

1 XAVIER BECERRA  
Attorney General of California  
2 DAMON MCCLAIN (209508)  
Supervising Deputy Attorney General  
3 NASSTARAN RUHPARWAR (263293)  
Deputy Attorney General  
4 455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5500  
6 Facsimile: (415) 703-3035  
7 Damon.McClain@doj.ca.gov

8 HANSON BRIDGETT LLP  
9 PAUL B. MELLO (179755)  
SAMANTHA D. WOLFF (240280)  
10 425 Market Street, 26th Floor  
San Francisco, California 94105  
11 Telephone: (415) 777-3200  
12 Facsimile: (415) 541-9366  
pmello@hansonbridgett.com

13  
14 *Attorneys for Defendants*

PRISON LAW OFFICE  
DONALD SPECTER (83925)  
STEVEN FAMA (99641)  
ALISON HARDY (135966)  
SARA NORMAN (189536)  
RANA ANABTAWI (267073)  
SOPHIE HART (321663)  
1917 Fifth Street  
Berkeley, California 94710  
Telephone: (510) 280-2621  
Fax: (510) 280-2704  
dspecter@prisonlaw.com

*Attorneys for Plaintiffs*

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16  
17 **UNITED STATES DISTRICT COURT**

18 **NORTHERN DISTRICT OF CALIFORNIA, OAKLAND DIVISION**

19  
20 MARCIANO PLATA, et al.,

21 Plaintiffs,

22 v.

23 GAVIN NEWSOM, et al.,

24 Defendants.

CASE NO. 01-1351 JST

**JOINT CASE MANAGEMENT  
CONFERENCE STATEMENT**

Date: July 2, 2020

Time: 3 p.m.

Crtrm.: 6, 2nd Floor

Judge: Hon. Jon S. Tigar

1 The parties submit the following joint statement in advance of the July 2, 2020 Case  
2 Management Conference.

3 **I. Population Reduction**

4 *Plaintiffs' Position:* As the Court catalogued in its recent Order to Show Cause, the  
5 virus is spreading throughout the state and there have been serious outbreaks at several  
6 prisons, most notably and recently at San Quentin. ECF No. 3366 at 3. As of today, only  
7 11 prisons have not had an incarcerated person test positive for COVID-19. CDCR,  
8 *Population COVID-19 Tracking*, [https://www.cdcr.ca.gov/covid19/population-status-](https://www.cdcr.ca.gov/covid19/population-status-tracking)  
9 [tracking](https://www.cdcr.ca.gov/covid19/population-status-tracking) (last visited July 1, 2020). Those include two with extremely vulnerable  
10 populations, California Medical Facility (CMF) and California Health Care Facility  
11 (CHCF), and one, Folsom State Prison, with the same five-tiered open cell door  
12 construction as San Quentin.

13 In response to the outbreak at San Quentin, a team of UCSF and UC public health  
14 experts evaluated the conditions at that prison and found that “profoundly inadequate  
15 resources” prevented prison officials from stopping the outbreak from becoming a local  
16 epidemic in the prison and surrounding communities. Williams & Bertozzi, Urgent Memo  
17 COVID-19 Outbreak: San Quentin Prison, June 13, 2020. In addition, “San Quentin’s  
18 antiquated facilities and severe overcrowding places the prison at high risk of significant  
19 COVID-19 related morbidity and mortality unless the population is quickly reduced by  
20 50% or more. . . .” *Id.* Providing appropriate housing for hundreds of individuals to  
21 prevent infection by separating people who test positive from those who test negative is  
22 impossible because there is no available space at the prison, and transfers to other prisons  
23 have been halted. The tents that are being erected have the capacity to house only 60-100  
24 persons.

25 The UCSF/UC team believes that its recommendations are applicable to all  
26 California prisons. *Id.* To date, CMF, CHCF and Folsom have been fortunate not to have  
27 a detected a confirmed case of COVID-19 among the incarcerated population, despite staff  
28

1 at those facilities testing positive. But, as the Court noted, this virus spreads quickly. ECF  
2 No. 3366 at 3. And the prediction made months ago by former CDCR Secretary Scott  
3 Kernan that our prisons are “tinderboxes” tragically has come true. ECF No. 3221-2 at 68;  
4 ECF No. 3249 at 5:22-25-6:1.

5 Given the absence of any completely reliable method of preventing the virus from  
6 spreading, there is every reason to believe that infections will occur at these prisons as  
7 well. Before that happens, it is critical and potentially life-saving for urgent measures to  
8 be taken at these prisons to prevent another “local epidemic” that will overwhelm the  
9 prisons and the communities in which they are situated. Similar action must also be taken  
10 at other prisons where deadly outbreaks have continued for months and it is clear that  
11 appropriate housing cannot be provided to all (see for example the discussion below  
12 regarding the California Institution for Men).

13 In addition to other measures that are being taken, CDCR must expand its  
14 Community Release Program to include those individuals living in these prisons who are  
15 at high risk of serious complications and death from the virus and low risk to public  
16 safety.<sup>1</sup> Based on the most recent data that Plaintiffs have, there are approximately 1343,  
17 1812, and 352 individuals categorized as high risk medical<sup>2</sup> at CMF, CHCF and Folsom,  
18 respectively. Of those, 978, 1380, and 256 are a low risk to public safety if released.

19 The time for action is now, not after the next outbreak occurs. The Court’s  
20 observation that “every day counts” could not be more true. ECF No. 3366 at 3.

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21  
22 <sup>1</sup> On or about June 30, 2020, CDCR’s revised or clarified its program such that, apparently,  
23 people will not simply be removed but actually released from prison and formally placed  
24 on parole or county supervised probation. If so, those released would be eligible for public  
25 benefits, including Medi-Cal, which may not have been the case if they were simply  
26 removed from prison. It is not clear how many people are being released in the first week  
27 of the program.

28 <sup>2</sup> The category “high risk medical” is not identical to the category of people who are  
believed by the Centers for Disease Control and Prevention (CDC) to be at high risk for  
serious complications or death from COVID-19, but Plaintiffs do not currently have the  
data showing both CDC high-risk and public safety low-risk factors.

1           *Defendants' Position:* CDCR's new plan to reduce the population by providing  
2 offenders release to supervision in the community is underway. The counties where these  
3 releases will occur, and the county probation departments that will be responsible for  
4 supervising these individuals, are a crucial component of the release plan. CDCR's county  
5 partners are working on verifying the inmate's release plans, which is a required  
6 component of eligibility, and will be essential for the success of these individuals during  
7 their post-release community supervision. It is possible that a small number of releases  
8 might occur over the next week, but it will likely be another 10-12 days before meaningful  
9 numbers of releases occur.

10           The new release plan is not comprised of a single release cohort. Instead, once  
11 releases under the new plan have commenced, they will continue indefinitely on a rolling  
12 basis until the COVID crisis abates.

## 13           **II. Intake**

14           *Plaintiffs' Position:* On June 29, 2020, we were informed by the Receiver that  
15 intake has been closed. We strongly support this decision. We continue to believe that  
16 intake should be suspended until CDCR completes the process of moving medically  
17 vulnerable people to cells, transfers can be accomplished safely, and the population  
18 decreases to the point that social distancing can be safely practiced and prisons have  
19 sufficient space to use for isolation and quarantine in the event of an outbreak.

20           *Defendants' Position:* CDCR was previously conducting a limited intake from the  
21 county jails of about 50 inmates per week. But as of June 29, in cooperation with the  
22 Receiver, CDCR closed all intake from the counties until at least July 27.

## 23           **III. Transfers**

24           *Plaintiffs' Position:* CCHCS continues to work on revisions to its COVID-19  
25 testing and transfers protocol or policy, undertaken after the transfer of patients from  
26 California Institution for Men to San Quentin apparently resulted in the start of what has  
27 now become a mega-outbreak. CCHCS has reported that these revisions are part of a  
28

1 broader review and revision of all COVID-19 testing policies. A date for completion of the  
2 revision is not yet known. CCHCS has also reported that, since June 19, 2020, there have  
3 been no inter-prison transfers except for those necessary for essential healthcare or other  
4 emergencies. CCHCS earlier this week it said it did not know how many such transfers  
5 took place last week (June 21 – 27).

6 Revision of the testing and transfers policy remains necessary, and the prohibition  
7 on transfers except when necessary for essential healthcare or other emergencies must  
8 continue until the revised policy is completed, piloted, and fully implemented. Since the  
9 most recent Case Management Conference, persons transferred on June 8, 2020, from San  
10 Quentin, who had tested negative for COVID-19 six days before being moved, apparently  
11 were not quarantined upon arrival to the California Correctional Center (CCC) in  
12 Susanville, but placed in a dorm and mixed freely with large numbers of people on the  
13 yard.<sup>3</sup> The patients were not re-tested again for COVID-19 until June 18, 2020, after  
14 Plaintiffs asked if such had been done, and they were confirmed to have COVID-19. This  
15 policy failure resulted in another major outbreak, with 215 confirmed cases at the prison  
16 (see further discussion of CCC below).

17 *Defendants' Position:* Under the Receiver's instructions, inter-prison transfers  
18 remain suspended, with the exception of essential movement of inmates. Approved  
19 essential movements, include, but are not limited to: inmate transfers to outside medical  
20 facilities for emergent and specialty services that cannot be safely deferred; admissions to  
21 and discharges from the Correctional Treatment Center, Outpatient Housing Unit, and  
22 hospice; movement between general population housing and restricted housing; selected  
23 movements of mental health patients; and Disability Placement Programs/ Developmental  
24 Disability Program movements from a non-designated institution to a designated

25 \_\_\_\_\_  
26 <sup>3</sup> Plaintiffs both last week and this week asked CCHCS to confirm that the three  
27 patients transferred were not kept apart from others in the ten days after they arrived at  
28 CCC. On June 30, 2020, we were told that the CCC's Healthcare Chief Executive Officer  
had not yet provided a response to Headquarters.

1 institution to prevent morbidity/mortality. Defendants can provide a complete list of  
2 approved essential movement upon request.

#### 3 **IV. Safely Housing Medically Vulnerable People**

4 On June 24, CDCR provided an analysis of CDCR's cell capacity, which was  
5 prepared by CDCR's Division of Adult Institutions in consultation with CCHCS, plus a  
6 report that set forth the number of empty cell beds at the respective institutions and the  
7 number of medically high-risk incarcerated patients at each listed institution.

8 *Plaintiffs' Position:* People with medical conditions or who are of an age that make  
9 them at risk for severe complications if infected with COVID-19 remain in CDCR's  
10 crowded dorms throughout the state where, the Receiver has determined, they are at  
11 significantly higher risk of contracting the disease than they would be if housed in cells.  
12 Although the parties reported in the last Case Management Conference Statement having  
13 reached an agreement in principle on a plan to move as many medically vulnerable patients  
14 from dorms to cells as possible and to prioritize moving the most elderly, this plan has not  
15 been implemented.

16 The Receiver has determined that transfers between prisons are too dangerous at  
17 this time, so any movement from dorms to cells can happen only at prisons that have both  
18 dorms and cells. Thus, CDCR provided Plaintiffs an analysis of cell beds available in  
19 prisons that have both cell and dorm living. The data produced demonstrates that the  
20 movement of vulnerable medical patients from dorms to cells within their current prison as  
21 a means of protecting the medically vulnerable will be of limited or even very limited  
22 effectiveness because the system is too overcrowded. First, there are not enough available  
23 beds in cells in many prisons with the most vulnerable patients. For instance, according to  
24 the data produced by Defendants, there are currently 666 high risk medical patients at  
25 California Health Care Facility (CHCF) who are residing in dorms, of whom 414 have a  
26 COVID-weighted score of over 4. Even assuming that these patients could be housed in  
27 any available cell – which is not the case given program restrictions (discussed below) –  
28

1 Defendants report only 203 beds that are empty and available. This leaves over half the  
2 patients with COVID-weighted scores over 4 in their current dorm arrangements.  
3 Similarly, with 1054 high risk patients, of whom 540 have a COVID-weighted score over  
4 4, Mule Creek State Prison has only 454 cells available. California Rehabilitation Center  
5 (CRC) currently has an outbreak, with 103 active cases. That prison has 578 high risk  
6 patients, of whom 39 have a COVID-weighted score of over 4, yet there are no cells at that  
7 prison.

8 Even in a scenario where there are “enough” cell beds empty and available to  
9 accommodate vulnerable patients living in the dorms, many, if not most, of these cell  
10 moves would not be feasible. According to the Defendants, “while it may appear that  
11 there are abundant cells available for housing medically high-risk dorm inmate-patients, it  
12 is important to note that many of the identified empty cell beds are not appropriate for  
13 particular inmates for various reasons.” For instance, among the “empty” cell beds  
14 identified for CMF, the list includes ICF, CTC, and MCB, which are specialized mental  
15 health beds likely not appropriate for long term use by medically vulnerable patients. At  
16 all of the prisons, it is likely that at least half, and probably much more than half, of the  
17 available cell beds are upper bunks, and thus cannot be assigned to people with certain  
18 mobility impairments. Finally, at prisons like R.J. Donovan, where most of the available  
19 cells are either on a Sensitive Needs Yard or an Administrative Segregation Unit, patients  
20 will have a huge disincentive to accepting the cell move. Defendants lack sufficient space  
21 to place medically vulnerable people in safe and appropriate housing during this pandemic.

22 *Defendants’ Position:* Defendants are in the process of confirming the accuracy of  
23 the numbers reported by Plaintiffs above. CDCR’s Division of Adult Institutions is ready  
24 to facilitate moves of medically high-risk patients from dorms to cells within the same  
25 institution once CCHCS has provided DAI with a list of patients who, after patient  
26 education has been provided to them, have agreed to move from their current dorm to a  
27 cell.

28

1 **V. COVID-19 Testing**

2 **a. Staff Testing**

3 *Plaintiffs' Position:* As noted in this Court's June 28, 2020 Order to Show Cause  
 4 re: Baseline Staff Testing for COVID-19, CDCR's plan for staff testing does not call for  
 5 baseline testing of all staff. ECF No. 3366 at 2. In their June 30, 2020 response to the  
 6 Order, Defendants state that CDCR has "decided to change course and now plans to  
 7 conduct baseline staff testing at each institution" and plans to complete doing so by July  
 8 16, 2020. ECF No. 3368 at 3. We agree baseline testing of all staff must be done as soon  
 9 as possible.

10 As to the remainder of CDCR's plan—which outlines what testing will be done in  
 11 response to an outbreak, and the parameters for surveillance testing of staff—we continue  
 12 to have significant concerns. We have consulted with Professor Adam Luring, M.D.,  
 13 Ph.D., a board-certified medical doctor in Infectious Diseases,<sup>4</sup> and reviewed existing  
 14 public health guidance for COVID-19 testing in congregate settings, including guidance  
 15 issued by the Centers for Disease Control and Prevention (CDC) for nursing homes and  
 16 homeless shelters, and guidance issued by the California Department of Public Health  
 17 (CDPH) for skilled nursing facilities. CDCR's plan departs from these guidelines in  
 18 significant, concerning ways.

19 Symptomatic Testing: CDCR's plan does not call for testing symptomatic staff. It  
 20 states that "[a]ll staff should be screened for fever, respiratory symptoms, or other  
 21 symptoms before entering any institution each day," and "[p]ersonnel who develop fever,  
 22 respiratory symptoms, or other symptoms should be instructed not to report to work." ECF  
 23 No. 3356-1 at 3. Staff who have symptoms must be tested so appropriate outbreak testing  
 24 and contact tracing can be done at the prison.

25 Outbreak Investigations: The testing proposed in the event of an outbreak is too  
 26

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27 <sup>4</sup> Dr. Luring's biography and qualifications are available here:  
 28 <https://medicine.umich.edu/dept/microbiology-immunology/adam-luring-md-phd>.



1 limited. Regarding the scope, all staff should be retested when there is a new outbreak at a  
2 prison. This is consistent with recommendations from the CDC for nursing homes, as well  
3 as the recommendations from the CDPH for skilled nursing facilities. Instead, CDCR's  
4 plan calls for limiting outbreak testing to a particular yard where the staff person worked  
5 or incarcerated person lived. *See* ECF No. 3356-1 at 5. But, as this Court stated in the  
6 June 28 Order to Show Cause, "although the Receiver has recommended consideration of  
7 staff cohorting so that staff interact only with limited groups of inmates, no such cohorting  
8 has been implemented." ECF No. 3366, n.2. And, as explained in our portion of the last  
9 CMC Statement, even if staff do not work on the same yard, they are likely to interact with  
10 each other during shift change, in carpools, and outside of work, as many staff members  
11 live and recreate in the same communities. ECF No. 3355 at 6.

12       Regarding the frequency of testing during an outbreak, CDCR's plan calls for  
13 testing to be done every 14 days during an outbreak. ECF No. 3356-1 at 5. This is  
14 significantly less frequent than what is recommended for other congregate living  
15 environments. During an outbreak, the CDC recommends retesting nursing home staff  
16 every 3 to 7 days, and homeless shelter staff every 7 days. The CDPH likewise  
17 recommends retesting skilled nursing facility staff every 7 days. Given how quickly the  
18 virus can spread in an outbreak, including through asymptomatic people, we believe  
19 CDCR should adopt a similar standard.

20       Surveillance Testing: Plaintiffs believe the proposed surveillance testing for most  
21 prisons—10% every 14 days—is insufficient. Public health guidelines for skilled nursing  
22 facilities and nursing homes call for surveillance testing of all staff either weekly or  
23 monthly. We are unaware of any public health guidance endorsing a lower standard for  
24 long-term congregate living environments. During our meet-and-confer with Defendants  
25 on June 5, we asked the public health department official how 10% every 14 days was  
26 selected for surveillance, but counsel for Defendants would not allow any response. We  
27 later asked this question again in writing. In response, Defendants stated only that:  
28

1 “CDCR determined the frequency/scope of surveillance staff testing through consultation  
2 with the California Department of Public Health, which recommended the adopted testing  
3 frequency.” We do not know what the reasoning was for this decision, but, given  
4 Defendants’ reluctance to respond, we are skeptical that it was based on public health  
5 guidelines.

6       Regarding the medically vulnerable, CDCR’s current plan calls for monthly  
7 surveillance testing of staff regularly assigned to outpatient medical or mental health  
8 housing units, and staff working at California Medical Facility (CMF), Central California  
9 Women’s Facility (CCWF), and California Health Care Facility (CHCF). ECF No. 3356-1  
10 at 1. We believe heightened surveillance testing of staff should also be done at other  
11 prisons with large populations of medically vulnerable and elderly people, including San  
12 Quentin (SQ), the California Institution for Men (CIM), Mule Creek State Prison (MCSP),  
13 and Richard J. Donovan Correctional Facility (RJD). According to the May 2020  
14 Dashboard, SQ had 1,196 patients classified as high risk for medical care purposes; CIM  
15 had 1,554; MCSP had 1,863; and RJD had 1,426.

16       Regarding staff working in high risk environments, CDCR’s plan calls for monthly  
17 testing of staff regularly assigned to transport duty, or as guards for patients in the hospital.  
18 ECF No. 3356-1 at 2-3. Given the risks that these officers will contract COVID-19 during  
19 transport or at the hospital, we believe they should be tested more frequently—at least  
20 once a week. We also believe these testing requirements should apply to any staff member  
21 who works such a shift, not just those who are “regularly assigned” to do so.

22       Finally, regarding staff living in communities with high rates of COVID  
23 transmission, CDCR’s plan states that the “State may adjust the scope and frequency of  
24 staff testing based on community spread data and prevalence of the virus in the  
25 community.” ECF No. 3356-1 at 3. However, on June 27, 2020, in response to Plaintiffs’  
26 question, Defendants said no adjustments were currently planned for any prison under this  
27 provision. We are concerned by this response: as of today, 49 of the 58 California counties  
28

1 reported more than 25 new cases per 100,000 residents in the prior 14 days. *See Tracking*  
2 *the Coronavirus in California*, L.A. Times, [https://www.latimes.com/projects/california-](https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak)  
3 [coronavirus-cases-tracking-outbreak](https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak) (last visited July 1, 2020). Numerous prisons are  
4 located in counties reporting some of the highest rates for new cases, including Imperial  
5 County (CAL, CEN), Lassen County (CCC, HDSP), Los Angeles County (LAC), and  
6 Kings County (ASP, COR, SATF). *Id.*

7 We requested to meet and confer with Defendants regarding their plan for staff  
8 testing before the last Case Management Conference, but received no response. After the  
9 Case Management Conference, on June 23, 2020, we renewed our request for a meet and  
10 confer, and asked that it be scheduled in advance of the filing of this Statement. On June  
11 29, 2020, Defendants responded, and informed us that they could not meet until July 1 at  
12 3:30. We therefore anticipate we will have met before this Case Management Conference  
13 and may have further updates for the Court.

14 *Defendants' Position:* The California Department of Public Health (CDPH) has  
15 indicated it will be providing additional guidance for CDCR's staff testing plan, and  
16 CDCR looks forward to receiving CDPH's recommendations. Even though a state-wide  
17 staff-testing plan has not yet been finalized, CDCR has conducted testing of numerous  
18 staff throughout the system, and CDCR will move forward with baseline testing at all  
19 prisons while the details of the staff-testing plan are worked out in cooperation with  
20 CDPH. To date, the following staff testing has occurred:

- 21 • 1,603 staff tested at California Institution for Men in May and June;
- 22 • 1,725 staff tested at San Quentin in mid-June and retesting of all San Quentin  
23 staff is scheduled to begin June 30, 2020;
- 24 • 1,949 staff tested at Corcoran in mid-June;
- 25 • 286 staff tested at California Institution for Women on June 8, 2020;
- 26 • 380 staff tested at California Men's Colony on June 11, 2020;
- 27 • 1,164 staff tested at Avenal State Prison in late May and serial testing at  
28

1 Avenal commenced on June 23, 2020;

- 2 • 1,939 staff tested at California Medical Facility from June 24-30, 2020;
- 3 • 2,959 staff tested at California Health Care Facility from June 24-30, 2020;
- 4 • 1,018 staff tested at Central California Women's Facility from June 26-30,
- 5 2020; and
- 6 • 1,142 staff tested at California State Prison, Solano from June 26-30, 2020.

7 Furthermore, testing of all staff at California Correctional Center is scheduled to

8 commence on July 1, 2020, and serial testing at that institution is scheduled to begin on

9 July 15, 2020. Finally, testing of all staff at High Desert State Prison is scheduled to

10 commence on July 1, 2020. In the meantime, CDCR is working on finalizing contracts for

11 baseline testing of all staff at the outstanding prisons, and anticipates that all baseline

12 testing should be completed by July 16, 2020.

13 CDCR's Office of Labor Relations has not yet engaged in formal negotiations with

14 the California Correctional Peace Officers' Association (CCPOA) on staff testing, but has

15 been in contact with CCPOA officials regarding that issue. On June 30, 2020, CCPOA

16 filed a status report regarding staff testing in which it identified "five components" that

17 would increase the efficiency and effectiveness of COVID-19 testing. The first component

18 was to conduct testing at the place of employment. It is already CDCR's practice to

19 conduct COVID-19 staff testing at the institutions where the employees work. For

20 example, the baseline staff testing that CDCR will be completing at all institutions will

21 take place at those institutions.

22 Likewise, CDCR's staff-testing practices already satisfy the second, third, and fifth

23 components identified in CCPOA's filing, which include testing staff when they are on

24 duty, conducting the testing at no cost to the staff members, and safe guarding staff

25 members' personal medical information.

26 Finally, CDCR's policies concerning COVID-19 positive staff largely satisfy the

27 CCPOA's fourth component, which suggests that COVID-19 positive staff should be

28

1 placed on paid administrative leave. Under CDCR's policy:

- 2 • If an employee tests positive for COVID-19 they are placed on paid  
3 administrative time off for up to 14 days;
- 4 • If an employee reports to work and does not pass the COVID-19 screening  
5 they are sent home and placed on paid administrative time off for that day  
6 (any time thereafter would be supplemented by their existing leave credits or  
7 would be considered unpaid leave);
- 8 • If an employee stays home sick and uses accrued leave time, and then later has  
9 a positive result for COVID-19, the leave time will be restored and the  
10 absence will be considered paid administrative time off for up to 14 days; and
- 11 • For a COVID-19 positive absence exceeding 14 days, the employee may use  
12 existing leave credits, apply for leave credits through the Catastrophic Bank  
13 Time, or apply for nonindustrial disability insurance and state disability  
14 insurance. After that, the employee may apply for emergency administrative  
15 time off.

16 **b. Testing of Incarcerated People**

17 *Plaintiffs' Position:* As of July 1, every prison has had at least one incarcerated  
18 person and/or staff person test positive. *See* CDCR, *CDCR/CCHCS COVID-19 Employee*  
19 *Status*, <https://www.cdcr.ca.gov/covid19/cdcr-cchcs-covid-19-status> (last updated June 30,  
20 2020); CDCR, *Population COVID-19 Tracking*,  
21 <https://www.cdcr.ca.gov/covid19/population-status-tracking> (last visited July 1, 2020).  
22 However, as far as Plaintiffs are aware, baseline testing of the entire incarcerated  
23 population had only been done at five prisons: CIM, CIW, ASP, CVSP, and SQ. Plaintiffs  
24 believe universal baseline testing of the incarcerated population should be done at all  
25 remaining institutions as soon as possible, so CCHCS and CDCR can identify and isolate  
26 any positive cases immediately.

27 More broadly, Plaintiffs understand other COVID-19 testing protocols for the  
28

1 incarcerated population are being revised, which we believe is past due. We have made  
2 clear that many testing guidelines must be made mandatory. For example, in a unit,  
3 facility, or prison that has experienced an outbreak, serial re-testing of all who initially  
4 tested negative “shall” be done every week or two weeks until no positive cases are  
5 identified.

## 6 **VI. Prison-Specific Updates**

### 7 **a. San Quentin (SQ)**

8 *Plaintiffs’ Position:* San Quentin is the most recent prison to experience a mega-  
9 outbreak, one that as of the end of June resulted in 30 people hospitalized including 16 in  
10 intensive care units. CCHCS says it anticipates that at the outbreak’s peak 80 to 100  
11 patients may require hospitalization. Meanwhile, at the prison, nursing and custody staff  
12 shortages have been so severe that earlier this week medical staff from other Northern  
13 California prisons were called in and arrangements for other suppliers of staff are being  
14 explored, and the Office of Emergency Services has established a command post to  
15 address the disaster. Of greatest concern is that San Quentin is running out of space to  
16 adequately separate patients confirmed to have COVID-19, those who may be infected,  
17 and those who are neither infected nor suspected of being so. According to CCHCS,  
18 temporary tents are being brought in, but at most will house only 100 people, while  
19 “hundreds” need to be separated. According to the Receiver, conversations continue with  
20 the State regarding the need to reduce the population at San Quentin. To Plaintiffs, such  
21 action is imperative and very overdue.

22 *Defendants’ Position:* CDCR has continued to grapple with the outbreak at San  
23 Quentin, and is taking measures to address the situation there. Efforts are continuously  
24 underway to quarantine exposed inmates and to isolate inmates with COVID-19. Six tents  
25 have been erected at San Quentin that can provide additional housing for approximately 60  
26 inmates or alternative medical treatment space. In addition, the Fire Marshal evaluated  
27 and approved the chapel as additional housing space or alternative medical treatment  
28

1 space. And a field hospital will be erected on the grounds at San Quentin to provide  
2 additional treatment space.

3 CDCR has identified 14 medically high-risk inmates that might be released from  
4 San Quentin if their COVID-19 tests come back negative and if it can be verified that they  
5 have a residence where they can stay upon release. Other institutions are sending staff to  
6 assist at San Quentin and a command center has been established to coordinate the  
7 response to the outbreak.

8 Unfortunately, one of CDCR's planned measures—the transfer of a group of  
9 medically high-risk inmates to another prison—had to be cancelled at the last minute when  
10 two members of the group were found to be positive for COVID-19. But, in coordination  
11 with California Correctional Health Care Services, CDCR is considering transferring up to  
12 300 inmates who have recovered from COVID-19 from San Quentin to other prisons to  
13 reduce the population at San Quentin.

14 **b. California Institution for Men (CIM)**

15 *Plaintiffs' Position:* The mega-outbreak at the California Institution for Men  
16 (CIM), which has resulted in 16 deaths, continues three months after its start, even as other  
17 prisons which experienced their first cases at the same time have returned to normal  
18 operations. In the last approximately two weeks, more than 60 new COVID-19 cases have  
19 been identified, about half of which are age 65 or older and thus particularly at risk of  
20 severe complications, and there remain more than 500 active cases. As in earlier months,  
21 CIM continues to lack adequate space to separate those who are diagnosed with, suspected  
22 of having, and who have tested negative for COVID-19. A group of more than 20 patients  
23 newly diagnosed with COVID-19 in the last approximately ten days remain in the same  
24 dorm as patients who have tested negative because the prison has no appropriate housing  
25 available for either group. It is imperative that the State reduce the population at CIM so  
26 the outbreak can be safely managed. Also, and just as problematic, CIM has not and  
27 according to CCHCS has no plans to re-test every week or two those who have tested  
28

1 negative, so as to more promptly determine who is infectious and thus isolate them, even  
2 though CCHCS guidance says that should be done and CDCR's staff testing plan calls for  
3 CIM staff to be re-tested every two weeks. It is imperative that serial re-testing begin  
4 immediately.

5 *Defendants' Position:* Following the last case management conference statement,  
6 further improvements were made to CIM's Facility A and Facility D dorms, with the  
7 following results: On June 17, 2020, CIM completed the configuration of all 8-person  
8 cohorts in all Facility D dorms, and marked the boundaries of the cohorts with tape on the  
9 floor. With respect to CIM's Facility A dorms, CIM completed marking the floor  
10 boundaries with tape for all 8-person cohorts on June 17, 2020. On June 9, CIM  
11 completed the installation of Lexan barriers to separate cohorts in the dorms A1, A2, and  
12 A3. On June 14, CIM completed the installation of the Lexan barrier in dorm A4. CIM  
13 received additional Lexan barriers on June 22, 2020. On June 23, 2020, CIM resumed the  
14 installations of the Lexan barriers in dorms A6, A7, and A8. The installations of Lexan  
15 barriers in all Facility A dorms were completed on June 28, 2020.

16 **c. California Correctional Center (CCC)**

17 *Plaintiffs' Position:* As explained above, poor policy and poor decisions after the  
18 transfer of patients from San Quentin has resulted in a major COVID-19 outbreak at  
19 California Correctional Center (CCC), centered in a number of dorms that are pipelines to  
20 and from some of CDCR's fire camps, where incarcerated workers are deployed. Many  
21 incarcerated people deeply value the camp experience, and those workers are essential to  
22 the State's wildfire control efforts, performing hard and essential labor for two dollars a  
23 day (plus one dollar per hour when fighting a fire), thus saving the state a reported \$100  
24 million dollars a year. Because the outbreak at CCC, a camp hub, imperils the State's fire-  
25 fighting capabilities, or threatens to make that far more expensive if non-incarcerated  
26 workers had to be hired, extraordinary measures were immediately undertaken, including  
27 the special hiring of nurses, to test and monitor those at the prison and the seven camps to  
28



1 which people had been transferred. In addition, all staff will be tested and then serially re-  
2 tested. Plaintiffs laud these efforts on behalf of the health of the people at CCC and the  
3 camps. However, we deplore the fact that similar efforts, including serial re-testing of  
4 patients who have tested negative, have not been undertaken at CIM or at the other prisons  
5 that have had mega-outbreaks and deaths.

## 6 **VII. Other Mitigation Efforts**

7 *Plaintiffs' Position:* We appreciate the updates provided below, and intend to  
8 discuss these matters with Defendants during the July 1, 3:30 PM meeting.

### 9 **a. Discipline of CDCR and CCHCS Staff for Failure to Wear Masks**

10 *Defendants' Position:* Staff members who do not comply with the mask wearing  
11 expectations set forth in CDCR and CCHCS's June 11, 2020 memorandum will be subject  
12 to progressive discipline as outlined in the Department Operations Manual, Chapter 3,  
13 Article 22, Employee Discipline policy (unless the staff member at issue has a medical  
14 condition that precludes the wearing of facial coverings). The progressive discipline  
15 generally consists of four steps: (1) a documented verbal warning, (2) Employee  
16 Counseling Record, which is defined as a "written record of counseling, documented on a  
17 CDCR Form 1123, between a supervisor and subordinate which provides formal  
18 instruction about laws, rules, policies and employer expectations," (3) Letter of Instruction  
19 (LOI), which is defined as a "written document, which outlines requirements for an  
20 employee to advance his/her job performance or conduct to an acceptable level," and (4)  
21 adverse action, which is defined as a "documented action, which is punitive in nature and  
22 is intended to correct misconduct or poor performance or which terminates employment."  
23 And adverse action can include suspension, loss of pay, and termination, or rejection  
24 during probation, dependent on the employee's tenure.

25 As of June 26, disciplinary actions had been taken against approximately twenty  
26 CDCR staff members at five institutions for failure to comply with the mask wearing  
27 directive. Fourteen of the disciplinary actions consisted of LOIs, three consisted of  
28

1 Employee Counseling records, one of them led to on-the-job-training pursuant to CDC  
2 form 844, and two of them led to the issuance of a CDCR Form 989 request for internal  
3 affairs investigation, which is the first step to be completed prior to issuing an adverse  
4 action. Based on information received from CCHCS, as of June 29, disciplinary actions  
5 for failure to wear masks or failure to wear a mask correctly had been taken against  
6 approximately five CCHCS staff members at four institutions. Four of the disciplinary  
7 actions consisted of Employee Counseling Records. For one of them, the Office of Internal  
8 Affairs approved a direct adverse action without the need of an investigation.

9 CDCR and CCHCS are working on a memorandum to institution management that  
10 reiterates that it is vital that staff adherence to the June 11 directives to protect the health of  
11 the staff, their families, the inmate population, and the public, that managers must be  
12 vigilant in the enforcement of the face covering expectations, and that managers are  
13 expected to utilize the progressive discipline process against staff members who fail to  
14 comply with them. Additionally, on June 26, 2020, CDCR and CCHCS issued a  
15 memorandum to all staff outlining the use of face coverings in headquarters and regional  
16 offices. Non-institutional staff must wear face coverings during the following situations:  
17 when interacting in person with any member of the public; working in any space visited by  
18 members of the public regardless of whether anyone else is present; in common areas such  
19 as hallways, stairways, elevators, and parking facilities; or in any room or enclosed area  
20 where other people are present, when unable to physically distance.

21 **b. Provision of Surgical Masks for Incarcerated Workers**

22 *Defendants' Position:* On June 24, CDCR issued a directive to the Wardens and  
23 Chief Executive Officers at all institutions that, effective immediately, all culinary inmate  
24 workers, laundry inmate workers, ADA inmate workers, and inmate porters must be issued  
25 surgical masks to be changed out and disposed of as they become soiled, and that should  
26 not be used longer than the duration of one shift.

27 **c. Efforts to Incentivize Social Distancing and Mask Wearing**

28

1           *Defendants' Position:* The Division of Adult Institutions has instructed the  
2 Warden at all institutions to conduct meetings with the Inmate Advisory Councils to  
3 discuss ideas to incentivize social distancing and mask wearing among inmates. Director  
4 Gipson is in the process of reviewing the corresponding Inmate Advisory Council minutes  
5 to develop ideas. Director Gipson is also considering the ideas for incentives presented by  
6 Plaintiffs' counsel. In addition, the Division of Adult Institutions has reinstated food sales  
7 at various prisons, which allow inmates to purchase meals, such as pizza, from selected  
8 local restaurants, which will be either be delivered to the institutions or distributed at the  
9 institutions via food trucks. Further, Director Gipson plans to issue a memorandum to  
10 increase the number of quarterly packages inmates can receive. Quarterly packages  
11 contain merchandise from authorized private vendors that can be purchased by inmates for  
12 themselves or by inmates' family members. Director Gipson is also looking into options  
13 to increase the opportunities for inmates to make phone calls. For example, at some  
14 institutions, some phones were taken out of service to facilitate social distancing. DAI is  
15 looking into options to reinstate the phones by setting up physical barriers around each  
16 phone.

17           Lastly, CDCR made the following video in which inmates serving on the Inmate  
18 Advisory Councils at several CDCR prisons share their reasons for wearing cloth facial  
19 barrier masks: [https://www.cdcr.ca.gov/insidecdcr/2020/06/08/in-this-together-insights-  
20 best-practices-for-wearing-masks/](https://www.cdcr.ca.gov/insidecdcr/2020/06/08/in-this-together-insights-best-practices-for-wearing-masks/). This video is being played on the DRP-TV station at  
21 all institutions with access by all inmates.

## 22 **VIII. Site Visits and Document Production**

### 23 **a. Plaintiffs' Site Visits**

24           On June 24, CDCR facilitated a virtual tour of the Substance Abuse Treatment  
25 Facility. On June 25, CDCR facilitated a virtual tour of the California State Prison,  
26 Solano. CDCR is in the process of coordinating a virtual tour at the California Men's  
27 Colony for July 7.

28

1           **b. Information CDCR Has Produced to Plaintiffs Since June 19**

2           On June 19, CDCR provided answers to Plaintiffs’ questions about COVID-19  
3 measures taken at the California Institution for Women. On June 22, CDCR produced a  
4 copy of CDCR’s memorandum titled COVID-19 Mandatory 14-Day Modified Program (2)  
5 (dated June 19, 2020). On June 24, CDCR provided a description of the status of changes  
6 that were made to the dorms in Facilities A and B at the California Institution for Men  
7 since the virtual tour on May 22. The same day, CDCR provided an analysis of CDCR’s  
8 cell capacity prepared by CDCR’s Division of Adult Institutions in consultation with  
9 CCHCS, plus a report that set forth the number of empty cell beds at the respective  
10 institutions and the number of medically high-risk incarcerated patients at each listed  
11 institution. On June 27, CDCR provided answers to Plaintiff’s questions about CDCR’s  
12 staff testing plan. On June 30, CDCR produced diagrams of San Quentin’s Facility H-  
13 dorms to Plaintiffs. Lastly, since the last case management conference, CDCR produced  
14 approximately 385 PDFs containing copies of the weekly captain’s checklists that all  
15 CDCR institutions need to prepare in response CDCR’s May 27, which requires that  
16 captains and area managers complete checklists on a weekly basis confirming that the  
17 areas they manage are compliant with previous directives concerning cloth face masks,  
18 social distancing, cleaning schedules, display of COVID-19 posters, and availability of  
19 hand sanitizer and disinfectants.

20  
21  
22 DATED: July 1, 2020

PRISON LAW OFFICE

23  
24 By: \_\_\_\_\_/s/

SOPHIE HART

Attorney for Plaintiffs

