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AMEND
CHANGING CORRECTIONAL CULTURE
Amend at UCSF draws on public health, human rights and Norwegian correctional practices to transform toxic, unhealthy correctional cultures inside U.S. prisons to ones that optimize the dignity, humanity and health of residents and staff alike.
State Correctional Partnerships:
Immersion in the Norwegian Correctional Service,
Policy Review and Retraining of Correctional Officers

CA DELEGATION: Director of Department of Corrections,
Legislators, Wardens, Union Leaders, Advocates, Formerly
Incarcerated Leaders
California Department of Corrections and Rehabilitation

Consultants to the Federal Receiver an attorney who oversees healthcare in CA state prisons as result of longstanding lawsuit (Plata)

COVID-19: We now provide education, thought partnership and guidance at the Receiver’s request
San Quentin Background:

- 50% of population > age 50
- ~400 have 4 or more COVID risk factors

May 30th

- ~120 pts moved from outbreak facility in SoCal
- 14 later found to test positive for COVID19

June 12th

- Handful of cases
- Asked by Receiver to make recommendations about SQ needs as the outbreak was unfolding

June 13th

- Our team (which now includes colleagues from UC Berkeley SPH) visited SQ – David is going to describe what we found
Overview of June 13th Evaluation

Meetings and Conversations

- Medical leadership
- Front line health care professionals
- Residents
- Correctional Officers

Evaluation of Facilities

- Housing units
- Dormitories
- “Adjustment Center”
- Congregate settings (gym, dining hall, chapels)
Overview of June 13th Evaluation

• **High-risk of rapid COVID-19 transmission** which could overwhelm prison health facilities and inundate Bay Area hospitals
  • Antiquated facilities
  • Poor ventilation
  • Overcrowding
  • Limited access to staff testing
  • No limitations on staff movement between housing units

• **Inadequate staffing** and expertise to respond to the threat of a large outbreak

• **Delayed (6d)** turnaround time for PCR tests

• **Residents and staff were terrified**
Summary of June 13th Urgent Recommendations

• Create an outbreak response team

• Reduce overcrowding, primarily through decarceration

• Improve ventilation and sanitation

• Repurpose buildings for medical isolation, quarantine, and create a field hospital

• Cohort staff & improve staff testing

• Prepare for streamlined transfers to surrounding hospitals

Urgent Memo
COVID-19 Outbreak: San Quentin Prison

June 15, 2020

San Quentin California State Prison is experiencing a rapidly evolving COVID-19 (SARS-CoV-2) outbreak with profoundly inadequate resources to keep it from developing into a full-blown local epidemic and health care crisis in the prison and surrounding communities. The urgent resources San Quentin requires range from human capital to environmental risk reduction and rapid testing. Failure to meet these urgent needs will have dire implications for the health of people incarcerated at San Quentin, custody, staff, and the healthcare capacity of Bay Area hospitals. This document provides suggested guidance on immediate actions needed to address the outbreak with emphasis on both the short- and longer-term health of people currently incarcerated at San Quentin.

Background
San Quentin arrives at this tenuous moment with several significant assets including a strong Chief Medical Executive (Dr. Alison Pachynski) and a Chief Physician and Surgeon (Dr. Shanon Garrigan) who have spent the past 3.5 months doing everything in their power to prepare for an unavoidable COVID-19 outbreak. However, these two physicians, even with the enormous assistance they have received from many other healthcare staff, including a strong public health nurse, and a notably excellent partnership with custody leadership (Acting Warden Ronald Broomfield and the recently arrived Health Care Chief Executive Clarence Cryer), is simply not enough to meet the needs at San Quentin. As a result, there are multiple vulnerabilities that we witnessed at San Quentin during our visit on June 13, 2020 which must be urgently addressed to protect the health and safety of the thousands of people incarcerated there as well as staff and surrounding community members.

Although this memo outlines the urgent needs of San Quentin Prison, it is our belief that most—if not all—of these recommendations are important for all California Prisons that are certain to experience an outbreak if they have not already.

Urgent needs and immediate actions required:
1. Develop a COVID-19 Outbreak Emergency Response Team: At present, the over-reliance on existing local medical and custody staff to develop an outbreak response plan means that they are tasked with making multiple acute decisions on a daily basis without adequate resources, options, or support to operationalize a centralized plan or long-term strategy. This responsibility
Other Outcomes of COVID-19 at San Quentin

Hospitalizations
• Currently 42 patients hospitalized in the community
• Additional ~10 refusing transfer or awaiting transfer

Staff infections (including officers, nurses and at least one physician):
• 6/22: 43
• 6/29: 89
• 6/30: 102

Mortality
One death – patient had refused testing and found to be positive postmortem
We are witnessing a large scale healthcare tragedy at San Quentin Prison

What can we do?
FOR IMMEDIATE CRISIS AT SAN QUENTIN

Needs are unfolding – we are trying to coordinate response

If you want to help please respond to this RedCap survey:
https://is.gd/ucsfcaprisonresponse
or email Kevin.Reeder@ucsf.edu

Examples of need may include:
VOLUNTEER NURSING: ~50% capacity
VOLUNTEER PHYSICIANS: Transfer delays and refusals
PALL CARE / GERI: Awaiting / refusing transfer
DISCHARGE PLANNING: SQ and statewide (UCSF Transitions Clinic)
DISASTER PLANNING REVIEW: all other ~30 prisons
FOR LONGER TERM RESPONSE - CA

Consider using your personal platform to call for Epi-driven and public-health focused decarceration and dramatically expanded statewide reentry support.
THANK YOU

Learn more at www.amend.us/covid