



Meeting Minutes COVID-19 Mitigation and Mangement Task Force

Attendance	DATE	December 17, 2020
	TIME	10:00 A.M.
	METHOD	Video-Teleconference
	RECORDER	Meagan Werth Ranson
Task Force Voting Member Attendance		
Member Name		Present
Caleb Cage		X
Richard Whitley		X
Terry Reynolds		X
Jaime Black		X
David Fogerson		X
Felicia Gonzales		X
Brett Compston		X
Meagan Werth Ranson		X
Chris Lake		X
Dagny Stapleton		X
Wesley Harper		X
Mark Pandori		X
Task Force Non-Voting Member Attendance		
Kyra Morgan		X
Lisa Sherych		X
Julia Peek		X
Melissa Peek-Bullock		X
Malinda Southard		X
Lesley Mohlenkamp		X
Samantha Ladich		X

1. Call to Order and Roll Call

Chair Caleb Cage, Governor’s Office (GO), called the meeting to order. Roll call was performed by Meagan Werth Ranson, GO. Quorum was established for the meeting.

2. Public Comment

Chair Cage opened the discussion for public comment in all venues. Written public comment is attached.

Nicole provided the following public comment, “My name is Nicole, and I am calling with Return Strong. I am calling with concern over the handling of COVID within Nevada Department of Corrections (NDOC). NDOC stated on December the 9th that they will begin testing 100% of the inmates at every facility, every week starting on December 8th. This has not started and there are sick people everywhere. High Desert has 4,000 people, with reports of sick people in almost every unit, yet no testing has been done and that is major concern. Also concerning is this letter I am going to share with you from an individual at Southern Desert. To Whom it May Concern and whoever this letter may reach. I have experienced a high level of anxiety due to COVID-19, due to my family outside being exposed and people being exposed in here. It is causing me to have chest pains and migraines and I have not been provided with new masks since the original were provided. My medical needs

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are not being met and I haven't had fresh air in two months. There's also no air conditioning in the summer or heat in the winter and it is 35 degrees in the evening now. A lot of us has brought this issue up and nothing has been done. We only receive sack breakfasts and lunches and that's it. And I don't understand why I am being forced to live in inhumane conditions and being condemned to death by COVID-19. Also, listed in the very agenda information provided by NDOC is riddled with inaccurate information including the positivity numbers. In fact, contrary to the info about to be provided during this presentation, NDOC has 2,194 positive inmate cases and 561 positive staff cases on December 15th. If they cannot be truthful with regards to information that can be obtained via another source, why should the other information be considered as accurate as well? Having sick people without testing them to make their numbers look better is apprehensible. Thank you for your time and consideration."

Jody provided the following public comment, "My name is Jody and I am here today as a member of the Return Strong Families United for Justice for the Incarcerated, to read a letter from a woman incarcerated at Jean Conservation Camp (JCC) to tell her experience of what is really happening at NDOC. Not the story being told by administration. Last week, Director Daniels spoke about his level of quarantine, isolation and unexposed units of the stories from the inside of the facilities do not reflect what is really happening. Today we are listening to the differences between theory and practice. Times are tough here at JCC. We have been locked down in our particular unit since 11/22, due to some outside exposure of COVID. We are tested not long before the lockdown and again a few days later. Within the first round of testing we were the only unit on lockdown and those exposed were moved from camp. Then later my unit was locked down after the second round was done and we got results seven days ago. More positives led to the whole facility being locked down. The exposure left but then they began moving people around units. My uninfected unit took in six more people and that the unit they came from became an isolation unit. It seems if anyone exhibits any symptoms, they are moved out of this isolation unit until transport arrives. When we were first quarantined it wasn't too intense. However, now it is becoming a daily struggle with temperament and motivation to get up every day. I usually run four miles a day and now resort to staring at a brick wall and run in place to help kill the depression. The heavy oppressive anxiety and fear that has nowhere to go but in my head. It is intolerable. I am a non-violent felon here on drug charges due to my own abuse. I am not a danger to anyone else or no longer a danger to myself. I expired my sentence in October and was supposed to be released October 8th, but I have had three parole addresses denied, including going home to my husband and children because he had a previous drug charge. I have been waiting for the program faithfully but now it is off the table. I know people with money are not sitting in prison past their expiration date."

Jenna provided the following public comment, "My name is Jenna and I am here as a member of the Return Strong to share the experience of a woman incarcerated at Jean Conservation Camp. First, I would like to address my possible eligibility for any potential rapid release opportunity. I have a non-violent felony that are all related to my past addiction. I do have a release plan and my expiration is February 16, 2021. I heard that the Director ran a report to identify who would qualify for rapid release. How do I not qualify? As a mother, the weight of the unknown has mentally, emotionally and physically taken a toll on me and my loved ones. My four-year-old daughter was exposed to COVID and has breathing treatments due to pre-existing conditions. Not knowing if she is okay or being able to be there to protect her has truly heightened my anxiety and depression. The issues here are horrible. NDOC is not coming close to keeping us safe from the virus. Enough is enough. We were given two masks to wear that are like gauze and do not fit or stay on. We have no hand sanitizer and minimal access to bleach. In the middle of this pandemic, I have been transferred from Florence McClure to Jean Camp and both facilities handle things differently. As a Nevada Division of Forestry (NDF) workers we are still going into the community to work in Las Vegas. Some jobs requiring interaction with outside community members, which is how the virus entered this facility and resulted on the quarantine we are currently on. JCC is an open dorm, so once one person gets it, we are all exposed. My unit is negative, but cases are popping up in other units. Today, the lieutenant came into the unit to tell us we are going to combine two units together and move some people from one unit to another. Why? She wanted to move some women who have no positive

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cases to a unit that was just exposed last week. All night we stressed about this idea and it didn't happen yet, because we were able to get them to see that it might just be dangerous. Every day we are white knuckling it and it is causing tension to build everywhere. This whole situation is unbearable. Every day we pray together that we make it out of prison alive. Yes, we have to pay our debts, but should we be paying with our life because the Director, Wardens, and Correctional Officers (Cos) don't want to be honest about the consistency and danger they have allowed us to be exposed to. If we have an approve plan."

Undiscernible provided the following public comment, "My name is (undiscernible) and I am here with Return Strong to read a letter from an incarcerated person at Southern Desert Correctional Center (SDCC) who wrote to us to describe the conditions he is living under. I am writing this letter to inform you of the conditions the state of and NDOC have left us in because of COVID-19. As of now, I have not felt the sun or breathed fresh air in about two months. There are no windows in this unit. We are locked down without heat, fresh air, breathing each other's breath. It is as though they want us to pass anything, we have around to each other. It's so cold it is like a meat locker. I can't feel my hands or feet. It's so cold and every time we ask about it, it gets colder. I sleep in gloves, two sweatshirts, sweatpants, socks and a cap. When I can sleep. Some days I go without sleep because of it. The air is so stale in here it smells like a locker room that has been closed off for a year. There is so much dirt and dust coming from the vents, it's like living in a dust bowl. This cold, dirty air leaves me in consistent pain in my body. I am 59 years old, there is no get back if I catch this virus. Every time I put a kite in to see medical, they write back and say due to COVID they are not seeing patients. I don't know if I will ever make the list. Thank you for shining light on this situation and allowing me to voice my truth about what is really happening behind these walls. I can't put most of it into words. The state has thrown us away. It is genocide."

Marie provided the following public comment, "My name is Marie and I want to give you guys another perspective from an outside person. I am a survivor of COVID-19. I am also a victim of crime. My son was murdered December 11, 2017 and his murderer is housed in the Nevada Department of Corrections. I also work directly with the prison education program as a CSN program manager, but I contracted COVID-19 from my son who was detained at the Clark County Detention Center. The jail was encountering outbreaks at that time and unfortunately, he was grouped with others in the (indiscernible). Now some of us experience COVID differently than others. But in my case, not only did it eliminate my energy, the cough and the body aches were absolutely horrible, but thankfully I had a comfortable mattress to lay on. I had access to soup, orange juice and herbal remedies. Now I bring this up because recently I received a call from one of my prison education students who have also tested positive and experienced these pains associated with COVID. It is shocking how concerned he was about his grades and his classes, and when I told him to go drink a lot of juice and get some rest, he informed me that they are not even providing them juice. Now I share these scenarios as brief examples of what is happening not just to them, but to all of us. And there's a lot of people that are inside NDOC. They are struggling. Some of them are soon to be released and/or expired. But we're not talking about the population with lengthy sentences, we're talking about these individuals who need to come home. Now, it would relieve the state some additional expenses. Anyway, I just want to close by saying this. As much as I hate that my son's murderer, what he did to me, my son's identical twin and his family, I wouldn't even want that man to die in prison from COVID. Thank you for your time."

Monica provided the following public comment, "My name is Monica, and I am here with Return Strong Families United for Justice for the Incarcerated to share a story and experience of a woman incarcerated at Jean Conservation Camp. The conditions are worsening here day by day. On November 22nd, all inmates were tested for COVID due to contact tracing resulting from a potential exposure of two inmates by undisclosed source while on community assignment with the Nevada Division of Forestry. On November 25th, the results came back, and those two inmates were transported out of the camp. Two units were placed on quarantine that day and all inmates were tested again. The results came back, and two inmates in the unit that were not quarantined, came back positive. Since then, there are now 15 inmates showing symptoms of COVID and the entire camp is on quarantine lockdown. My unit remains unaffected. As of this letter, we have not been allowed

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to leave the unit for anything since November 25th, which is beginning to take toll on everyone. To be honest, I feel like a sitting duck with immense anxiety about not if but when I will become infected with COVID. And with history of asthma and other respiratory ailments, catching it really scares me. I have no control over this situation or my destiny. To me this is inhumane to have human beings live in this type of fear. I am a non-violent felon. My crime is addiction and drug related. I am for sure not a danger to the public. I have a lot of support and safe homes to be released to. I am curious if the Governor would consider expanding house arrest or skyline to people like me. I don't want to die here and if I catch this virus, I most definitely will. And I just want to end this, the person that wrote this letter, did come back positive for COVID, the conditions at JCC has drastically changed."

Lola provided the following public comment, "My name is Lola, I am a volunteer with Mass Liberation. As a community member, the lack of leadership of this administration and NDOC and the State of Nevada actually is appalling. We have heard today that there are nearly 3,000 people with COVID-19 in the correctional facilities, ten people have died. 20% of those are DOC staff. The only option to speak to officials today is within an arbitrary two-minute limit, which as you can see limits any chance to express any gravity of what is actually happening. This isn't about guilt or innocence. This isn't about crime or punishment. This is a public health issue. It's a public health issue that the State of Nevada, DOC, all have an obligation to solve. We have seen through this lack of leadership that DOC has effectively undermined everybody's efforts in the State of Nevada to stop the spread of the virus and flatten the curve. NDOC is creating situations that will overwhelm our depleted Emergency Room (ER) and Intensive Care Unit (ICU) beds because they are creating super spreaders within the facilities. People inside prisons won't be treated for COVID-19. Inside prisons, they go to the same ICU beds as the rest of the community. NDOC and the Governor have a duty to lower the numbers in the facilities because statistically speaking. Just statistics alone, the only way to reduce the number of COVID-19 cases in our already overwhelmed health system is to reduce the number of people who are exposed. We need a plan. We are hearing so many people speaking. You are hearing victims of violence speaking. It is not about crime or punishment. It is not about guilt or innocence. We need a plan that is going to prevent the spread of this virus. Period. I yield the rest of my time."

Vera provided the following public comment, "My name is Vera Moore and I am the Director of True Beginnings – Divinity House collaboration. I hear all of this and everything is on the side of the problem. We need to start operating on the side of the solution. And the NDOC has not been very welcoming or permitting where that is concerned, where they are working with probation and parole not to let these individuals home. So NDOC is stating that they won't let the individuals home because there's no place for them to go. Because the places that are open, that are parole and probation approved are refusing people. However, we have several agencies, several housing components out here or facilities that are willing to take individuals that can be released, but they won't allow us to take those people because we have not paid to be licensed through the state. So, this all comes down to a financial issue, an economic issue. Where if the NDOC were to loosen some of the restrictions, we would be able to have housing for the individuals that have expired and the individuals that are coming up on expiration. So, we can get those women and men out of the system and kind of loosen what's going on inside and start providing some services in there. We know that when they come home, they would have more benefits and they would have more structure out here with people helping them and helping them get over COVID or preventing them from catching it and we can stop the spread right there. So, I think if we stopped wagering on the economic issue and start wagering on the human issue or the humanity issue we will probably have a solution here. We can come together so these individuals can come home. So, my thing is with the Governor not working with the NDOC and probation and parole to loosen these restrictions and allow the individuals to come home, just keeping them inside and killing them off one by one. So, what's the solution? If we just kind of lessen those restrictions, we can get these individuals housed ASAP."

Jennifer provided the following public comment, "My name is Jennifer and I am here as a member of Return Strong Families United for Justice for the incarcerated, to read a letter from a person incarcerated at Jean

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Conservation Camp. This is just one example of hundreds maybe thousands of people the Director said do not exist. Non-violent felons, with less than a year to expiration and a release plan and a home to go to. First, my case is non-violent, and I do have a place to go when released, a home. I work for NDF and we go out and work in the community. They say that two inmates were exposed while working and that is how this started at Jean. Now we don't leave our units at all. Everything is brought to us, breakfast, sack lunch, dinners, supplies. Each unit can house 48 inmates. The way we are housed, there is no ability to social distance. If one inmate gets COVID, we all get it immediately. We may have made choices that led us here, but the injustice happened before we ended up in prison. This was my first offense and it was non-violent. I didn't get the chance for probation or house arrest. I went straight to prison. My crime revolved around money and really around poverty and trying to survive. I was trapped and needed to provide for my family and our country is not about everyone surviving, it is about some people thriving and other people struggling to survive. I regret the decisions I made but making decisions under pressure is never a best-case scenario. I expire my sentence in July 2021, and live everyday terrified that I won't make it to that day to see my children and grandchildren and hold my unborn grandbaby. The Director says no one qualifies for any type of rapid release programs but I am a non-violent, expire in seven and a half months, and have a release plan and family to go home to. Why is he taking a risk with giving me a death sentence? Thank you for your time and consideration."

Shaun Navarro provided the following public comment, "My name is Shaun Navarro, Co-Chair of Las Vegas Democrat Socialists of America, Las Vegas resident. I am a human being with a basic level of empathy towards other people. Since the beginning of COVID in March, medical experts and activists have been warning NDOC of the unique threat COVID poses to our incarcerated population. Due to incompetence or lack of caring or probably both, no one listened. What's happened right now in the prisons is a massive human rights disaster on top of the daily human right violations that come from being in prison in America. It's a violation of these peoples' eight amendment rights. No one should be forced to endure cruel and unusual punishment. It is unimaginable that this has to be said in the 21st century in the richest country in the history of the planet, but no one should die of COVID while in prison. If we have the money to imprison these people, to put more people in prison than any other country in the world, we have the money to ensure their basic safety. We as a society should have the basic decency to protect the people we incarcerate. But the spread of COVID affects the entire community as well. In Chicago, one study linked almost half of the cases in Chicago to people who came from prison or recently reintroduced. Here locally, in the past three days, there have been 900 new cases in NDOC. In Washoe County, a County with 31,000 cases and rising, 90% of the local prison, the Warm Springs Correctional Facility tested positive. Again, this cannot be allowed. This is a huge violation of people's rights. This is a huge safety risk to the general public. A few things that we need to see is de-carceration, there's many ways to inexpensively and humanely transfer folks from these overcrowded prisons. The medical standards, mental health standards to prison in their home. We need to meet the current needs of the incarcerated. Meet their basic needs, get them the vaccine, make sure they are well taken care of and stop it from spreading further. We need to have independent investigations into the handling of COVID-19 in our prisons."

Ayanna provided the following public comment, "My name is Ayanna, I am a member of the Return Strong. I have a letter also from an inmate that is at Southern Desert Correctional Center and it reads. I am a 57-year old man with chronic illnesses as well as mental health issues. Please help me. I don't want to die in prison. I wasn't sentenced to death. As I sit here in the cold box, no heat or extra blankets and my mental health failing due to this pandemic. I was sentenced to two to six, not the death penalty, but yet every day I am counting down the days as if I were. I know I committed this crime and take full responsibility for my actions and have taken the steps to fix me. However, I can't fix diabetes, which leads to heart diseases and sometimes I am so stressed out and not knowing if I'll ever see my children again. My mind is playing tricks on me. I have never seen a penitentiary that has no staff. It takes 8 to 12 weeks to see a doctor or maybe they never see you. I graduated the trust program and after care and was enrolled in re-entry. I completed a victim empathy and I was told I can't recede my days and I am watching them run away from me. It seems my life has. I don't deserve to die

here. How can we get the Governor to consider releasing people like me to our families or on home confinement? Is there anyone that will help?"

Denise provided the following public comment, "My name is Denise and I am here today with Return Strong Families United for Justice for the Incarcerated to read a part of a letter that we received from Jean Conservation Camp. I am incarcerated at JCC. You said that you are here to be our voice. Well I am here, and I am a voice for all of us in here. Here are a few things going on. First, on November 25th, two inmates tested positive for COVID and were sent back to Smiley Road. They were in the same unit and we went into a complete lockdown. COs began carrying everything into our unit for us like food trays, oh but also COVID because they would go into the infected units and then come out and right into our unit. The officers all go in and out of the units without changing PPE. Tray racks go in and out and are not cleaned in between. There is no access to grievance forms, and we have no signs on how we can contact the American Civil Liberties Union (ACLU). We have one medical person only a couple days a week and that person floats between here and Smiley. The lieutenant and senior officer never have gloves on walking from unit to unit. Regular officers do, but they do not change them in between positive and negative units. The food they serve is expired. Moldy butter and rotten carrots and celery and we were told to cut the rotten parts off and serve the food anyway. There is no maintenance, so we are exposed to breathing in the sewer. The water is brown and that is how we are supposed to drink it. That is the water that we have. We do not have heat or hot water and we keep asking for them to fix it but are told there is no one available to fix anything. Here are some people in my unit that should qualify for rapid release program. Me, non-violent felony, I have a release plan, a place to go and documented high risk medical condition. Person number two, also non-violent, high risk medically and has a place to go if released. Number three, non-violent felony and have approved place to go. The list goes on and on for another 30 people at least, just in this unit. The overwhelming number of women incarcerated are non-violent, have families and now are COVID positives due to the negligence of the state."

Ian Bigley provided the following public comment, "My name is Ian Bigley and I'll keep my comment brief. I am a lifelong resident of Reno, Nevada and I am calling in to say that the fact that some many people experiencing incarceration in Nevada right now, contracted COVID is unacceptable. And it is evidence of just the utter failure of our government to manage this pandemic and protect the health of Nevadans. As many people have already mentioned, we need immediate relief through compassionate releases for medically vulnerable folks. Folks within months of expiration and utilization of a pardon board. We need to improve conditions on the inside based off from listening to folks who are experiencing incarceration and also, we need an investigation of how and why we have experienced such an absolute failure in this state's public health. Thank you."

Darren Scheidel provided the following public comment, "My name is Darren Scheidel and I am here with Return Strong Families United for Justice for the Incarcerated. To read a letter from an inmate incarcerated in DOC. During the pandemic and to voice our concerns as a community to the validity of Director Daniel's claims to have this pandemic under control, to call for an independent investigation into the claims of the DOC in light of what incarcerated people are expressing. The letter reads: I am an inmate at Southern Desert Correctional Center. I'm located in a dorm with approximately 100 other people. We are in the trust program and have been on quarantine 24 days, since November 2nd. We normally have programming with counselors, but we are now on a non-programming quarantine. We have valid questions. If they are not programming, why are they still bringing in counselors from the outside, if we have zero positives? Their answer to those people need to collect a check. Then the free staff, medical, COs don't always wear masks. We have to use the same masks since we got to prison. For me, that was April 27, 2020. If our mask is damaged, they charge us for them. Most Cos have beards or facial hair, so the N95 masks are ineffective. The COs are serving food now and they do it without the proper PPE, gloves, masks, hair nets. We live in a dormant program under bunks about two feet apart, passing sign-o\in sheets, journal folders, and yet we are not allowed to go outside and get air and sunshine and move, which makes no sense, because if we are in a unit together 24/7, if one of us gets sick, we all get sick. Why can't

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we have yard time, which would help us all stay healthy? Most of us have not been outside for over 30 days. We don't get cleaning supplies, and it isn't like this is a hotel. They don't clean for us, no mops, bleach."

Debbie DeValve provided the following public comment, "Debbie DeValve stated I have questions for Dr. Pandori. As part of your presentation, can you address these questions? How do you know the cell culture that you've done in your lab is actually detecting SARS COVID to infection? Also, how do you know it's not just any type of infection that you've actually cultured? A second question, is there a better test that can be used than a PCR test to detect this virus? I know of someone who went to the Cashman Center for a COVID test and they said that you yourself put the swab into your own nose. Doesn't this affect the amount of specimen collection and can this affect the outcome of the testing? My next question is where did these testing kits come from? Are they made in China, the U.S. or where? How many different companies are being used? Can the variety of test collection kits affect any PCR testing outcomes? Just one other thing I wanted to say. After listening to these Return Strong callers, I would like to recommend that those incarcerated should have access to vitamin C, vitamin D, zinc on a daily basis and any other proven prophylactics that could help the prevention of catching the virus or even helping it be a minimal effect. This could help strengthen their immune systems and this could help reduce the spread, take away fear and impact those who contract the virus with better outcomes. Thank you."

Tiara Moor provided the following public comment, "My name is Tiara Moore. I'm also a volunteer with Mass Liberation. I just want to say to stem the spread of this deadly virus, we must drastically reduce the number of people inside of jail in prison and offer some compassionate relief to non-violent offenders. This is a matter of life or death. We see and understand what's happening on the ground with this pandemic and for our humanity public health and public safety, we need to allow these people to be released. Thank you."

Matthew DiFalco provided the following public comment, "This is Matthew DiFalco for the record from Henderson. I think it's abundantly clear that the crowded and unsanitary conditions in our prisons and jails facilitates the rapid spread of the virus. Military veterans sometimes run into issues with law enforcement and the criminal justice system that result in incarceration. In fact, a report from the U.S. Department of Justice Bureau of Justice Statistics shows an estimated 181,500 veterans were in federal prison and local jails at one point in time, which is about 8% of all inmates. Incarcerated veterans are at risk and need to be taken into consideration. I encourage you to consider lowering the number of people behind bars in both jails and prison facilities, meeting the immediate needs of the incarcerated people by improving the conditions on the inside and an independent investigation into the handling of COVID-19 inside our facilities. Thank you."

Michael Kelly provided the following public comment, "My name is Michael Kelly from North Las Vegas and I am the Chair of the Nevada Democratic Veterans and Military Families Caucus. I am and you as a veteran would understand we have many veterans incarcerated in our facilities at NDOC as well as throughout the state, the county and municipal facilities. For the past year and a half, we have been advocating for an increased usage of community corrections to try to resolve issues relating to veterans because we felt they were at risk inside prison and jail facilities and we asked for a comprehensive plan. So far, that has not happened, and I once again am urging you as well as working with our legislature to develop a comprehensive plan for the use of community corrections. Many of the offenders we've heard about today are inside these facilities for non-violent offenses. We need to utilize more inexpensive models, more effective models in order to prevent recidivism and we need to come up with a 21st century plan to resolve these issues. Once again, we urge as a caucus the use of outreach teams. We have tried for over a year to develop a veterans outreach team that would not only resolve the issues relating to veteran suicide and other issues relating to veterans, to work with veteran offenders to ensure that they are not repeating these same offenses as well as to ensure that veterans who are at risk for offending would be able to be mitigated. Again, we ask for your support when we promote these future plans to try to work with our city, county and state government officials in order to ensure that veterans are being taken care

of and you as a veteran, we ask that you'd take this into consideration Mr. Cage and thank you for your service and thank you for consideration."

Madeline Williams provided the following public comment, "My name is Madeline Williams. I have been a lifelong resident of Reno, Nevada and I am also calling to encourage this board to do the humane and the right thing. In the face of one in five people infected in the NDOC and 10 people dead already, to implement some new strategies in the face of all of these problems including compassionate release but also including considering all of the bids for early release or for release that should already have happened based on the other letters that we've already heard read here today. Most of all you need to listen to the people incarcerated considering that many of the NDOC's reports are in direct conflict with the things that inmates have reported. Furthermore, we need more transparency from you and from the NDOC going forward on what the conditions are truly like. We shouldn't have to rely on people sending letters out to understand the treatment and the lack of resources that are present in our correctional facilities. This is literally a life or death situation and if you don't do something about it you are complicit. Thank you."

Annette Magnus provided the following public comment, "My name is Annette Magnus and I am the Executive Director of Battleborn Progress. I'm here today because our organization is incredibly concerned about the situation happening in our jails and prisons across Nevada. At the end of the holiday season that is based in love and compassion for others, I find it reprehensible that we would continue to allow COVID to ravage our systems and turn a blind eye to the human toll it's taking on the incarcerated population. As someone who was raised Catholic like the Governor, this is against our basic tenets that we were taught in our religion. As Pope Francis said about the inhumane treatment of prisoners, we will be judged on this. I do not care whether a person is incarcerated or not, these are human beings we are discussing, and everyone deserves access to basic human rights. The State has a responsibility to care for people no matter where they are or what has happened in their past. The State should be held liable for the safety of all incarcerated people. You have a moral obligation to focus on de-carceration to meet the needs of all inmates and keep them safe. You need independent investigation into the handling of COVID-19 inside all facilities. You must focus on transparency and aggregate data as well as publicly tracked data on COVID-19 inside county and city detention facilities and a commitment from our Governor and this committee to address these issues in a real way. The way we have handled this so far is unacceptable and inhumane, and our organization demands that you do better. Thank you."

Ms. Castro provided the following public comment, "My name is (indiscernible) Castro. I'm calling on behalf of Mass Liberation. I just want to echo everyone that has been speaking during public comment. I know some stories are really heavy to hear, but that's because it's real, this is happening not only to those incarcerated, but to their families as well. COVID is horrible. I experienced COVID in October and symptoms are different and especially within black, indigenous and people of color, and it's horrible that there's not any actual medication for it, just taking home remedies or whatever is accessible to you. I know this is also lowering the numbers of people even going behind bars that's caused by over patrolling in communities of color. I want to address that as well and we also have a pardon board. So, I want us to utilize that and use what is within our reach. I also want us to continue being transparent. I want you all to be transparent and to let the public know of the data that is going on within the county and city detention facilities. I just want to echo everyone that has been speaking already and really ask to help our community please. Thank you."

Kenya provided the following public comment, "My name is Kenya and I am a former mental health employee for the Nevada Department of Corrections, and I am here today as a constituent as a volunteer of Mass Liberation. The circumstances that we see in front of us are not new, so that NDOC has a history of falsifying information and not giving resources even when they have them to the people in their care. This is a human rights crisis. I'm also coming to you from the perspective as a COVID survivor and someone who has lost family members due to this uncontrolled pandemic due to lack of leadership. I want to make sure that we utilize all resources we have of release which can include home confinement, electronic surveillance, compassionate

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release utilizing our pardon board that is what they are there for and I highly suggest that we all look in ourselves and realize that these are humans and that we are being complicit if we are not doing anything about this. This is not political, this is not an issue of punishment as has been said before, this is an issue of basic human rights, which NDOC has a history of violating it is time to stop and I strongly encourage you all to take action on this. Thank you so much.”

Martha Menedez provided the following public comment, “My name is Martha Menendez. I am in immigration here in Las Vegas. I’m calling today as a constituent. As many have echoed already. I have said before I’d like to echo that. It seems to me what has happened here and the response within the prisons and the jails to this COVID epidemic just really highlights issues that have always been present. For me, as an advocate, as an attorney, the most pressing thing I think is transparency. What we’re hearing from incarcerated folks in comparison to what we’re hearing from officials, it just completely doesn’t vibe, so it becomes very difficult for the public to have any trust in what we’re hearing. As we’ve heard this morning already, conditions in there are egregious. They’ve probably been that way for a very long time and this is only highlighting it and it also highlights how little we care about the lives that as Nevadans as a State we are supposed to be protecting, in spite of whatever criminal record people have. They still deserve to be treated as human beings and we are clearly not doing that. I would stress also not just to be transparent with the public, but to give people on the inside the information that they need. I hear from clients all the time that they have no idea how many cases there are, where they’re living, they get sick and they won’t even take their temperature sometimes. It’s almost like retaliatory. If they complain about anything then they’re really not going to be seen. That’s what I am hearing, and I would just really stress that we need real clear information. Information we can trust and that really only something that you all can help us with. Thank you.”

Yesenia Moya provided the following public comment, “My name is Yesenia Moya. I am with Vegas Freedom Fund and I am a constituent and community member. We need a plan that will put human life at the forefront. Lack of leadership within the DOC has resulted in thousands of infections and many more deaths to come. I urge you today to commit to yourselves to not be a part of the problem and to not have more blood on your hands. We need a plan that will put human life at the forefront. Stop sentencing people to death by forcing folks to stay in what can be a petri dish. Conditions have obviously worsened, not that they have been better in many years before and as an immunocompromised person and as someone who recently had warrants, I feared for my life, for a month and a half. I have been fighting these tickets for over four years and I did not want to get arrested. I didn’t use my car when I was out. I was forced to go into court to pay for my tickets and my warrant. Again, created another public health crisis. We have heard many stories today from inmates and from folks that have been affected by COVID. I urge you to make a plan in which we will have things like release dates for folks, abilities to go in front of the pardon board, home confinement, release people within months of expiration. Utilization of every effort that we can have on the ground because folks are dying, and it is not fair, and it will be blood on your hands. Thank you.”

Erika Minaberry provided the following public comment, “Erika Minaberry with Mass Liberation read a letter with consent from an incarcerated person. I contracted COVID-19 due to negligence of the warden, NDOC officer and staff. I’m at Warm Springs Correctional Center. There has been no medical care since being diagnosed positive with COVID. I submitted a complaint of a headache and issues with my blood pressure. I have still never seen a doctor or nurse. 90% of all inmates in this prison have contracted positive. Staff informed me that when I complained of labored breathing that they didn’t have equipment to help me. We are all quarantined and I am only outside 20 minutes out of every 24 hours. I am deeply depressed knowing that I’m going to die because I am high risk. I have one mask, no cleaning supplies for myself. I’ve told my family of the neglect and all that has happened to me and told them that I am going to die, and the State is responsible. This pandemic isn’t their fault, but the mistreatment and the neglect is. I have a hard time reading that and I hope that the Governor had a hard time hearing that and if the Governor does not take action on this immediately,

every person that dies in our unjust and overcrowded prison system lies on his hands and may God not have mercy on his soul. I relinquish the rest of my time.”

Sarah Coyle provided the following public comment, “My name is Sarah Coyle, and I am a resident of Reno, Nevada. For the record, I am calling as a constituent and I will also be reading a letter written and cleared with an inmate’s consent. Greetings, I am writing to you because my family cannot pull off the miracles you have been able to. I am praying you can help with these inhumane conditions or at least some of them. The heater is broken more often than it is fixed, so I feel like I sleep outside and wake up outside. The way we are fed and the food we are given you’ll think homeless shelters are afforded better luxuries. If you are one of the few fortunate enough to have money, it may do you little good if any. This pandemic has taken its toll on all of us, including my mental health. I’ve been diagnosed with bipolar depression, AADHD and anxiety amongst other things. I know I need to keep my mind at ease by focusing on something positive, like programing working or progression, but this quarantine shut everything down and I have never felt so alone in my life. It’s like my life and freedom is at the mercy of the NDOC. So even though I have been accepted for minimum custody, even though I’m doing good, even though I am on a positive road, it doesn’t matter because I am stuck in one place, which is one of my greatest fears I developed in prison, to be trapped at the mercy of my own thoughts reliving the memories of the past. And after acceptance of my past sets in, regret comes, then remorse for every lie, action, and thought that caused harm. For nine years and three months of my life, the mental punishment has haunted every corner of my mind on repeating cycle and since the pandemic, it has only intensified. I am the furthest thing from perfect, but I am so much better than I once and anyone with two eyes and a beating heart will say so. I had nothing but a bad reputation in the eyes of society when I was sentenced to 30 years with a 10-year minimum. Since then, I’ve earned a General Education Diploma (GED), a diploma.”

Jovan provided the following public comment, “Hello my name is Jovan with Mass Liberation Project. I’m calling just to let people know that you cannot social distance in a six by ten cell with another person in that cell. That’s impossible. We have federal guidelines right now where we’re supposed to six-foot social distancing. You cannot do that in a cell. Most of the time, these individuals are locked down for 23 hours out of the day. I know I can’t wear my mask 23 hours of the day. There’s a point in time where I have to eat. There’s a point in time where I have to sleep and that’s just not possible and you know we have to look at it like this, businesses are required to be at 25% occupancy. Prisons are businesses too. They take contracts with the State, take contracts with the County. So, we need to let people go home. If they could go home, we should allow them to go home. If they have a place, they can parole to they need to go home. If we could allow people to have single cell livings, they’re able to protect themselves from COVID. They’re able to social distance and they can have a peace of mind, because having that type of anxiety, that type of stress on you with another person in that cell, it will drive you crazy. We have a Governor that wants us to operate at 25% for businesses, so I would like to see the same for the prison system out here in Nevada. Thank you.”

Lois Barron provided the following public comment, “I am Lois Baron calling on behalf of Incarcerated Individuals with Mass Liberation Project. I would just really love to imagine the possibilities if you made progressive decisions, such as letting these people go home. It would be so wonderful for you and everyone else to have a meeting where public comment was congratulating you on taking the measures needed to protect your citizens. These are human beings, and they are dying with a death sentence in in jail. Listening to these letters sounds like listening to letters from a third world country and we can do so much better. I know that nobody wants it on their consciences to have people dying in jail when they are in there for non-violent crimes and when they could be easily at home for the holidays with their families. The fact that some people have only received masks one time when they entered in April People don’t have heat, people aren’t having vitamin C or the sunshine, it’s not only inhumane, it’s reprehensible. I really hope that you decide to make a good decision and that maybe Nevada can be an example of what to do for the rest of the Country, instead of an example of how exactly not to help people and how to treat people like expendable bodies of meat. I’ve never heard anything so sad in my entire life and I really would love you to imagine the possibility and use the

power that you have to allow these people quality of life and equitable conditions like all of us are afforded. Thank you.”

Jonas Rand provided the following public comment, “My name is Jonas Rand. I am a resident of Paradise and I wanted to echo the comments made by others to the effect that it’s unconscionable for us not to address the issue of people facing incarceration in the middle of this pandemic and not investigate it independently and not pursue expediting the release of people especially scheduled for parole but also in general to ensure compassionate releases and to ensure that people can be home for the holidays with their families if it’s possible. It is impossible as others have noted for people to follow adequate procedures given current circumstances and restrictions and given the nature of the pandemic and so I think it’s important to recognize that shocking things have taken place as others have elaborated behind bars that deserve to be addressed and that people do not deserve to be held in conditions like that and it’s disgusting and reprehensible to not have taken action until now. Thank you”

Jody Hawking provided the following public comment, “My name is Jody Hawking, I am the founder of Return Strong and I think you all are aware we have been calling now for months following the footsteps of other activists who have been calling since the beginning of the pandemic for different solutions. There are so many examples of best practices that are out there that have just been ignored by Nevada. We’ve taken the word of NDOC as the truth and that we continue to take that and not listen to people who are actually experiencing something that is very different. Not having enough food, not having staff, being disrespected by staff, not being able to get medical treatment or Tylenol or any of those things. We’ve called and called and called about what the problems are and put the spotlight on them. There was someone earlier on the call it’s time to shift to systems to finding solutions. We know what the problem is. If the Governor, the Task Force, if whoever needs more proof or more information, we have hundreds of letters and we get another 50 to 100 every day. Just ask us, we will be more than happy to share that information with you. In addition to rapid release, we’ve listened to the Director say that nobody’s eligible. Return Strong has manually gone through the Department of Corrections own parole eligibility list and have identified over a thousand people that could be eligible and be home already. We look forward to really sitting down and finding solutions to these issues and putting them into action. The people that came before us Mass Liberation and ACLU and a million organizations, I wish I could name you all. All were calling for this when the pandemic first started. We’ve talked about it, let’s do something.”

Courtney provided the following public comment, “My name is Courtney, I’m with Mass Liberation. So, people talk with their families and we understand our loved ones inside are struggling. The system is more invested in the private companies providing slop to prisoners and the money they are getting from the labor inmates, even before the vaccine, we should still have been trying to mitigate the spread of COVID. Would you like to be inside for 30-day period, getting 15 minutes to call your family and take a shower every three days. No, people on this committee get to see their family. You all get to go to the store, bars, travel, so please do not act like you know what these people are going through. They are community members just as much as you all. I’m sure that if you went through this, you would go literally insane. These inmates are strong, and they should not have to be. Incarceration should not be a death sentence. Inmates deserve vitamins, yard time, de-carceration methods so some of our community members can return and will return to us alive and healthy. The independent investigation everyone is calling for is because NDOC obviously cannot handle this themselves. We should listen to inmates just like you all are listening to us today. Why is there no accountability within our system to make sure that incarcerated folks are being treated humanely? I challenge you all to set a day to listen to the people who are the reason you’re sitting here today. They made a mistake, and they deserve staff in the system to treat them with respect. Something you all keep showing you’re not capable of. The thing about non-violent versus violent in regard to these people is that they do not deserve to die or be treated inhumanely regardless of what they are in for. They deserve true rehabilitation and care. How do we release them if they come out even worse and more traumatized than they already came in. That is the epitome of recidivism, which again

fulfills the system's need of the lengthy sentences and this whole tough on crime is fueled mass incarceration and it's been proven ineffective and inhumane, especially in response to violence in our communities. And it runs counter to the demands of violent crime victims for investments for prevention rather than incarceration. Thank you."

Tanisha Freedom provided the following public comment, "My name is Tanisha Freedom. I'm a concerned citizen and life-long resident of Nevada. I am calling to raise concern about the City, County and State failure to those that are kidnapped in various facilities across the State. In my own brief detainment at Clark County Detention Center (CCDC), I witnessed no proper handwashing facilities, filthy cells, no social distancing, no masks, and staff both overwhelmed and unconcerned with the safety to those that were held. The proof is the cases are increasing not decreasing and that is without knowledge if proper testing is even occurring. Something is not going right. Some of the shocking and recent stats that I read was that approximately 2,800 incarcerated people and/or one in five are impacted and 10 people have died, including your staff. These men and women do not deserve a death sentence. We know these facilities struggle with providing proper food, decent housing, and medical care without a global pandemic. We're hearing an increase in mental health breakdown because of the trauma associated with the restricted confinement as well. We are the community and now we are the jury and we are finding the State guilty for neglect and death due to an improper response to the handling of COVID and those held kidnapped. We demand that the State respond to the people's call to release all non-violent offenders, those awaiting trial and those that are currently held expired. Allow the community the opportunity to care for our own people and our own families. I yield my time."

Leslie Turner provided the following public comment, "Leslie Turner with Plan Action the Mass Liberation Project. I will be very brief, I just wanted to put it on your radar that there is a report that just came out a few days ago by the prison policy initiative, which really talks about how these outbreaks within prisons are connected to outbreaks we're seeing in the community. So, there's a direct correlation between this kind of like spikes on the inside and then community spread and so I just really encourage everyone to take a look at that data, and I mean we saw that here with 90% of the population at Warm Springs. That kind of blew up at the same time that Washoe didn't even know if their infrastructure could support the number of cases that were positive for COVID. So, I just encourage people to look at the data, really consider that our outside of the box cannot keep doing what we've been doing. This is a new problem that we're dealing with and we've never actually dealt with it before. So, I think there's clearly (indiscernible) and what's happening at the top. So whatever policies and procedures NDOCs management is saying is happening are not actually being carried out on the ground. I said that last week, and I am going to say it again because as you can hear that we are continuously getting letters, hundreds of letters from people inside that are explaining what is going on. We have read a lot of those letters on these calls and so someone uninvolved has to take a look at that and we have to start listening to the experiences of incarcerated people because it is not matching the protocols that are being supported."

Jessica Peterson provided the following public comment, "My name is Jessica Peterson, I sit on the board for the Friends and Family of Incarcerated Persons. I am also a defense attorney in the valley. Just from hearing from families as well as individuals, there is an outbreak at the Nevada Department of Corrections, the Clark County Detention Center. In both of those facilities, it is both dangerous not only to clients, but to those families once they are released and back to their homes, but also to those within a legal community who would like to provide adequate, quality representation to those individuals. I know there is also an issue with clients/individuals who are up for parole have COVID and then delayed that time in which they are going to be released back into the community. Meaning that they could succumb to either having COVID again or succumb to their injuries because they are not being provided adequate quality healthcare. So, I implore those that are on this committee to really consider and think about the lives and individuals who are being housed at NDOC, at the Clark County Detention Center, as they are human beings that deserve to receive the same amount of respect, the same amount of health care that anyone else who is on the outside has been receiving. Thank you."

Emily Driscoll provided the following public comment, “My name is Emily Driscoll, I am a Nevada voter, a voice law student, a student attorney and student president of the national lawyer’s field. I am calling in regard to COVID and NDOC. I implore Nevada Health Response to facilitate 1) de-carceration by means of releasing the medically fragile using pardons and early release for upcoming expiration and using pardons just to start; 2) meeting incarcerated people’s needs by providing access to sanitizing supplies, PPE and regular testing; 3) conducting an investigation into the NDOC and the State fumbling of the COVID-19 crisis that has caused negligent and wrongful deaths of incarcerated people; and 4) transparent and accurate data collection as incarcerated people continue to contract COVID and die in Nevada. As incarceration per person costs upwards of \$40,000 per year, it is incomprehensible that decision makers and NDOC are unwilling to provide basic services to their wards and incarcerate facilities. It is clear that NDOC is using COVID as an excuse to further oppress people’s civil rights and denying them access to these activities and contact with family and friends on the outside while they continue to get sick on the inside. If not for humane reasons, Nevada should at minimum meet these four demands to mitigate costly future lawsuits that will inevitably burden public budgets and humiliate the State. COVID deaths incarcerate facilities are avoidable if only the State handles that issue correctly. I yield my time and thank you all for holding this public comment.”

Laura Martin provided the following public comment, “My name is Laura Martin, I am the Executive Director of the Progressive Leadership Alliance of Nevada and I definitely lift up everything that folks have been saying, especially the leaders from the Mass Liberation Project and I hope that we can remedy the situation because it is something that has been brought to the Governor’s office as far back as March 27th raising the alarm about the possibilities of COVID spreading throughout our prisons. Unfortunately, we have been misled by the Department of Corrections and now we are seeing that people are literally dying. These are not just cages that people have been held captive in, they have now become their tombs and like the previous caller just said, this is going to open up the State of Nevada whose budget is already hurting. We have already defunded our education and health care program and now it is going to affect our State in terms of civil lawsuits that will come from Governor Sisolak’s inability to protect people who are incarcerated and we also have to remember being in jail does not necessarily make you a bad person, and a lot of the times it does not even make you guilty. We just passed legislation to compensate people who were wrongly incarcerated in this State. I pray that there is no one in this jail who suffers from COVID positivity or has passed away who was placed there by bad policing or just a really botched case by the district attorney’s office. So, I really do hope that this testimony isn’t just going through the motions of saying you listened, but you actually take action. People are literally dying on your watch. People are dying because Governor Sisolak and the Administration did not take action. We need that action now; we can keep moving forward. There are many organizations who have provided you with lists of people who could get pardoned or have compassionate release just like the federal government did, and we are really calling on you to take action now. No more people have to die in Governor Sisolak’s jails. Thank you.”

3. Approval of Minutes

Chair Cage called for a motion to amend or approve the draft minutes from the December 10, 2020, Task Force meeting. A motion to approve the drafts minutes as presented was provided by Chief David Fogerson, Division of Emergency Management (DEM), and a second was provided by Dagny Stapleton, Nevada Association of Counties (NACO). Motion passed unanimously.

4. Appointed Department Updates

a. Department of Business and Industry (B&I) – Enforcement – Director, Terry Reynolds

Terry Reynolds spoke to work being done by B&I and the Division of Industrial Relations (DIR), which oversees the state’s Occupational Safety and Health Administration (OSHA) program. Mr. Reynolds noted during the time

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of December 9, 2020 through December 15, 2020 compliance rates where in the 99% to 100% range. There has also been a total of 5,600 complaints received to date. When looking at the top ten areas of complaints received, seven of the top ten are for northern Nevada. Mr. Reynolds noted for more information, individuals can visit the DIR website.

b. Division of Emergency Management (DEM) – PPE Status – Chief, David Fogerson

Chief David Fogerson provided an overview of the Personal Protective Equipment (PPE) status per the Disease Outbreak Management Plan. There is \$137.7 million dollars' worth of grant funding from the public assistance account. The share is still at 75% and DEM is continuing to push for a 90% share. Chief Fogerson is hopeful to hear on this request shortly. The PPE update is provided in the meeting packet. DEM is working on the final push of PPE out to the charter schools and hopes to have this completed by Christmas. DEM is also pushing out a large amount of PPE to NDOC along with the BinaxNow kits. BinaxNow machines are also being distributed to local fire and emergency medical service partners.

c. Fiscal Update – COVID related Funding Coordination –Executive Budget Officer, Lesley Mohlenkamp

Lesley Mohlenkamp provided an overview of COVID related funding coordination efforts. The Governor's Finance Office (GFO) noted the Coronavirus Relief Fund (CRF) has the end of its performance period as of December 30, 2020 which leaves only 13 days for final use of funds.

d. Nevada Department of Education (DOE) – School Opening Plans – Deputy Superintendent of Educator Effectiveness and Family Engagement, Felicia Gonzales

No current update to provide.

e. Gaming Control Board (GCB) – Chief, Jaime Black

Chief Jaime Black provided an update on the GCB enforcement efforts. The GCB noted there is only one new violation from the last report. This brings the total to 2,020 violations to date. Since December 11, 2020, the GCB has conducted 1,901 inspections. Chief Black noted the GCB is available to answer questions and looks forward to continuing partnerships moving forward.

f. Nevada Association of Counties (NACO) – Executive Director, Dagny Stapleton

Dagny Stapleton provided an update from NACO. NACO continues to work with counties and emergency responders to prepare and distribute the vaccines. Ms. Stapleton thanked the state for their continued partnership.

g. Nevada League of Cities – Director, Wesley Harper

Wesley Harper provided an update from Nevada League of Cities. Many members of the Nevada League of Cities have no governing authority over businesses, so the focus is on acting as ambassadors and educating businesses of the rules and guidance. Mr. Harper continues to promote the use of the COVID Trace app within the municipalities.

h. Nevada Hospital Association⁹ (NHA)– Executive Director, Community Resilience, Chris Lake

Dr. Chris Lake provided an overview from the NHA. There are currently 1,839 confirmed COVID-19 patients in the hospital and an additional 136 suspected COVID-19 patients. This accounts for 35% of all hospitalizations.

There are 416 COVID-19 patients in the intensive care unit. Dr. Lake noted PPE, medication, and ventilators remain in a good status. The main challenges remain with staffing and discharging of patients.

Task Force took a break at 11:35 a.m. and returned at 11:40 a.m.

5. Current Situation Report

Kyra Morgan, DHHS, provided an overview of the current situation in Nevada as it relates to COVID to include the following (slides were also included in the meeting packet):

- Cases
 - 2,138 14-day rolling average cases daily
 - 2,074 cases per 100,000 over the last 30 days
 - 194,098 cumulative cases
 - 6,029 cumulative cases per 100,000
- Deaths
 - 22 14-day rolling average deaths daily
 - 21 deaths per 100,000 over the last 30 days
 - 2,653 cumulative deaths
 - 84 cumulative deaths per 100,000
- Testing
 - 401 tests/day per 100,000 over the last 14 days
 - 20.7% test positivity rate over the last 14 days
 - 1,885,929 cumulative tests

Ms. Morgan provided the group with an update regarding the slides provided in the handouts showing the trends of COVID-19 in Nevada. Nevada continues to observe increases in cases, hospitalizations, and deaths. Daily cases are consistently double that of the summer peak. Nevada is currently recording near record number for daily deaths. Although case growth appears to be stabilizing for the most recent short term, it is too early to conclude with certainty that Nevada is approaching any kind of plateau. While it is likely that the entire direct effect of the Thanksgiving holiday has come through in case counts, the full impact on hospitalizations and deaths likely not been seen. DHHS anticipates there will be yet another increase following the Christmas holiday. Regionally, Nevada's outbreak is now comparable to California in regard to new cases being diagnosed per capita. Arizona has started to outpace Nevada and California. There are currently 1,857 confirmed COVID-19 cases hospitalized in Nevada and an additional 151 suspected cases hospitalized. This is the second highest seen to-date. Although Nevada has observed a slight reduction in slope of this curve, Nevada continues to observe record levels. The most hospitalizations seen in a single day was recorded as recently as December 13, 2020. The current 14-day test positivity rate, at 20.7%, has declined since December 8, 2020. This is the first time Nevada has seen more than a single day of decline since September. It is believed this may be tied to having accounted for the bulk of testing associated with the Thanksgiving holiday; and while Nevada may return to pre-holiday numbers, it is too early to associate this with a sustained downward trend. 20.7%, test positivity remains extremely high, continuing to imply wide community spread and potentially many more undiagnosed cases in the community. For Specimens collected November 15, 2020 to current, as of December 16, 2020, it has taken approximately three days after specimen collection for results to be reported. Differences across different counties and laboratories are displayed in the table included in the presentation. Ms. Morgan spoke to results from the county criteria tracker for the previous week comparatively to the current slide as of December 14, 2020. This data includes prison cases. be adjusted to exclude prisons upon request. A preliminary analysis was done, and results did change significantly for five counties, but not significant enough to bring

them out of an elevated transmission status. Every county in Nevada, except for Eureka County, and Storey County, is flagged for elevated transmission. As of more recent data, however, Eureka has subsequently been flagged again for elevated transmission. Excluding prison/inmate populations do not significantly impact any counties' overall status for elevated disease transmission. Counties that have relatively high increases in testing and case rates after excluding prison inmate populations are due to having few to zero COVID-19 positive inmates. Since the number of tests and/or cases remain relatively constant and the population size (denominator) is smaller without the inmate population, increases in testing and case rates are expected.

Julia Peek provided an update on contact tracing and case investigation. DPBH is still finding over 20% of cases through traditional contact tracing efforts. Developing the shortened interview for cases has allowed disease investigators to reach out to more people timelier. DPBH is also looking at ways to automate the notification of lab results, so should be able to report out more on that in the coming weeks. Related to exposure notification tools, which are the COVID Trace app and ENX, there were 233,450 downloads or activations as of last night. There are now 104 cases having the app at the time of their diagnosis so far with 65 related exposure notifications sent as a result of those cases.

6. Update on COVID-19 Response from the Nevada State Public Health Lab

Dr. Mark Pandori, Nevada State Public Health Lab (NSPHL) provided an overview on cycle threshold (Ct) values in general, as well as the values being used in testing at the NSPHL. The presentation was as follows:

PCR is a method of amplifying a target Deoxyribonucleic acid (DNA) molecule

- For SARS-CoV-2, the target is the virus' genome; it is made of Ribonucleic acid (RNA); but it is an easy process to convert RNA into DNA
- PCR takes place in cycles; each cycle, temperature is changed from cold to hot to warm and then back to cold.
- With each cycle, the amount of target (theoretically) doubles. This is amplification, and gives PCR its extreme sensitivity
- With each cycle, if target is present, the amount of target is (essentially) doubled
- amplified targets are measured by fluorescent light that they give off
- "positive" and "negative" specimens are differentiated by whether the amount of fluorescent light given off passes a threshold
- The cycle where that amount of fluorescence is reached is a "Ct" or "Cycle threshold".
- lab tests therefore use Ct value as a measure of whether to call a specimen Positive or Negative
- low Ct values are achieved when there is a large amount of target present; high Ct values are achieved when there is a low amount of target present
- think of Ct as a measure of "effort" that the test has to make to detect a positive specimen:
- if there is very little target (virus) in the sample, then you have to do a lot of cycles of amplification to find it; and vice versa

PCR testing, the Components:

- RNA (viral genome) extraction
- Convert all RNA to DNA
- Amplify by PCR
- Positive or Negative Result based on Ct value

Ct values correlate with a specimen's ability to infected cells in laboratory culture

- La Scola B, Le Bideau M, Andreani J, Hoang VT, Grimaldier C, Colson P, Gautret P, Raoult D. Viral RNA load as determined by cell culture as a management tool for discharge of SARS-CoV-2 patients from

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 - Bullard J, Dust K, Funk D, Strong JE, Alexander D, Garnett L, Boodman C, Bello A, Hedley A, Schiffman Z, Doan K, Bastien N, Li Y, Van Caesele PG, Poliquin G. Predicting infectious SARS-CoV-2 from diagnostic samples. Clin Infect Dis. 2020 May 22;ciaa638. doi: 10.1093/cid/ciaa638. Epub ahead of print. PMID: 32442256; PMCID: PMC7314198.
 - Laferl H, Kelani H, Seitz T, Holzer B, Zimpernik I, Steinrigl A, Schmoll F, Wenisch C, Allerberger F. An approach to lifting self-isolation for health care workers with prolonged shedding of SARS-CoV-2 RNA. Infection. 2020 Oct 6:1–7. doi: 10.1007/s15010-020-01530-4. Epub ahead of print. PMID: 33025521; PMCID: PMC7538033.
 - CDC, unpublished data
 - I've personally done this/seen this myself, here at the NV State Public Health Lab

What is “culture”? Another kind of lab test

- infectious virus can be detected using what are called “cell culture” techniques
- Cell culture involves using cells derived from humans or animal tissue that is / was cancerous
- cancer cells live forever in culture
- viruses can be detected / propagated by adding them to cell cultures
- “Vero” cells are commonly used for SARS-CoV-2 infection/propagation, Vero cells: African Green Monkey Kidney cancer: have been growing since 1962.

“High” Ct specimen don't grow in culture

- low amount of virus?
- “broken”, junk particles?
- CDC showed no ability to infect cells in Vero culture after Ct value 33.00 (on *their* PCR assay)
- So...
 - do such specimens present a public health threat?
 - do PCR assays go too far?
 - No commercial or CDC assay used in Nevada with EUA uses cutoffs higher than 40.

Ct values are not ready to be used diagnostically, or routinely

- Different assays, different Ct
 - NSPHL Ct data between two assays
 - efficiencies of PCR vary
 - where would you draw the line?
 - e.g. what would you say about Ct values of, say, 32 or 34, if your cutoff was 33?
 - 40% of specimens show >4-fold difference in load (i.e. greater than 2 Ct differences)
- Extraction Methods affect Ct values
 - swabs pulled out of noses and throats have viral loads on them
 - to measure it, the viruses must be destroyed and their RNA molecules removed
 - the RNA is removed, and ‘washed’ for PCR to follow
 - this is called “extraction”
 - there are many kits on the market for this
 - Arrows indicate where different extraction methods led to different Ct values from the SAME specimens in the final PCR by at least a factor of 2 (est: a 4-fold change in measured viral load)
- Is lab cell culture a proper surrogate for the real infectious process?
 - cancer cells in a dish vs. primary human systems: are they equal ?

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- evolution of SARS-CoV-2 occurs(ed) in real tissue, not in cell cultures
- very hard to do actual infectivity experiments without volunteer human subjects
- We don't know yet. For other viruses (e.g. HIV), there are vast differences in infectivity
- Collection and storage variability can cause Ct variability (Keep in mind)
What is tested by PCR may not reflect what was in the nose at the time of collection:
 - After collection, specimens are put into media, stored for 1-3 days, at room temperature or cold packs, sometimes they are transported long distances
 - So, what was an infectious virus at time of collection, may not be after PCR testing has occurred
 - Lots of handling steps.
 - Most positive specimens detected are in an “infectious” Ct range
 - pandemic was not caused by high Ct values
 - sampling 1,264 specimens from our CDC assay data*:
 - mean Ct: 27.55
 - SD: 6.11
 - So: ~84% of specimens tested have had a Ct value *less than* 33.66.
 - According to CDC data, this means that
 - The strong majority of specimens we have
 - ascertained at NSPHL likely *were infectious* in cell culture
- Note: Viral load doesn't tell you whether infection is new or old
 - high Ct, low load specimens can be “coming” or “going”
 - misclassification of a new infection as an old infection could be catastrophic
- Published work showing Ct values >36 can harbor infectious virus
 - Romero-Gómez MP, Gómez-Sebastian S, Cendejas-Bueno E, Montero-Vega MD, Mingorance J, García-Rodríguez J; SARS-CoV-2 Working Group. Ct value is not enough to discriminate patients harbouring infective virus. *J Infect.* 2020 Nov 26:S0163-4453(20)30720-9. doi: 10.1016/j.jinf.2020.11.025. Epub ahead of print. PMID: 33248218; PMCID: PMC7688433.
 - they show that perhaps timing of specimen collection after symptoms can affect infectivity of specimen

What is going to happen:

- Truth: there is a correlation with infectivity!
- Potential ways forward:
 - Standardization of viral loads
 - Antigen tests as “clearance” tests?
 - Per-assay cutoffs?
 - Whatever it is, the FDA will have a major say in how and when

Chair Cage expressed appreciation of the presentation. Terry Reynolds asked when an employee is exposed to somebody who is positive, we have actually told them to wait four to five days to get a test after that exposure. Is that good advice in terms of when they should be testing? The concern was they would test too soon, and it may not be a valid test. Dr. Pandori noted it takes approximately five days for the virus to get to the point where it would be coming out of an individual and could be detected in a lab test. There was a study done early in the pandemic in Singapore where as soon as people had any symptoms, they started PCR testing every day. What they found was it is possible to test too early. Felicia Gonzales requested addition information on the use of antigen tests as clearance, especially related to how it can be utilized in education. Dr. Pandori noted the disclaimer is the Food and Drug Administration (FDA), no governmental body is yet recommending this. There is evidence to support the following, while the PCR test is measuring the genome of the virus, that core part of the virus, the antigen test measures a chunk that's sitting on the outside and it uses a different kind of chemistry to do that. It seems there is some data now to support that when somebody is positive for that chunk of protein that is on the outside of virus, when they are positive on that antigen test, that correlates better with whether

or not that virus that is detectable is infectious. Chair Cage requested clarification on the second to last slide, where one of the ways forward was to have per-assay cutoffs between the different types of tests. Dr. Pandori noted it may be the least likely way forward as it would cost companies a lot of money. What it would do is to suggest that if four companies have four different lab tests, and I take one specimen and run it on the four lab tests, I am going to get Ct value of 30, 31, 32, and 33, just because the tests are different. The correlation for those tests Ct values and infectious virus is going to be different for each test. On one test, a Ct of 30 might correlate with infectious virus, on another test that same amount of virus might score a 33. So, we would have to say on a per-assay basis the Ct cut off should be different.

7. Update on COVID-19 Response within the Nevada System of Higher Education (NSHE)

Desiree Reed-Francois provided an update on the COVID-19 Response within NSH and in terms of intercollegiate athletics. The highest priority is safeguarding the health and safety of the student athletes. Work has been done collaboratively throughout the pandemic with our colleagues at the University of Nevada. Doug Knuth spoke to the advice and support received from the medical doctors at both University of Nevada, Las Vegas (UNLV) and University of Nevada, Reno (UNR). Mr. Knuth noted great medical advice is being received. The universities are on the forefront of the latest information and making the best decisions for the health and wellness of our student athletes, coaches and staff. The National Collegiate Athletic Association (NCAA) Medical Advisor group led by Dr. Brian Heilein, has developed what they call resocialization plans for all of our athletes and all of our teams. These recommendations follow the Center for Disease Control (CDC) recommendations. Everything being done follows CDC recommendations. It trickles down from the NCAA down to our conference, which is the Mountain West Conference (MWC). All team doctors are involved in the medical advisory group for the MWC. Those protocols are developed with different levels of risk associated with different sports. Some of our sports are considered higher contact or higher risk sport. Protocols were developed to follow the guidance of the CDC, NCAA, and the MWC. Testing is being conducted on high-risk sports student athletes, coaches, and staff three times per week. The results have been good throughout the duration. Anytime there has been a positive test, isolation is done quickly to avoid having spread among teams and staff. Sarah Watten spoke to the MWC Testing Protocol presentation. The presentation was as follows:

MWC Testing Protocol

- 3 x per week for high-risk sports in competition
- Health and safety are the number one priority
- Mitigate risks while preserving mission
- Follow all Federal, State, Nevada System of Higher Education, University, National Collegiate Athletic Association and Mountain West guidelines.
- University of Nevada Reno
 - Overall average positivity rate of 1.2%
- University of Nevada, Las Vegas
 - Overall average positivity rate at 1.3%

Ms. Reed-Francois noted education has been a cornerstone of the protocols and processes. UNR and UNLV combined have done over 50 hours of education for the student athletes for the coaches and staff. When there is an outbreak, all activities cease immediately. When there is a positive case for our student athletes, there is a five-step plan: first, isolate immediately and find alternate quarters for students and athletes, second,) work is done with Dr. Brian Labus and the sports medicine team in contact tracing and do immediate notification, third, physical checks with team doctors and sports medicine personnel, fourth because the student athlete is in isolation, food is delivered, and finally, the sports medicine staff checks in via zoom every day with every student athlete while they are in quarantine in isolation for that health and wellness screening. In order to enter any of the buildings there is a temperature check and a process in place. Chair Cage expressed appreciation to the team for the presentation. Director Reynolds noted his appreciation for the cooperation from the

Universities and inquired if re the guidelines are the standards for NCAA sports in general the same or does it vary by conference? Ms. Reed-Francois noted the NCAA sets forth rules and then those rules are localized with each respective conference.

8. Update on COVID-19 Response within the Nevada Department of Corrections

Charles Daniels, Director of the Nevada Department of Corrections (NDOC) provided an overview on COVID-19 response in the NDOC. As of December 16, 2020, NDOC has an offender population of 11,191. This number excludes pending transfers from local jurisdictions. In February, agency leadership commenced strategy discussions regarding coronavirus. NDOC's firewall strategies were initially established on March 16, 2020 and have been continuously modified based on recommendations from CDC, World Health Organization (WHO), and the State of Nevada Medical Director.. NDOC established protocols based on a trigger event to initiate testing of the offender population. This protocol is unique to each facility and institution which included:

- Establishment of sanitation and isolation protocols.
- Inmate briefings known as "Town Halls" occur at each location every Tuesday and Friday.
- NDOC limited staff contact with offenders, i.e., inmate workers schedules changed.
- Hand sanitizer made available for all offenders upon request.
- Masks have been issued to all offenders and may be swapped out at the inmate's request.
- Testing of the offender population started in June and continues.
- Testing intervals have changed over time.

Following NDOC's trigger event in June, offender testing began on a rotational basis. Initially, staff were tested every two weeks and inmates were tested every three months. Starting December 8, 2020, weekly testing began. This protocol was put into place to mitigate exposure. Despite facing challenges of acquiring hand sanitizer, thermometers, and other basic recommended items, NDOC was able to use Prison Industries (PI) to manufacture hand sanitizer for agency-wide distribution to all staff and offenders. Once face masks became a requirement, the agency was able to further utilize PI to manufacture face masks. Each NDOC employee and offender were provided two face masks. NDOC continues to modify operations, to include feeding schedules, isolation and quarantine unit establishment, out of cell time, and other necessary operations. The presentation was as follows:

NDOC data, as of December 15, 2020

- | | |
|---|---|
| ○ Staff | ○ Offender |
| • COVID-19 Positive = 205 | • COVID-19 Positive = 1,624 |
| • Quarantine = 179 | • Quarantine = 2,971 |
| • Isolation = 239 | • Isolation = 1,624 |
| • Admitted to hospital = 7 | • Admitted to hospital = 22 |
| • Death COVID-19 confirmed positive = 2 | • Death COVID-19 confirmed positive = 8 |
| • Death pending COVID-19 test=0 | • Death pending COVID-19 test = 0 |

NDOC Background

- Implement firewall protocols
 - Suspending visitation and all non-NDOC employee access.
 - Health screening of all employees to include temperature checks and symptoms screening.
 - Adopted a "when in doubt, keep them out" slogan
 - Initiated mask usage within institution
- Sanitation protocols
 - 10% bleach solution used to wipe down all areas

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- Testing
 - Vulnerable population (chemotherapy, dialysis, pregnant)
 - By institution
 - Staff
- Personal Protective Equipment
 - Hand sanitizer manufactured by Prison Industries and distributed to all staff and offenders
 - Recollected from offenders due to consumption.
 - Face masks issued to all staff and inmates (manufactured by Prison Industries)
- Communication
 - Town Halls every Tuesday and Friday agency wide

NDOC Nevada Rankings (Marshall Project)

- Nevada ranked 39th in total COVID cases

- Nevada ranked 40th per 10,000 offenders
- Top 13th Best in U.S. systems

NDOC Definitions

- Quarantine
 - Symptomatic or exposed

- Isolation
 - Confirmed positive

NDOC Wave One (March to August)

- Access to screening tools (thermometers)
- Access to PPE
- Employee positives
- Incoming offender testing
- Out-of-state offender testing

NDOC Wave Two (September to date)

- Community restrictions lifted
- COVID fatigue
- Offender positives

NDOC Quarantine

- Cohorts
 - Work assignment
 - Vocational training assignment
 - Extended Care Unit
 - Severely Mentally Ill Unit
 - Substance Abuse

- Classification
 - Security level
 - Custody level
 - Programming needs
 - Mental Health needs
 - Predatory behavior
 - Gang affiliations

NDOC Isolation

- Protocols

- Personal Protective Equipment
- Positive Notification

NDOC Testing

- Intervals
- Types of Tests

- Notifications
 - Staff
 - Offenders

NDOC PPE

- Types
- Issues
- Quantities

- Distribution
- Exchange
- Cost

NDOC Institution Operations

- Meals
- Showers
- Phone Calls
- Out of Cell Time

- Programming
- Staffing

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Director Daniels noted he would like to take a moment to address the public comment. As the Director, I am happy to meet with advocacy groups. However, my responsibility is to lead the department. This requires me to put my focus and energy into implementing and evaluating policies and procedures related to public safety, staff safety and offender safety. We are also in a pandemic which has required a "all hands-on deck" 24/7 mentality. I started in December. The pandemic hit in March. I appreciate the concerns and questions presented by the public. Further, advocacy groups have various ways to be heard by me even without face to face meetings. Letters and phone calls to appropriate representatives and submission of public comment and questions at events, such as the Board of Prison Commission meetings and the Sentencing Commission meetings and other public forums is available to everyone. They also have the opportunity to discuss concerns with their elected officials. As I serve at the pleasure of the Governor, it then becomes my responsibility and duty to implement the policy visions of the Governor consistent with sound and effective correctional policies and above all else, the constitutional rights of all inmates. I have no issue with anyone seeking release within the scope of the law. Further, elected officials are always welcome to take a tour of any NDOC facility. Inmate early release authority is governed by state statute, specifically NRS 209.3925: Residential Confinement. I encourage all to review the statute to have an informed understanding of my authority to grant early release. In closing, I am proud of the work of the fine men and women of the NDOC. Every member of the agency was designated as essential and have worked tirelessly to keep the general public and inmates safe, while enduring the same challenges faced by the public in general. NDOC staff do not work from home or otherwise telework. Prisons operate 24 hours a day, seven days a week. Correction staff serve as 911 staff for one another and the offenders. I am extraordinarily impressed with the dedication and the professionalism of each and everyone of my staff. In closing, this is very challenging work, my staff have risen to the occasion under extraordinary conditions. If your thoughts of perfection is what you want out of this agency, I am going to ask you to reevaluate it because if you are somehow flawless in whatever you do for a living, I appreciate it. These men are dedicated, many of them have not had time off since we started. They do whatever it takes to get here while dealing with the same childcare, medical issues, deaths in their families and so on and they rise to the occasion every single time. This is not the perfect business, but we strive to do the very best that we can. That standard will not be degraded at any juncture in the future. We will continue to do what we do. In support of my staff, those hard working dedicated professionals, whether it be from medical or from the correctional services side or prison industries, I commend you and although many people want to claim that you are not profession and you do not do your work, I reject that wholeheartedly. If you want to condemn me, I am fine with that, but my staff are first class and they are always running into danger and working conditions which most people would have no idea how to handle. So, hats off to my team. Director Daniels thanked Chair Cage. This was an opportunity for us to be able to share what we do in spite of all the negative press and negative comments. Chair Cage thanked Director Daniels and team for the presentation. This is an extraordinarily difficult time to be in public service in general and the challenges and various hazards related to what you and your staff do at your facilities do point to an extraordinarily difficult time especially during this pandemic.

Melissa Peek-Bullock, State Epidemiologist noted on slide number three, where you are presenting your current numbers of staff and offenders. In looking at those numbers, it is not clear to me what the time frame is for counting these. They are not the cumulative number, that is over 3,000 and, in your presentation, you refer to these as current numbers. Can you share your definition of what the current number means, if you have a methodology for pulling out current versus cumulative numbers? Mr. Michael Manev, Medical Director for NDOC noted there have been delays with reporting some of the numbers. We have had the logistical challenges of getting the numbers compiled from all of our facilities statewide. We have been trying to be in communication with Dr. Zhang but also Director Whitley as well as general counsel Kevin Benson and others from the DHHS in regard to daily reports and the positives that come up at our facilities as well as the issues in terms of the clinical status as some of our sickest inmates. Ms. Peek-Bullock asked how we are defining the current cases that were referred to as current cases versus cumulative. Would like to know how you are pulling current cases from the cumulative number. Mr. Manev state the cumulative cases are the number of individuals that have tested positive since the beginning of the pandemic up to this time. Some of the individuals in

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accordance with CDC guidelines, some individuals that have tested positive for COVID-19, whether those are staff or inmates can be cleared after a 10-day isolation period if they have not been hospitalized and if they have been asymptomatic for 24- hours at the end of the isolation period. I have extended the asymptomatic period to 72-hours out of an abundance of caution. I think some of the confusion that people are seeing is they see a spike one time from one of the facilities getting infected and they see the spike in the number of cases and then suddenly a couple of weeks later that number goes down and that is because those individuals have cleared the isolation period of time, they have not be hospitalized, they were asymptomatic at the end of the period and so they are now counted as negative because they have cleared the COVID-19 infection. Ms. Peek-Bullock asked for clarification on the number of staff in isolation as it is greater than the number of staff that are positive for COVID-19. Mr. Manev noted the numbers should be identical. Ms. Peek-Bullock noted based on what they heard today in public comment, are there any inmates that are part of any community work programs that are going out into the community such as through forestry or other mechanisms. Deputy Director Brian Williams noted they do have inmates going out and they are going out with the Nevada Department of Forestry and they are doing brush removal or brush remediation and they are normally in remote areas away from the public. We did have a crew go into town that was not authorized and the Warden dealt with that immediately. We normally have a one-mile radius that we don't want them to come in contact with any humans. They are normally in the forest doing remediation in the forest and clipping trees and removing things from the forest as far as limbs branches and things of that nature. Director Reynolds asked what the authorized employee count is and what is the actual count now within the facilities. Ms. Christina Leathers, Chief of Human Resources Officer noted NDOC currently has 2,971 authorized FTEs. As of today, at 9:31 A.M. 2,594 of those are currently filled and that does not include any new hires that we had start on Monday of this week. Ms. Southard expressed appreciation for the presentation and responsiveness and partnership with DOC and ensuring that we do have testing capability provided and just appreciate all of the communication and collaboration with Dr. Manev.

Ms. Kyra Morgan, DHHS, noted on slide six, you put up some data that ranked our State DOC against a number of other states and I believe we were coming in 39 or 40th when we look at both the number of inmates that have contracted COVID and then you also had that displayed as a rate per 10,000. Wondering when we look at specific facilities when we have upwards of 80 or 90% of inmates have become infected. I believe that implies to me that we have other pockets of facilities that are potentially doing very well in order to offset that and put us at an average that seems good compared to other states. Have you looked into the differences between those facilities? Has there been a root cause analysis, are there fundamental differences between the facilities that are performing poorly and facilities that are performing well? If that has taken place, have there been any strategies identified that we could potentially use to help make that more even keel across the board. Director Daniels noted there are many factors. Part of what we do is we assess routinely whether it be safety and security wise or violence. No matter what it is we assess. In many of our facilities, we do not have a basic cell type structure. Some of them are for the most part open bays or they are in areas in which typically because of the size, location and the security level, the inmates have much more access to one another than they would in some of the other environments. So if you were to add that into a lot of the other factors that go into play, we can not use this unit over here, there may be seven, ten or 12 extra cells because all of these inmates are max custody and/or they are very violent inmates, in spite of the fact that we may have more inmates, those individuals are sequestered much more, meaning the other individuals at the other locations are more inmates that are out and about. Also, the larger the facility, the greater the opportunity for the inmates to come into contact with someone that is COVID positive, even if they have not tested positive. That is the nature of the beast in having some many inmates and staff in places that are designed to have inmates in close quarters. The average cell size is 8 by 13. If you compound that by higher security level cells and how they are designed, they may be a little bit closer, but our bays are open and then of course, some of the inmates do go out at the camps to support NDF and what they do is very important. There is a lot of moving parts, we have women's and men's facilities, maximum, minimum, medium security and then within each of those operations, there are subgroups and subcategories of individuals that have to be separated from others, which means some of the inmates are

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more densely compacted and we can not move them, but when we do we will even change the designation of an entire housing unit. One or two units at a time and transition it from a general housing unit to a quarantine unit and then in some instances even adapt it to an isolation unit. Typically, a lot of that happens after we find out we have an issue. We assess it routinely. Dr. Manev noted for instance in Warm Springs we had the majority of our that were infected with COVID-19 and luckily the vast majority of them have cleared isolation, are asymptomatic, are healthy and they have opened up the yard in modified operations. One of the strategies that I have been communicating with the warden Warm Springs and NNCC is to the best of our ability take custody staff that have been infected with COVID-19 for Warm Springs and have cleared infection and have those officers work at units at NNCC where we have a very vulnerable population of inmates because of many of them having multiple chronic medical conditions. So, having those staff that have cleared infection work at NNCC because they have basically a very low risk of getting COVID-19 again and spreading it to our vulnerable population. Ms. Morgan, DHHS, noted often we have had to reevaluate the way that we do things from a capacity perspective as well and part of that for DHHS is always reaching out to other states and seeing if they have found things that are working maybe that we are not aware of. Are we trying to work with other states? Have other states been identified to be more successful? Are they doing anything differently and what does that look like? Director Daniels noted they have monthly meeting with all of the directors, and we share ideas. We have access to what everyone else is doing. None of this information about how to manage your inmate population specific to COVID is done in a nutshell. During wave one we were on top of the game because we understood the value of prevention and so we established what we called a firewall technique and then as inmates moved, they all went in no matter who you were, you went into an intake unit and that intake unit was quarantined and then if anyone tested positive, then we turned it into isolation unit. However, over time and the articulation of our staff that go in and go out, over time we knew that this would happen. There was this hope for a vaccine as soon as possible, but at the end of the day, when you have humans in close quarters, you are doing the best that you can and many of the other states adopted what we did. As time went on, most of it became the management. Once you start moving inmates around the organization, then you have the possibility of moving it from one facility to another.

Julia Peek acknowledged the prison industries and the work they have done. Early on in the pandemic, Nevada was hurting for hand sanitizers and PPE and prison industries stepped up. Ms. Peek acknowledged that the work being done by inmates and staff. Ms. Peek noted NDOC had paused programming for a number of reasons. As NDOC looks at opening programs, understanding there are many issues associated with that, is there an opportunity to look at telehealth, tele education, and doing it in some capacity to redirect energy and effort. As far as getting outdoors and exercising as was noted in one of the public comments, are those types of activities that NDOC can look at when Nevada gets the infection rate down. Again, just to allow the inmates some time outside of the cell. Director Williams noted NDOC is looking at that possibility and they currently do have some virtual classes going on with our re-entry . NDOC is working with various school districts to try to bring equipment in. NDOC is working on current Nevada Revised Statute (NRS) to all internet inside the facilities, that way NDOC can do virtual learning and things of that nature. NDOC is also looking at tablets coming into the system. As it relates to out of cell time, a lot of the facilities are able to offer more out of cell time than others. Some of the facilities that have various classifications of inmates just cannot do it due to the restricted movement, quarantine, and isolation units. NDOC does not have the staffing to be able to keep up. NDOC has staff floaters going from one house unit to another housing to allow inmates out to do recreation, make phone calls, or take showers. NDOC is Mr. Williams is in constant communication with my wardens to ensure NDOC looks at every possible means to get the inmates out of their cells. Deputy Director Quang noted in PI they have a welding program and some other courses in which they are working with Western Nevada College (WNC). As of today, NDOC is still NDOC is receiving the curriculum in and the PI supervisor in the north is collecting that information and handing it out to the inmates, so that they continue their education. NDOC is still working with WNC through the supervisors to enhance their education and continue it as we go even through this pandemic. Lisa Sherych, DPBH, noted DHHS will be meeting with DOC tomorrow to further how the state can provide any

additional support with the understanding there is uniqueness to these facilities. DHHS is invested in finding solutions for all parties involved.

9. Public Comment

Chair Cage opened the discussion for public comment in all venues.

Denise provided the following public comment, “My name is Denise, I am with Return Strong. I would like to speak for the record and address NDOC as you so eloquently addressed us the people of the public and constituents of this State. Thank you, Director, for the same exact statement to the people who commented today that you used last time. We heard you last time and we hear you today. I would also like to say that continuously showing how Nevada is doing in comparison to other states regarding COVID-19 and prisons does not count, when you have not tested 100% of the prison population. It is common knowledge at this point that people can have COVID-19 and be asymptomatic, which would mean that someone not showing symptoms would be able to then infect someone who could potentially become severely ill or die, but the precautions there could not be taken because of your current testing guidelines of only testing those with symptoms. I would be interested to see how Nevada Department of Corrections would fare on these same statistics after 100% of its incarcerated population is tested. And to answer Kyras question yes, there is a discrepancy facility to facility because its entirety has not been yet tested. Thank you for your time.”

Lee Hoffman provided the following public comment, “Lee Hoffman from Elko. I want to thank Dr. Pandori for his presentation regarding cycle thresholds and the clarity that it provided. I hope it enlightened the Task Force or at least some members of the Task Force as well. It still leaves a couple of questions unanswered. It was very illuminating, but it leaves a couple things unanswered. There have also been questions about the specificity of the tests and that remains an open question. This is a curiosity question that I will try to research on my own. It made me curious whether another variable between the various test methods is the measurement of the fluorescence. If there is a standard for that or if that is another variable between the various tests. But most importantly he discussed the reasons why cycle thresholds, the count can not be used as a diagnostic at this point in time. It seems to me important that the department of health would be collecting that data, so that in the future that data can be used to help assess the cycle counts as part of the process. Thank you for your time.”

Nicole provided the following public comment, “My name is Nicole. I am calling with Return Strong and again I would like to address the fact that the complete blatant lies that have been coming out of the Department of Corrections is completely absurd. First of all, programming has not continued to continue for every inmate. Most of High Desert has not had programming. In addition, sports teams are able to get tested three times a week, yet they said earlier that inmates will be tested every three weeks. It was previous it was reworded today to state every three months; however, my husband who is sick in High Desert has been sick for over a week and a half, has not been tested even though they have been made several times aware to not only the warden’s office and medical, to the staffing sergeants, to the public information office, as well as the Southern Nevada Health District, who said it is out of their hands as it is no longer a state agency. I just don’t understand how we can blatantly listen to the fact that everything that comes out of their mouths is not accurate information as presented even in their PowerPoint this afternoon. Like I have said before everyone is not being tested, that is why there are pockets of good information. It is not because there are actually healthy people in the facilities and the facilities are not having issues. It is because they are not being tested. Thank you.”

Jenna provided the following public comment, “My name is Jenna. My husband is incarcerated at High Desert State Prison. I am a member of Return Strong. I am here today to just talk about what has been going on in the meeting. In August Daniels implemented a testing procedure that would have incarcerated people test every three weeks. That never happened. Our people inside have been documenting when they were tested and how they were tested because if you do the test improperly, you will get a false negative. We have tracked the daily

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reports of units being quarantined due to possible or verified cases and checked the data against the Department of Health (DOH) tracker and they never even come close to matching. We understand tests can be in process and delays in processing, but something never adds up. Yes, a couple of weeks ago at the Sentencing Commission, Daniels stated that there were five deaths due to COVID. Why were they never reported on DOH tracking? Today, was a report that eight people have died in the NDOC and it finally was tracked. We need an independent investigation. We need 100% testing. Why is Daniels only doing 100% testing at facilities with 300 people? We want to see the numbers at High Desert State Prison and Southern Desert Correctional Center, 90% of 4,000 tells a way different story. What are they hiding?"

Monica provided the following public comment, "My name is Monica. I am a member of Return Strong. I just want to address a couple things that Director Daniels had said. First, our loved ones have not been getting any type of packet for education. I also want to address the fact that if this situation was under control, why was 90% of Warm Springs Correction Facility tested positive, including my husband. High Desert has not been tested at all. There are still loved ones in there that are sick as we speak and have yet been tested or been treated or given any type of medication for their symptoms. You say that our loved ones are getting tested every three weeks, but yet my husband was tested November 25th, which came back positive and he has yet to be tested again. I just really want to figure out why these lies and not the truth has not come out from NDOC and we just want answers and we want the right answers. We want the truth for our loved ones because they deserve it and we deserve it as well. Thank you."

Nicole provided the following public comment, "Nicole with Return Strong, I would like to address the fact that the new numbers for the day, I find it odd that they chose the dates a few days ago to present their current numbers, when in fact, in the last three days, there has been an additional 800 inmates testing positive just in the last few days and so the total is now 2,442 in the State of Nevada Department of Corrections. In addition to that, the people who are not receiving programming are earning an extra five days added to their sentence for every single month that they are not there. So, therefore, it has been passed nine months, they have added at least 45 to 50 days to their sentences for stuff that is out of their control and I think that needs to be addressed as well. Thank you."

Leslie provided the following public comment, "Leslie Turner with Plan Action, Las Vegas. I have sat through the entire meeting, so thank you all for your time and thank you for fighting for our health here as Nevadans. I just wanted to address a couple things. One is we have received hundreds of letters from incarcerated people, many of which have been read on these calls and other calls. So, they are not baseless. They are the experiences of human beings and it is important that they are considered just as valid and just as important to look into as this PowerPoint that we just sat through given by NDOC. This is not to attack anyone; this is not to attack officers who go into these facilities and do their jobs. This is to report what we are hearing and what we are seeing and to save lives. This is about putting preserving human life at the forefront. So I just want to give that context and really just urge this body to take seriously the accounts of incarcerated people that we are sharing with you all and figure out what can be done and how can we bridge the gap between what is being reported by incarcerated people and what NDOC is saying is occurring. Thank you."

10. Adjourn

Chair Cage called for a motion to adjourn the meeting. A motion to adjourn was presented by Richard Whitley and a second was provided by Chief David Fogerson. The motion passed unanimously. Meeting adjourned.

Meagan, Please forward , thank you, Debbie DeValve

COVID19 Task Force,

We the People are rising up and taking our state back from tyrannical governing rule. Our Declaration of Independence even says it's our duty to alter or abolish any government that does not secure our unalienable rights including life, liberty, and the pursuit of happiness.

Here are recent examples:

As you may have heard , White Pine County Commission just passed on December 9 a resolution Declaring their own **"Economic Emergency"** under Nevada Revised Statute NRS 414, voiding Governor Sisolak's Emergency Orders.

Others counties are encouraged to do the same.

Attorney Joey Gilbert from Reno is taking on OSHA . He has the template and strategy to go head to head with OSHA using established laws that are already on the books to protect businesses from paying fines.

9th Circuit Court ruling A U.S. appeals court agreed Tuesday with two Nevada churches that have argued for months that the state's COVID-19 restrictions are unconstitutional because they place harsher attendance limits on religious gatherings than casinos and other secular businesses.

No one is denying there's a virus and that hospitals are getting full , and a vaccine is not going to save us. But, the government's approach has led us to panic, fear, suicides, bankruptcy, discord, all for a disease with a 99 % survival rate. It's past time for a common sense approach. Stay home when you feel sick, preventive care such as a healthy diet, nutrition, exercise, fellowship, access to inexpensive prophylactics , etc.

Let us go , trust us , everything will be alright!

White Pine County article:

<https://360newsลาสvegas.com/nv-county-declares-sisolak-cv19-orders-null-void/>

OSHA article:

<https://360newsลาสvegas.com/how-to-beat-sisolaks-osh-shutdown-enforcement-by-lawyer-joe-gilbert/>

Debbie DeValve

Meagan, Please forward, thank you, Debbie DeValve

COVID19 Task Force,

At last week's meeting, Terry Reynolds asked if there was a way to know how many positive cases are originating in businesses.

I found out that LA County is doing just that with their reporting . I have attached a link here. If California can do this there must be a way that Nevada can, too.

This information could be a very useful for many reasons including finding hot spots and fully opening up areas that have low to zero transmission.

<http://publichealth.lacounty.gov/media/coronavirus/locations.htm>

Thank you,

Debbie DeValve

Hello Ms. Ranson,

Please note the following comments:

A recent court case in Los Angeles County CA granted a stay allowing restaurants to re-open outdoor dining. A large portion of expert testimony that helped decide this outcome was from experts discussing that the PCR test, as it is currently being used in the U.S. is capturing as much as 50% of people who are not infectious. A positive test does not mean a person is contagious and the PCR test should not play a central role in shutting down activities. Dr. Bhattacharya of Stanford University, is a professor of medicine and infectious disease specialist at Stanford University, with a primary research area in health economics, including a focus on infectious disease epidemiology. As an expert witness in the Los Angeles County court case, he states:

“First... without population representative sampling for testing, the number does not reflect the risk of transmission and thus is scientifically unjustified as a criterion for imposing restrictions on normal activities. Second, the criteria do not account for the fact that the RT-PCR tests, as used in most labs around the U.S., likely register positive test results even for non-infectious viral fragments. “

Sincerely,

James Wilhelmi

There was enough scientific consensus to grant a stay to the shut-down orders of outdoor dining in California. Why is Nevada continuing to pursue a policy that is creating more problems than it is solving? We need a CT cut-off of between 33-35 determined and required for all labs, mandatory CT value reporting with all results and education promoted to all providers regarding the implications of this cut-off and related values.

The court case document with several expert witnesses is an enlightening read and sets precedence for limiting the power PCR has in determining economic closures and quarantine of persons.

https://www.courthousenews.com/wp-content/uploads/2020/12/CRA_LACounty-

Sent with [ProtonMail](#) Secure Email.

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Thank you
Gary Helron

December 16, 2020
Nevada Covid Task Force Meeting Comments

Dr. Pandori,
cc: The Nevada Covid Task Force

I see that you, Dr. Pandori, are on the agenda for the Task Force meeting tomorrow. I'd like to reiterate some of the issues many of my colleagues have with the PCR test so you can perhaps address these tomorrow. I also know that people outside of my group have been calling into the meetings questioning the PCR test, so I know many are in need of answers.

A recent court case in Los Angeles County, CA highlights many of the points we discussed. The case was found in favor of the restaurants re-opening their outdoor dining after the strict lockdown there in November. The court findings were based strongly on the testimony of several scientists.

One in particular, is Dr. Jayanta Bhattacharya, MD, professor of medicine and infectious disease specialist at Stanford University, with a primary research area in health economics, including a focus on infectious disease epidemiology.

In the court documents, Bhattacharya is quoted as saying:

“ The available scientific information regarding the accuracy of the COVID PCR tests, as conducted by clinical laboratories in California, suggests that they are not sufficiently accurate regarding infectivity risk to warrant the central role they play in the criteria the County (LA) has adopted for restricting activity. Both criteria used by the County — the new daily case number and the positivity number — are premised in a measurement that includes people who are identified as COVID positive but who pose little or no community transmission risk..... First... without population representative sampling for testing, the number does not reflect the risk of transmission and thus is scientifically unjustified as a criterion for imposing restrictions on normal activities. Second, the criteria do not account for the fact that the RT-PCR tests, as used in most labs around the U.S., likely register positive test results even for non-infectious viral fragments. Although a positive test result indicates that the person has come into contact with the COVID genomic sequence or some other viral agent at one point, the mere presence of the viral genome is not sufficient by itself to indicate infectivity. A binary “yes or no” approach to the RT-PCR test will result in false positives, segregating large numbers of people who are no longer infectious and not a threat.”

In the same court case, Dr. James Lyons-Weiler, a scientific researcher with a background in public health policy at statistical research gives similar testimony.

Weiler states the following in the court documents:

“A person who tests positive for the presence of the virus may not be contagious. That depends on viremia (viral load), which is supposed to be reflected in the PCR curve. All of the available empirical estimates support a minimum false positive rate of 0.48, meaning that 45-48% of cases of COVID have nearly a zero risk of transmission. Concern over person-to-person, transmission from people who test positive (and are thus given a presumptive diagnosis of COVID) must be adjusted downward by at least 50%. It is possible that most of the asymptomatic cases being reported are false positives.”

This PCR test, the way it is being used, is creating more problems than it is solving, By using high CT values and no viral load recommended ranges, we are leaving it up to individual labs and states to come up with exaggerated rates of positives. This is resulting in whole portions

of the economy to shut down, not only due to unnecessary fear, but due to lack of ability to deal with and trace all these false positives. We are losing workers, teachers, shutting down businesses and schools, just because we do not have the resources to deal with these exaggerated numbers. It seems clear that this is a self-perpetuating problem that can only be solved by coming to a bold consensus to determine a CT cut off that is reasonable and efficacious.

There was enough scientific consensus to grant a stay to the shut-down orders of outdoor dining in California. Why is Nevada continuing to pursue a policy that is creating more problems than it is solving?

We need a CT cut-off of between 33-35 determined and required for all labs, mandatory CT value reporting with all results and education promoted to all providers regarding the implications of this cut-off and related values.

The court case document with several expert witnesses is an enlightening read and sets precedence for limiting the power PCR has in determining economic closures and quarantine of persons.

I hope that you will address this in the meeting and request that the Task Force come up with a solution to the issue that the PCR test is posing.

Katania Taylor