



PC-CA-013-002

---

*Office of the Assistant Attorney General**Washington, D.C. 20530*

JAN 6 1987

Honorable George Deukmejian  
Governor of the State of California  
State Capitol  
Sacramento, California 95814

Re: Investigation of California Medical Facility

Dear Governor Deukmejian:

Pursuant to the Civil Rights of Institutionalized Persons Act, 42 U.S.C. 1997b, I am writing to inform you of the findings of the United States Department of Justice in its investigation of the California Medical Facility (CMF) in Vacaville, California.

In the course of our investigation, staff attorneys from our Special Litigation Section conducted tours of CMF with outside expert consultants. During these tours, the consultants examined inmate medical records and interviewed inmates and staff. In addition, they reviewed numerous documents provided by staff such as institutional policies and procedures, schedules of specialty clinics, staffing rosters, and minutes of infection control and other clinical staff committee meetings.

The California Medical Facility, situated adjacent to the Northern Reception Center and the California Medical Facility-South, serves a unique function within the California Department of Corrections (CDC) insofar as its primary purpose is to provide medical and/or psychiatric evaluation and treatment to those male inmates whose condition requires acute, chronic or recuperative care not available elsewhere within the CDC system. Thus, the great majority of the roughly 3,300 inmates at CMF have serious medical or psychiatric needs. In addition, CMF must provide general medical care to more than 1,000 support service prisoners and to hundreds of prisoners who are undergoing initial classification and evaluation at the Northern Reception Center (NRC) yet, due to severe overcrowding at NRC, are housed within CMF. CMF staff also occasionally perform medical/psychiatric evaluations and prescribe psychoactive medications for inmates at California Medical Facility-South.

Based upon our extensive investigation, we believe that conditions exist at CMF which deprive inmates of their right to be free from deliberate indifference to their serious medical needs. Estelle v. Gamble, 429 U.S. 97 (1976). Set forth below are our findings and recommendations. We will discuss only those areas which in our opinion are violative of the constitutional rights of inmates confined to the facility.

### General/Acute Medical Care

#### Staffing

In numerous areas CMF requires additional professional staff to meet the medical needs of the facility's burgeoning inmate population with serious and acute medical conditions. Staff shortages at the primary care outpatient clinic and various specialty clinics result in the failure to provide timely diagnoses and treatment for serious medical conditions.

Members of the CMF medical staff freely stated that many inmates with serious medical conditions experience substantial and undue delays in access to the sick call clinic. Due to lack of staff and limited hours of operation many inmates fail to receive timely evaluation, diagnosis, and treatment of serious medical needs. Finally, security staff often fail to release inmates seeking medical attention from work assignments and arbitrarily deny access to sick call. Inadequate access to medical services due to lack of staff has resulted in deliberate indifference to the serious medical needs of CMF inmates.

Staffing in CMF clinics designed to provide specialized services for the most serious medical problems of CMF inmates is likewise inadequate. Inmates afflicted with chronic renal failure, diabetes, cancer, bone/joint/muscle injuries, serious infections, and other acute illnesses and conditions fail to receive adequate medical care. In brief, there is insufficient staff to evaluate, diagnose, and treat serious illnesses and acute medical conditions.

Staffing on the evening shift and weekends is grossly inadequate. Only one medical doctor is on duty during these time periods. This individual is the only physician on duty to provide medical coverage to over 3,300 CMF inmates, including those in acute\surgical hospital units, as well as more than 1,000 NRC overflow inmates. Such inadequate medical coverage in a facility such as this one amounts to deliberate indifference to the serious medical needs of the inmates.

In the operating room and elsewhere at CMF, inmates are regularly entrusted to perform direct patient services. These inmates also have direct access to inmate medical records. There is no evidence of formalized training of these inmates or that they possess the qualifications necessary to perform these medical duties. Moreover, staff shortages do not permit adequate supervision of inmate attendants by properly qualified professional staff. While inmates may be used to perform minor incidental medical tasks, the system of using inmate medical attendants, as currently administered at MF, is unconstitutional. At a minimum, there must be a showing that nonprofessionals can perform the tasks assigned, have been trained to do so, and are properly supervised.

In conclusion, lack of adequate professional staffing at CMF prevents the facility from providing medical care and services sufficient to avoid deliberate indifference to inmates' serious medical needs.

#### Psychiatric Care For The Seriously Mentally Ill

Professional psychiatric staff at CMF is grossly inadequate. The shortage of trained, competent psychiatric staff was acknowledged by CMF administrators. Due to lack of staff and space in the acute psychiatric care units, CMF is unable to provide psychiatric care necessary to address the medical needs of inmates who are seriously mentally ill.

In the acute care units, our consultant noted a near-total absence of psychiatric care except for sporadic efforts to handle "crisis" cases. Further, due to the constant pressure to make housing space available for new admissions into the psychiatric units (including the admission of inmates without legitimate psychiatric diagnoses but requiring protective custody and inmates who are merely disruptive), inmates are quickly discharged to outpatient units where care is inadequate. Untreated, these inmates with serious mental illnesses are exposed to undue risks to their personal safety. Decisions to release inmates from acute care units often appear to be based primarily upon a shortage of space and other custodial, rather than medical, considerations. Moreover, inmates on psychotropic drug regimens are not adequately monitored by medical or psychiatric staff. There are no or inadequate efforts to evaluate inmates for adverse drug side effects or toxicity. Finally, our consultants concluded that the number of suicides and suicide attempts within the psychiatric care units at CMF indicate a failure to identify or to monitor properly suicide-prone individuals.

In sum, the professional psychiatric staff and other resources at CMF are so deficient as to constitute deliberate indifference to the needs of inmates with serious mental illnesses.

#### Medical Records

Medical recordkeeping at CMF is grossly inadequate. Our review of medical recordkeeping at CMF revealed a pattern of failures to perform or document necessary diagnoses, treatments and monitoring.

Medical records frequently do not indicate either a patient's course of treatment or any treatment planning. Due to shortages in clerical staff, dictated medical notations, the results of physical examinations and other information frequently are not incorporated into inmates' medical charts in a timely manner. Minutes of staff committee meetings confirm that medical records often fail to contain psychiatric nursing notes. In one internal audit, CMF staff found that as many as 400 nursing charts were incomplete and noted that failures to incorporate necessary treatment records into inmates' medical files result in "inconsistent medical therapy with multiple, conflicting orders on some patients." Finally, medical records on many outpatients are not available to the medical doctor on duty in the evenings, nights, and on weekends. The obvious importance of available, accurate and minimally complete medical records in the treatment of serious medical needs renders their absence "deliberate indifference" in the constitutional sense.

#### Environmental Conditions

Serious deficiencies exist with regard to environmental conditions at CMF. These conditions have a direct, adverse impact upon the provision of medical care at the facility. Several housing units visited by our consultant were extremely crowded and were poorly ventilated and lighted. In one unit housing more than 80 inmates, many of whom were in wheelchairs, there were two toilets, three communal shower heads (without operable temperature controls), and one bathtub without special fittings for the handicapped. Several inmate treatment and housing areas also were unsanitary. In the acute medical/surgical hospital unit, provisions for medical isolation were grossly inadequate. General provisions for infectious waste disposal were also inadequate. These deficiencies endanger inmates by subjecting them to serious risk of infectious diseases.

### Overcrowding

Due to overcrowding, CMF's capacity to render adequate chronic and acute medical care as well as psychiatric care is strained beyond reasonable limits. The serious medical needs of prisoners for access to sick call, specialty clinics, and to basic care for continuing medical impairments are not being adequately met. Overcrowding also exacerbates deficiencies present with respect to sanitation and infection control. Further, overcrowded conditions and lack of resources also undermine CMF's ability to provide adequate psychiatric care to inmates who are seriously mentally ill. The impact of crowding on the provision of medical services is so great as to constitute a constitutional violation.

### Minimally Necessary Remedies

Remedial measures must be taken to ensure that prisoners confined to California Medical Facility are not deprived of rights guaranteed to them under the Constitution of the United States. We propose to enter into a legally binding and judicially enforceable agreement with the State of California designed to provide constitutionally adequate conditions at CMF and to provide a means by which compliance with said agreement may be verified. The following minimum measures are those that may be necessary to remedy the conditions described above:

- 1) Professional medical staff must be increased, as necessary, to ensure that inmates have reasonable and prompt access to care and treatment necessary to respond to their serious medical needs, including psychiatric care sufficient to address the medical needs of seriously mentally ill inmates.
- 2) CMF must expand and improve the operation of its sick call clinic and procedures for general health surveillance to ensure that serious medical conditions are identified and treated in a timely fashion.
- 3) Sick call procedures must be established and implemented to ensure timely access by inmates, irrespective of classification or work status, to medical services.
- 4) CMF must expand the availability of specialized medical services (e.g., urology, physiotherapy, orthopedics) in order to meet the most serious medical needs of inmates confined at the facility.

5) Housekeeping, infectious waste disposal, and general sanitation procedures must be improved.

6) The use of inmates as medical attendants providing direct health care must be discontinued or permitted only after training and under supervision, with respect to such incidental medical tasks as nonprofessionals are able to provide.

7) Steps must be taken to ameliorate and eliminate the effects of overcrowding.

We would be pleased to consult with you regarding ways in which we might be able to assist you in correcting the deficiencies described. For example, we would be pleased to provide you with copies of our experts' reports. You may also wish to consult with the National Institute of Corrections and/or the Federal Bureau of Prisons. We would be pleased to assist you in any inquiries you may wish to make about the possibility of obtaining technical and other assistance through programs they administer.

We appreciate the cooperation that the California Attorney General's Office and the staff and administration at CMF have extended us. We hope that a cooperative spirit will continue to prevail so that this matter can be concluded promptly and amicably. My staff will contact you shortly to arrange a meeting to discuss this matter further.

Sincerely,

A handwritten signature in dark ink, appearing to read "Wm. Bradford Reynolds". The signature is fluid and cursive, with a large, sweeping initial "W".

Wm. Bradford Reynolds  
Assistant Attorney General  
Civil Rights Division

Enclosures

cc: John K. Van De Kamp  
Attorney General

Eddie Ylst  
Superintendent  
California Medical Facility

Peter A. Nowinski  
United States Attorney

Norman Carlson  
Director  
Bureau of Prisons

Raymond Brown  
Director  
National Institute of Corrections