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**Public Testimony to the  
California Senate Committee on Public Safety**

**COVID-19 in the CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION**

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*July 1, 2020*

**Transcript of testimony given by Dr. David Sears of the University of California San Francisco to the California Senate Committee on Public Safety on behalf of the "Amend COVID in California Prisons Program" describing crucial next steps in the ongoing public health effort to mitigate the transmission of COVID-19 in California's state prisons**

Madame Chair and Members of the Committee,

Thank you for inviting me to make a statement on the tragedy that is unfolding at San Quentin State Prison. I would like to emphasize what I believe the committee already understands - *we will not be able to control COVID-19 in California until we address what is happening inside prisons and jails.*

I am here as a representative of Amend at UCSF. Amend's COVID in California Prisons Program comprises academics and health professionals with expertise in infectious diseases, geriatrics, public health, health systems and epidemiology from UCSF and UC Berkeley.

We visited San Quentin on June 13<sup>th</sup> at the request of the Federal Receiver's Office. At the time their known case count was only 16.

Based on our visit, and how the outbreak has evolved since then, we make the following primary recommendations to the committee for how to ensure that the public health response to COVID-19 in prisons is commensurate to the grave threat that it poses:

**First,**

**Develop a centralized COVID-19 Outbreak Emergency Response Team.** I will say that I am pleased to hear that this is urgently being created and I have specific recommendations for this team. This team should have the *authority* to make public health decisions in the institution and should work in the facility during an outbreak. Prison leaders (in any prison) need outside expertise to respond to an outbreak. Prisons with outbreaks need a dedicated, experienced full-time team, with knowledge of correctional health and specific expertise. In order to address specific vulnerabilities that we have found, this team should include the following positions:



1. **An Environment of Care Lead:** who optimizes ventilation, sanitation, and patient flow in the prison to mitigate COVID-19 spread through evidence-based infection control practices
2. **A Healthcare-Custody Coordination Lead:** who partners with custody to assess – on a daily basis – the housing of residents for medical isolation and quarantine at the discretion of the *medical* leadership
3. **A COVID-19 Testing Lead:** to coordinate testing of all residents, healthcare staff, and custody and who ensures rapid testing turnaround time
4. **A Staff Healthcare Liaison Lead:** to cohort staff and train them in appropriate PPE use and infection control measures
5. **An Epidemiologist Analyst:** who tracks and reviews line listing of all active and resolved cases

**Our second recommendation is for California to engage in urgent decarceration to address overcrowding.** This is particularly critical at San Quentin and at any prison that preferentially houses aging, medically complex patients, such as the California Medical Facility and the California Healthcare Facility. Our report recommends that the prison population at San Quentin be urgently reduced to at least 50% of the current capacity. Frankly, it is hard to understand how residents and staff can safely continue living and working at San Quentin at all. That said, while San Quentin may have unique vulnerabilities, decarceration is foundational to COVID-19 mitigation in any prison. All remaining recommendations are *absolutely dependent* upon decarceration for their success.

The quarantine and isolation of patients at San Quentin and in any prison is like a delicate game of chess. In California, prisons are already over 100% capacity, and every square on that chess board has one or two pieces. This makes the strategic movement of residents nearly impossible. As a result we must depopulate all of our prisons immediately if we are to have any hope of avoiding what has happened at San Quentin in California's other facilities.

The foundation of COVID-19 mitigation in the community is physical distancing and testing to isolate cases and quarantine exposed people. *None* of these community standard public health measures can be accomplished without space. As a result, rapid decarceration throughout California prisons is an urgent *public health* measure to protect people who are incarcerated, correctional staff, and our communities.

**Our third recommendation is to immediately develop a plan to support, test, and protect facility staff** who are just as vulnerable to infection and who may transmit COVID-19 both inside the prison and in the community.

The current occupational health contract at San Quentin does not align with the staff needs during the COVID-19 pandemic. Consequently, California Department of Public Health testing



recommendations for congregate settings during an outbreak (such as testing all staff every week) are not being followed

Additionally, **officers and staff must be strictly cohorted to work only on specific housing units or other physical spaces** with the same sets of residents to minimize the risk of spreading COVID within the prison

**So, to summarize, what can be done now at San Quentin and prisons across the state?**

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1. Immediately convene a COVID-19 Outbreak Emergency Response Team
2. Immediately and significantly reduce the prison population through decarceration
3. Immediately improve measures to test, cohort, and protect officers and staff

I'd like to close by describing a haunting experience as we left San Quentin that afternoon. Men were pleading, behind locked bars for help. I can still hear them shouting "please, please help us." And I can still remember the look of foreboding on the faces of the officers that could not be hidden behind their masks. I can only imagine the physical and emotional toll this outbreak at San Quentin will take on the correctional and healthcare staff working there and, most importantly on the residents and their families that are subject to these dangerous conditions.

Our team at Amend firmly believes that prisons are a reflection of who we are as a society and it is incumbent upon us all to respond immediately and proactively to address this tragedy and to prevent it from unfolding again and again around the state. San Quentin was not the first prison to be tested by COVID-19 and unfortunately it won't be the last. Please continue to call on Amend if we can be of assistance. Thank you.

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**Amend at UCSF** is a health-focused correctional culture change program led by experts in medicine, infectious diseases, public health, and correctional health and policy that is providing correctional leaders, policymakers, and advocates the evidence-based tools they need to protect the health and dignity of those who live and work in jails and prisons during the COVID-19 pandemic.

**The University of California, Berkeley School of Public Health** is working on the leading edge of research, educating the public, and mobilizing to serve California's most vulnerable populations during the COVID-19 pandemic.

For more information: <https://amend.us/covid>