December 9, 2020

Gavin Newsom, Governor of California
Dr. Tomás Aragón, Director of the California Department of Public Health

Sent via email

RE: Vaccine Delivery to California Incarcerated/Detained Population

Dear Governor Gavin Newsom and Dr. Tomás Aragón, Director of California Department of Public Health,

We ask the Governor and the California Department of Public Health to include all incarcerated and detained people in Phase 1 of California’s approved vaccine rollout plan. We ask that in-prison skilled nursing facilities/assisted living facilities are included in Phase 1a, and we request that older people (55+) and people with comorbidities in prisons/jails/detention centers also be included in Phase 1a. All other incarcerated/detained people must be included in Phase 1b for the reasons we will lay out below.

From CDPH’s December 3 meeting and presentation, it is our understanding that after Phase 1, “In conjunction with national recommendations from ACIP and NASEM, careful consideration for the next phase(s) will be given to workers and residents in settings such as... correctional
facilities, homeless shelters.” Our understanding is that Phase 1a will include health care personnel at correctional facility hospitals and psychiatric hospitals, as well as residents of skilled nursing facilities (SNFs) and assisted living facilities. **We ask that this include in-prison skilled nursing facilities (SNFs) and similar settings inside prisons and carceral facilities.** According to the plan, Phase 1b includes “Older adults living in congregate or overcrowded settings,” including prisons. The remaining people in prisons/jails/detention centers are listed in Phase 2, along with another 30% or so of the California population.

Incarcerated people are at high risk for COVID-19 transmission, living in close quarters to one another, and are unable to physically distance. To date, 93 people have died in California Department of Corrections and Rehabilitation (CDCR) custody from contracting COVID-19. Throughout the pandemic, doctors, health officials, and advocates have warned that social distancing is impossible in prisons, jails, and detention centers.

In California, COVID-19 is spreading across prisons and infecting incarcerated people. As of this writing, there are over 5,502 active COVID-19 cases in CDCR custody. Prisons remain hotspots for COVID-19 spread. In total, 25,147 people have been infected in CDCR, leading to the aforementioned 93 deaths. Distributing a safe vaccine across California prisons will save countless lives and protect those at high risk of hospitalization.

According to public comment from community experts at the November 19 joint hearing of the Senate Special Committee on Pandemic Emergency Response and Senate Committee on Public Safety, carceral facilities and especially jails contribute to community transmission of SARS-CoV-2. High rates of jail incarceration combined with frequent churn of individuals and staff, many of whom commute long distances from surrounding communities, put incarcerated individuals as well as surrounding communities at risk and directly undermine public health efforts in the midst of a pandemic. California prisons remain the top locations for the highest numbers of COVID-19 cases out of all prisons, jails, and detention centers in the country.

Further, the risk of severe symptoms as a result of contracting COVID-19 are heightened for people who are incarcerated. This is due to the fact that those who are most vulnerable to COVID-19 are overrepresented in the prison population, because of racism in policing and the legal system, and a result of poor living conditions and medical neglect inside carceral facilities.

Major outbreaks occurred earlier in 2020 in San Quentin State Prison and at California Institution for Men, which led to dozens of deaths. Currently, the Substance Abuse Treatment Facility at Corcoran and Pleasant Valley State Prison each have over 700 active cases and counting. With COVID-19 currently rising to an all-time high in California, the number of cases inside CDCR is likely to increase, leading to loss of life, in addition to serious long-lasting health problems for those who do not die. Furthermore, spikes inside prisons are adding to California’s
health care system becoming overwhelmed. Many prisons are in rural areas where hospital beds are sparse. Additionally, the prison staff and health care workers entering and exiting each facility are putting their lives at risk, while adding to spread in the community. A vaccine would help protect the lives of incarcerated people, CDCR staff, and the surrounding communities from infection or loss of life.

The American Medical Association (AMA) recommends that a vaccine be prioritized for distribution to prisons, including incarcerated people and staff\(^2\). American Medical Association cites the high risk of infection in prison settings for a vaccine to be distributed to facilities. Additionally, Johns Hopkins School of Public Health lists prison staff and incarcerated people in a high-risk category and recommends them as a priority group to receive a safe vaccine\(^3\).

Further, in order to achieve California's Department of Public Health's stated goal to "reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-Co-V-2," people incarcerated inside our state's prisons and jails must be vaccinated in Phase 1. In addition to incarcerated populations being especially vulnerable to the spread of and medical complications from COVID, the close contact between correctional staff and incarcerated residents require that vaccinations be administered to both groups at the same time. Currently, the studies have not ruled out the possibility that someone who is vaccinated can carry and spread COVID to others. Consequently, vaccinating only correctional staff but not incarcerated residents creates the possibility that outbreaks in institutions will continue and will spread into the community. If correctional staff are vaccinated but continue to be in close contact with incarcerated residents who are not, they may continue to bring the virus in and out of the facilities, further endangering incarcerated residents and communities.

In addition to designating CDCR facilities as priority vaccination sites, we urge you to ensure that incarcerated people receive reputable information about the vaccine from community medical organizations (rather than just from CDCR).

It is imperative to ensure people are not disciplined for choosing to not be vaccinated. As the new New York Times’ Critic Pick documentary Belly of the Beast shows, there is a strong and recent history of forced medical experimentation and sterilization on incarcerated people inside CA prisons. Therefore, we urge our political leaders to infuse this strategy with as much agency, bodily autonomy, and personal dignity on behalf of incarcerated people as possible by ensuring that the vaccine is voluntary, and that there is a clear opt-out option without penalty or other forms of retaliation.

As California begins its COVID-19 vaccination planning, we urge the Governor and the California Department of Public Health to include people in prison across California in Phase 1 of the vaccine rollout, to prevent further loss and life and protect essential prison workers and
surrounding communities. We thank the Governor and the California Department of Public Health for their work and leadership during the COVID-19 pandemic.

Sincerely,

Anti-Recidivism Coalition (ARC)
Root & Rebound
Transitions Clinic Network
Californians for Safety and Justice
UCLA Law Covid-19 Behind Bars Data Project
Represent Justice
Smart Justice California
#cut50
REFORM Alliance
ACLU of California