

## THE COVID-19 PANDEMIC FROM INSIDE THE WALLS, PART TWO

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I am a female inmate in the state of California, and I previously wrote about what it is like to experience a pandemic while imprisoned in the largest women's prison in this state, Central California Women's Facility ("CCWF"). I concluded my first essay by talking about how it only takes one case for a multitude of people to get sick or even die. The thoughts below continue from there.

CCWF has entered a new phase in this pandemic. For months, I have been concerned about the possibility for infection. I have spoken out about the lack of compliance for people, staff and inmate alike, wearing masks. I have raised my concerns as much as possible, and I generally get looked at like I'm panicking or paranoid. Well, as of July 20<sup>th</sup>, CCWF had one positive inmate case. Shortly thereafter, a second case was announced. From what I can tell, these cases had separate vectors – one was an emergency mental health transfer from a community facility, and the second was in a housing unit where the first correctional officer who tested positive in June had worked. On July 24<sup>th</sup>, it was announced that two contract staff from a drug treatment program had tested positive. As a precaution, all inmates who were inmate mentors or students in that program were quarantined. On July 26<sup>th</sup>, it was made public that four of those inmates had tested positive. Test results for the remainder of those people, as well as the other quarantined buildings, have largely been negative... but some results are still pending.

Which brings me to an important question: why was a drug treatment program operating in the middle of a pandemic? What was the emergency? What couldn't wait until things were safer? This particular program is one where a substance – I have been told it's Suboxone, although I'm unsure of the spelling – is distributed in order to help wean people off of substances. That is wonderful in theory. In practice, when dealing with a prison, there are concerns. Of utmost concern, and most relevant here, is the fact that ancillary staff entered a prison during a pandemic in order to help facilitate this program. Trained inmate mentors were called upon to help, and students begin attending. And... in under two weeks, two of their staff tested positive and at least four inmates. Again, what was the emergency? Why was this program so important that it meant risking lives? That is something I do not understand.

When a person thinks about a prison, I'm sure that most would never envision CCWF. We would most likely think of something we've seen on TV or in the movies, picturing a two person cell on a tier. That may be true of some men's prisons, but it's not the reality here. There are two buildings in this institution where two person cells constitute the unit, but in the other 14 buildings we have eight person rooms, four sets of two bunk beds. Furthermore, when thinking about a men's prison, most of them are completely self-sufficient, meaning that everything that needs to be accomplished for each yard can be accomplished on that yard – no person intermingles with another. That is not the case here by any stretch of the imagination. People work in the various dining rooms on each yard (four separate dining rooms), in addition to central kitchen. People work in healthcare facilities maintenance, fabric products/silkscreening, and Joint Venture Electronics – to name but a few – where we interact with people from the other general population yards/units. I have remained largely in my unit (but for appointments I cannot miss or shopping) due to trying to isolate myself. That said, on Friday alone, I interacted with people in my own unit who had come in contact with people who had worked alongside others from buildings that were quarantined later that very day. And yet... no one sees a problem with

that. No one seems to take a step back and engage in meaningful contact tracing. One step of contact tracing is done – people who had direct contact with one person who tested positive – but it goes no further, and therein lies an extreme danger... at least, in my humble opinion. This prison has approximately 2,800 women, including the Skilled Nursing Facility – where inmates require a greater level of care, more like a nursing home. There are many inmates who have health concerns and preexisting conditions who could be incredibly vulnerable to COVID-19 complications. And yet... the intermingling continues. The lack of contact tracing continues. We are told by our warden that our efforts are appreciated and given encouraging words about how difficult this pandemic has been for everyone. And yet... he takes no meaningful action against anyone who fails to wear his or her mask. Even now that CCWF has reached a new phase in this pandemic by having positive inmate cases, people still seem to fail to fully appreciate the risk and take appropriate measures to mitigate the risk this virus poses to all of us. Even though I have preexisting conditions and someone else could be perfectly healthy – that perfectly healthy person is not immune from possibly dying from this disease. We have all heard various news reports about how this occurs every day throughout the world, and yet... people don't seem to understand.

An extremely important aspect worth considering is the fact that inmates cannot refuse or fail to report to work. The regulations that govern prisons (California Code of Regulations, Title 15) have a specific section (§ 3041) which states that all inmates must report to work and cannot refuse to work or perform any tasks given to them without a legitimate reason for absence, such as medical documentation (called a "lay-in"). So, for anyone with a preexisting condition, that person could be subject to disciplinary documentation should s/he not report to work. Of particular import are the aforementioned inmate mentors for the SAP program. Those mentors are housed in one of the three honor dorms at CCWF. One prerequisite to being housed (and maintaining housing) in an honor dorm is remaining disciplinary free. So, those mentors may have been put in a situation where they either had to work or risk receiving a write up and being moved from their housing unit, jeopardizing their disciplinary free status and potentially impacting their abilities to obtain release on parole at a parole hearing. Such an untenable situation seems extreme, but that may very well have been the reality they faced. It is likely the reality faced by any worker deemed "critical" who is housed in an honor dorm. As someone in a different honor dorm, I see various kitchen workers who are called to work on their days/hours off in order to fill in for coworkers who are quarantined or workers from other units who decide not to work that day because they may not care about a write up. The workers I see don't seem to have a choice in the matter, which again, puts them – and the rest of the unit – at risk.

After Governor Newsom took office in 2019, he signed a moratorium on the death penalty in the state of California. He indicated in his remarks that he never wanted to have to sign a death warrant for a potentially innocent person, so he took executive action in order to avoid ever having to sign a death warrant. Whether by ignorance, hubris, petulance or being cavalier, the California Department of Corrections and Rehabilitation ("CDCR") effectively signed death warrants for at least 46 people in this state. Some of the men who died were on death row – the most segregated men in this state. Other men died at other prisons, while one woman died at California Institute for Women ("CIW"). By failing to obey proper protocols, practices and policies, CDCR staff effectively signed death warrants for all these people. When California Institute for Men ("CIM") had an outbreak of cases, it seemed like Sacramento – CDCR headquarters – was having a difficult time figuring out what to do and how to handle it. I can understand that – we're dealing with something completely unprecedented. CDCR then announced that

no transfers would occur from an institution with any positive inmate cases. Despite their announcement, transfers later occurred from CIM to San Quentin ("SQ"), home to more than 3,000 inmates, including California's largest death row<sup>1</sup>. The inmates transferred to SQ were reportedly tested prior to departure and after arrival, and were quarantined for a time at SQ. Despite these safeguards – again, after transfers shouldn't have happened – some of the inmates who were transferred in later tested positive. Whether those inmates later infected the larger inmate population, whether it was by staff, I can't say – but what I can say is that, but for CDCR's actions, SQ would not have the outbreak it has experienced. I bring up death row and how they're segregated to make an important point: only staff is allowed inside there. To my knowledge, no other inmates can enter death row at SQ. So, by the fact that death row inmates have been exposed and tested positive, I believe that blame lies squarely at the feet of correctional or other staff employed by the state. Had staff observed mask wearing at the very least, lives could have been spared. Had staff obeyed their own rules, people would not be in the hospital, they would not be in pain, they would not be suffering. Had CDCR headquarters not authorized transfers in the first place, who knows where SQ could be right now? I think it's fair to say that they would most likely be in a much better place than they are now.

Looking at CIW, there had been an outbreak there, which had been largely contained in recent weeks. A little more than a week ago, I found out that three new people had tested positive. Shortly thereafter, on July 22<sup>nd</sup>, that number rose to 17. As of last night, three days later<sup>2</sup>, there were 126 cases. That is how fast this infection can spread. That is how fast people can be put at risk. CDCR undoubtedly has knowledge of the situation at CIW, and yet... that information doesn't seem to be filtering to this institution – the only other women's facility in the state. CCWF could easily be in a situation akin to SQ or CIW so quickly that there would be little time to prepare or adjust, and I continue to see people – staff and inmates – who don't seem to care or don't seem to take this pandemic seriously. It is beyond my power to make anyone understand anything. But what I can do is continue to speak out about the ridiculous actions and inactions alike and try to shine a light on what is actually occurring in places like this so that meaningful change can occur. Lip service does no one any favors, least of all during a pandemic. CDCR should stop paying lip service about how they "care about people" and "we're all doing everything we can" and actually show that they care and do everything they can to protect those of us in their care. It is their obligation to care for us in all senses of the word – and I think it is time for CDCR to do just that.

Recently, CDCR has touted the low numbers of incarcerated people across the state. The numbers don't lie – there are fewer people incarcerated in state prisons right now than before the pandemic began. I know that CDCR has taken steps to achieve this, and I do not wish to denigrate their efforts. But one thing needs to be factored in when truly analyzing their data, which is the fact that inmates housed in county jails who have been sentenced to state prison terms have not been transferred to the majority of prisons during the pandemic. So, while the number of incarcerated people is lower right now, that number will undoubtedly rise by thousands when prisons are allowed to receive new inmates again. And, when our numbers begin to rise, what kind of risk will we be facing then? Without a vaccine or meaningful change, we will continue to be in jeopardy, which is terrifying for someone like me.

<sup>1</sup>The second death row is located here

<sup>2</sup> This essay was written in July, 2020