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UNITED STATES DISTRICT COURT

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NORTHERN DISTRICT OF CALIFORNIA, OAKLAND DIVISION

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MARCIANO PLATA, et al.,

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

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Plaintiffs,

**REQUEST FOR PERMISSION TO  
FILE BRIEF OF AMICI CURIAE;**

14

v.

**PROPOSED BRIEF OF AMICI  
CURIAE MENTAL HEALTH  
PROFESSIONALS IN SUPPORT OF  
RECEIVER’S REPORT  
RECOMMENDING MANDATORY  
COVID-19 VACCINATION POLICY  
FOR THE CALIFORNIA  
DEPARTMENT OF CORRECTIONS  
AND REHABILITATION**

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GAVIN NEWSOM, et al.,

16

Defendants.

Judge: Hon. Jon S. Tigar  
Date: Sept. 24, 2021  
Time: 9:30 a.m.  
Crtrm.: 6

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1 **REQUEST FOR PERMISSION TO FILE AMICI CURIAE BRIEF OF MENTAL**  
2 **HEALTH PROFESSIONALS IN SUPPORT OF RECEIVER’S**  
3 **RECOMMENDATION ON MANDATORY VACCINATION**

4 Pursuant to this Court’s Order to Show Cause dated August 9, 2021 (ECF  
5 No. 3647) and Order Modifying Schedule on August 9, 2021 Order To Show Cause dated  
6 August 20, 2021 (ECF No. 3653), psychologists Craig Haney and Paul Good, and  
7 psychiatrists Terry Kupers and Pablo Stewart, through undersigned counsel, request  
8 permission to file the attached proposed amicus curiae brief. Prospective amici have  
9 dedicated their careers to the problems faced by persons with serious mental illness in jails  
10 and prisons, as well as the risks to the mental health of custody and clinical staff who work  
11 in such settings. This court has “broad discretion to appoint amici curiae.” *Hoptowit v.*  
12 *Ray*, 682 F.2d 1237, 1259 (9th Cir. 1982), *overruled on other grounds by Sandin v.*  
13 *Conner*, 515 U.S. 472 (1995).

14 The brief addresses the impact of the COVID-19 pandemic on the mental health of  
15 incarcerated persons as well as staff. Prospective amici curiae offer this information and  
16 analysis to assist the Court in evaluating the full range of harms likely to occur in  
17 California prisons in the absence of a COVID-19 vaccine mandate of the type  
18 recommended by the health care Receiver. *See* ECF No. 3638 at 5.

19 DATED: August 30, 2021

Respectfully submitted,

ROSEN BIEN GALVAN & GRUNFELD LLP

22 By: */s/ Cara E. Trapani*

23 Cara E. Trapani

24 Attorneys for *Amici Curiae*

**BRIEF OF AMICI CURIAE MENTAL HEALTH PROFESSIONALS**

1  
2 *Amici* are mental health professionals with expertise in the psychological and  
3 psychiatric effects of jail and prison conditions. It is well established that jails and prisons  
4 are extremely stressful environments for the persons confined in them to live. For nineteen  
5 months, the COVID-19 pandemic has amplified this truth at great human cost.  
6 Overcrowding, unsanitary conditions, lack of adequate ventilation, and inability to socially  
7 distance render correctional institutions the ideal home for coronavirus. Staff and  
8 incarcerated people have suffered tremendously. Many have died. The adverse effects of  
9 social distancing, quarantine and isolation on mental health seen in the community are  
10 exacerbated in carceral settings. The lack of programming and out-of-cell time often  
11 associated with contagion control measures amount to de facto solitary confinement. This  
12 is a huge stressor at any time, but especially so during this COVID-19 pandemic. Such  
13 intense anxiety can lead to permanent injury, suicidal behaviors and other forms of self-  
14 harm.

15 The Receiver has recommended a vaccine mandate for all persons who might bring  
16 infections into the prisons, including those who work in California Department of  
17 Corrections and Rehabilitation (CDCR) institutions and incarcerated people who desire to  
18 work outside of the institution (e.g. fire camps) or have in-person visitation. ECF  
19 No. 3638 at 2. *Amici* support the Receiver's recommendation, which is much broader than  
20 the August 19, 2021 California Department of Public Health (CDPH) order requiring  
21 mandatory vaccination of prison health care staff and other staff regularly assigned to work  
22 in health care facilities inside the prisons.<sup>1</sup> *Amici* believe that absent a vaccine mandate for  
23 *all* CDCR staff, incarcerated people and staff will suffer increased mental health symptoms  
24 due to repeated lockdown conditions throughout the institutions. Requiring vaccinations is  
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26 <sup>1</sup> CDPH, *Order of the State Public Health Officer Correctional Facilities and Detention*  
27 *Centers Health Care Worker Vaccination Order* (Aug. 19, 2021),  
28 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Correctional-Facilities-and-Detention-Centers-Health-Care-Worker-Vaccination-Order.aspx>.

1 the best way to curb the rapid and ongoing spread of COVID-19, including the Delta  
2 variant, in CDCR. Reducing the risk of transmission within the institutions will in turn  
3 reduce the need for prolonged solitary confinement-like conditions that have very serious  
4 harmful effects.

5 **Craig W. Haney, Ph.D., J.D.**, is Distinguished Professor of Psychology and UC  
6 Presidential Chair at the University of California, Santa Cruz. He has researched and  
7 published numerous articles on the psychological effects of solitary confinement and has  
8 provided expert testimony before numerous courts and the United States Senate.

9 **Terry A. Kupers, M.D., M.S.P.**, is a board-certified psychiatrist, Institute  
10 Professor at the Wright Institute, Distinguished Life Fellow of The American Psychiatric  
11 Association, and an expert on correctional mental health issues. He has provided expert  
12 testimony in several lawsuits about prison conditions and published books and articles on  
13 related subjects, including *Solitary: The Inside Story of Supermax Isolation*, University of  
14 California Press, 2017.

15 **Paul Good, Ph.D.**, is a clinical and forensic psychologist. Dr. Good's clinical  
16 practice for almost 40 years has involved assessment and treatment of individuals with  
17 mental disorders, including individuals who have lived for many years in prisons. He is  
18 currently on the adjunct faculty at the University of California, San Francisco and The  
19 Wright Institute.

20 **Pablo Stewart, M.D.**, is a board-certified psychiatrist and Clinical Professor in the  
21 Department of Psychiatry at the University of Hawaii, in Honolulu. He has over 30 years  
22 of experience in correctional mental health care, serving as a psychiatric consultant to  
23 governmental and private agencies on a variety of psychiatric, forensic, substance abuse  
24 and organizational issues, with a focus on correctional psychiatry. He has also served as a  
25 psychiatric expert or consultant to various federal courts, the United States Department of  
26 Justice, and other organizations evaluating the provision of mental health treatment and  
27 implementing remedial decrees covering the provision of mental health care in correctional  
28 institutions.

ARGUMENT

**I. COVID-19 ISOLATION AND QUARANTINE LEAD TO ADVERSE MENTAL HEALTH OUTCOMES**

Overwhelming scientific evidence shows that mental health symptoms have increased since the onset of the pandemic.<sup>2</sup> One study found that depression symptoms were three times more prevalent during the pandemic than before.<sup>3</sup> Another study found that “[t]he COVID-19 pandemic is associated with highly significant levels of psychological distress,” including “high rates of anxiety, depression, post-traumatic stress disorder, psychological distress, and stress.”<sup>4</sup> Studies have also found that the risk of suicide has increased.<sup>5</sup>

Social distancing, quarantine, and isolation measures used to combat the spread of the virus are particularly harmful to mental health.<sup>6</sup> Being forced to distance oneself from

<sup>2</sup> See, e.g., Duncan Thomas et al., *Prevalence, Severity and Distribution of Depression and Anxiety Symptoms Using Observational Data Collected Before and Nine Months Into The Pandemic*, *Lancet Reg’l Health – Americas* (July 9, 2021) (“[T]he COVID-19 pandemic has documented elevated rates of both depression and anxiety symptoms, including sleep disturbance.”), <https://doi.org/10.1016/j.lana.2021.100009>.

<sup>3</sup> Catherine K. Ettman et al., *Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic*, *JAMA Network Open* (Sept. 2, 2020), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770146>.

<sup>4</sup> Jiaqi Xiong et al., *Impact of COVID-19 Pandemic On Mental Health In The General Population: A Systematic Review*, *J. Affective Disord.* 277:55-64 (Dec. 2020), <https://doi.org/10.1016/j.jad.2020.08.001>.

<sup>5</sup> Balasankar Ganesan et al., *Impact of Coronavirus Disease 2019 (COVID-19) Outbreak Quarantine, Isolation, and Lockdown Policies on Mental Health and Suicide*, *Front Psychiatry* 12 (Apr. 16, 2021), <https://www.frontiersin.org/articles/10.3389/fpsvt.2021.565190/full> (“[M]any suicide cases have been reported in connection with this current COVID-19 pandemic lockdown due to various factors such as social stigma, alcohol withdrawal syndrome, fear of COVID infection, loneliness, and other mental health issues.”); see also Mohammed A. Mamun & Mark D. Griffiths, *First COVID-19 Suicide Case in Bangladesh Due to Fear of COVID-19 and Xenophobia: Possible Suicide Prevention Strategies*, *Asian J. Psychiatry* 50:102073 (Apr. 7, 2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7139250/> (recounting instances of people committing suicide after learning of possible COVID-19 infection in Bangladesh and India).

<sup>6</sup> Samantha K. Brooks et al., *The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence*, *Lancet* 395:10227 P912-920 (Feb. 26, 2020), [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8) (“Most reviewed studies reported negative psychological effects [of quarantine] including post-traumatic stress symptoms, confusion, and anger.”)

1 others due to exposure or infection can lead to higher rates of depression, anxiety,  
 2 insomnia, and acute stress.<sup>7</sup> People with preexisting mental illness, frontline workers,  
 3 those in areas most severely impacted by an outbreak, infected or suspected patients, and  
 4 those who lack financial security experience these symptoms at higher rates.<sup>8</sup> Studies have  
 5 found that the psychological distress from public health measures used to mitigate the  
 6 spread of the virus “has the potential to develop into long-term and severe mental illness.”<sup>9</sup>  
 7 As described below, these harmful effects are exacerbated in correctional settings.

## 8 **II. THE PRISON CONTEXT EXACERBATES PSYCHOLOGICAL HARMS** 9 **CAUSED BY THE COVID-19 PANDEMIC**

10 Prisons and jails are already extremely stressful environments.<sup>10</sup> The COVID-19  
 11 pandemic has greatly exacerbated the stress of all incarcerated people, and especially those  
 12 with preexisting mental illness. COVID-19 related quarantine and isolation requires  
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14 \_\_\_\_\_  
 15 <sup>7</sup> Yunhe Wang et al., *The Impact of Quarantine on Mental Health Status Among General*  
 16 *Population in China During the COVID-19 Pandemic*, *Molecular Psychiatry* (Jan. 22,  
 17 2021). <https://www.nature.com/articles/s41380-021-01019-v> (“IR results suggest that  
 18 quarantine measures during the COVID-19 pandemic are associated with increased risk of  
 19 experiencing mental health burden, especially for vulnerable groups.”); *see also* Ganesan  
 20 et al., *supra* note 5 (“With social distancing, isolation, and lockdown, people may suffer  
 21 from very serious psychological issues, such as anxiety, stress, fear, fear-induced  
 22 overreactive behavior, frustration, guilt, anger, boredom, sadness, worry, nervousness,  
 23 helplessness, loneliness, insomnia, and depression.”).

24 <sup>8</sup> *See* Wang et al., *supra* note 7.

25 <sup>9</sup> Tibor V. Varga et al., *Loneliness, Worries, Anxiety, and Precautionary Behaviors In*  
 26 *Response to the COVID-19 Pandemic: A Longitudinal Analysis of 200,000 Western and*  
 27 *Northern Europeans*, *Lancet Reg’l Health – Europe* 2:100020 (Mar. 1, 2021),  
 28 <https://doi.org/10.1016/j.lanepe.2020.100020>; *see also* Matthew J. Carr et al., *Effects of the*  
*COVID-19 Pandemic on Primary Care-Recorded Mental Illness and Self-Harm Episodes*  
*in the UK: A Population-Based Cohort Study*, *Lancet Pub. Health* 6:2 (Feb. 1, 2021),  
[https://doi.org/10.1016/S2468-2667\(20\)30288-7](https://doi.org/10.1016/S2468-2667(20)30288-7) (concluding that delays in accessing  
 mental health care during the pandemic could lead to “more patients subsequently  
 presenting with greater severity of mental illness and increasing incidence of non-fatal  
 self-harm and suicide”).

<sup>10</sup> *See, e.g.*, Craig Haney, *Reforming Punishment: Psychological Limits to the Pains of*  
 Imprisonment (Am. Psychol Ass’n 2006); Alison Liebling & Shadd Maruna, *The Effects*  
 of Imprisonment (Willan 2005); Nat’l Res. Council, *The Growth of Incarceration in the*  
 United States: Exploring the Causes and Consequences (Nat’l Acad. Press 2014); Craig  
 Haney, *Prison Effects in the Age of Mass Incarceration*, 92 *Prison J.* 1-24 (2012); Diana  
 Johns, *Confronting the Disabling Effects of Imprisonment: Toward Prehabilitation*, 45  
*Soc. Just.* 1, 27-55 (2018).

1 incarcerated people to spend the vast majority of time in their cells or housing units.<sup>11</sup>  
 2 Social distancing, quarantine, and isolation measures have resulted in restrictions on  
 3 visiting, programming, medical and mental health treatment, and yard and dayroom time.<sup>12</sup>  
 4 These limitations in the prison context amount to de facto solitary confinement.

5 Solitary confinement is widely known to amount to torture and can lead to  
 6 permanent psychological and physical harm.<sup>13</sup> More often than not, solitary confinement  
 7 produces severe anxiety or panic attacks, disordered thinking and paranoia, compulsive  
 8 behavior like pacing and cleaning, difficulty concentrating and memory problems,  
 9 hyperawareness and startle reactions, irritability, anger and despair.<sup>14</sup> Self-mutilation and  
 10 suicidal ideation are common.<sup>15</sup> The onset of adverse symptoms can be almost

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 12 <sup>11</sup> See Decl. of Joseph Bick, M.D. In Supp. of Receiver’s Report [hereafter “Bick Decl.”],  
 13 ECF No. 3638-1 at ¶ 11 (Aug. 4, 2021) (“Over time, this [lack of out-of-cell time] can  
 14 negatively impact patients by depriving them of access to outdoor exercise and other  
 15 programing and services.”).

16 <sup>12</sup> See *Coleman v. Newsom*, Case No. 2:90-cv-00520-KJM-DB (E.D. Cal.), ECF Nos. 7135  
 17 at 4-7 (CDCR’s Apr. 22, 2021 Roadmap to Reopening) & 7203 at 77-87 (CDCR’s May  
 18 28, 2021 COVID Guidance & Tier Chart); see also Suppl. Decl. of Joseph Bick, M.D. In  
 19 Supp. of Receiver’s Report [hereafter “Suppl. Bick Decl.”], ECF No. 3652 at ¶ 4 (Aug. 20,  
 20 2021) (“[T]he Delta variant is causing significant disruption to essential programming and  
 21 services, including education, rehabilitative programs, and clinical care ....”).

22 <sup>13</sup> See, e.g., Craig Haney, *Restricting the Use of Solitary Confinement*, 1 Ann. Rev. of  
 23 Criminology 285 (2018); Craig Haney, *The Psychological Effects of Solitary Confinement:  
 24 A Systemic Critique*, 47 Crime & Just. 373 (2018); Jeffrey L. Metzner & Jamie Fellner,  
 25 *Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics*,  
 26 38 J. Am. Acad. Psychiatry & L. 104 (2010); Kristin G. Cloyes et al., *Assessment of  
 27 Psychosocial Impairment in a Supermaximum Security Unit Sample*, 33 Crim. Just. &  
 28 Behav. 760 (2006); Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, 22 Wash.  
 Univ. J. of L. & Pol’y 325 (2006); Peter Scharff Smith, *The Effects of Solitary  
 Confinement on Prison Inmates: A Brief History and Review of the Literature*, 34 Crime  
 and Just. 1, 441-528 (2006); and Craig Haney & Mona Lynch, *Regulating Prisons of the  
 Future: The Psychological Consequences of Solitary and Supermax Confinement*, 23 N.Y.  
 Rev. of L. & Soc. Change 4, 477-570 (1997).

<sup>14</sup> Terry Kupers, *Solitary: The Inside Story of Supermax Isolation and How We Can  
 Abolish It* (Univ. of CA Press, Berkeley, CA 2017); see also Scharff-Smith, *The Effects of  
 Solitary*, *supra* note 13; Craig Haney, *Mental Health Issues in Long-Term Solitary and  
 ‘Supermax’ Confinement*, 49 Crime & Delinq. 124 (2003).

<sup>15</sup> See, e.g., Fatos Kaba et al., *Solitary Confinement and Risk of Self-Harm Among Jail  
 Inmates*, 104 Am. J. of Pub. Health 442, 445 (Mar. 2014) (finding that prisoners in solitary  
 confinement are almost seven times as likely to engage in self-mutilation as those in  
 general population); Stuart Grassian & Terry Kupers, *The Colorado Study vs. The Reality  
 of Supermax Confinement*, 13 Corr. Mental Health Rep. 1, 9 (2011) (finding that although

1 immediate.<sup>16</sup> The longer solitary confinement persists, the greater the likelihood that the  
2 harm will be irreversible.<sup>17</sup>

3 People with preexisting mental illness are particularly vulnerable to the grave  
4 consequences of solitary confinement.<sup>18</sup> Underlying psychiatric conditions, such as  
5 bipolar disorder, schizophrenia, and major depressive disorder can be exacerbated,  
6 requiring psychiatric hospitalization and crisis intervention services. Quarantine and  
7 isolation also interfere with psychiatric and psychological treatment of incarcerated  
8 persons. Mental health programming is severely curtailed as a result of social distancing  
9 and quarantine measures.<sup>19</sup> Patients can experience extreme delays in accessing a higher  
10 level of mental health care, or be denied care altogether.<sup>20</sup> Such delays in necessary  
11 inpatient hospitalization cause suffering and harm that may be irreparable.<sup>21</sup>

12 The August 19 CDPH Order, which requires vaccinations of correctional health  
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14 prisoners in solitary confinement comprise less than 10% of the United States prison  
15 population, they generally account for 50% of all prisoner suicides); Grassian, *Psychiatric*  
16 *Effects*, *supra* note 13, at 336, 349; Haney, *Restricting the Use*, *supra* note 13, at 294, 298.

16 <sup>16</sup> Kenneth L. Appelbaum, *American Psychiatry Should Join the Call to Abolish Solitary*  
17 *Confinement*, 43 *J. Am. Acad. Psychiatry & L.* 406, 410 (2015) (“[S]ubjecting an  
18 individual to more than 10 days of involuntary segregation results in a distinct set of  
19 emotional, cognitive, social and physical pathologies.”); Grassian, *Psychiatric Effects*,  
20 *supra* note 13, at 331 (noting measurable harm within days of solitary confinement).

19 <sup>17</sup> Haney, *Mental Health Issues*, *supra* note 14, at 137-41.

20 <sup>18</sup> Grassian, *Psychiatric Effects*, *supra* note 13, at 336, 349; Haney, *Restricting the Use*,  
21 *supra* note 13, at 294, 298.

21 <sup>19</sup> Bick Decl., ECF No. 3638-1 at ¶ 9 (“During outbreaks, COVID related concerns  
22 regarding physical distancing created a significant impediment to the delivery of group  
23 therapy [for mentally ill patients]. In addition, patients who are on quarantine due to  
24 exposure to an infected staff member are unable to attend programming during the period  
25 of their quarantine.”).

24 <sup>20</sup> *See id.* at ¶ 10 (“During outbreaks, concerns regarding the potential for transmitting  
25 COVID from one location to another complicate the movement of patients for higher level  
26 mental health care, both within the CDCR and also back and forth from the Department of  
27 State Hospitals.”).

26 <sup>21</sup> *See Coleman v. Newsom*, Case No. 2:90-cv-00520-KJM-DB (E.D. Cal.), ECF No. 6935,  
27 Tr. for Oct. 23, 2020 Evid. Hr’g on Transfers to Inpatient Care at 258:20-259:13  
28 (Dr. Pablo Stewart’s testimony) & *Coleman* ECF No. 6948-1, Stewart Decl. Re: Defs.’  
Delayed Transfers to DSH ¶¶ 12-14 (Nov. 13, 2020) (delays of even days in accessing  
inpatient treatment “causes unnecessary, avoidable, harm and suffering,” and can result “in  
a worse prognosis over the lifetime of the illness”).

1 care staff and other staff working in “hospitals, skilled nursing facilities, intermediate care  
 2 facilities, or the equivalent” in California prisons,<sup>22</sup> does not go far enough to eliminate  
 3 these serious risks of harm. Most individuals with preexisting mental illness in CDCR are  
 4 in the Correctional Clinical Case Management System (CCCMS) level of mental health  
 5 care and live outside of the types of housing units covered by the CDPH order.<sup>23</sup> And  
 6 while the order applies to treatment units for patients in the Enhanced Outpatient (EOP)  
 7 level of care and above, it is inadequate because the mandate is limited to regularly  
 8 assigned staff.<sup>24</sup> Moreover, the Delta variant is spreading indiscriminately through vast  
 9 swaths of California’s prisons. Entire institutions are now on lockdown due to a major  
 10 outbreak, and numerous other facilities (such as yards within an institution) have restricted  
 11 operations.<sup>25</sup> Staff are a primary vector for introducing the virus into institutions.<sup>26</sup> All  
 12 staff, not just those working in health care facilities, should be required to get vaccinated.

13 **III. MENTAL HEALTH OF CDCR STAFF WILL ALSO DETERIORATE DUE**  
 14 **TO ONGOING QUARANTINE, ISOLATION, AND LACK OF**  
 15 **PROGRAMMING**

16 The people who work in correctional institutions are also at high risk of suffering  
 17 adverse mental health consequences from the ongoing spread of the coronavirus. Studies  
 18 have shown that those responsible for providing care to patients with suspected or  
 19 confirmed COVID-19 experience higher rates of depression, anxiety, insomnia, and  
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21 <sup>22</sup> See Aug. 19, 2019 CDPH Order, *supra* note 1.

22 <sup>23</sup> See generally *Coleman v. Newsom*, Case No. 2:90-cv-00520-KJM-DB (E.D. Cal.), ECF  
 23 No. 7272, Defs.’ Submission of Maps and Data (Aug. 16, 2021) (listing patient census,  
 level-of-care data, and housing information for incarcerated people participating in the  
 Mental Health Services Delivery System (MHSDS) at each CDCR institution).

24 <sup>24</sup> See Aug. 19, 2019 CDPH Order, *supra* note 1; see also *Coleman* ECF No. 5850 at 5-6,  
 25 July 3, 2018 Order (holding that “the Revised Program Guide makes clear EOP is a  
 residential program, synonymous with an inpatient setting”).

26 <sup>25</sup> See Suppl. Bick Decl., ECF No. 3652 at ¶ 6; see also CDCR, Population COVID-19  
 26 Tracking, <https://www.cdcr.ca.gov/covid19/population-status-tracking/> (last visited Aug.  
 26, 2021).

27 <sup>26</sup> Receiver’s Report Regarding Mandatory COVID-19 Vaccination Policy for CDCR  
 28 Personnel Working within Institutions and for Incarcerated Persons with Outside Contacts,  
 ECF No. 3658 at 5 (Aug. 4, 2021).

1 distress.<sup>27</sup> The need for staff to miss work due to exposure also causes reductions in  
2 overall staffing levels. This in turn creates higher levels of stress among remaining staff,  
3 and can lead to more tension inside of the institutions and an increase in dysfunctional  
4 behavior by mentally ill incarcerated people.<sup>28</sup> Requiring all staff to be vaccinated is the  
5 best method of ensuring adequate protection for those who live and work inside  
6 California's prisons.

### 7 CONCLUSION

8 For the foregoing reasons, amici curiae support the Receiver's recommendation that  
9 the California Department of Corrections and Rehabilitation adopt a mandatory COVID-19  
10 vaccination policy for all personnel working within California prisons and for incarcerated  
11 persons with outside contacts.

12  
13 DATED: August 30, 2021

Respectfully submitted,

14 ROSEN BIEN GALVAN & GRUNFELD LLP

15  
16 By: /s/ Cara E. Trapani

17 Cara E. Trapani

18 Attorneys for *Amici Curiae*  
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23 <sup>27</sup> Jianbo Lai et al., *Factors Associated with Mental Health Outcomes Among Health Care*  
24 *Workers Exposed to Coronavirus Disease 2019*, JAMA Network Open (Mar. 23, 2020),  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229>.

25 <sup>28</sup> See, e.g., Jo Nurse et al., *Influence of Environmental Factors on Mental Health Within*  
26 *Prisons: Focus Group Study*, 327 *British Med. J.* 1 (Aug. 8, 2003),  
27 <https://www.bmj.com/content/327/7413/480> (finding that staff shortages led to longer  
28 lock-up times for prisoners and negatively affected their mental health); cf. Suppl. Bick  
Decl., ECF No. 3652 at ¶ 9 (“Where an institution is understaffed because of a significant  
number of staff in quarantine, program modifications are necessary to allow the institution  
to operate safely, requiring a decrease in programs and services while the understaffing  
persists.”).

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 CARA E. TRAPANI – 313411  
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UNITED STATES DISTRICT COURT

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NORTHERN DISTRICT OF CALIFORNIA, OAKLAND DIVISION

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11 MARCIANO PLATA, et al.,

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

**[PROPOSED] ORDER GRANTING  
 REQUEST FOR PERMISSION TO  
 FILE BRIEF OF AMICI CURIAE  
 MENTAL HEALTH PROFESSIONALS  
 IN SUPPORT OF VACCINE  
 MANDATE**

Judge: Hon. Jon S. Tigar  
 Date: Sept. 24, 2021  
 Time: 9:30 a.m.  
 Crtrm.: 6

[3783642.1]

1 The Court is in receipt of a request from mental health professionals Craig W.  
2 Haney, Ph.D., J.D., Terry A. Kupers, M.D., M.S.P., Paul Good, Ph.D., and Pablo Stewart,  
3 M.D. to file an amici curiae brief in support of the Report of J. Clark Kelso, Receiver,  
4 Regarding a Mandatory COVID-19 Vaccination Policy for the California Department of  
5 Corrections and Rehabilitation (ECF No. 3638). Having reviewed the mental health  
6 professionals' request and the proposed amici curiae brief attached thereto, the Court  
7 hereby finds good cause to allow amicus participation.

8 IT IS HEREBY ORDERED:

9 The Request for Permission to File Brief of Amici Curiae Mental Health  
10 Professionals is GRANTED.

11  
12 DATED: \_\_\_\_\_, 2021

\_\_\_\_\_  
13 Honorable Jon S. Tigar  
14 United States District Judge  
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