Facilitator: Michelle Duncan, Associate Superintendent

DOC Staff:
Jeff Uttecht, Superintendent
Ken Jennings, Health Services Manager
Kate Jansen, Administrative Assistant 3

Local Family Council Members:
Elizabeth Deleon, LFC Family Co-Chair
Stephanie Beidman, LFC Family Secretary

OMBUDS
Joanna Carnes, Director Ombuds
Caitlin Robertson, Assistant Ombuds

Purpose: To ensure that families are provided with information related to the COVID-19 pandemic and how CRCC is managing this within the facility to ensure for the health and safety of all.

As a reminder, all answers/discussions are based off the information that we know it to be today. The agency continues to work on strategies to manage the COVID19 Pandemic within the prisons and as such things are constantly evolving.

Ground Rules:
Meeting time will be one (1) hour.

We will answer all the questions first and open up for questions/comments afterwards.

If any questions are left unanswered at the end of the meeting, we will add them to the next meeting.

Please ensure your phones are on mute.

Please provide your name before asking a question or responding to assist with flow of questions and avoid confusion.

Testing Results: As of 5/20/2020
Total Number of Individuals Tested: 35
Positive: 9-5 transferred to AHCC
Negative: 26
Waiting Results: 4
Quarantined: 266
Isolation: 17

Staff Positive: (7) CRCC staff have tested positive for COVID-19. Five (5) staff members have fully recovered and is back to work.

Pre-exposed questions given to Associate Superintendent Michelle Duncan on Wednesday May 13th, 2020 by Stephanie Beidman:

**What are the current test results?**
Updated numbers already provided at the top of these notes.

**Who from HQ is on the call?**
Those from Headquarters have already announced themselves.

**Who from the Omsbud is on the call?**
Those from Ombuds have already announced themselves.

**Do we have a health director on the call?**
No, we have our Health Services Manager on the phone call.

1. All nursing home residents and staff are mandated to be tested within the next 2 weeks. Prisons are NO DIFFERENT. You can see the article here. What can you say about this specifically?


The Department of Corrections is working with our agency’s infectious disease control doctor and the chief medical officer in collaboration with the Center for Disease Control (CDC) on recommendations. Please follow the WA DOC COVID-19 webpage for any updates.

2. How does leadership not allow the incarcerated to go to religious activities or visits with our families…but yet you, the leadership, demand that they go to work where there is NO social distancing in the food factory?
We continue to offer Religious Activities along with some additional programming to include Substance Abuse and Thinking for a Change. Numbers have been reduced in an effort to continue with social distancing.

3. How many grievances have been submitted by MSU and MSC and what are the majority of them in reference to? (continued from last week)

From 04/21/20 through 05/21/20 we have had 363 grievances last month. The majority of our grievances typically revolve around Property, Food, and Medical.

4. Why does CRCC not have an infirmary? We know you said there was never an intention of such, but why, and why not now especially?

Coyote Ridge does have medical services onsite; however, we do not have a hospital and the facility was not designed for a hospital. The decision to not put in a hospital here was made years ago.

5. You have stated in the other calls that those in iso may be there for other reasons besides c-19, so you do not necessarily test for Covid because it is on a case by case basis and determined by medical staff. Can you please clarify that again? Do I have that correct?

Yes, that was correct. We will maintain the isolation area as we would in our normal daily practice, but have also adjusted for the COVID-19 pandemic. All individuals who are placed in isolation for suspicion of COVID-19 or being symptomatic, are being tested for COVID-19.

6. When the guys are in short line, there is no social distancing happening and they eat with other units. It seems as though there are so many things that are counterproductive and go against what your own facility is doing. Now that we have a reported positive case, why are you not being more careful? You do one thing in one area then the opposite in another. Please explain why you do this.

Everyone, staff and individuals, are expected to social distance regardless of where they go within the facility. We have implemented new procedures over the course of this pandemic to help follow social distancing guidelines. Those that go to short line are primarily CI workers who are screened prior to entering going to work and are reminded to social distance as often as possible. This is a new protocol and the agency is understanding that the new procedures are not stuck in everyone’s normal day interactions yet, but are continuing to remind and encourage staff and the incarcerated population who may forget.

7. At what point are you GOING to do something about staff who do not wear PPE? Will it take a person dying before you “correct” them with more than just, “we are encouraging them to wear PPE. When we see they are not, we gently remind them
and they do.” This only lasts until the supervisor leaves. The masks then become chin straps again. When will you actually make them wear PPE?

**ALL Staff and incarcerated are required to wear a face covering.** We continue to monitor for compliance and address this if we see someone not properly wearing their coverings.

8. Food factory cannot practice SD as it is set up now, and now we have MORE positives. BUT, they CAN practice SD—it would just slow things down. When will safety take priority over production?

Based on current information there is no status change on the operation of the Food Factory. Those that work in Correctional Industries are screened prior to arriving to the work site.

9. **CI could be held liable along with DOC if we end up having an outbreak at CRCC.** How did patient zero contract it in the first place? Was he a transfer from another facility? Had he been here, and if so, did he get it from staff? Mail? How?

**We cannot release any of that information or any information in regards to any individual. Additionally it is impossible to know exactly where or how an individual contracts a virus. The agency has responded to ensure this individual is getting necessary care and will continue to monitor the remaining population.**

**Jeff – CI is DOC by the way, just for clarification.**

10. **We need to test the whole facility and separate the contagious ones instead of DOC collectively holding their breath and waiting to see if an epidemiological bomb goes off where everyone becomes sick.** Can we test all who are exposed or at LEAST test those in iso?

**We are testing all individuals placed on medical isolation status.**

11. My nephew was sent out to CI food factory to do a deep clean because of the exposure and staff out there told him that if the cellmates of the guy who tested positive later test positive then EVERYONE at the food factory is exposed due to the close proximity. How are you going to handle that scenario?

**Every scenario is individually mapped and reviewed. The deep clean of the Food Factory was a precautionary measure. If anything this illustrates our continued effort to control the spread of COVID-19 within our population.**

12. We need to systematically test everyone. If you say it’s not feasible, I remind you that you systematically give flu shots every year and you could set it up the same way.
At the moment we are not testing all incarcerated individuals, but we are testing every individual who is placed onto medical isolation.

13. With regards to the inmates at CRCC whom have contracted COVID-19, have you been able to determine the point of contact for the infection? In other words, were these inmates infected by staff or were they infected by another individual inmate brought in from another facility?

We will continue to map these cases however we cannot provide any information regarding the health status of the individuals or staff. Once again, there is no factual way to know how someone contracted a virus or from where. We can continue to provide precautionary measures to control and try to prevent the spread of the virus, but we cannot determine accurately the origin.

14. Can we conclusively say at this point that DOC/CRCC are aware of the highly infectious nature of COVID-19 and that this virus poses a substantial risk of serious injury to those who contract it?

Our agency and this facility are aware of how serious this is.

15. Can we also have an understanding that the screening process being used in the facilities (e.g. series of questions and a forehead temperature check), is insufficient for diagnosis of individuals who may be contagious but presenting as asymptomatic? In other words can we agree that the screening process is rendered ineffective for asymptomatic individuals?

No, we will not be evaluating the medically based screening process.

16. Can we also agree that for inmates facing two weeks in isolation and who will be denied a shower for the first week, those inmates will most likely suppress information about symptoms in order to avoid the inconvenience and psychological trauma of isolation?

No we cannot predict others actions. But we can encourage everyone to self-report and are continuing to ask staff and incarcerated individuals to look out for each other.

17. Knowing what we now know about COVID-19, will DOC and/or CRCC now commit to testing each and every inmate being transferred to and from other facilities? By testing we mean utilizing the actual tests rather than just screening, which has the potential for missing asymptomatic people.

I am not aware of any plan to begin testing those that are transferred from facility to facility. However, I can tell you that at this moment all transfers into CRCC has stopped but may still happen for safety and security reasons.
18. Has DOC and/or CRCC initiated any investigation or review of how 5 inmates in H unit contracted the virus?

A review of this incident is ongoing. No information will be disclosed at this time.

19. Is DOC and/or CRCC contending that the spread of the COVID-19 virus at CRCC amongst the prison population (e.g. the 5 new cases in H unit) is contributed to some other source other than staff and/or contract staff?

No. There is no way to determine how or when the virus entered the CRCC facility. The agency is working adamantly to continue to prevent the potential spread amongst the population and making protocols to properly address cases that are positive within any DOC facility.

20. If not, is DOC looking into this?

If so, is a report being put together?

Once again, there is no way to determine when or how the virus was brought into the facility. We will not be trying to determine the origin of the entrance into the facility. We will continue to contact trace and try to determine when individuals may have had contact with someone who does have the COVID-19 virus.

21. We have repeatedly asked for information regarding staff who had contracted the virus at CRCC. We specifically excluded in the request, information about the identity of the individual(s) and all privileged information. Family Council has been repeatedly denied any and all information pertinent to the introduction and potential spread of the virus by and through staff. The authority cited has been exclusively the HIPAA law. Does DOC/CRCC contend that there are any other laws (Revised Codes of Washington (RCWs) and/or Washington Administrative Codes (WACs)) that provide instruction and or grant authority to withhold information pertaining to but excluding protected health information?

If so, please state each law and or WAC or directive by the Attorney General’s Office to withhold non privileged information.

The agency will continue to protect the identity of the staff and the incarcerated
22. Has DOC and/or CRCC had communications with the Attorney General’s Office regarding the dissemination of information?

If so, please state the name of the person or persons whom DOC/CRCC has consulted.

The agency will continue to protect the identity of the staff and the incarcerated population.

23. The Ombudsman states that everyone in isolation is to be tested for C-19. Why, Mr. Uttecht, does CRCC not do this?

At that time we were not testing everyone on isolation. We are now testing everyone placed in medical isolation.

24. Mr. Uttecht since day 1 of this pandemic the count for incarcerated individuals have never been at a zero, we as families have asked for dates of when the incarcerated individuals were tested and you have stated on many occasions that this is information that you can disclose due to HIPPA laws. If these dates cannot be released, how can you assure us as families that COVID 19 has not been introduced to the population earlier than Friday?

There is no way to determine the exact origin of the virus entering the facility. We will not investigate this or continue discussing the origin of the virus entering the facility. We are working diligently to protect the population and keeping the virus from spreading as much as possible.

25. Where are the new positive individuals right now?

They are being housed in Isolation in our Restricted Housing units. 4 are current at CRCC and 5 are at Airway Heights.

26. How are you dealing with an entire work force that was exposed to positive men?

We conduct mapping of each individual that may have any prolonged exposure to someone that is symptomatic. Prolonged exposure means being within 6 feet from someone for 10 minutes or longer. Incarcerated individuals are placed in quarantine for precautionary measures until we received 2 negative results from the symptomatic patient.
27. Is it true there was a positive for a worker in textiles?

   We will not provide this information.

28. Is it true there was a positive in the food factory?

   We will not provide this information.

29. When are you going to keep staff and men in their own units to work and or mingle? Obviously it is pointless to do all the “managed movement” if you allow everyone to mingle with everyone else outside the pod and smash them like sardines in short line, etc.

   The facility is implementing additional precautionary measures each day to continue to protect the health and safety of the incarcerated population and the staff in our facility. We will continue to do a modified managed movement schedule and as we implement new procedures we will share them on this information call.

30. There are several men from each unit who work in the food factory. How can you be sure of the following not happening: Positive cases exposed other men in food factory. Those exposed men brought it back to the unit. Men who do not work in the food factory are now exposed. You allow ALL men in some form or fashion to move outside the unit. Now there are even MORE men exposed. Can you just admit you CANNOT control the virus because you refuse to contain men to certain areas? If you would just do THAT, then it would be less restrictive for the men in the units but now you just shuffle people around and pretend you are doing something.

   This is not accurate information. Thank you for your comment.

31. Who is going to run food now? Or are you still allowing all those same men who were exposed to the positive men to run food for the whole facility?

   Again this is not accurate information. They continue to work in food and CI.

32. My loved one informed me that he was told he and some others will be going up to medium to do some cleaning. Is it necessary to move guys around like that? Aren’t there men in medium that could clean their own section of the facility? Could you explain the reason for sending them up to clean?

   The only workers that we have that come up from MSU to MSC is for workers in buildings outside of the perimeter of MSC, such as warehouse and administrative buildings. MSC individual cannot work in these areas.
33. Please explain why significant other got dinner at 3.45 today (5-20-2020). So that means he will have to wait until tomorrow to eat? And can you say breakfast will be on time? How can you do this to the people we love?

I cannot answer this question as I have no information. If you have specific concerns regarding your loved ones please send me an email and I can look into it.

**LIVE QUESTIONS:**

Stephanie: Can you clarify why people are asked if they have been screened about close contact if they have been practicing social distancing?

A: It is a screening question asked by the Occupational Nurse when doing our mapping.

Stephanie: Are you able to do social distancing in the Food Factory?

A: With the equipment and the number of people in there, it is not possible to social distance. We have asked them to whenever possible, and we are looking at ways to mitigate that. That is why face coverings are so important in certain areas.

1. When did the transfers into CRCC stop?
   A: It was early this week.

2. How many days does it take to get results back after testing?
   A: They go to an outside lab. We generally have results within 24 to 48 hours.

3. Are those that work in the Food Factory getting any N95 or surgical masks given that they can’t social distance?
   A: We don't have anything on that right now. I know that there has been talk about changing certain things in regards to the Food Factory. I will try and get some more information on that.

4. How many results are we waiting on? I missed the number.
   A: We are waiting on 4 tests.
5. If you have a positive case out of the unit, and you also take the cellmate, but the cellmate happened to be close to an officer, that officer also goes into isolation—Isn’t that right?
   A: That is correct. It applies to all persons at the facility. Regardless of who they are, they will be quarantined.

6. What if they lie during the screening or mapping questions?
   A: I can’t answer that. We have to trust that our staff and the individuals are being truthful. It comes down to a matter of integrity.

   Ok but I think the men said no and the staff is still there so they did not tell. We need our folks, staff, and incarcerated people to report. I know people don’t want to say anything because they are afraid of iso so we cannot say, but we hope they are reporting.

7. Have staff been told that they will be punished or disciplined for not answering questions truthfully in regards to the screening?
   A: There is no stigma to not following social distancing. We don’t engage our staff that way. The approach is unified across the board. It hasn’t come to that, but it could potentially. Our approach is with education, not discipline. We are hammering down on this more than ever. We talk to all staff, confront each other, we do everything we can to ensure that everyone is doing what they need to do. If people do not follow protocol, shame on them. We have resistance from both clientele and staff who are uncooperative. We have a lot of staff and this is serious. It is a matter of life and death. We have not lost a client yet, but we know it is serious.

8. It is possible for an incarcerated individual to pay to get tested for Covid if they wanted to be, without being symptomatic?
   A: I would recommend that they fill out the paperwork. There would be a conversation with Headquarters on whether that would be allowed.

9. How many tests does CRCC currently have?
   A: We don’t have an exact number on hand, but we are not short on tests.
10. Who is the Chief Medical Officer?
   A. Dr. Sara Kariko and we collaborate with the CDC.

How many swabs does DOC have? Joanna said on a call there are 10K swabs purchased.

   We don’t have any information on that.
   Caitlyn – I can check into that for Joanna.

11. What do the grab and go lunches include, and do we intend to go back to the hot lunch?
   A: The lunch menu changes every day. We have no plans at this time to go back to regular lunches.

12. If the whole unit is in quarantine, and their lunches are being delivered, why aren’t they being done with the other units?
   A: We are in the process of figuring out the best way of doing this. We are working on how to effectively deliver the meals. We are looking at what that process might look like. If we allow them to come out to pick up their meal, they would have to come out just a few cells at a time. This is going to increase the serving time. Also, when an individual is positive with Covid-19, we create a list of cohorts that may somehow be connected to that individual. The most we have placed on quarantine so far is half a unit. It is almost easier to deliver the food to the rooms.

13. Can you explain staff going from the quarantined part of the unit to the non-quarantined part?
   A: Please remember that quarantine is a precautionary measure. Our staff need to work with each other and move about the unit to complete their job duties. They are required to follow the PPE guidelines.

14. The nurses that are taking oral temperatures are not changing their gloves, are you aware of that?
   A: I have been told that our nurses are not doing oral temperatures. They are doing temperatures with a no-touch “gun” thermometer.
That is what is supposed to happen, but yesterday oral temps were given and they did not change gloves.
That is not the case. They cannot do that.
Well my husband refused to allow the head nurse to do that. Then the nurse had to change gloves.
That is not happening.
Yes it is!
Where is it?
H unit
Ok we will look into it.
That is not correct.
A: Can you tell me what unit he lives in?

H Unit. I just want you to be made aware that some of the procedures you are implementing are not actually happening. I just want you to know that we families are frustrated. We have heard from multiple loved ones that these are happening. Is there a way that the incarcerated individual can inform you of these things?
A: Yes, there are a couple of ways. They can write a kite, a grievance, or even a letter to the Associate Superintendents or even Superintendent Uttech. I can’t express to you enough that if you have any concerns about your loved one, reach out to us. We will look into it immediately. Please don’t wait to tell us about any concerns you may have.

Michelle: Please, I can’t express enough, if something happens, please send an email and we will look into it immediately, we will get the facts as soon as it happens. We will try to alleviate concerns.

I appreciate that. I personally wait until the calls because it is more helpful for me when other family members are there in support. But please don’t say this isn’t happening with a blanket statement.
Michelle: I always look into it.

15. Those that are in quarantine, are they using specific restrooms?
A: The restrooms are being cleaned and sanitized constantly.

16. Why are there not enough rags besides the ones for the porters?
A: We are having issues with people hording rags, disposing of them, flushing them. This happens when we have cleaning issues in regular operations. We have staff that are working on this.
17. What about the quarantine in cells, are they using certain rest areas and are they getting cleaned?
Minimum has to come out to use the restroom. But yes.

Well what if they don’t wash their hands?
Doing best to make sure they are cleaning. We are trying and working long hours to do so.

Steph: For clarification, are you going to look into having the rags provided?
And in regard to the response that temps are not being taken orally when a family member told you that that happened, I am speaking for me personally and I am sure for others, I would appreciate it if from here forward those kinds of comments are not dismissed and we are not told we are wrong. Sometimes you guys do not do your job, you just don’t. I know you work there, but these are our husbands and fathers and children and they MATTER. I am sure sometimes people lie and exaggerate but can you please not just assume we are or they are? Sometimes you just do not do your job.

Thank you for joining us.