



PRISON LAW OFFICE
General Delivery, San Quentin, CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

Director:
Donald Specter

Managing Attorney:
Sara Norman

Staff Attorneys:
Rana Anabtawi
Laura Bixby
Patrick Booth
Steven Fama
Alison Hardy
Sophie Hart
Jacob Hutt
Rita Lomio
Margot Mendelson

VIA EMAIL ONLY

March 3, 2021

Mr. Ashlee Hessman
Struck, Love, Bojanowski & Acedo, PLC
3100 West Ray Road, Suite 300
Chandler, AZ 85226
ahesman@strucklove.com

Parsons v. Shinn, 2:12-CV-00601
RE: Plans to Vaccinate People Incarcerated in ADC Prisons

Dear Ashlee:

Thank you for providing the ADC's vaccine distribution plan, dated February 26, 2021. This plan focuses on offering the vaccines to adults who are age 65 and older, and on those with high risk conditions in congregate settings. We appreciate that the state has initiated a staged effort to ensure that the more vulnerable people, particularly those in the infirmaries and Special Needs Unit, receive the vaccine first. We hope that we can work collaboratively with ADC and Centurion to achieve our common goal to maximize the number of people in the prisons who are vaccinated as quickly as possible.

We have a number of questions about the plan, and would appreciate more information. We propose having a conference call with counsel and relevant representatives from ADC and Centurion to discuss these issues further.

First, the plan specifies that it was developed with Arizona Department of Health services, and authorizes the vaccine for those who fall in the Phase 1 B category (65 and over, and medically high risk). In the week since ADC released its plan, Governor Ducey announced, on March 1, a "hybrid approach" to vaccine distribution that allows Arizonans age 55 and older to also receive the vaccine. See, <https://azgovernor.gov/governor/news/2021/03/state-adopts-unique-hybrid-model-covid-19-vaccine-prioritization>. This change was prompted, in part, by the finding that ninety percent of Arizona deaths from COVID-19 have been among those age 55 and older. **Will ADC adjust its plan to offer vaccine to all those 55 and over, consistent with the Governor's new hybrid plan?**

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Second, the plan states that ADC is distributing patient information sheets and has created an educational video to inform patients about the vaccine. **Could you please provide a copy of the patient information sheets, in all languages and formats that are available to the patient population, and a link to the education video being used?** As you may know, doctors at the University of California San Francisco School of Medicine worked with multiple community-based organizations led by formerly incarcerated people and/or family members of incarcerated people, to develop educational materials on the vaccine designed to counter false information and/or the hesitancy of incarcerated people to accept vaccines offered by prison medical staff. In these materials, the nonprofit organizations urged incarcerated people in California prisons and jails to accept the vaccine when it was offered to them. Among high risk groups in California prisons, the acceptance rate for the vaccine was 85-90%. These materials are attached to this email in English and Spanish and are available at <https://amend.us/covid>. I am also attaching vaccine education materials created for people incarcerated in Oregon's prisons.

At a minimum, we strongly encourage Defendants and Centurion to distribute the UCSF educational materials to all people in ADC prisons, in order to reduce the vaccine hesitancy among the incarcerated population, and to ensure that all educational information is provided in English, Spanish, and other common languages. We additionally request that health care staff or county public health officials hold educational sessions in English, Spanish, and other languages if needed, with incarcerated people to explain the materials, answer questions, and encourage acceptance of the vaccines. Providing information orally would also accommodate people who cannot read or write due a learning disability or vision disability. Any deaf persons in the jail should be provided the educational materials via a qualified sign language interpreter either in-person or via Video Relay Services. **If a person refuses a vaccine when it is originally offered, will there be a mechanism in place where they can request a vaccine if they subsequently change their mind?**

Third, we note that the plan calls for offering the first round of vaccines to people at Eyman, Florence and Tucson at the end of March, in the last two weeks of the first phase. As you know, each of these prisons has large sheltered units designated for people who are elderly and/or have disabilities, and thus each houses people who are more vulnerable to serious risk of harm from COVID infection than the prisons without such units. For example, Eyman's Cook and Meadows Units are designated as "ADA units," Florence's South and East Units historically have housed large populations of elderly and medically fragile people, as do Tucson's Rincon and Manzanita Units. It is well documented that people with disabilities are among the groups at highest risk of COVID-19 infection and likely to experience among the most severe and often life-threatening symptoms. According to the ADC's COVID dashboard, of the 53 deaths that are confirmed or suspected to be related to COVID, 37 (70%) occurred at Eyman, Tucson and Florence. In light of the increased vulnerability of patients at these three prisons, we ask that after prioritizing the infirmaries/SNUs, ADC consider shifting the order of the prisons so that people at Eyman, Florence and Tucson are offered the vaccine as soon as possible.

Finally, we ask that starting with the week of March 1, you provide us with weekly updates for each prison distributing the vaccine, stating how many people are eligible for the vaccine, how many were offered it, and how many accepted. This will allow us to monitor acceptance rates and assist us in identifying areas where vaccine education efforts may benefit from augmentation.

Thank you for your prompt attention to this matter. Again, we believe that having the maximum number of people in the prison system vaccinated as quickly as possible, and a robust vaccination program put in place for the future, is an area of great common interest to all parties to this litigation and an area where we can collaborate. We look forward to your response.

Sincerely,

/s/

Alison Hardy