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14 **UNITED STATES DISTRICT COURT**  
15 **NORTHERN DISTRICT OF CALIFORNIA**

17 MARCIANO PLATA, *et al.*,

18 Plaintiffs,

19 v.

20 GAVIN NEWSOM, *et al.*,

21 Defendants.

22 CALIFORNIA CORRECTIONAL PEACE  
OFFICERS' ASSOCIATION,

23 Intervenor.

Case No. 4:01-cv-01351-JST

**REPLY IN SUPPORT OF CALIFORNIA  
CORRECTIONAL PEACE OFFICERS'  
ASSOCIATION'S MOTION FOR STAY  
OF SEPTEMBER 27, 2021 AND  
OCTOBER 27, 2021 ORDERS RE:  
MANDATORY VACCINATIONS**

Date: November 17, 2021

Time: 2 pm.

Crtrm.: 6 – 2nd Floor

The Hon. Jon S. Tigar

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**I.****INTRODUCTION**

1  
2  
3 The Court's orders mandating the vaccination of all staff in California Department of  
4 Corrections and Rehabilitation (CDCR) prisons are extraordinary. Never before has a court  
5 ordered more than tens of thousands of people to submit to an invasive medical procedure to cure  
6 an alleged constitutional deficiency in the prisons. The impact of the Court's orders is imminent  
7 and irreparable. CDCR staff including the members of the California Correctional Peace Officers'  
8 Association (CCPOA or Union) will be forced either to set aside their right to refuse medical  
9 treatment or face an uncertain future under threat of discipline, which will likely include weeks or  
10 months without pay and potential loss of their jobs.

11 Since the Court's orders, the Ninth Circuit has clarified how courts should evaluate  
12 challenges to COVID-19 remedial measures in prisons, *see Fraihat v. U.S. Immigration and*  
13 *Customs Enforcement*, No. 20-55634, --- F.4th ---, 2021 WL 4890884 (9th Cir. Oct. 20, 2021),  
14 and now the Fifth Circuit has weighed in as well, *see BST Holdings v. O.S.H.A.*, No. 21-60845,  
15 ECF No. 00516083925, at 2 (5th Cir. Nov. 6, 2021). Neither result comports with the Court's  
16 orders.

17 Still intent on defending the immediate implementation of the mandatory vaccination  
18 orders, however, the Receiver and Plaintiffs cobble together reasons why the Court should not  
19 allow the Ninth Circuit to timely review this issue of first impression and grant the requested stay.  
20 None convinces.

21 **First**, the Receiver and Plaintiffs overplay their contention that the Union delayed in  
22 moving to stay the court's order. They ignore the fact that the September 27, 2021 Order re:  
23 Mandatory Vaccinations did not have an implementation deadline. Once it became clear that the  
24 court would set such a deadline, the Union moved to stay. The Union filed its motion within two  
25 hours after the Court set the deadline. This hardly constitutes a "substantial" period of delay that  
26 undercuts the Union's claim of irreparable harm as the Receiver alleges. ECF No. 3738  
27 [Receiver's Opposition to Defendants' and CCPOA's Motions to Stay] at fn. 3.

28 **Second**, the Receiver and Plaintiffs argue that the irreparable harm will not come to pass

1 because Union members will ultimately decide to submit themselves to vaccination instead of  
 2 losing their jobs, and the harm to Union members who refuse vaccination is easily remedied. The  
 3 Receiver and Plaintiffs miss the mark. Union members' rights are violated when they reluctantly  
 4 relinquish their right to refuse medical treatment. The Receiver and Plaintiffs' argument that harm  
 5 to Union members who refuse vaccination is easily remedied is confusing at best, and disdainful at  
 6 worst.

7 **Third**, the Receiver and Plaintiffs attempt to distinguish *Fraihat* as inapplicable pre-  
 8 vaccination case law, but no court bar this one has found such a bright line between cases  
 9 addressing COVID-19 remedial measures pre- and post-vaccination. The Receiver and Plaintiffs  
 10 offer no authority for disregarding cases assessing prison administrators' past attempts to provide  
 11 for the health and safety of prisoners. There is none.

## 12 II.

### 13 ARGUMENT

14 The standard for granting a stay pending appeal is not in dispute. *See* ECF No. 3715-1  
 15 [Memorandum of Points and Authorities in Support of Defendants' Motion to Stay Order Re  
 16 Mandatory Vaccinations Pending Appeal] at 9; ECF No. 3722 [CCPOA's Motion for Stay of  
 17 September 27, 2021 Order Re Mandatory Vaccinations] at 5-6; ECF No. 3738 at 8; and ECF No.  
 18 3739 [Plaintiffs' Opposition to Defendants' and CCPOA's Motions to Stay This Court's  
 19 September 27, 2021 and October 27, 2021 Orders] at 6. The Union has established a "substantial  
 20 case" or a "strong showing" for relief on the merits, as the Union's members will be irreparably  
 21 injured absent a stay, and the balance of the equities and public interest favor granting a stay. *See*  
 22 ECF No. 3722 [Memorandum of Points and Authorities in Support of Union's Motion for Stay]  
 23 (Opening Brief) at 5-6.

#### 24 A. The Union Is Likely to Succeed on the Merits of Its Appeal

25 No party disputes that the Court only has authority to order the mandatory vaccination of  
 26 all CDCR staff if the Receiver and Plaintiffs meet their burden to show that (a) failing to issue  
 27 such an order violates the Eighth Amendment rights of prisoners and (b) the order is "is narrowly  
 28 drawn, extends no further than necessary to correct the [Eighth Amendment violation], and is the

1 least intrusive means necessary to correct the violation of the [Eighth Amendment].” 18 USC  
2 § 3626(a). The Union has demonstrated that the Receiver and Plaintiffs can make no such  
3 showing.

4 **1. The State Has Not Acted with Deliberate Indifference.**

5 In its Opening Brief, the Union directed the Court to the Ninth Circuit’s holding in *Fraihat*  
6 that U.S. Immigration and Customs Enforcement (ICE) did not act “with deliberate indifference to  
7 medical needs or in reckless disregard of health risks” where it undertook COVID-19 intervention  
8 measures **similar to those that the State implemented in this case**. ECF 3722 at 6-10 (quoting  
9 *Fraihat*, 2021 WL 4890884, at \*20). The Union argued that *Fraihat* reveals at least five errors in  
10 the Court’s Order re: Mandatory Vaccination, including that (a) the State’s reasonable measures to  
11 combat COVID-19 preclude a finding of deliberate indifference, (b) the State has not acted  
12 unreasonably simply because additional measures might be advisable, (c) the existence of a new  
13 measure (*i.e.*, a vaccine) does not mean that the measure must be mandatory for all staff,  
14 especially when the State has made the measure widely available to staff and prisoners through its  
15 voluntary vaccination program, (d) the evidence presented by the Receiver and Plaintiffs does not  
16 justify the system-wide relief they seek, and (e) the Supreme Court’s command to consider  
17 “current attitudes and conduct” does not support the Court’s emphasis on mandatory vaccination  
18 of all staff relative to all other measures.

19 Since the Union filed its Opening Brief, courts have continued to evaluate the legal  
20 propriety of vaccine mandates. On November 6, 2021, the Fifth Circuit stayed an Occupational  
21 Health and Safety Administration (“OSHA”) COVID-19 vaccination mandate. *BST Holdings*,  
22 ECF No. 00516083925, at 2.

23 Faced with the overwhelming likelihood that the Ninth Circuit will side with the Union  
24 and Defendants, the Receiver and Plaintiffs grasp at straws:

25 **First**, the Receiver and Plaintiffs attempt to distinguish *Fraihat* as inapplicable to the  
26 current stage of the pandemic in which vaccines are available, ECF No. 3738 at 14-15; ECF No.  
27 3739 at 17, but as discussed in the Union’s Opening Brief, *Fraihat* does not mandate that the State  
28 take any particular intervention measures in response to COVID-19. ECF No. 3722 at 9. The

1 Receiver also argues that the deliberate indifference standard clarified in *Fraihat* does not apply  
2 with equal force here because the California prison system is in receivership. ECF No. 3738 at  
3 14-15. The Receiver cites no authority to support the dubious proposition that constitutional  
4 violations that occurred years earlier, with respect to unrelated issues, support a finding that a  
5 prison administrator's response to a once-in-a-century pandemic is deliberately indifferent.

6 **Second**, the Receiver and Plaintiffs argue that the State must implement the most effective  
7 intervention measure, ECF No. 3738 at 5-6; ECF No. 3739 at 17, which they both incorrectly  
8 assert is the mandatory vaccination of staff (sidestepping the mandatory vaccination of prisoners),  
9 but *Fraihat* requires no such thing.

10 **Third**, the Receiver also argues that by implementing a mandatory vaccination policy for  
11 some staff, the State has somehow admitted that its pre-vaccination COVID-19 intervention  
12 measures were constitutionally inadequate. ECF 3738 at 14. But the Court already found those  
13 measures constitutionally sufficient. *See* ECF No. 3291 [April 17, 2020 Order Denying Plaintiffs'  
14 Emergency Motion Regarding Prevention and Management of COVID-19] at 14:3-4 ("In this  
15 case, ... the Court concludes without difficulty that Defendants' response has been reasonable");  
16 *Farmer v. Brennan*, 511 U.S. 825, 845 (where prison officials act reasonably, they do not violate  
17 the Eighth Amendment's Cruel and Unusual Punishment Clause). And the Receiver has the  
18 deliberate indifference standard backwards. A prison administrator is deliberately indifferent  
19 when it acts in "reckless disregard of known health risks," *Fraihat*, 2021 WL 4890884, at \*1, not  
20 when it requires that some of its staff be vaccinated and provides vaccinations to other willing  
21 staff and prisoners.

22 **Fourth**, the Receiver overlooks important factors that convinced the Court in *Jones v. City*  
23 *& County of San Francisco*, 976 F. Supp. 896, 908 (N.D. Cal. 1997) that the city did not act  
24 reasonably to ensure inmates' safety. Though the city made "commendable improvements" to  
25 address fire hazards, these paled in comparison to the extent of the remaining deficiencies in fire  
26 safety protocol, which were rampant and were left unaddressed for a long period of time. *See*  
27 *Jones, supra*, 976 F. Supp. at 908. Of the 24 serious deficiencies that were identified, the Court  
28 listed only four that were addressed by the City. It also noted that at least 6 serious deficiencies

1 remained, including the use of flammable mattresses “[among] the greatest fire hazards that exist  
2 in correctional settings.” *Id.* Thus, the Court assessed the city’s *cumulative* actions in that case—  
3 rather than its decision with respect to a single safety measure—to determine whether its actions  
4 were reasonable. It should also not be lost on the Court that none of the safety measures not taken,  
5 e.g., installing automatic sprinklers, installing fire-rated door assemblies, etc., *see id.*, involved an  
6 encroachment on the rights of the prison staff.

7 **Fifth**, the Receiver inaccurately describes the Ninth Circuit’s analysis in *Wilk v. Neven*,  
8 956 F.3d 1143 (9th Cir. 2020), and thereby disregards how it is distinguishable from the present  
9 issue. The Receiver describes the analysis in *Wilk* as an assessment of “whether there was an  
10 *action* it would be unreasonable [for defendants] not to take” (emphasis added), suggesting that  
11 defendants’ cumulative response to the pandemic is nullified if it fails to take even one step to  
12 enhance inmate safety. Yet, the Ninth Circuit did not discuss any positive steps that the *Wilk*  
13 defendants took to protect the plaintiff from his aggressor; thus, there was no finding of liability  
14 on the part of the defendants despite other measures they implemented to ensure inmate safety.  
15 The same is true with respect to the Ninth Circuit’s review of other cases in the *Wilk* decision.  
16 There was no indication that the defendants in those cases took some remedial measures but  
17 neglected to take an additional step. The Receiver also ignores that the facts in *Wilk* involved  
18 exclusively violence by one inmate against another and how the plaintiff’s evidence showed that  
19 the prison staff “actively misled Wilk” by telling him that his aggressor remained segregated from  
20 the population when he was not, which thereby reduced Wilk’s own ability to protect himself.  
21 *Wilk, supra*, 956 F.3d at 1150. Similar to *Jones*, this case did not involve the consideration of any  
22 measures that would require prison staff to make a sacrifice regarding their personal convictions,  
23 bodily autonomy or their economic well-being.

24 **Sixth**, *Farmer v. Brennan*, 511 U.S. 825 does little to support Receiver’s argument. As the  
25 Receiver points out, the *Farmer* decision raises the concept of “reasonable safety,” yet provides  
26 little by way of analysis to explain what the term means. The Supreme Court’s focus in the  
27 opinion is primarily on the level of subjective intent and knowledge that is necessary to establish  
28 liability and practically avoids discussing where the line should be drawn between reasonable and

1 unreasonable level of safety. Therefore, like in the *Wilk* case, there is no assessment of the steps  
 2 that the prison did take to protect the plaintiff prisoners safety versus what it did not do. The  
 3 Supreme Court did make one thing clear, though. “[P]rison officials who actually knew of a  
 4 substantial risk to inmate health or safety may be found free from liability if they responded  
 5 reasonably to the risk, *even if the harm ultimately was not averted.*” (Emphasis added.) *Farmer*,  
 6 *supra*, 511 U.S. at 844.

## 7           **2.       The Mandatory Vaccination Order Fails the Least Intrusive Means Test**

8           As the Union established in its Opening Brief, the Court erred in finding that the  
 9 mandatory vaccination of all staff was the least intrusive means of remedying an alleged Eighth  
 10 Amendment violation when mandatory prisoner vaccination is less intrusive and more efficient at  
 11 protecting prisoners from COVID-19. ECF 3722 at 10. The Union also argued that the State’s  
 12 voluntary staff vaccination program is becoming more successful each day. *Id.* citing ECF No.  
 13 3715-2 [Declaration of Diana Toche, DDS In Support of Defendants’ Motion to Stay] at ¶ 3  
 14 (number of staff who have received at least one dose of vaccine increased from about fifty-three  
 15 percent on August 6, 2021, to about sixty-three percent by October 14, 2021, and the vaccination  
 16 rates among custody staff have increased from about forty-one percent to fifty-one percent in the  
 17 same period.) And the staff vaccination rate has continued to increase since the Union filed its  
 18 Opening Brief. *See* ECF No. 3739-1 [Declaration of Laura Bixby in Support of Plaintiffs’  
 19 Opposition to Defendants’ and CCPOA’s Motions to Stay Vaccine Mandate Orders] at 10.

20           The Receiver and Plaintiffs’ arguments fail to address these points adequately.

21           **First**, the Receiver and Plaintiffs confusingly argue that the increase in staff vaccination  
 22 rates show that mandatory vaccination is necessary because the increase is due to the mandatory  
 23 vaccination of some staff. (ECF No. 3738 at 16; ECF No. 3739 at 19.) But the Receiver provides  
 24 no evidence that the increase is exclusively, or even primarily, among staff required to be  
 25 vaccinated. Furthermore, a comparison between the rates of increase in staff vaccinations before  
 26 and after the Department of Public Health’s August 19 vaccination order shows a slightly higher  
 27 rate before the order was issued. The average increase in vaccinations (at least one dose given)  
 28 among institutional staff, measured every month from January to July 2021, was 3.8%. (*See* ECF



1 No. 3530 [Joint Case Management Conference Statement (CMC Statement) filed on January 13,  
2 2021] at 2; ECF No. 3548 [CMC Statement filed on February 12, 2021] at 2; ECF No. 3566 [CMC  
3 Statement filed on March 24, 2021] at 4; ECF No. 3579 [CMC Statement filed on April 27, 2021]  
4 at 3; ECF No. 3592 [CMC Statement filed on May 25, 2021] at 3; ECF No. 3605 [CMC Statement  
5 filed on June 25, 2021] at 2; ECF No. 3623 [CMC Statement filed on July 27, 2021] at 2.) Within  
6 this period, some monthly increases were as high as 5% and 9%. Comparatively, the average  
7 increase since the order, from mid-September to mid-October, is 3.6% with the highest increase  
8 being 5% from September to October. (*See* Declaration of Gregg McLean Adam In Support of  
9 Reply Brief at ¶¶ 2 - 4, Exhs. A - C.)

10 **Second**, the Receiver argues that the mandatory vaccination of prisoners would not address  
11 the substantial risk posed by COVID-19 because of the possibility of breakthrough infections,  
12 ECF No. 3738 at 17, but the existence of breakthrough infections cannot simultaneously  
13 undermine the importance of prisoner vaccinations and support the need to vaccinate all staff.  
14 Breakthrough infections will occur regardless of who is vaccinated. The Receiver ignores that  
15 prisoners, the population the Eighth Amendment was meant to protect, are far more likely to be  
16 infected with COVID-19 if they are unvaccinated than if they are vaccinated and suffer a  
17 breakthrough infection.

18 **Third**, the Receiver unconvincingly argues that the mandatory vaccination of prisoners, as  
19 compared to the mandatory vaccination of staff, would not be a less intrusive means to protect the  
20 incarcerated population by twisting the words of Dr. James Watt, who previously declared that  
21 “[t]he best way for *patients* in correctional settings to reduce their risk of severe illness ... would  
22 be to get vaccinated.” ECF No. 3738 at 17 (quoting ECF No. 3661 [Declaration of James Watt,  
23 MD, MPH] at 6 - 7) (emphasis in original). The Receiver makes the case that though inoculation  
24 may be the best way for patients to protect themselves, it is not the best way for Defendants to  
25 protect the patients—that would take mandatory vaccinations of both staff and patients. But this  
26 ignores the point that Defendants do not have to implement the best level of protection; they need  
27 only provide reasonable measures. Mandatory vaccinations of patients would be a reasonable  
28 remedial measure. It would also be a less intrusive means than requiring staff to vaccinate given

1 that the purpose of the remedial measures is to protect the patients themselves.

2 **B. The Union and Its Members Will Suffer Irreparable Harm Absent a Stay**

3 In its Opening Brief, the Union discussed the numerous irreparable harms that its members  
4 would suffer if the Court's orders were not stayed, including being forced to choose between  
5 losing their employment and subjecting themselves to an invasive and unwanted medical  
6 procedure, financial harm, social upheaval, long-lasting prison staff shortages, the loss of staff  
7 benefits, increased staff workload, and serious security risks in prisons among others. The  
8 Plaintiffs and the Receiver's arguments in opposition fail to counter these points.

9 **First**, the Receiver implies that these harms are manufactured because the Union did not  
10 argue irreparable harm to staff in response to the Order to Show Cause and did not move to stay  
11 until almost a month after the Court's initial Order re: Mandatory Vaccinations. ECF 3738 at 20.  
12 The Receiver ignores that irreparable harm is not a prerequisite to the Court's authority to act  
13 under the Prison Litigation Reform Act and that the Union moved to stay within hours of the  
14 Court setting an implementation deadline for its order.

15 **Second**, the Receiver and Plaintiffs argue that the irreparable harm that Union members  
16 will suffer is not cognizable because it is purely financial or can be remedied, and in any case,  
17 vaccinations are beneficial. (ECF No. 3738 at 24-25; ECF No. 3739 at 13-14.). The Receiver and  
18 Plaintiffs completely miss the point. Union members have a right to refuse medical treatment,  
19 whether or not that medical treatment is ultimately beneficial to them. *See, e.g., Cruzan v. Dir.,*  
20 *Mo. Dep't of Health*, 497 U.S. 261, 271 (1990). That right is violated when they are forced to  
21 undergo unwanted treatment. And the harm caused by the violation of that right cannot be  
22 reversed post-vaccination because it is the needle entering the arm that causes the irreparable  
23 harm.

24 Union members who refuse to be vaccinated and lose their jobs are also harmed. Those  
25 members will either resign or be subject to discipline. If they resign, they would likely lose their  
26 right to mandatory reinstatement. Cal. Gov. Code § 19140. If they refuse to resign, they will be  
27 subjected to discipline, as the Plaintiffs detail in their opposition brief. ECF No. 3739 at 8-10.  
28 Disciplinary records affect employees' ability to be promoted and to succeed in their careers. It

1 can also lead to termination, which results in numerous hardships that the Union previously  
2 detailed in its Opening Brief, ECF No. 3722 at 10-13, and a possible bar from future state  
3 employment, Cal. Gov. Code § 19583.1. Even if Union members are successful in the  
4 disciplinary proceedings and granted back pay, undergoing weeks or months without pay is not  
5 something the average Union member can bear.

6 **Third**, Plaintiffs argue that irreparable harm is unlikely to occur because Union members  
7 will choose to be vaccinated when faced with mandatory vaccination or the loss of their jobs and  
8 that a stay is premature because unvaccinated Union members will not face progressive discipline  
9 until after the mandatory vaccination deadline. ECF No. 3739 at 7-10. But, once again, Plaintiffs  
10 ignore the hardships endured by Union members who reluctantly submit to a violation of their  
11 right to refuse medical treatment, or endure a long period without pay, or at reduced pay, while  
12 challenging the progressive discipline process, or suffer the loss of their jobs. These hardships  
13 may not mean much to lawyers but for working families, they are simply not a viable option.

14 **Fourth**, Plaintiffs and the Receiver argue that staff shortages are unlikely because staff  
15 will choose to be vaccinated once they face the decision of being vaccinated or losing their jobs.  
16 (ECF No. 3738 at 21-23, 25.) Once again, this argument assumes away the irreparable harm to  
17 Union members.

18 **C. The Issuance of a Stay Will Not Substantially Harm the Incarcerated Population, and**  
19 **a Stay Is in the Public Interest**

20 In its Opening Brief, the Union showed how the State's multiple measures to lower  
21 prisoners' risk of COVID-19 infection, including a voluntary vaccination program for prisoners  
22 and staff, have resulted in a relatively low rate of COVID-19 in California prisons. Thus, any  
23 added benefit from the mandatory vaccination of all staff is likely to be incremental and does not  
24 outweigh the irreparable harm caused to the Union's members. Once again, the Receiver and  
25 Plaintiffs argue that mandatory staff vaccination is the best means for limiting the substantial risk  
26 of COVID-19 in prisons (ECF No. 3738 at 27), and once again, the Receiver and Plaintiffs ignore  
27 the harm caused to staff and effectiveness of mandatory prisoner vaccination.

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**III.**  
**CONCLUSION**

The Union respectfully requests that the Court stay its September 27, 2021 Mandatory Vaccination Order and October 27, 2021 Order Setting Deadline for Mandatory Vaccination pursuant to Fed. R. Civ. P. 62(d) pending the Union’s appeal.

Dated: November 11, 2021

MESSING ADAM & JASMINE LLP

By 

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14 **UNITED STATES DISTRICT COURT**  
15 **NORTHERN DISTRICT OF CALIFORNIA**  
16

17 MARCIANO PLATA, *et al.*,

18 Plaintiffs,

19 v.

20 GAVIN NEWSOM, *et al.*,

21 Defendants.

22 CALIFORNIA CORRECTIONAL PEACE  
OFFICERS' ASSOCIATION,

23 Intervenor.  
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Case No. 4:01-cv-01351-JST

**DECLARATION OF GREGG McLEAN  
ADAM IN SUPPORT OF REPLY IN  
SUPPORT OF CALIFORNIA  
CORRECTIONAL PEACE OFFICERS'  
ASSOCIATION'S MOTION FOR STAY  
OF SEPTEMBER 27, 2021 AND  
OCTOBER 27, 2021 ORDERS RE:  
MANDATORY VACCINATIONS**

Date: November 17, 2021

Time: 2 pm.

Crtrm.: 6 – 2nd Floor

The Hon. Jon S. Tigar

26 I, Gregg McLean Adam, declare as follows:

27 1. I am an attorney duly admitted to practice before this Court. I am a partner with

28 Messing Adam & Jasmine LLP, attorneys of record for Intervenor California Correctional Peace  
00115052-1

1 Officers' Association (CCPOA). I have personal knowledge of the facts set forth herein, and if  
2 called as a witness, I could and would competently testify thereto. I make this declaration in  
3 support of CCPOA's Reply in Support of California Correctional Peace Officers' Association's  
4 Motion for Stay of September 27, 2021 and October 27, 2021 Orders Re: Mandatory  
5 Vaccinations.

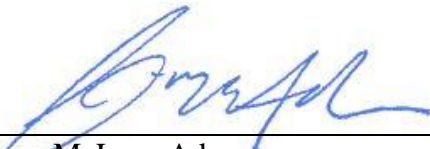
6 2. Attached hereto as Exhibit A is a true and correct copy of an email dated  
7 September 21, 2021 that I received from Miranda Taylor, Assistant to Director of Health Care  
8 Services Joseph Bick, M.D., at California Department of Corrections and Rehabilitation, subject  
9 line "COVID Data Summary for 09-17-21 (External Stakeholders)."

10 3. Attached hereto as Exhibit B is a true and correct copy of an email dated October  
11 15, 2021 that I received from Miranda Taylor, Assistant to Director of Health Care Services  
12 Joseph Bick, M.D., at California Department of Corrections and Rehabilitation, subject line  
13 "COVID Data Summary for 10-15-21 (External Stakeholders)."

14 4. Attached hereto as Exhibit C is a true and correct copy of an email dated November  
15 5, 2021 that I received from Miranda Taylor, Assistant to Director of Health Care Services Joseph  
16 Bick, M.D., at California Department of Corrections and Rehabilitation, subject line "COVID  
17 Data Summary for 11-05-21 (External Stakeholders)."

18 I declare under penalty of perjury under the laws of the United States of America that the  
19 foregoing is true and correct.

20 Executed on this 11th day of November, 2021, at Mill Valley, California.

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24 \_\_\_\_\_  
25 Gregg McLean Adam  
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# **Exhibit A**

**From:** Taylor, Miranda <Miranda.Taylor@cdcr.ca.gov>  
**Sent:** Tuesday, September 21, 2021 4:20 PM  
**To:** A. Norris; Alison Hardy; Barrow, Roscoe@CDCR; Bentz, Melissa@CDCR; Bick, Dr. Joseph@CDCR; Clark Kelso (ckelso@PACIFIC.EDU); Damon McClain; David Sanders; Davis, Tamiya@CDCR; Don Specter; Ed Swanson; Ernest Galvan; Ferguson, Patricia@CDCR; Foss, Tammy@CDCR; Gregg Adam; Heintz, Lisa@CDCR; Iram Hasan; Jamie Dupree; Johnson, Gannon@CDCR; Kelso, Clark@CDCR; Kirkland, Richard@CDCR; Kyle Lewis; Laura Bixby; Lisa Ells; Martin Dodd; Matt Lopes; Michael Bien; Neill, Jennifer@CDCR; Ostling, Linda; Paul Mello; Rana Anabtawi; Renteria, Simone@CDCR; Rita Lomio; Ryan Gille; Ryan, Amanda@CDCR; Saich, Lara@CDCR; Samantha Wolff; Sara Norman; Scofield, Bryant; Sean Lodholz; Sophie Hart; Stafford, Carrie@CDCR; Steve Fama; Tang, Shirley@CDCR; Thomas Nolan; Toche, Diana@CDCR; Trace Maiorino; Weber, Nicholas@CDCR  
**Cc:** Benavidez, Suzanne@CDCR; Taylor, Miranda  
**Subject:** COVID Data Summary for 09-17-21 (External Stakeholders)  
**Attachments:** COVID Vaccine Refusal Rate by Mental Health Level of Care Armstrong and Clark 20210917.xlsx

Note: data from 09/17/21

#### 1. POPULATION VACCINATION EFFORTS:

99,509 patients (98.8%) have been offered at least one dose of vaccine; acceptance rate is 79% among those offered.

77,508/99,509 (79% of those offered, 77% of total CDCR population) accepted at least one dose of vaccine.

Percent of COVID-naïve patients vaccinated: 74% (26% of COVID-naïve patients are unvaccinated)

Percent of COVID-resolved patients vaccinated: 54%

50,609 have had a COVID diagnosis.

#### 2. STATEWIDE POPULATION VACCINE DATA:

Updated:	8/27/2021	9/3/2021	9/10/2021	9/17/2021
<b>Patients 65+, Covid Naïve</b>	n= 2,570	n=2,571	n= 2,568	n= 2,564
Offered:	2,557 (99.4%)	2,560 (99.5%)	2,559 (99.6%)	2,557 (99.7%)
Accepted (at least 1 dose):	2,368	2,368	2,368	2,371
Declined:	202	192	191	186
Acceptance Rate:	93%	92%	93%	93%
<b>Patients Covid Score ≥6, Covid Naïve</b>	n=2843	n=2,850	n= 2,847	n=2,844
Offered:	2,831 (99.5%)	2,840 (99.6%)	2,838 (99.6%)	2,836 (99.7%)
Accepted (at least 1 dose):	2,651	2,659	2,661	2,663
Declined:	180	181	177	173
Acceptance Rate:	94%	94%	94%	94%
<b>Patients Covid Score ≥3, Covid Naïve</b>	n=9001	n=9,022	n=8,993	n= 8,987
Offered:	8902 (98.9%)	8,982 (99.5%)	8,965 (99.6%)	8962 (99.7%)
Accepted (at least 1 dose):	7,978	8,002	7,992	8,012
Declined:	986	980	973	950
Acceptance Rate:	89%	89%	89%	89%



<b>All Patients</b>	n=99,672	n= 99,801	n=99,597	n=99,509
Offered:	98,573 (98.8%)	98,563 (98.7%)	98,545 (98.9%)	98,368 (98.8%)
Accepted (at least 1 dose):	77,091	77,455	77,380	77,508
Declined:	21,482	21,108	21,074	20,860
Acceptance Rate:	78%	79%	79%	79%

**128**  
**128+ pts**  
than  
09/10/21

**3. VACCINE ACCEPTANCE RATE BY MH LOC AND CLARK/ARMSTRONG STATUS**

Statewide	PIP	MHCB	EOP	MHSDS Overall	DDP	DPP
Acceptance %	76%	78%	82%	81%	88%	90%

Updated 09/17/21

**4. PATIENTS NOT OFFERED VACCINE (by Institution):**

Inst	# Pts Not Offered Vaccine And Currently in Institution As of 09/17/21			Total Pts
	COVID Risk Score ≥6	COVID Risk Score 3-5	COVID Risk Score <3	
ASP			1	1
CAC				0
CAL				0
CCC				0
CCI				0
CCWF*			19	19
CEN				0
CHCF				0
CIM			3	3
CIW			1	1
CMC				0
CMF			1	1
COR				0
CRC			1	1
CTF				0
CVSP				0
DVI				0
FSP			1	1
HDSP			8	8
ISP				0 **

KVSP				0
LAC			1	1
MCSP			2	2
NKSP*	2	32		34
PBSP			1	1
PVSP				0
RJD				0
SAC				0 **
SATF			3	3
SCC			8	8
SOL			1	1
SQ			1	1
SVSP			1	1
VSP				0
WSP*		455		455

\* Reception centers

**542**

\*\*Two patients allergic to vaccine. (ISP & SAC)

Total	- Allergy	- RCs	=
542	2	506	34

**5. INSTITUTIONAL EMPLOYEE VACCINATION EFFORTS:**

31,642 institutional staff have been vaccinated with at least one dose of vaccine  
 31,642 / 55,679 = 57% of institutional staff have been administered at least one dose of vaccine  
 A total of 19,122 institutional staff have had a COVID diagnosis

**6. STATEWIDE STAFF VACCINE DATA:**

Updated:	8/27/2021	9/3/2021	9/10/2021	9/17/2021
<b>Staff Vaccine Data:</b>	n= 65,921	n=65,960	n= 65,985	n=66,199
Total Staff Received 1st Dose:	37,069 (56%)	37,522 (57%)	38,083 (58%)	38,994 (59%)
<b>Institutional Staff Data:</b>	n=55,584	n= 55,627	n= 55,659	n=55,679
Inst Staff Received 1st Dose:	29,942 (54%)	30,361 (55%)	30,897 (56%)	31,642 (57%)

**7. PATIENT 3<sup>RD</sup> DOSE BY INSTITUTION**

Institution	# Immunocompromised patients	Total Patients Currently Due	Dose 3 Offered	Vaccinated with Dose 3	Dose 3 Refused
ASP	8	8	8	7	1
CAC	6	6	6	4	2
CAL	9	9	9	8	1
CCC	1	1	1	0	1
CCI	13	13	13	9	4
CCWF	78	76	75	66	9
CEN	18	18	17	13	4
CHCF	303	302	298	283	15

CIM	305	305	304	286	18
CIW	67	67	64	55	9
CMC	90	90	85	80	5
CMF	239	237	234	211	23
COR	37	37	36	32	4
CRC	21	21	21	19	2
CTF	95	93	91	86	5
CVSP	36	36	35	31	4
DVI	0	0	0	0	0
FSP	67	66	66	57	9
HDSP	19	18	18	14	4
ISP	20	20	20	18	2
KVSP	28	28	28	24	4
LAC	161	158	157	139	18
MCSP	472	469	466	449	17
NKSP	20	17	17	13	4
PBSP	21	21	21	19	2
PVSP	2	2	1	1	0
RJD	328	324	318	280	38
SAC	87	86	85	72	13
SATF	50	50	50	48	2
SCC	14	14	14	14	0
SOL	202	197	195	170	25
SQ	250	247	244	228	16
SVSP	78	77	77	68	9
VSP	91	91	90	86	4
WSP	23	20	18	12	6
<b>Totals:</b>	<b>3,259</b>	<b>3,224</b>	<b>3,182</b>	<b>2,902</b>	<b>280</b>

Updated  
09/17/21

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# **Exhibit B**

**From:** Taylor, Miranda <Miranda.Taylor@cdcr.ca.gov>  
**Sent:** Friday, October 15, 2021 4:10 PM  
**To:** A. Norris; Alison Hardy; Barrow, Roscoe@CDCR; Bentz, Melissa@CDCR; Bick, Dr. Joseph@CDCR; Clark Kelso (ckelso@PACIFIC.EDU); Damon McClain; David Sanders; Davis, Tamiya@CDCR; Don Specter; Ed Swanson; Ernest Galvan; Ferguson, Patricia@CDCR; Foss, Tammy@CDCR; Gregg Adam; Heintz, Lisa@CDCR; Iram Hasan; Jamie Dupree; Johnson, Gannon@CDCR; Kelso, Clark@CDCR; Kirkland, Richard@CDCR; Kyle Lewis; Laura Bixby; Lisa Ells; Martin Dodd; Matt Lopes; Michael Bien; Neill, Jennifer@CDCR; Ostling, Linda; Paul Mello; Rana Anabtawi; Renteria, Simone@CDCR; Rita Lomio; Ryan Gille; Ryan, Amanda@CDCR; Saich, Lara@CDCR; Samantha Wolff; Sara Norman; Scofield, Bryant; Sean Lodholz; Sophie Hart; Stafford, Carrie@CDCR; Steve Fama; Tang, Shirley@CDCR; Thomas Nolan; Toche, Diana@CDCR; Trace Maiorino; Weber, Nicholas@CDCR  
**Cc:** Taylor, Miranda; Benavidez, Suzanne@CDCR  
**Subject:** COVID Data Summary for 10-15-21 (External Stakeholders)  
**Attachments:** COVID Vaccine Refusal Rate by Mental Health Level of Care Armstrong and Clark 20211015.xlsx

#### 1. POPULATION VACCINATION EFFORTS:

98,010 patients (98.9%) have been offered at least one dose of vaccine; acceptance rate is 80% among those offered.

78,355/99,055 (79% of those offered, 77% of total CDCR population) accepted at least one dose of vaccine.

Percent of COVID-naïve patients vaccinated: 75% (25% of COVID-naïve patients are unvaccinated)

Percent of COVID-resolved patients vaccinated: 62%

51,010 have had a COVID diagnosis.

#### 2. STATEWIDE POPULATION VACCINE DATA:

Updated:	9/24/2021	10/1/2021	10/8/2021	10/15/2021
<b>Staff Vaccine Data:</b>	n=66,290	n= 66,302	n= 66,300	n= 66,289
Total Staff Received 1st Dose:	39,966 (60%)	40,866 (62%)	41,516 (62%)	42,269 (64%)
<b>Institutional Staff Data:</b>	n=55,759	n= 55,777	n= 55,758	n=55,754
Inst Staff Received 1st Dose:	32,541 (58%)	33,254 (60%)	33,899 (61%)	34,587 (62%)
<b>Patients 65+, Covid Naïve</b>	n= 2,558	n=2,558	n= 2,556	n=2,565
Offered:	2,550 (99.7%)	2,550 (99.7%)	2,549 (99.7%)	2,552 (99.5%)
Accepted (at least 1 dose):	2,371	2,371	2,371	2,377
Declined:	179	179	178	175
Acceptance Rate:	93%	93%	93%	93%
<b>Patients Covid Score ≥6, Covid Naïve</b>	n= 2,783	n= 2,783	n= 2,785	n=2,788
Offered:	2,776 (99.7%)	2,776 (99.7%)	2,778 (99.7%)	2,780 (99.7%)
Accepted (at least 1 dose):	2,618	2,618	2,621	2,629
Declined:	158	158	157	151
Acceptance Rate:	94%	94%	94%	95%
<b>Patients Covid Score ≥3, Covid Naïve</b>	n= 8,716	n= 8,716	n= 8,753	n=8,782
Offered:	8,637 (99.0%)	8,637 (99.0%)	8,678 (99.1%)	8,753 (99.6%)

Accepted (at least 1 dose):	7,809	7,809	7,834	7,913
Declined:	882	882	844	840
Acceptance Rate:	89%	89%	90%	90%
<b>All Patients</b>	n=99,363	n= 99,419	n= 99,082	n=99,055
Offered:	98,373 (99.0%)	98,323 (98.9%)	98,144 (99.1%)	98,010 (98.9%)
Accepted (at least 1 dose):	77,696	77,791	77,972	78,355
Declined:	20,677	20,532	20,172	19,655
Acceptance Rate:	79%	79%	79%	80%

283

564  
564+ pts  
than  
10/08/21

**3. VACCINE ACCEPTANCE RATE BY MH LOC AND CLARK/ARMSTRONG STATUS**

Statewide	PIP	MHCB	EOP	MHSDS Overall	DDP	DPP
Acceptance %	78%	75%	82%	82%	88%	91%

Updated 10/15/21

**4. PATIENTS NOT OFFERED VACCINE (by Institution):**

Inst	# Pts Not Offered Vaccine And Currently in Institution As of 10/15/21			Total Pts
	COVID Risk Score ≥6	COVID Risk Score 3-5	COVID Risk Score <3	
ASP			3	3
CAC				0
CAL				0
CCC				0
CCI			1	1
CCWF*			41	41
CEN			1	1
CHCF				0
CIM			2	2
CIW			2	2
CMC				0
CMF		1		1
COR			2	2
CRC			4	4
CTF				0
CVSP				0
DVI				0
FSP				0

HDSP			9	9
ISP			1	1
KVSP				0
LAC			1	1
MCSP		1	1	2
NKSP*		3	51	54
PBSP				0
PVSP			1	1
RJD				0
SAC			1	1
SATF			5	5
SCC			6	6
SOL				0
SQ			1	1
SVSP			2	2
VSP				0
WSP*		14	406	420

\* Reception centers

560

Total	- Allergy	- RCs	=
560	2	498	60

**5. INSTITUTIONAL EMPLOYEE VACCINATION EFFORTS:**

34,587 institutional staff have been vaccinated with at least one dose of vaccine  
 34,587 / 55,754 = 62% of institutional staff have been administered at least one dose of vaccine  
 A total of 19,651 institutional staff have had a COVID diagnosis

**6. STATEWIDE STAFF VACCINE DATA:**

Updated:	9/24/2021	10/1/2021	10/8/2021	10/15/2021
<b>Staff Vaccine Data:</b>	n=66,290	n= 66,302	n= 66,300	n= 66,289
Total Staff Received 1st Dose:	39,966 (60%)	40,866 (62%)	41,516 (62%)	42,269 (64%)
<b>Institutional Staff Data:</b>	n=55,759	n= 55,777	n= 55,758	n=55,754
Inst Staff Received 1st Dose:	32,541 (58%)	33,254 (60%)	33,899 (61%)	34,587 (62%)

**7. 3<sup>RD</sup> DOSE PATIENT DATA**

Institution	Total Patients Recommended to Receive 3 <sup>rd</sup> Dose	Total Patients Currently Eligible (Due Date for 3 <sup>rd</sup> Dose Reached)	Of these, # who have been offered 3rd dose	Of those offered, # who accepted 3rd dose
SW	14,970	13,878	5,540 39.9%	4,996 90.2%

Institution	Total Patients Recommended to Receive 3 <sup>rd</sup> Dose	Total Patients Currently Eligible (Due Date for 3 <sup>rd</sup> Dose Reached)	Dose 3 Offered	Vaccinated with Dose 3
ASP	66	25	5	5
CAC	47	16	11	7
CAL	45	32	30	25
CCC	15	7	1	0
CCI	51	46	15	11
CCWF	138	100	95	80
CEN	55	42	34	29
CHCF	1716	1669	611	586
CIM	411	378	336	309
CIW	99	83	74	62
CMC	1118	1100	83	77
CMF	381	361	252	227
COR	513	487	32	28
CRC	142	47	45	36
CTF	2157	2100	129	115
CVSP	82	60	42	38
DVI	0	0	0	0
FSP	126	113	114	95
HDSP	55	48	43	36
ISP	51	27	14	12
KVSP	86	80	69	58
LAC	253	238	209	178
MCSP	2237	2207	1131	1108
NKSP	141	56	44	37
PBSP	41	38	22	19
PVSP	69	33	1	1
RJD	1972	1933	1002	844
SAC	906	887	85	73
SATF	647	637	172	158
SCC	100	67	11	11
SOL	252	246	216	184
SQ	373	319	251	228
SVSP	194	186	183	155
VSP	168	158	158	149
WSP	263	52	20	15
<b>SW</b>	<b>14970</b>	<b>13878</b>	<b>5540</b>	<b>4996</b>

Total Patients Recommended to Receive a 3rd Dose = Immunocompromised patients who received an mRNA vaccine (Pfizer or Moderna) OR any patient housed at an institution who received both doses of Pfizer vaccine. This number does not consider due date for 3rd dose.

Total Patients Currently Eligible = From the Total Patient Recommended to Receive a 3rd Dose, those whose 3rd dose due date has been reached (i.e. more than 28 days for immunocompromised patients OR more than 6 months for non-immunocompromised patients that received 2 doses of Pfizer vaccine).



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# **Exhibit C**

**From:** Taylor, Miranda <Miranda.Taylor@cdcr.ca.gov>  
**Sent:** Friday, November 5, 2021 7:56 PM  
**To:** A. Norris; Alison Hardy; Barrow, Roscoe@CDCR; Bentz, Melissa@CDCR; Bick, Dr. Joseph@CDCR; Clark Kelso (ckelso@PACIFIC.EDU); Damon McClain; David Sanders; Davis, Tamiya@CDCR; Don Specter; Ed Swanson; Ernest Galvan; Ferguson, Patricia@CDCR; Foss, Tammy@CDCR; Gregg Adam; Heintz, Lisa@CDCR; Iram Hasan; Jamie Dupree; Johnson, Gannon@CDCR; Kelso, Clark@CDCR; Kirkland, Richard@CDCR; Kyle Lewis; Laura Bixby; Lisa Ells; Martin Dodd; Matt Lopes; Michael Bien; Neill, Jennifer@CDCR; Ostling, Linda; Paul Mello; Rana Anabtawi; Renteria, Simone@CDCR; Rita Lomio; Ryan Gille; Ryan, Amanda@CDCR; Saich, Lara@CDCR; Samantha Wolff; Sara Norman; Scofield, Bryant; Sean Lodholz; Sophie Hart; Stafford, Carrie@CDCR; Steve Fama; Tang, Shirley@CDCR; Thomas Nolan; Toche, Diana@CDCR; Trace Maiorino; Weber, Nicholas@CDCR  
**Cc:** Benavidez, Suzanne@CDCR; Taylor, Miranda  
**Subject:** COVID Data Summary for 11-05-21 (External Stakeholders)  
**Attachments:** COVID Vaccine Refusal Rate by Mental Health Level of Care Armstrong and Clark 20211105.xlsx

#### 1. POPULATION VACCINATION EFFORTS:

98,608 patients (98.8%) have been offered at least one dose of vaccine; acceptance rate is 81% among those offered.

79,724/98,608 (81% of those offered, 79% of total CDCR population) accepted at least one dose of vaccine.

Percent of COVID-naïve patients vaccinated: 76% (24% of COVID-naïve patients are unvaccinated)

Percent of COVID-resolved patients vaccinated: 60%

51,356 have had a COVID diagnosis.

#### 2. STATEWIDE POPULATION VACCINE DATA:

Updated:	10/15/2021	10/22/2021	10/29/2021	11/5/2021
<b>Patients 65+, Covid Naïve</b>	n=2,565	n= 2,582	n=2,588	n= 2,583
Offered:	2,552 (99.5%)	2,569 (99.5%)	2,576 (99.5%)	2,575 (99.6%)
Accepted (at least 1 dose):	2,377	2,392	2,403	2,406
Declined:	175	177	173	169
Acceptance Rate:	93%	93%	93%	93%
<b>Patients Covid Score <math>\geq</math>6, Covid Naïve</b>	n=2,788	n= 2,806	n=2,808	n= 2,822
Offered:	2,780 (99.7%)	2,797 (99.7%)	2,799 (99.7%)	2,816 (99.7%)
Accepted (at least 1 dose):	2,629	2,642	2,653	2,673
Declined:	151	155	146	143
Acceptance Rate:	95%	94%	94%	95%
<b>Patients Covid Score <math>\geq</math>3, Covid Naïve</b>	n=8,782	n= 8,823	n= 8,863	n= 8,866
Offered:	8,753 (99.6%)	8,793 (99.6%)	8,819 (99.5%)	8,782 (99.1%)
Accepted (at least 1 dose):	7,913	7,955	7,996	8,045
Declined:	840	838	823	804
Acceptance Rate:	90%	90%	90%	91%
<b>All Patients</b>	n=99,055	n= 99,346	n= 99,658	n= 99,736

Offered:	98,010 (98.9%)	98,257 (98.9%)	98,436 (98.7%)	98,608 (98.8%)
Accepted (at least 1 dose):	78,355	78,788	79,343	79,724
Declined:	19,655	19,469	19,093	18,884
Acceptance Rate:	80%	80%	81%	81%

**936**  
**936+ pts**  
 than  
 10/29/21

**3. VACCINE ACCEPTANCE RATE BY MH LOC AND CLARK/ARMSTRONG STATUS**

Statewide	PIP	MHCB	EOP	MHSDS Overall	DDP	DPP
Acceptance %	78%	75%	83%	82%	89%	91%

Updated 11/5/21

**4. PATIENTS NOT OFFERED VACCINE (by Institution):**

Inst	# Pts Not Offered Vaccine And Currently in Institution As of 11/05/2021			Total Pts
	COVID Risk Score ≥6	COVID Risk Score 3-5	COVID Risk Score <3	
ASP			1	1
CAC			1	1
CAL				0
CCC				0
CCI				0
CCWF*			15	15
CEN			1	1
CHCF		1	1	2
CIM			1	1
CIW			1	1
CMC			5	5
CMF			1	1
COR			2	2
CRC				0
CTF		1	4	5
CVSP			1	1
DVI				0
FSP				0
HDSP			9	9
ISP			1	1
KVSP			1	1
LAC				0

MCSP			1	1
NKSP*		1	139	140
PBSP			1	1
PVSP			1	1
RJD			2	2
SAC				0
SATF		1	4	5
SCC			3	3
SOL			1	1
SQ			1	1
SVSP			1	1
VSP				0
WSP*	4	16	543	563

\* Reception centers

**766**

Total	- Allergy	- RCs	=
766	2	697	67

**5. INSTITUTIONAL EMPLOYEE VACCINATION EFFORTS:**

36,146 institutional staff have been vaccinated with at least one dose of vaccine  
 36,146 / 55,883 = 65% of institutional staff have been administered at least one dose of vaccine  
 A total of 20,149 institutional staff have had a COVID diagnosis

**6. STATEWIDE STAFF VACCINE DATA:**

Updated:	10/15/2021	10/22/2021	10/29/2021	11/5/2021
<b>Staff Vaccine Data:</b>	n= 66,289	n=66,324	n=66,376	n= 66,474
Total Staff Received 1st Dose:	42,269 (64%)	43,081 (65%)	43,600 (66%)	43,992 (66%)
<b>Institutional Staff Data:</b>	n=55,754	n= 55,690	n= 55,941	n= 55,883
Inst. Staff Received 1st Dose:	34,587 (62%)	35,238 (63%)	35,824 (64%)	36,146 (65%)

**7. 3<sup>RD</sup> DOSE PATIENT DATA**

Institution	Total Patients Recommended to Receive 3 <sup>rd</sup> Dose	Total Patients Dose 3 Due as of 11/5/21	Of these, # who have been offered 3rd dose	Of those offered, # who accepted 3rd dose
SW	66,049	55,610	11,957 21.5%	10,425 87.2%
Institution	Total Patients Recommended to Receive 3 <sup>rd</sup> Dose	Dose 3 Due as of 11/5/21	Dose 3 Offered	Vaccinated with Dose 3
ASP	2843	2807	45	36
CAC	1229	1204	32	25
CAL	1848	1807	47	41

CCC	1142	1086	103	56
CCI	1882	1825	64	57
CCWF	1455	1241	239	213
CEN	2046	1927	150	118
CHCF	1925	1317	617	608
CIM	2047	1681	380	366
CIW	689	618	75	71
CMC	2006	1891	119	115
CMF	1573	1189	416	384
COR	2488	2076	466	412
CRC	1826	1729	117	97
CTF	3716	2927	850	789
CVSP	1897	1840	60	57
DVI	4	4	0	0
FSP	1842	1427	533	412
HDSP	1931	1886	48	45
ISP	1437	1417	22	20
KVSP	2064	1987	87	77
LAC	1813	1417	507	395
MCSP	3150	1255	1959	1895
NKSP	1369	1272	118	93
PBSP	1319	1283	37	36
PVSP	1226	1195	32	31
RJD	2552	880	2109	1671
SAC	1227	762	749	462
SATF	3579	3097	526	482
SCC	2006	1981	25	25
SOL	2062	1841	239	221
SQ	2499	1883	630	616
SVSP	1706	1468	271	238
VSP	2451	2269	190	182
WSP	1200	1121	95	79
<b>SW</b>	<b>66,049</b>	<b>55,610</b>	<b>11,957</b>	<b>10,425</b>

\*Recommended include patients eligible for a booster dose and/or immunocompromised

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