

D I S E A S E
T R A N S M I S S I O N / P R E V E N T I O N
P A C K A G E

Prepared By: Mens Advisory Medical Committee
April 2007

A handwritten signature in blue ink, appearing to read "Michael B. Zeh". The signature is written in a cursive style with a large, looping initial "M".

TABLE OF CONTENTS

- 1) Inmate Population Concerns.
- 2) Questions and Comments
- 3) Exhibits and Printouts
- 4) Solutions / Recommendations
- 5) Conclusion Section

INMATE POPULATION CONCERNS

1) Inefficiency of current Toilet/Sewer Flushing System:

Toilets were designed to operate by utilizing a certain amount of gallons per flush. Has the amount of gallons, per flush, been reduced in order to conserve water in the past? If so, this has rendered the system ineffective in that currently when prisoners on the top tier flush their toilets fecal matter is past on the adjacent cells toilets and to the lower tier cells toilets. The fecal matter is not past through the system straight to the main sewer drain. This causes all affected cells to have their toilets flushed in order to pass the waste matter to the main sewage drain. This causes regular flushing and wasted water.

2) Peek Water Usage Times:

Were Peek Water Usage Survey's ever conducted? If so, by whom and where is a copy of the survey?

Consideration has never been given to the fact that two prisoners in one cell cannot utilize the toilet at the same time. Both inmates need to wash up prior to breakfast, then utilize the toilet after breakfast. The Flush-O-Meters will only allow one prisoner to use the toilet and the other to go without until the Flush-O-Meter resets itself. If Prisoners have to report to their work assignments without using the facilities, this will be a serious health concern to all. If the amount of flushes allowed by the Flush-O-Meter are utilized prior to going to breakfast, they will not be reset on the return of the prisoners from breakfast. Prisoners will be FORCED to hold in their bowel movements. Yet another health concern.

Shower Peek Usage Times: Have peek shower usage times been surveyed? It is believed that Shower Meters, once installed correctly, should effectively reduce the amount of water by the necessary 30%.

3) Potential to Incite In-Cell Violence:

The potential for In-Cell violence will be greatly increased. Inmates will now become more aggressive and agitated due the the stench of Fecal Mater sitting in the toilet for a prolonged period of time.

Prisoners will become aggressive in their need to fight for the use of the toilet after meals, prior to attending yard, or any other activity.

Since Diarrhea and other intestinal disorders characterized by frequent fluid or bowel movements are common here at Mule Creek State Prison (M.C.S.P.), what consideration has been given to these issues? What are Prisoners supposed to do, not become aggressive, angry or violent? Aggression is a very serious issue in that in such a hostile environment such as prison, violence comes from it at any moment and for any cause.

Prisoners have the Right to be free of attack or Violence. How will this right be adheard to due to such a sensitive issue such as this?

4) Over Sensitivity to Foul Stench:

Forcing a Prisoner to smell his cellmates Feces is potentially dangerous. It is currently considered disrespectful for our cellmates not to be courteous enough to flush so as not to expose us to the stench of their feces.

Some prisoners are hyper-sensitive to the stench of fecal mater/waste mater and will become ill due to these effects. Using the Flush-O-Meters is tantamount to a human being sitting in a restroom while someone else is defecating with no ventilation.

Is it the Administrations position that we suffer such indecency simply as a consequence of our incarceration and that of the over crowding issues here at M.C.S.P.?

5) **Respiratory Ailments:**

The infection of Prisoners and Staff due to Respiratory Ailments and Air Born Pathogens/microorganism, is a serious health concern. These harmful pathogens are more dangerous than Second Hand Smoke. Not only are these of concern to all, the rise of Bacterial Infections due to fecal mater/waste mater sitting in toilets is evident and forthcoming.

6) **Ventilation Systems:**

The ventilation Systems are of poor condition and NOT designed to clear air born pathogens from the cell. There is NO Out Take System in the cells. The current system was not built to function in this manner. Other prison cells have direct Out Take Systems in where the vents in the cell bring air into the cell and the other vents takes it straight out to the atmosphere. Our cells currently operate with a system that was not constructed to meet this need. Our Out Take Vents in the cell go directly to the adjacent Pipe Chase. That lead directly to the Dayrooms. Nothing is taken directly out to the atmosphere. This is why when Peper Spray is used in the units it lingers to all the cells and large fans have to be placed at the entrance of the housing units to ventilate the units and out take the pepper srpay. Evident that the Ventilations systems are not designed with the capacity to clear out such pathogens.

7) **Co-Infection:**

It is a well known fact that Hepatitis-C Virus has reached epidemic proportions within the CRCR Prison System. A prisoner who is already infected with this virus is subject to more serious illness and Liver failure if he becomes Co_Infected with Hep. A, Hep. B, HIV, Severe Acute Respiratory Syndrome (SARS) or even T.B.. A Co-Infection can prove fatal to anyone with Hep-C. These concerns have never been addressed. It is obvious that a rush to judgement was the only response to the water conservation concept and that a quick, unpredictable, solution was to install Flush-O-Meters. No long term studies have been conducted and caution has been thrown to the wind with the health concerns of prisoners who will in fact be made to suffer.

The use of Flush-O-Meters will mean feces will linger in the toilets longer. The longer the feces is in the toilet the more potential for transmission and contamination.

8) **Potential Deaths:**

The possibility for the loss of life due to co-infection exist and will be increased at an alarming rate. No precautions have been taken to prevent this from occurring. A prisoner infected with Hep. C, can die if he contracts Hep.A. Hep.A, is an air born virus. No prevention measures are in place to prevent such deaths from occurring. Hep. A is spread through human feces as well as E-Coli. Both potentially deadly.

9) **Regulation of Flush-O-Meters:**

Who will be in charge of regulating the amount of flushes any particular cell will have? What if a prisoner has medical issues the warrant his flushing the toilet on a more frequent basis? Who will be in charge of regulating the Flush-O-Meter? What are the most flushes permitted by the Flush-O-Meter?

10) **Maintenance of Toilets:**

Toilets that currently get clogged are not being cleared up until the following day, because inmate plumbers are not allowed to do anything until civilian plumber staff is present, which is always the following day. This is a serious health issue because of bacterial implications. Not to mention a legal issue because inmates are not housed in a cell that has plumbing problems, i.e. no running cold/hot water, toilets that do not flush.

11) **Medical Confidentiality:**

Are the Legal Rights of a prisoner who has a contagious communicable disease such as Tuberculosis, Hepatitis A-B&C, (Right to Confidentiality) overridden by that of his cellmates right to know what his cellmates has in order to be cautious and safe from catching such illnesses? How about when Flush-O-Meters are installed and the diseases then being made more communicable and easily spread? What Legal Rights are going to be adhered to?

How about the Right to Confidentiality when staff requires to know what are the reasons to increase the Flushes in any particular prisoners cell due to medical concerns. Does the prisoner maintain his rights?

12) **Legal Implications/Liability:**

Building Code Violations are obvious, since our ventilation systems are not designed to deal with the health concerns if Flush-O-Meters are installed. The effects of installing Flush-O-Meters is punitive because it's forcing prisoners to live under unsanitary conditions, due to inhumane living conditions.

Health and Safety Code Violations §122405 Legislative Findings & Declarations. Health and Safety Code §122415 Director of Corrections Duties relating to Hep. C Virus in correctional facilities. (see Exhibits).

The effluent problem at MCSP is due to overcrowded conditions of over 200% capacity. Punitive Measures on prisoners due to overcrowding is a Violation of Legal Rights.

Obviously the sanitation system/treatment system was only designed to accommodate less than half of the current capacity. The system is already being utilized at twice the capacity of its intended usage. Two (2) prisoners co-habitate a cell, to force them to only use the amount of water intended for one (1) prisoner surmounts to Cruel and Unusual Punishment.

MCSP currently houses 3,926 prisoners in a space designed for only 1,700.

There will be an obvious prisoner health concern that will impact the prison as a whole, the community of Ione, and staff members as well.

If CDCR and MCSP comply with court orders to reduce the current prisoner population (i.e. eliminate Gym and E-Bed living) the current effluent problem would be eliminated.

In an article (Sacramento Bee) dated Sunday April 8, 2007, acting Warden Subia is quoted as saying that he doesn't dispute the deficit, but he say other public and private "Dischargers" in the area might also be responsible for at least some of the pollution. "Don't focus solely on us, Subia said." This being the case, why should we, the prison population, bare the blunt of the punishment?

13) **Cleaning Supplies:**

Currently cleaning supplies are seldom issued out without constant harassment by correctional officers. During cell searches they confiscate cleaning supplies. Two items are the only ones prisoners can obtain, Ajax and Powerhouse Cell Block 64 (concentrated) which is only a deodorizer not a Cleaning Agent that kills bacteria, HIV, AIDS, Hepatitis or any other form of bacteria, microorganisms or virus'. Simply put, we the prison population are rendered helpless when it comes to obtaining real cleaning agents.

Will "REAL" Cleaning Agents be purchased and made available to the prison

population on a daily basis?

Has a study been conducted to verify the effectiveness and health concerns for prisoners with Hepatitis? Since prisoners with Hepatitis are subject to further liver damage by utilizing harsh chemicals.

Will Gloves, Scrub Brushes, Face Masks, and the such be issued on a daily basis for the cleaning of the cells and toilets?

Will prisoners and staff be instructed and trained in Bio-Hazard techniques to insure that contamination of toilet brushes and such do not occur?

Will the ENTIRE prison population be vaccinated against the Hepatitis A & B Virus'?

Has Cal-OSHA been advised of the potential health hazard to prison staff members? Has the Health Department been consulted in any of these matters?

If so, by whom and when? Can a copy of the information be shared with the entire prison population?

Will correctional officers play a part in the cleaning of cells, i.e. toilets, ect.? What will the protocol be? Has an Operational Procedure been constructed? Has the Office Of Administrative Law been notified and have they approved of such measures being taken here at MCSP with the installation of Flush-O-Meters?

It should be noted that these are but a few Health Related Concerns from the entire prison population. Legal Liability rest upon the Warden for the approval and implementation of Flush-O-Meters in any cause related death.

QUESTIONS AND COMMENTS

- 1) How much would a Water Treatment System cost? Would it be cost effective against sky rocketing Medical cost due to illnesses and or death incurred through Co-Infection from different virus' and diseases?
- 2) Would any other method of water conservation alleviate the potential rise in Lawsuits?
- 3) Staff concerns regarding the catching of illnesses?
- 4) Has CDCR set an agenda to cut down the prison population here at MCSP?
- 5) Has the concept of Single Celling inmates who are currently infected with different health related concerns been considered?

SOLUTIONS / RECOMMENDATIONS

- 1) Recommended that an actual walk through survey be conducted.
- 2) Peek Water Survey. Was it ever conducted to see when toilets, sinks and showers were utilized? If so, can a copy be obtained for viewing?
- 3) Shower Meters can effectively allow you to reach the goal of a 30% water reduction without having to install Flush-0-Meters.
- 4) Has a study ever been conducted to test the effectiveness of "Proper" Shower Meters?
- 5) Can toilets be inspected to rectify current problem of sewage passing from one cell to the next?

CONCLUSION

- 1) Medically cost effective over the long run because of disease transmission?
- 2) Legal Liability.
- 3) Shower Meters should achieve goal of 30% water population reduction.
- 4) Inmate/ Staff health concerns will be decreased by NOT installing the Flush-O-Meters.
- 5) Decreased transmission will be drastically decreased.
- 6) Cost effective . over prolonged period of time for cost of cleaning supplies.
- 7) Overall Health Concerns of prison population.

COMMUNICABLE DISEASES
Div. 105

Chapter 1

GENERAL PROVISIONS

- Section**
122400. Short title.
122405. Legislative findings and declaration.
122406. Reports to Legislature; use of funds for education, screening, and treatment of veterans with hepatitis C virus.
122410. Protocols and guidelines; supply to health care and community service providers.
122415. Director of Corrections; duties relating to hepatitis C virus in correctional facilities.
122420. Director of Health Services; development of public education and outreach program; duties related to hepatitis C virus in high-risk groups.

Chapter 1 was added by Stats.1998, c. 867, § 1.

Cross References

Carrier of viral hepatitis, see Health and Safety Code § 1600.9.
Guidelines and regulations, risk of transmission of blood-borne infectious diseases, see Health and Safety Code § 1250.11.
Infectious diseases, medical tests, license applications or renewals, see Business and Professions Code § 18712.

§ 122400. Short title

This chapter shall be known, and may be cited, as the Hepatitis C Education, Screening, and Treatment Act.
(Added by Stats.1998, c. 867 (S.B.694), § 1.)

Health ☞383.
Westlaw Topic No. 198H.

Library References

C.J.S. Health and Environment §§ 28 to 34,
36 to 43.

§ 122405. Legislative findings and declaration

The Legislature hereby finds and declares all of the following:

- (a) Hepatitis C is classified as a silent killer, where no recognizable signs or symptoms occur until severe liver damage has occurred.
- (b) Hepatitis C has been characterized by the World Health Organization as a disease of primary concern to humanity.
- (c) Studies indicate that 1.8 percent of the population, nearly 4 million Americans, carry the virus HCV that causes hepatitis C. In California, as many as 500,000 individuals may be carriers and could develop the debilitating and potentially deadly liver disease associated with hepatitis C in their lifetime. An expert panel, convened in March by the National Institutes of Health (NIH), estimated that 30,000 acute new infections occur each year in the United States, and only 25 to 30 percent of those are diagnosed. Current data sources indicate that 8,000 to 10,000 Americans die from hepatitis C each year.
- (d) Studies also indicate that 39.4 percent of male inmates and 54.5 percent of female inmates in California correctional facilities have hepatitis C, 26 times

HEPATITIS C
Pl. 7

§ 122410

higher than the general population. Upon their release from prison, these inmates present a significant health risk to the general population of California.

(e) It is the intent of the Legislature to study the adequacy of the health care delivery system as it pertains to hepatitis C.

(f) It is the intent of the Legislature to urge the department to make funds available to community-based nonprofit organizations for education and outreach with respect to the hepatitis C virus.

(Added by Stats.1998, c. 867 (S.B.694), § 1. Amended by Stats.2000, c. 754 (S.B.1256), § 1.)

Health ☞383.
Westlaw Topic No. 198H.

Library References

C.J.S. Health and Environment §§ 28 to 34,
36 to 43.

§ 122406. Reports to Legislature; use of funds for education, screening, and treatment of veterans with hepatitis C virus

The Secretary of Veterans Affairs shall report to the Legislature on or before March 1, 2001, regarding the use of funds earmarked by the federal Veteran's Administration to regional offices in California to educate, screen, and treat veterans with the hepatitis C virus.
(Added by Stats.2000, c. 754 (S.B.1256), § 2.)

Health ☞383.
Westlaw Topic No. 198H.

Library References

C.J.S. Health and Environment §§ 28 to 34,
36 to 43.

§ 122410. Protocols and guidelines; supply to health care and community service providers

(a) The State Department of Health Services shall make available protocols and guidelines developed by the National Institutes of Health, the University of California at San Francisco, and California legislative advisory committees on hepatitis C for educating physicians and health professionals and training community service providers on the most recent scientific and medical information on hepatitis C detection, transmission, diagnosis, treatment, and therapeutic decisionmaking.

(b) The guidelines referenced in subdivision (a) may include, but not be limited to, all of the following:

- (1) Tracking and reporting of both acute and chronic cases of hepatitis C by public health officials.
- (2) A cost-efficient plan to screen the prison population and the medically indigent population in California.
- (3) Protocols within the Department of Corrections to enable that department to provide appropriate prevention and treatment to prisoners with hepatitis C.
- (4) Protocols for the education of correctional peace officers and other correctional workers who work with prisoners with hepatitis C.