Hello,

The coronavirus or COVID-19 has had a great impact everywhere, including in CDCR. To try to slow down the spread of the virus, CDCR has among other things shut down or modified many programs including visiting, issued educational information (our own FAQ about COVID is attached), closed or slowed down intake from county jails, and limited transfers between prisons. To reduce crowding, CDCR in March released 3,500 people early and, in July, (1) awarded 12 weeks of time credit to most people and (2) started programs to consider early release for some (A) within 180 days of release, (B) at “high risk” for medical complications from COVID-19, or (C) within one year of release and housed at certain prisons (see attached information). CDCR has also tried to establish social distancing practices (keeping people six feet apart and establishing groups of eight people in dorms), and provided cloth face coverings which staff and incarcerated people must wear. It also tests staff for COVID-19 at all prisons, and screens staff and sends them home if a nurse says they are sick. It also uses quarantines for incarcerated people who might be sick and medical isolation for those who are. CDCR also plans to offer some patients transfers from dorms to cells.

CDCR has also made changes to medical and mental health care, such as postponing or cancelling on-site and off-site non-essential appointments. The changes have been made to prevent the spread of the virus, to account for staff who are cannot work because they are sick or taking care of family, and so that staff can focus on those who might be or are infected with the virus.

CDCR medical staff tests people for COVID-19. People who report symptoms are tested, others are tested randomly, and sometimes an entire housing unit, yard, or prison is tested. Currently, nearly 83,000 in CDCR have been tested, thousands more than once. More than 10,100 have been confirmed to have COVID-19. Fifty-seven (57) people have died from the disease, and hundreds hospitalized. Almost 8,200 are said to be “resolved” (meaning they are recovered and no longer considered infectious). A list of prisons with the most confirmed COVID-19 cases is attached to this letter; if your prison is not listed it has had relatively few or no cases. Every day more tests are done and more test results received, so this information changes frequently. If you are not feeling well (see attached symptoms) you should let staff know right away.

We are closely monitoring what CDCR does in response to the virus and working hard to make sure that they provide necessary health care and take necessary preventive measures. You can write us if you have concerns and we will review what you send. We believe CDCR’s crowded conditions cause an unacceptable risk of harm from COVID-19, especially to those over age 65 or who have certain medical (Letter continues on other side of page)
conditions, especially in dorms or older prisons. Unfortunately, in March and April the courts denied our motions for an order requiring CDCR to release people, or to submit a plan to keep safe those at highest risk for severe complications from the virus.

We continue to fight for your rights and those of everyone else in CDCR by doing what we can to force CDCR to take steps to reduce the risk from COVID-19. This includes in the federal class actions about medical care (Plata), mental health care (Coleman), and disability accommodations (Armstrong). We believe our work in Plata was a major reason CDCR offers some patients a transfer from a dorm to a cell, started new early release programs, tests staff for COVID-19, and has set aside empty beds at each prison to use for medical isolation and quarantines. In the Coleman case, we have asked for proceedings that could result an order requiring release of mental health patients. In Armstrong, we asked for and CDCR agreed to an order that prohibits housing people with disabilities who have not tested positive in units with people who have confirmed, active COVID-19, and requires accessible housing for those on medical isolation or quarantine.

We are sorry that we cannot help you or any individual get released from prison.

**Important Advice Regarding COVID-19 / Coronavirus**

The coronavirus is very contagious. Most who get COVID-19 have no or mild symptoms. Some, especially the elderly and those with serious medical conditions, can get very sick (pneumonia) or die. Experts say it is crucial to avoid close contact with (stay six feet from) people and wear a mask as much as possible to reduce the chances of catching or spreading the virus. Many people who have the virus and are contagious have no symptoms or only minor ones, so you may not know if you or others are infected and can infect others. It is safest to assume that anyone can have the virus, and to reduce contact in order to protect yourself. You should also wash your hands a lot, and not touch your face. If you are not feeling well, let staff know immediately. You can put in a Form 7362 (sick call slip). If you have an emergency or urgent medical care concern, tell any staff member at any time.

**Important Advice Regarding Other Medical or Mental Health Care Issues**

You may have a medical care or mental health issue that is not related to COVID-19. You should continue to let staff know about your symptoms or problem, including by putting in a Form 7362. All 7362s with symptoms of a medical condition should result in a face-to-face triage with a registered nurse, although such appointments may be at your cell or dorm or, if for a non-urgent condition, delayed, depending on the circumstances at your prison. You should also continue to receive any medication ordered by your doctor. Pill lines may be run differently, or even delivered cell front, depending on staffing and quarantines. Also, medical staff should promptly respond to medical emergencies, and send a person to a community hospital if needed. Similarly, mental health emergencies should result in a prompt evaluation by a clinician, and a transfer to an actual or temporary crisis bed if necessary. You should tell any staff member at any time if you have an emergency or urgent health care issue.

Please take care, stay well, and look out for each other.  

-- Prison Law Office
COVID-19 -- Frequently Asked Questions


How is COVID-19 spread? The virus that causes COVID-19 mainly spreads from person to person. This usually happens when an infected person coughs, sneezes, or talks near other people. The virus can be passed easily between people who live together. But it can also spread at gatherings where people are talking close together, shaking hands, hugging, sharing food, or even singing together. Doctors also think it is possible to get sick if you touch a surface that has the virus on it and then touch your mouth, nose, or eyes.

A person can be infected, and spread the virus to others, even without having any symptoms. This is why keeping people apart is one of the best ways to slow the spread.

What are the symptoms of COVID-19? Symptoms usually start 4 or 5 days after a person is infected with the virus. But in some people, it can take up to 2 weeks for symptoms to appear. Some people never show symptoms at all. When symptoms do happen, they can include one or more of the following:

- Fever
- Cough
- Trouble breathing
- Shortness of breath
- Feeling tired
- Shaking or chills
- Muscle aches
- Headache
- Sore throat
- Problems with sense of smell or taste
- Digestive problems like nausea or diarrhea.

For most people, symptoms will get better within a few weeks. But some people continue to have some symptoms for weeks or months. This seems to be more likely in people who are sick enough to need to stay in the hospital. Doctors are still learning about the long-term effects of COVID-19.

Am I at risk for getting seriously ill? It depends on your age and health. In some people, COVID-19 leads to serious problems like pneumonia, not getting enough oxygen, heart problems, or even death. This risk gets higher as people get older. It is also higher in people who have other health problems like serious heart disease, chronic kidney disease, type 2 diabetes, chronic obstructive pulmonary disease (COPD), sickle cell disease, or obesity. People who have a weak immune system for other reasons (for example, HIV infection or certain medicines), asthma, cystic fibrosis, type 1 diabetes, or high blood pressure might also be at higher risk for serious problems.

What should I do if I have symptoms? Contact medical staff. Tell any staff member at any time if you have an urgent or emergency medical problem.
viewing on a mobile device, view the tracker in landscape mode.

**CDCR PATIENTS: CONFIRMED COVID-19 AND OUTCOMES**

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<tr>
<th>Institution</th>
<th>Institution Name</th>
<th>Confirmed</th>
<th>New In Last 14 Days</th>
<th>Active In Custody</th>
<th>Released While Active</th>
<th>Resolved</th>
<th>Deaths</th>
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**State Total** | 10,130 | 1,298 | 1,509 | 336 | 8,228 | 57

Data Last Updated: Aug 24 2329 7:46AM

Chart from CDCR website, Monday, August 24, 2020

Please note the different column headings.

Prisons not listed have had less than 25 cases.
CDCR’s 12 week time credit award and new early release programs
(August 24, 2020)

In response to COVID-19, to reduce the prison crowding, CDCR in July awarded 12 weeks of time credit to most people, and started programs to consider early release programs for some who are: (1) within 180 days of release, (2) designated medical “high risk” and within five years of release, or (3) within one year of release and housed at certain prisons. This letter has information about these actions and programs.

12 Weeks of Time Credit: In July, everyone received a one-time special award of 12 weeks of time credits, unless they (1) are condemned or serving LWOP, or (2) were found guilty of a Rules Violation Report between March 1 and July 5, 2020 (or are found guilty of a pending RVR from that period). The credits were awarded under Title 15, section 3042.6, which allows CDCR to give credit to those who provide exceptional assistance in maintaining prison safety and security.

Early Release Programs: CDCR will consider early release for some (1) who have 180 days or less to serve; (2) who have less than one year to serve and housed at certain prisons; or (3) are at “high risk” for medical complications from COVID-19. These releases are being done under California Government Code section 8658. That law gives the CDCR Secretary the authority to remove or release people from prison in an emergency. No one is required to be released. The following information is from CDCR’s website (see https://www.cdcr.ca.gov/news/2020/07/10/cdcr-announces-additional-actions-to-reduce-population-and-maximize-space-systemwide-to-address-covid-19/) or was provide by CDCR in the Plata case.

(1) Early release for some people with 180 days or less to serve (all prisons, on-going). As of 8/19/20, approximately 4,900 released, including 95 who were at high-risk for medical complications if infected with COVID-19)

According to CDCR, incarcerated people must meet all of the following criteria to be considered for this kind of early release:

- Have 180 days or less to serve on their sentence
- Are not currently serving time for domestic violence, or a violent or serious crime as defined by law
- Have no current or prior sentences that require them to register as a sex offender under Penal Code 290
- Not have a California Static Risk Assessment score indicating a high risk for violence
- Must submit to COVID-19 testing

Please see other side of page for information on other early release programs.
Early release for some people with less than one year to serve and housed at certain prisons. As of 8/19/20, approximately 275 released, including 30 who were at high-risk for medical complications if infected with COVID-19

This early release program only applies to people at Central California Women’s Facility (CCWF), California Health Care Facility (CHCF), California Institution for Men (CIM), California Institution for Women (CIW), California Men’s Colony (CMC), California Medical Facility (CMF), Folsom State Prison (FOL), CSP-Los Angeles County (LAC), Mule Creek State Prison (MCSP) and Richard J. Donovan Correctional Facility (RJD), CSP-Solano (SOL), and San Quentin State Prison (SQ). CMC, LAC, MCSP, and SOL were added at our request.

According to CDCR, people in the prisons listed above must meet all of the following criteria to be considered for early release, in addition to having 365 days or less to serve on their sentence:

- Are not currently serving time for domestic violence or a violent crime as defined by law
- Have no current or prior sentences that require them to register as a sex offender
- Not have an assessment indicating a high risk for violence

According to CDCR, people who are 30 and over and meet the eligibility criteria above are immediately eligible for release. Those who meet these criteria and are age 29 or under will be reviewed on a case-by-case basis for release. CDCR will consider medical risk, case factors, and time served, among other factors, in determining whether to expedite release for those in that group.

Early release for some people at “high risk” for medical complications from COVID-19 (all prisons, ongoing) [CDCR says approximately 6,200 people are eligible, that the Board of Prison Hearings will provide a written report to CDCR about each person, and that as of 8/19/20, 15 people had been released via this program (CDCR says that it is currently only considering determinately sentenced people, even though people serving indeterminate life terms are eligible if they meet all criteria below)]

According to CDCR, people must meet all of the following criteria to be considered for this early release:

- Deemed high risk for COVID-19 complications by CCHCS; this means having a COVID Weighted Risk Factor score of four or higher: those age 65 and over automatically have four points; those age 64 and younger may have a score of four depending on their medical conditions
- Not serving LWOP or condemned
- Have an assessment indicating a low risk for violence
- No high-risk sex offenders (HRSO). HRSO means a convicted sex offender who (a) is required to register pursuant to Penal Code Section 290, and (b) has been identified to pose a higher risk to commit a new sex offense in the community, as determined using standard risk assessment tools for sex offenders.

We do not have further information at the present time about these early release programs. As stated above, no one is required to be released. We are sorry, but we are not able to help you be considered for or to get released. If you believe you are eligible for release consideration, we advise you to contact your correctional counselor through open line, a Form 22, or a CDCR 602. -- Prison Law Office (August 2020)

1 The CCHCS COVID Weighted Risk Score Factors, with their weights in parentheses, are: Age 65+ (4), Advanced Liver Disease (2), Persistent Asthma (1), High Risk Cancer (2), Chronic Lung Disease - Other (including Cystic Fibrosis, Pneumoconiosis, or Pulmonary Fibrosis) (1), COPD (2), Diabetes (1), High Risk Diabetes (1), On Dialysis (2), Heart Disease (1), High Risk Heart Disease (1), HIV/AIDS (1), Poorly Controlled HIV/AIDS (1), Immunocompromised (2), Morbid Obesity (1), Other High Risk Chronic Conditions (1), and Pregnancy (1). We have asked CDCR medical to add other medical conditions to this list.