June 4, 2020 phone call

* I want to acknowledge that the biggest issue right now is the outbreak at CRCC, and I will address that later as people may join late and I don’t want to repeat the information multiple times.
* OCO Reports – I will be publishing on Friday the monitoring reports related to Cedar Creek, Stafford Creek, and Coyote Ridge. The report for WCCW will be published next Friday.
* We are also going to start publishing reports related to death investigations. With Dr. David now at OCO, we have been able to conduct more thorough reviews of deaths and it’s our plan to try to conduct more death reviews.
* I am still working on the CDC guidelines report. I really want to get that out to demonstrate what has happened so far. We are going item by item. As mentioned, so far, DOC is generally demonstrating compliance with the CDC guidelines.
* Testing – we continue to have conversations with DOC, DOH, and the Governor’s office to advocate for expanded testing criteria. I encourage people to continue lifting up their voices if this is an important issue to you. I have raised the issue of the expanded testing in the longterm care facilities and I am working to get some forward movement.
* Regarding visitation, I discussed this with Rob and Jeneva earlier this week. My understanding is that there is a workgroup formed to look at the when and how of visitation in our new normal. No definite date has been set and it is not pegged to any particular phase. I suggested that Jeneva should reach out to statewide reps to get insight and suggestions for how to safely implement visitation.
* Regarding recreation, I also asked for consideration of opening up to more people out on recreation. Pretty much all the research out there says that transmission is much reduced outdoors, so there should be less need for tight restrictions on the number of people.
* I had a report put to me about a suicide attempt and essentially, is OCO going to investigate that? I want to take the time to answer that now. What we do is look at DOC misconduct or not following policies, etc, and if we can impact change for the individual to resolve the concern. That is how OCO can help on an individual level – something happened that was not right, the person cannot get it fixed or addressed through self-advocacy measures, and OCO can step in to help mediate the situation and get it resolved. If we simply receive a report of a suicide attempt, there is no allegation there of staff misconduct and there is nothing for us to fix or resolve. I hope that makes sense.
* Now, on systemic level, we can make recommendations for policy change and we do that when there are critical incidents or situations, generally involving health or safety and/or if there is a large number of people impacted. For example, we conduct death reviews – there is nothing there to help the person anymore, but given the critical nature, we believe that a review with findings of concern and recommendations for change is important. Another example of a review is where we looked at the issue of the high number of people who were held in longterm solitary confinement waiting on an out of state transfer. By working with DOC, they significantly reduced the number of people on that wait list and how long they were waiting on average.
* Even more broadly, we have created space and prompted change for entire reform of the grievance procedure system – that is an example where the topic is large scale, across multiple departments, and it will take time to truly see the positive impact. We are almost certainly going to initiate similar work around the disciplinary system. I hope all of this helps explain OCO’s work and role.
* To circle back, I am sensing an increase in people pinging me with negative incidents happening and the expectation that OCO will do something. If you want us to initiate a case, we need specific allegations related to DOC failures or misconduct.
* CRCC is experiencing an outbreak. Currently 36 people are positive. The virus is across multiple units.
  + I want to start by saying that last week we initiated a review of DOC actions following the first COVID positive individual. After we initiated that review, DOC initiated its own fact finding review. Following Caitie’s visit, I had a concern that there had been a lag time to place units on quarantine after the identification of the first positive patient. So in terms of understanding OCO’s role, this is squarely within it. It will be some time before we have that work completed and have a published report, so please bear with us on that. I am hopeful that there are some lessons learned that will be helpful for other facilities that may not yet truly understand the reality of having a positive case.
  + We received reports of a situation in H Unit A Pod that this morning staff stopped the incarcerated folks from using the bathrooms, getting water, and have removed the grievance, medical, and postage transfer forms in the unit. We followed up with CRCC staff who provided the following information:
    - They are allowed to come out and get water however to control the amount of folks in the dayroom we ask that they receive permission prior if it is not their cohort time. There may be a time that they may have to be told to wait a moment due to other things going on but should be allowed out as soon as possible. I did talk with a few of the incarcerated individuals while in the unit that was impacted by this and spoke with the Unit manager whom indicated that he would address the staff about ensuring they are given an opportunity to get water as needed.
    - I do know that they had grievance forms as one was handed to the CUS concerning this while I was in the unit. However I will follow up with the unit CUS to make sure those things are out and plentiful.
  + We received reports of mail not being allowed into CRCC due to fears of COVID – that is reportedly not true.
  + The prior concern from families was the restricted movement, but at this point, given the wide spread of the disease, not only do I think it is reasonable to be on restricted movement, but it very likely prevented the spread further.
* CRCC transferring overflow COVID-positive people to both AHCC and MCC. Those who are at higher risk at being transferred to the regional care facility, but unfortunately there is insufficient staffing to be able to fully service the population, so it is temporarily sending individuals to Monroe’s isolation unit.
* Question from the community – would like DOC to include in their daily situation report more information about those transfers.
* Question - Would also appreciate information about lockdown at CRCC. Food at CRCC is cold and the boxes are scrunched.
* Question – why are you not more concerned about the suicide attempt, particularly during COVID-19? Answer – OCO is very concerned about heightened suicide risk and has actively been urging DOC to take more measures related to suicide risk assessment since the very beginning of the disease.

[Sorry, I do not have all the Q&A because I was listening and responding rather than taking notes.]