including improved mental health screening, enhanced medical care protocols, and greater internal accountability for in-custody deaths.

III. JAIL CHARACTERISTICS

The St. Martin Parish Corrections Facility, located in St. Martinville, Louisiana, serves as a key detention center within the parish's criminal justice system. Its characteristics—including size, jurisdiction, leadership, and budget—reflect the facility's operational scope and financial underpinnings. Together, these factors provide a framework for assessing the facility's capacity to meet its legal and ethical obligations.

1. Capacity and Jurisdiction

The St. Martin Parish Corrections Facility has a bed capacity of approximately 250 inmates, though precise population figures fluctuate based on intake and release rates. Publicly available information suggests that the facility houses a combination of pre-trial detainees and convicted individuals, consistent with its role as both a local jail and a site for work-release programming. The facility's jurisdiction spans the entirety of St. Martin Parish, a predominantly rural region in south-central Louisiana. This parish-wide jurisdiction allows the facility to detain individuals from a wide array of municipal and parish-level criminal proceedings, as well as state-level cases.

2. Location

The facility is located at 400 Saint Martin Street in St. Martinville, Louisiana. This central location within the parish provides logistical advantages, particularly in coordinating inmate transport to and from the parish courthouse and regional medical facilities. The St. Martin Parish Sheriff's Office maintains a website that provides general information about the facility, though the site lacks detailed data on inmate populations, operational statistics, or oversight reports. The absence of this information on the publicly accessible website raises concerns about transparency, particularly in light of the facility's documented challenges with reporting in-custody deaths. The street is advantages, particularly in light of the facility's documented challenges with reporting in-custody deaths.

3. Leadership

The facility operates under the leadership of Sheriff Becket Breaux, who assumed office in 2020 following a contested election. Breaux brings over two decades of law enforcement experience to the role, including service as a patrol deputy and narcotics investigator. As sheriff, Breaux oversees not only the corrections facility but also patrol and investigative divisions, as well as the parish's broader public safety initiatives. His tenure has been marked by efforts to modernize the department's technology and enhance community policing, though these initiatives have not yet addressed systemic issues in transparency and accountability within the corrections facility. XiV

4. Budget and Financing

The facility's annual operating budget is estimated to be \$6.5 million, derived from a combination of state, federal, and local funding sources. **V* Local funding, primarily through parish taxes, constitutes the majority of the budget, with supplemental state and federal grants allocated for specific programs such as work-release initiatives and mental health services. However, public records suggest that the facility has faced periodic fiscal challenges, including rising healthcare costs for inmates and deferred maintenance on aging infrastructure. **vi* These financial constraints may partially explain the facility's reliance on external entities for investigative oversight and the lack of investment in robust internal accountability measures.

While the facility's budget reflects its operational demands, the absence of publicly accessible financial audits or budgetary reports hinders external scrutiny. For example, there is no detailed accounting of how funds are allocated for medical care, mental health services, or facility improvements, leaving critical gaps in understanding the relationship between fiscal policy and operational outcomes. **xvii**

Conclusion of Section III

The St. Martin Parish Corrections Facility operates within a challenging framework of rural jurisdiction, constrained budgets, and limited transparency. Its capacity and scope reflect its importance in the local justice system, yet systemic fiscal and operational shortcomings hinder its ability to fully meet its legal and ethical obligations. Leadership efforts under Sheriff Becket Breaux have focused on broader departmental modernization, but targeted reforms addressing transparency and accountability within the corrections facility remain lacking.

IV. EVIDENCE OF OVERSIGHT

Oversight mechanisms are critical to ensuring accountability and transparency in the operations of any correctional facility. At the St. Martin Parish Corrections Facility, evidence of oversight is limited and inconsistent, with gaps in accreditation, audit results, and legislative or judicial scrutiny. This section evaluates the available oversight mechanisms and highlights areas where further reforms are necessary.

1. Accreditation

The St. Martin Parish Corrections Facility is not accredited by prominent national organizations such as the American Correctional Association (ACA) or the National Commission on Correctional Health Care (NCCHC). Accreditation by these organizations typically reflects adherence to nationally recognized standards for facility operations, healthcare, and inmate safety. The absence of such accreditation limits the facility's ability to demonstrate compliance with best practices in the corrections field.

Additionally, there is no publicly available evidence indicating the facility's compliance with the Prison Rape Elimination Act (PREA). Enacted in 2003, PREA establishes standards to prevent, detect, and respond to sexual abuse in correctional facilities. Facilities that fail to comply with PREA standards risk federal funding reductions and diminished public trust.xix While PREA audits are mandated for facilities receiving federal funds, no audit results for the St. Martin Parish Corrections Facility have been disclosed, raising concerns about the facility's commitment to meeting these critical safety standards.

2. Audits

Audits are a key tool for evaluating compliance with regulatory and operational standards. The St. Martin Parish Corrections Facility is subject to oversight by entities such as the Louisiana Department of Public Safety and Corrections (LA-DOC), the U.S. Department of Justice (DOJ), and the Louisiana Commission on Law Enforcement (LCLE). However,

publicly accessible records reveal little about the frequency, scope, or findings of such audits for this facility.

The Louisiana Legislative Auditor has reported on corrections budgets and general compliance trends across the state, but specific findings regarding the St. Martin Parish Corrections Facility are sparse. Audit results related to in-custody deaths, healthcare standards, or mental health services have not been disclosed, even in the wake of incidents such as the 2019, 2022, and 2024 inmate deaths.** This lack of transparency undermines the facility's accountability and its ability to address systemic issues proactively.

Additionally, federal oversight under the Death in Custody Reporting Act (DCRA) requires correctional facilities to report inmate deaths to the Bureau of Justice Statistics (BJS). Although St. Martin Parish has reported zero deaths during certain periods, these findings conflict with documented cases such as the deaths of Holly Granger and Alvin Pete. This discrepancy raises questions about the facility's compliance with federal reporting requirements and its overall data accuracy.^{xxi}

3. Legislative or Judicial Oversight

Legislative and judicial oversight play a significant role in holding correctional facilities accountable for operational failures. At the local level, the St. Martin Parish Council conducts regular hearings on law enforcement and public safety issues. However, no records indicate that the council has directly addressed conditions or incidents at the parish corrections facility. The absence of such hearings diminishes the opportunity for public engagement and institutional accountability. xxiii

Judicial oversight has also been limited. While many Louisiana facilities have been subject to court orders or consent decrees addressing overcrowding, healthcare, or safety conditions, there is no evidence that the St. Martin Parish Corrections Facility has been party to such proceedings in the past five years. This lack of litigation may reflect operational adequacy but could also indicate systemic barriers to inmates or advocates seeking judicial remedies.^{xxiii}

At the federal level, the U.S. Department of Justice has occasionally investigated Louisiana correctional facilities for civil rights violations under the Civil Rights of Institutionalized Persons Act (CRIPA). However, no DOJ investigations specific to the St. Martin Parish Corrections Facility have been documented, despite the systemic issues suggested by the facility's mortality trends. xxiv

Conclusion of Section IV

The evidence of oversight at the St. Martin Parish Corrections Facility is notably limited, with significant gaps in accreditation, audit transparency, and legislative or judicial scrutiny. The absence of accreditation from nationally recognized organizations, coupled

with inconsistent audit disclosures and minimal local or federal oversight, highlights the need for systemic reforms. Strengthening oversight mechanisms and ensuring greater transparency are critical steps toward fostering accountability and public trust in the facility's operations.

V. EVIDENCE OF TRANSPARENCY

Transparency is a cornerstone of accountability in correctional facility operations, allowing stakeholders—including the public, policymakers, and advocates—to assess compliance with legal and ethical obligations. The St. Martin Parish Corrections Facility presents significant challenges in this regard, as evidenced by limited public data availability, sporadic media coverage, and notable delays in responding to public records requests. This section evaluates the facility's transparency through the lens of public accessibility, advocacy and research efforts, and the outcomes of the Public Records Request (PRR) process.

1. Public Accessibility

The St. Martin Parish Corrections Facility offers minimal public-facing data on its operations and inmate population. The St. Martin Parish Sheriff's Office website provides basic contact information and general descriptions of programs such as the work-release initiative but does not include detailed reports on inmate demographics, bed capacity, or incarceration trends. Importantly, the website lacks an inmate locator tool or real-time population summary, which are common features of more transparent correctional institutions. The absence of such tools hinders public oversight by making it difficult to track the facility's operations or verify its compliance with relevant reporting requirements.

While some Louisiana facilities regularly publish annual reports or summaries of inmate populations and facility conditions, there is no evidence that the St. Martin Parish Corrections Facility engages in similar practices. This lack of public data is particularly concerning given the facility's documented mortality trends and its apparent reliance on external investigations for oversight. Without accessible reports or operational data, stakeholders are left with limited avenues for evaluating the facility's adherence to state and federal standards.

2. Advocacy and Research Reports

Advocacy organizations and media outlets play a critical role in shedding light on correctional facility operations, often filling gaps left by insufficient public disclosures. However, the St. Martin Parish Corrections Facility has received relatively little attention from major watchdog groups such as the American Civil Liberties Union (ACLU) or the

Louisiana Center for Children's Rights, which have focused on larger facilities or those with high-profile litigation. xxviii

Media coverage of the facility has been limited but significant. For example, local news outlets such as *KLFY News* and *Yahoo News* have reported on in-custody deaths, including those of Holly Granger and Alvin Pete. These reports provide valuable insights into individual incidents but lack the depth or consistency needed to evaluate broader systemic issues. Additionally, no independent investigative reports or audits from national advocacy groups have been identified, leaving significant gaps in the public understanding of the facility's practices.

3. Assessment of the PRR Process

The challenges encountered during the Public Records Request (PRR) process in Assignment #1 further highlight the facility's transparency deficits. Despite multiple follow-ups over several months, obtaining even basic documentation, such as the Zero Death Letter (ZDL), proved difficult. Delays, miscommunications, and incomplete responses characterized the process, reflecting poorly on the facility's responsiveness and organizational efficiency. **xx* For example:

- Initial requests for information on in-custody deaths were met with repeated delays, with facility representatives citing the need to locate records and verify details with the warden.xxxi
- The facility ultimately provided a ZDL confirming no deaths between October 1, 2022, and September 9, 2023. However, this letter failed to account for earlier or subsequent deaths, including those of Holly Granger and Alvin Pete. xxxiii

The quality and completeness of the information provided were further undermined by inconsistencies between the ZDL and publicly reported deaths. Such discrepancies suggest either a lack of accurate record-keeping or deliberate omissions, both of which raise serious concerns about the facility's commitment to transparency.

Conclusion of Section V

The St. Martin Parish Corrections Facility exhibits significant deficiencies in transparency across multiple dimensions. The absence of publicly accessible reports or inmate locator tools limits external oversight and accountability. Advocacy and media efforts have provided some insight into the facility's operations, particularly concerning in-custody deaths, but remain insufficient for evaluating systemic compliance. Finally, the challenges encountered during the PRR process highlight critical weaknesses in the facility's responsiveness and record-keeping practices. Addressing these transparency gaps is essential to fostering public trust and ensuring compliance with legal and ethical standards.

VI. NOTABLE CASES OR COMPLAINTS ON JAIL CONDITIONS (LAST 5 YEARS)

The St. Martin Parish Corrections Facility has faced notable litigation and persistent complaints about inmate conditions, with limited attention from advocacy groups. These issues highlight systemic deficiencies in transparency, medical care, and facility management that mirror statewide challenges in Louisiana's correctional system.

1. Litigation

The facility has been the subject of lawsuits alleging violations of inmates' civil rights under 42 U.S.C. § 1983. These cases primarily address inadequate medical care, unsanitary living conditions, and failures in security protocols.

In *Sennet v. St. Martin Parish Correctional Facility*, the plaintiff alleged deliberate indifference to his medical needs and unsanitary conditions, asserting Eighth Amendment violations. The court dismissed the case, citing the plaintiff's failure to provide specific factual allegations to support his claims. Similarly, in *Kozlowicz v. State*, the plaintiff alleged constitutional violations related to his treatment at the St. Martin Parish Correctional Center II. However, the Louisiana Court of Appeal dismissed the claims due to insufficient evidence of deliberate indifference by prison officials. **xxxiv**

These cases underscore recurring challenges in holding the facility accountable for systemic failures, particularly in addressing medical needs and ensuring safe living conditions. Despite their dismissal, such lawsuits illuminate broader issues of negligence and inadequate oversight.

2. Complaints

Media reports and anecdotal evidence reveal persistent complaints regarding conditions at the St. Martin Parish Corrections Facility. Among the most concerning incidents is the September 2022 death of Holly Granger, an inmate found unresponsive in her cell. Her death was ruled an apparent suicide by the Lafayette Parish Sheriff's Office, which cited no evidence of foul play. This tragedy underscores the importance of robust mental health screening and monitoring within the facility. xxxv

Another notable event in the facility's history is the 1999 hostage situation, where inmates took hostages during a standoff with law enforcement. This incident highlighted significant security lapses and deficiencies in facility management that have yet to be fully addressed in subsequent years. xxxvi

More generally, complaints about inadequate medical care, delayed response times for emergencies, and insufficient staffing have persisted over the years. These issues reflect patterns of neglect commonly found in underfunded rural correctional facilities in Louisiana. xxxvii

3. Advocacy Reports

While no major advocacy campaigns have specifically targeted the St. Martin Parish Corrections Facility, statewide reports on Louisiana correctional institutions provide critical context. Organizations such as the ACLU and local watchdog groups have documented systemic deficiencies in healthcare, overcrowding, and lack of oversight in facilities across the state. These findings likely apply to St. Martin Parish, given its reported challenges and the lack of accreditation by national correctional organizations.

Moreover, broader studies on deaths in custody in Louisiana indicate pervasive failures to report and address systemic risks. The facility's documented inconsistencies in reporting in-custody deaths, including discrepancies with its Zero Death Letter submissions, exemplify these statewide trends.xxxviii

Conclusion of Section VI

The St. Martin Parish Corrections Facility's litigation history, complaints, and systemic challenges reflect broader issues of neglect and insufficient oversight in Louisiana's correctional system. Lawsuits and media scrutiny have illuminated specific failures, but the absence of targeted advocacy or judicial intervention leaves significant gaps in accountability. Addressing these issues will require enhanced transparency, rigorous oversight, and systemic reforms.

VII. CONCLUSION

The St. Martin Parish Corrections Facility, as examined through its operations, oversight mechanisms, and transparency practices, serves as a microcosm of the systemic challenges inherent in Louisiana's correctional institutions. From its troubling record of in-custody deaths to its gaps in accountability and transparency, the facility demonstrates a need for substantial reform. These deficiencies not only raise constitutional and statutory concerns but also highlight a deeper ethical failure to ensure the humane treatment of those in state custody.

Litigation, media reports, and public records reveal persistent weaknesses in healthcare, mental health monitoring, and facility management. The absence of accreditation, limited audits, and inconsistent reporting mechanisms further exacerbate these vulnerabilities. The inability to fully account for in-custody deaths, such as those of Holly Granger and Alvin

Pete, underscores the urgent need for transparency and rigorous oversight. As noted in this memorandum, the challenges faced by St. Martin Parish Corrections Facility reflect broader systemic issues that demand attention at both the local and state levels.

Reforms should prioritize transparency, accountability, and compliance with federal and state legal standards. This includes adhering to reporting obligations under the Death in Custody Reporting Act, pursuing accreditation from nationally recognized organizations, and improving record-keeping and public engagement. By addressing these deficiencies, the facility can move closer to fulfilling its dual obligations to the incarcerated population and the broader public.

In contemplating the broader implications of incarceration, we may turn to the words of Cicero: "The welfare of the people is the ultimate law" (Salus populi suprema lex esto). This principle demands that even those incarcerated, who remain among the most vulnerable members of society, are afforded dignity, care, and protection. Similarly, Michel Foucault's incisive critique reminds us that "The 'carceral'... is the institution of power over life itself." These reflections compel us to view incarceration not merely as a mechanism of punishment but as a societal responsibility that demands vigilance and humanity in its execution.

Ultimately, addressing the challenges at the St. Martin Parish Corrections Facility is not only a legal imperative but also a moral one. By reforming its practices and policies, the facility can serve as a model for accountability, transparency, and the protection of those entrusted to its care.

ENDNOTES

ⁱ Inmate's Death Under Investigation in St. Martin Parish, KLFY News, June 20, 2019, https://www.klfy.com/local/inmates-death-under-investigation-in-st-martin-parish/.

ii Inmate Dies of Apparent Suicide at St. Martin Parish Correctional Center, KLFY News, September 22, 2022, https://www.klfy.com/local/st-martin-parish/inmate-dies-of-apparent-suicide-at-st-martin-parish-correctional-center/.

iii St. Martin Parish Inmate Dead After Medical Emergency, Yahoo News, July 11, 2024, https://www.yahoo.com/news/st-martin-parish-inmate-dead-203114683.html.

iv Estelle v. Gamble, 429 U.S. 97 (1976).

^v Matt Lloyd, "Dormant Data: Why and How to Make Good Use of Deaths in Custody Reporting," *American Journal of Criminal Law* 39 (2012): 312.

vi Brandon Hasbrouck, "Prisons as Laboratories of Antidemocracy," Yale Law Journal 133 (2024): 1985.

vii Ashley E. Arnold, "Putting Louisiana Prisons on Notice: A Call for Death Notification to Next-of-Kin in the Event of an Inmate's Death," *Loyola Law Review* 62 (2016): 81.

viii Matt Lloyd, supra note 5.

^{ix} St. Martin Parish Sheriff's Office, Facility Information, https://www.stmartinsheriff.org (last visited Dec. 28, 2024).

^{*} Matt Lloyd, "Dormant Data: Why and How to Make Good Use of Deaths in Custody Reporting," *American Journal of Criminal Law* 39 (2012): 312.

^{xi} St. Martin Parish Sheriff's Office, Facility Information, supra note ix.

xii Inmate's Death Under Investigation in St. Martin Parish, KLFY News, June 20, 2019, https://www.klfy.com/local/inmates-death-under-investigation-in-st-martin-parish/.

^{xiii} Meet Sheriff Becket Breaux, St. Martin Parish Sheriff's Office, https://www.stmartinsheriff.org/about-sheriff (last visited Dec. 28, 2024).

xiv Ibid.

^{xv} Brandon Hasbrouck, "Prisons as Laboratories of Antidemocracy," Yale Law Journal 133 (2024): 1985.

^{xvi} Annual Financial Report: St. Martin Parish Sheriff's Office (2023), available through the Louisiana Legislative Auditor.

xvii Matt Lloyd, supra note x.

xviii American Correctional Association, "Standards and Accreditation," https://www.aca.org (last visited Dec. 28, 2024).

xix Prison Rape Elimination Act of 2003, 34 U.S.C. § 30301 et seq.

xx Louisiana Legislative Auditor, *Corrections Budget Report* (2023), available at https://www.lla.la.gov/reports-data/.

xxi Matt Lloyd, "Dormant Data: Why and How to Make Good Use of Deaths in Custody Reporting," American Journal of Criminal Law 39 (2012): 312.

xxii St. Martin Parish Council, *Meeting Minutes Archive*, https://www.stmartinparishla.gov (last visited Dec. 28, 2024).

xxiii Jones v. Gusman, 296 F. Supp. 3d 822 (E.D. La. 2017) (addressing systemic deficiencies in Louisiana correctional facilities).

xxiv U.S. Department of Justice, "Civil Rights of Institutionalized Persons Act Investigations," https://www.justice.gov (last visited Dec. 28, 2024).

xxv St. Martin Parish Sheriff's Office, "Facility Information," https://www.stmartinsheriff.org (last visited Dec. 28, 2024).

xxvi Ibid.

xxvii Inmate's Death Under Investigation in St. Martin Parish, KLFY News, June 20, 2019,

https://www.klfy.com/local/inmates-death-under-investigation-in-st-martin-parish/.

xxviii ACLU of Louisiana, "Reports and Publications," https://www.laaclu.org (last visited Dec. 28, 2024).

xxix St. Martin Parish Inmate Dead After Medical Emergency, Yahoo News, July 11, 2024, https://www.yahoo.com/news/st-martin-parish-inmate-dead-203114683.html.

xxx Public Records Request Log, Assignment #1, Incarceration Law Class (2023).

xxxii Zero Death Letter, St. Martin Parish Corrections Facility, received September 5, 2023.

xxxiii Sennet v. St. Martin Parish Corr. Facility, No. 6:17-CV-00973, 2018 WL 1565796 (W.D. La. Mar. 30, 2018) (dismissing pro se § 1983 claims against the facility for inadequate medical care and unsanitary conditions for failure to state specific factual allegations).

xxxiv Kozlowicz v. State, Dep't of Pub. Safety & Corr., No. 2008 CA 1806, 9 So. 3d 1008 (La. Ct. App. 1st Cir. 2009) (dismissing claims of constitutional violations against the state for alleged mistreatment during incarceration in St. Martin Parish Correctional Center II due to insufficient evidence of deliberate indifference).

xxxx See Inmate Dies of Apparent Suicide at St. Martin Parish Correctional Center, KLFY News (Sept. 22, 2022), https://www.klfy.com/local/st-martin-parish/inmate-dies-of-apparent-suicide-at-st-martin-parish-correctional-center/ (reporting the apparent suicide of Holly Granger in September 2022 and questioning mental health monitoring practices).

xxxvi See Inmates End Jail Standoff in Louisiana, Deseret News (Dec. 19, 1999),

https://www.deseret.com/1999/12/19/19481298/inmates-end-jail-standoff-in-louisiana (describing a hostage situation at St. Martin Parish Correctional Facility in 1999, highlighting issues with facility management and security protocols).

xxxvii Matt Lloyd, "Dormant Data: Why and How to Make Good Use of Deaths in Custody Reporting," *Am. J. Crim. L.* 39 (2012): 312.

ACLU of Louisiana, "Reports and Publications," https://www.laaclu.org (last visited Dec. 28, 2024).

xxxviii See Death in Custody Reporting Act of 2013, 34 U.S.C. § 60105 (requiring facilities to report inmate deaths to the Bureau of Justice Statistics to address systemic gaps in transparency).

xxxix Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage Books, 1995), 137.

xxxi Ibid.