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11 IN THE UNITED STATES DISTRICT COURT
12 FOR THE NORTHERN DISTRICT OF CALIFORNIA
13 SAN FRANCISCO DIVISION

15 **MARCIANO PLATA, et al.,**

16 Plaintiffs,

17 v.

19 **ARNOLD SCHWARZENEGGER, et al.,**

20 Defendants.

C 01-01351 TEH

DEFENDANTS' MOTION:

- 1) **TO REPLACE THE RECEIVER WITH A SPECIAL MASTER AND, DURING THE TRANSITION, TO ESTABLISH A PROCESS TO ENSURE THE RECEIVER'S COMPLIANCE WITH STATE AND FEDERAL LAW; and**
- 2) **TO TERMINATE THE RECEIVER'S CONSTRUCTION PLAN**

Date: March 9, 2009

Time: 10:00 a.m.

Courtroom: 12

Judge The Honorable Thelton E.
Henderson

Action Filed: April 5, 2001

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1 TO ALL PARTIES AND THEIR COUNSEL:

2 PLEASE TAKE NOTICE that at 10:00 a.m. on March 9, 2009, or as soon thereafter as the
3 matter may be heard in this Court, Defendants will move this Court pursuant to Rule 60 of the
4 Federal Rules of Civil Procedure and 18 U.S.C §§ 3626(a), (b), (e) and (f) for:

5 (1) an order ending the Receivership following a period during which the Receiver's
6 control is transitioned back to the State and appointing a Special Master and, during the transition,
7 an order establishing a formal process to ensure that the State has a meaningful opportunity to
8 participate, review, and object to the Receiver's activities and to ensure that the Receiver
9 complies with state and federal law, including the Prison Litigation Reform Act (PLRA); and

10 (2) an order terminating the Receiver's plans to construct prison healthcare facilities
11 at a cost of approximately \$8 billion, as contemplated in Goal 6 of his Turnaround Plan of Action
12 and as proposed more specifically in his Facility Program Statement (collectively, "the Receiver's
13 Construction Plan"), and related expenditures, because the plan fails to comply with the
14 limitations on prospective relief set forth in the PLRA.

15 **INTRODUCTION**

16 Defendants bring this motion to end the Receivership and replace it with a Special Master,
17 and to terminate the Receiver's proposed Construction Plan. The Receivership must end because
18 1) the PLRA permits the appointment of a Special Master but not a Receiver; and 2) the Receiver
19 is violating the PLRA by pursuing the wrong goal (creating an extravagant prison health care
20 system instead of one that simply satisfies the Constitution) and doing it in an improper manner
21 (failing to proceed in the least intrusive means possible). Defendants seek to terminate the
22 Receiver's proposed \$8 billion Construction Plan because it also violates the PLRA, which bars
23 federal courts from ordering prison construction and from imposing remedies that, like the
24 Construction Plan, exceed the minimum necessary to cure the federal violation.

25 Rather than ensuring, in the least intrusive manner, that Defendants are no longer
26 deliberately indifferent to prisoners' serious medical needs, the Receiver is spending exorbitant
27 sums to create a medical care system that exceeds industry standards and provides more than
28 medical care. Since the inception of the Receivership, California has nearly doubled its spending

1 on inmate health care: from \$1.252 billion, or \$7,601 per inmate, in fiscal year 2005-2006, to
2 \$2.249 billion, or approximately \$13,778 per inmate, in fiscal year 2007-2008. The State's 2008-
3 2009 inmate health care budget is \$2.193 billion, or \$13,887 per inmate. In addition to this direct
4 inmate health care spending, California has spent over \$74 million to date on the Receiver's
5 operations to fund the Receiver's administrative functions. The Receiver's excess does not end
6 with his inmate health care spending and administrative costs, though. It extends to the size,
7 design, services and cost of his proposed new health care facilities. In the Receiver's own words,
8 his Construction Plan calls for the building of seven new facilities with space that would equal
9 "70 Wal-Marts." Those facilities—ostensibly designed purely for medical care—feature yoga
10 rooms, regulation-sized basketball courts with electronic bingo boards and bleachers, and
11 landscaped courtyards for reflection and meditation. They also provide visiting areas, academic
12 education and administration, libraries, business services, executive conference facilities, food
13 services and laundry services. If financing costs are included in the price tag, the cost of the \$8
14 billion Construction Plan balloons to \$16 billion. Estimated annual operating costs of these seven
15 new facilities will be approximately \$230,000 per inmate annually.

16 The Receivership is unaccountable and has entirely displaced all state control over the
17 prison health care system, with no end in sight, and the time has come to replace the Receiver
18 with a Special Master to evaluate Defendants' current state of compliance with federal law. At
19 the very least, during the transition, a formal process should be established to ensure that the State
20 has a meaningful opportunity to participate in, review, and object to the Receiver's activities. In
21 addition, the Receiver's massive Construction Plan should be terminated. This relief is required
22 to satisfy Congress's goals in enacting the PLRA to prevent judicial micromanagement of state
23 prison systems and to restore control to elected and appointed state officials who are accountable
24 to taxpayers.

25 In bringing this motion, Defendants are mindful that the Receivership was established to
26 resolve constitutional deficiencies that the Court determined were not being effectively remedied
27 by the State. Defendants declined to appeal the appointment of the Receiver because they
28 acknowledged these deficiencies and—far from being deliberately indifferent—they were hopeful

1 that a Receivership might provide an effective mechanism to bring about constructive and
2 necessary reform. And by many measures, the Receivership has helped: in the last three years,
3 significant improvements in prison health care have been achieved. But in implementing these
4 improvements, the Receiver failed to focus on the proper goal (ensuring that Defendants are no
5 longer deliberately indifferent) or to do so in the proper manner (by the least intrusive means).
6 Instead, the Receiver ignored these limits, and spent and continues to spend massive sums in an
7 unaccountable manner to create one of the most expensive prison health care systems in the
8 nation. The Receiver's utopian system must now end. Time has come for the authority over
9 prison health care to transition back to the State.

10 **STATEMENT OF THE ISSUES TO BE DECIDED**

11 1. Whether the Receivership should be ended because the PLRA contemplates
12 only the appointment of a Special Master, and the Receivership in this case has ignored the limits
13 on its authority by implementing reforms that extend further than necessary, are not narrowly
14 tailored, and are not the least intrusive means of correcting violations of federal rights.

15 2. Whether an order should be entered providing for a process during the
16 transition to ensure that the State has a meaningful opportunity to participate, review, and object
17 to the Receiver's activities and to ensure the Receiver's actions and proposed actions comply with
18 state and federal law, including the PLRA.

19 3. Whether the Receiver's Construction Plan, and related expenditures, should be
20 terminated because it fails to comply with the limitations on prospective relief set forth in the
21 PLRA.

22 **STATEMENT OF RELEVANT FACTS**

23 **I. THE RECEIVER IS SPENDING VAST SUMS TO DEVELOP THE NATION'S BEST AND** 24 **MOST EXPENSIVE PRISON HEALTH CARE SYSTEM.**

25 The Court established the Receivership to help Defendants provide "only the minimum
26 level of medical care required under the Eighth Amendment." (Stipulation for Injunctive Relief
27 3.) Among the Court's findings leading to the Receivership are that the CDCR lacked an
28 adequate system for screening prisoners' health care needs; failed to provide access to general,

1 specialty, and emergency care; failed to provide sufficient and competent medical staff; and
2 lacked an organized, standardized, accurate, and thorough medical record keeping system. (*See*
3 Court's Findings of Fact re Appointment of Receiver 5-27.) The totality of these findings
4 delineates the scope of the Receiver's charge.

5 The first Receiver was appointed almost three years ago, in February 2006. The Court
6 vested the Receiver with all of the CDCR Secretary's powers over prison medical care, and
7 directed the Receiver to develop a sustainable system that provides constitutionally adequate
8 medical care. (*See* Order Appointing Receiver 1-2, 4.) The Court replaced the first Receiver
9 with the current Receiver, Clark Kelso, in January 2008, and, together with the federal district
10 court judges overseeing litigation pending against the State regarding dental care, mental health
11 care, and the Americans with Disabilities Act, gave the Receiver authority to coordinate the
12 construction of new prison health care facilities to provide medical, dental and mental health care.

13 California has since spent a staggering amount of money improving its prison health care
14 system. (*See* Receiver's Seventh Quarterly Report 7; Ninth Quarterly Report 25, 29, noting
15 improved health care screening to identify inmate medical needs and better access to quality
16 general and specialty care to treat those needs.) In fact, the State increased spending on inmate
17 health care from \$1.252 billion, or \$7,601 per inmate, in fiscal year 2005-2006, to \$2.249 billion,
18 or approximately \$13,778 per inmate, in fiscal year 2007-2008, an 81% increase. (Trial Affidavit
19 of Todd Jerue 4 (from Three-Judge Court).) By comparison, Florida expects to spend \$4,330 per
20 inmate on health care in 2008-2009; the Federal Government spent \$4,413 per inmate in 2007;
21 and New York expects to spend \$5,5813 per inmate in 2008-2009. (Decl. Jarvis Supp. Defs.'
22 Mot. Replace Receiver with Special Master & Terminate Construction Plan (Jarvis Decl.) 2-3.)
23 And a single person outside of the prison system in California paid an average of \$4,482 in 2007
24 for healthcare coverage. Diana Diamond, *California Health Care Insurance Costs Escalating*,
25 Healthcare Journal of Northern California, available at
26 http://healthcarejournalnorcal.com/news/2008/03/california_health_care_insuran.shtml (last
27 accessed Jan. 27, 2009).

1 In addition to the State's over \$2 billion current annual spending on inmate health care, the
2 State and its taxpayers have spent in excess of \$74 million to date to fund the Receiver's efforts to
3 develop a prison health care model based not on the constitutional minimum criteria but instead
4 on "long term compassionate relationships between patients and their clinicians." (Decl. Hill
5 Supp. Receiver's Supplemental Application No. 8 for Order Waiving State Contracting Statutes,
6 Regulations and Procedures (Hill Decl.) 2.) The Receiver's expenses amounted to over \$51
7 million in 2007-2008. (Decl. Kwong Supp. Defs.' Mot. Replace Receiver with Special Master &
8 Terminate Construction Plan (Kwong Decl.), Ex. A.) Expenses for the first two months of the
9 current fiscal year total over \$11 million. (See Receiver's Ninth Quarterly Report, Exs. 24 and
10 25.)

11 Salaries and other compensation for the Receiver and his staff accounted for over \$13
12 million of the Receiver's expenses through August 2008. (Kwong Decl. Ex. A.) The first
13 Receiver, Robert Sillen, was paid a total of \$775,790 from April 2006 through June 2007.
14 Matthew L. Cate, *California Prison Health Care Receivership - Review of Disbursements April*
15 *2006 through June 2007*, Office of the Inspector General, 11. His Chief of Staff, John Hagar,
16 was paid \$605,526, at \$250 per hour, for the same period. (*Id.* at 13.) Defendants are unaware of
17 Mr. Hagar's current compensation but understand that his \$250 hourly rate remains unchanged.
18 The current Receiver, Clark Kelso, receives a salary of \$224,000. Tim Reiterman, *Ex-Prison*
19 *Healthcare Receiver's Staff Was Well Paid*, L.A. Times, accessible at
20 <http://articles.latimes.com/2008/feb/28/local/me-prisons28> (last accessed January 27, 2009).

21 The Receiver's staff, which operates in effect as a separate, independent state agency,
22 includes planners, architects, engineers, and support personnel, as well as correctional and clinical
23 professionals, advisers, and lawyers. (Receiver's Facility Program Statement – Third Draft (FPS
24 Third Draft), at Introduction 3-6 (under Federal Rule of Evidence 201, this Court can take judicial
25 notice of the Receiver's documents, which are available at <http://www.cprinc.org>.) This staff
26 also includes a large team that would run the Receiver's proposed new health care facilities,
27 duplicating major administrative functions handled currently within the CDCR. In addition to the
28 Receiver's independent staff, the Receiver controls over 12,000 CDCR medical and

1 administrative personnel. (Decl. Kernan Supp. Defs.’ Mot. Replace Receiver with Special
2 Master & Terminate Construction Plan (Kernan Decl.) 7-8.)

3 The Receiver’s organizational and reporting structure deprives the CDCR Secretary of
4 control over the CDCR staff and access to essential information about the current status of the
5 State’s prison health care system. Even worse, the Receiver has flatly refused to provide relevant
6 information when asked for it. For example, the Receiver rejected Defendants’ informal request
7 for information surrounding inmate deaths that the Receiver contends were “preventable” or
8 “possibly preventable.” (Decl. Gilevich Supp. Defs.’ Mot. Replace Receiver with Special Master
9 & Terminate Construction Plan (Gilevich Decl.) 2.) Needless to say, this information is critical in
10 evaluating whether progress is being made. Without specific information, Defendants are left to
11 simply assume that substantial progress is being made based on other reports of “dramatic
12 decreases” in inmate deaths. (*See, e.g.*, Hill Decl. 2.)

13 The Receiver’s excessive control extends to inmate custody. He has precluded the CDCR
14 from transferring inmates to out-of-state prisons by requiring, yet refusing to provide, pre-transfer
15 health care screenings. (*See* Kernan Decl. 3.) He also has begun (1) monitoring the delivery of
16 health care provided to California inmates already transferred to out-of-state prisons; (2) requiring
17 expensive changes to that health care; (3) threatening to return those inmates transferred out of
18 state, based on his independent determination, in the absence of any judicial finding, that the out-
19 of-state health care is constitutionally infirm; and (4) indicating that he will monitor private in-
20 state prisons housing California inmates. (*Id.* at 5.)

21 In addition to this overbroad control and profligate spending, the Receiver has ignored the
22 State’s escalating \$40 billion budget deficit and continues to develop state-of-the-art health care
23 plans with complete disregard for their cost. (Decl. Hysen Supp. Defs.’ Mot. Replace Receiver
24 with Special Master & Terminate Construction Plan (Hysen Decl.) 5.) That disregard is
25 evidenced by his remark that the State’s financial situation is “unfortunate,” but irrelevant. (*See*
26 Receiver’s Mot. to Hold Defs. in Contempt and to Compel Funding 18.)

1 **II. THE RECEIVER’S CONSTRUCTION PLAN GOES FAR BEYOND CURING**
2 **CONSTITUTIONAL DEFICIENCIES.**

3 The Receiver plans to spend \$8 billion to construct seven new prison facilities to house
4 10,000 health care beds (“the Receiver’s Health Care Expansion Program”) and to construct and
5 renovate space at all 33 existing prisons (“the Receiver’s Health Care Facility Improvement
6 Program”). (Hysen Decl. 2-4.) Construction of the new facilities will result in 7 million square
7 feet of new medical facilities – the equivalent of 70 Wal-Mart stores. (Receiver’s Mot. to Hold
8 Defs. in Contempt and to Compel Funding 10.) The CDCR estimates that financing will bring
9 the cost of the Receiver’s planned construction to \$14 billion, and that operating costs for the new
10 facilities will add \$2.3 billion per year. (Hysen Decl. 4.) The CDCR can only estimate those
11 operating costs because the Receiver has not provided an operating budget. (*Id.*)

12 The Receiver has produced multiple versions of the 600+ page Facility Program Statement
13 that defines the scope of his Construction Plan. He issued the Second Draft of the Statement in
14 July 2008 and continues to rely on that Second Draft to support his motion to compel Defendants
15 to fund his Construction Plan. He published a Third Draft in November 2008, but has refused
16 Defendants’ request to identify any differences in the Second and Third Drafts. At least some
17 differences between the two seem to be merely semantic. The Second Draft’s yoga room, for
18 example, appears in the Third Draft as an exercise room “programmed for other therapeutic
19 activities to promote wellness.”

20 The Facility Program Statement is another illustration of the Receiver’s mistaken view of
21 his mission. It demonstrates plainly that his Plan extends far beyond satisfying the constitutional
22 requirement that the State not act with deliberate indifference to inmates’ serious medical needs:
23 “[E]very aspect of the delivery of health and mental health services [must] take into account the
24 objective of returning the inmate to a condition that prepares him or her to return to general
25 custody or to be released to the community.” (FPS Third Draft, at Facility Development 1.) It
26 goes on to say that the “overarching value that has defined every effort to define constitutional
27 minimum levels of care has been: the [proposed new facility] is a health care facility that cares
28 for prisoners as patients and not a prison that cares for health care needs as inmates.” *Id.*

1 To further the Receiver’s vision that inmates should be treated more as patients rather than
2 prisoners, the proposed design requires particular scale, materials, and color, and the use of trees
3 and other landscaped areas, to minimize the “institution-like” appearance of the facilities. (*See*
4 *FPS Third Draft*, at Facility Development 2-3.) It requires that, “in the place of sterile prison
5 corridors of barren large scale ‘yards’, both staff and patient [] experience landscaped courtyards
6 and places of rest and respite between buildings.” The design’s recreational and therapeutic
7 requirements include exercise/workout rooms and space for yoga, horticulture, music therapy,
8 board games, and stress reduction; a gymnasium; handball courts; and a regular-size basketball
9 court equipped with an electronic bingo-type board and bleacher seating. (*See FPS Third Draft*,
10 at Functional Narrative 154-55.)

11 In addition to exceeding the constitutional standard, the design’s departure from an
12 “institution-like” appearance to achieve the Receiver’s “health-focused mission” presents clear
13 security risks. It allows for and promotes freedom of movement in an open, “mall-based”
14 environment with unlocked rooms, doors made of wood, open-dorm settings and common areas.
15 This type of open setting is simply not appropriate in a prison due to the very nature of the inmate
16 population, which includes violent offenders who pose serious safety risks. (Hysen Decl. 6.)
17 Inmates should be suitably housed for their security classification, including placement in secured
18 cells. (*Id.*) In addition, the design’s secure perimeter remains in the background with a relatively
19 unobtrusive entry to minimize its intrusiveness into the community. But a visibly secure
20 perimeter operates as the primary physical barrier between the inmate population and the
21 community and is a critical component of prison security. (*See id.*)

22 The Facility Program Statement also requires many facilities and services that not only lack
23 a connection to constitutional standards, but also duplicate facilities and services that already
24 exist. (Hysen Decl. 7.) These include general visiting areas; operational, administrative and
25 education administration; academic, therapeutic and vocational education; religious programs;
26 general and legal libraries; business services; executive conference facilities; food services;
27 “healthy choice” canteen services; staff dining; and laundry services. (*See FPS – Third Draft*, at
28 Facility Development 2-7, Functional Narrative 18-22, 147, 158, 161, 171, 179 and 202-203.)

1 The Receiver’s Construction Plan is exorbitant in cost, exceeds any remedy necessary to
2 cure constitutional deficiencies, poses significant security risks, and includes programs and
3 services that duplicate those already provided by the CDCR. It accordingly should be
4 terminated.

5 ARGUMENT

6 **I. THE PLRA’S LIMITS ON THE COURT’S REMEDIAL AUTHORITY HAVE BEEN** 7 **IGNORED IN THIS CASE.**

8 The PLRA restricts the ability of federal courts to order prospective relief in prison
9 condition cases, such as this one. *See* 18 U.S.C. § 3626. In passing the PLRA, Congress
10 recognized that the complexities of operating prisons are not readily susceptible to resolution by
11 court decree, but require deference to the expertise of prison administrators. *See Gilmore v.*
12 *California*, 220 F.3d 987, 991, 996-97 (9th Cir. 2000) (quoting *Procunier v. Martinez*, 416 U.S.
13 396, 404-05 (1974)). It accordingly enacted the PLRA to limit federal court oversight and
14 micromanagement of state prisons, to preclude federal courts from imposing remedies intended to
15 effect an overall modernization of local prison systems or to provide an overall improvement in
16 prison conditions, and to restore control over those prisons to the states. *Gilmore*, 220 F.3d at
17 997, n.11 (quoting H.R. Rep. No. 104-21, at 24 n. 2 (1995)); *id.* at 996 (PLRA sponsors decried
18 “overzealous Federal courts . . . micromanaging our Nation's prisons,” and “judicial orders
19 entered under Federal law [which] have effectively turned control of the prison system away from
20 elected officials accountable to the taxpayer, and over to the courts.” (quotation marks omitted)).
21 The PLRA reflects this intent by limiting prospective relief to the minimum necessary to correct
22 violations of federal rights and by requiring that such prospective relief give substantial weight to
23 any adverse impact on public safety or criminal justice caused by such remedies. *Gilmore*, 220
24 F.3d at 997.

25 The PLRA restricts judicial authority in three ways relevant to this motion: (1) it limits
26 federal courts’ authority to appoint any person to exercise the quasi-judicial powers of the court
27 during the remedial phase of litigation; (2) it prohibits federal courts from ordering the
28 construction of prisons; and (3) it limits federal courts’ authority to grant prospective relief to

1 only that which is narrowly drawn, extends no further than necessary and is the least intrusive
2 means necessary to correct the violation of a federal right. 18 U.S.C. § 3626(a)(1)(A), (a)(1)(C),
3 (f); *see Miller v. French*, 530 U.S. 327, 333 (2000). In addition, it requires that, before ordering
4 prospective relief, courts make “[p]articularized findings, analysis, and explanations . . . as to the
5 application of each criteria to each requirement” imposed by its provisions. *Cason v. Seckinger*,
6 231 F.3d 777, 785 (11th Cir. 2000); *see also Castillo v. Cameron County*, 238 F.3d 339, 354 (5th
7 Cir. 2001). These mandatory findings must be made based on the current record, and cannot be
8 based on prior findings. *See Gilmore*, 220 F.3d at 1010; *Cason*, 231 F.3d at 784-85. These limits
9 have not been observed in this case.

10 **II. THE RECEIVERSHIP SHOULD BE REPLACED WITH A SPECIAL MASTER.**

11 **A. The PLRA Permits the Appointment of a Special Master to Monitor** 12 **Constitutional Compliance, but Not a Receiver to Take Over Prison** 13 **Operations with a Blank Check.**

14 The PLRA limits federal courts’ authority to appoint any person to exercise the quasi-
15 judicial powers of the court during the remedial phase of litigation. 18 U.S.C. § 3626(f). It
16 allows for the appointment of only a special master with specific, limited powers. *Id.* Congress
17 defined the term “special master” as “any person appointed by a Federal court pursuant to Rule
18 53 of the Federal Rules of Civil Procedure or pursuant to any inherent power of the court to
19 exercise the powers of a master, regardless of the title or description given by the court.” 18
20 U.S.C. § 3626(g)(8). The PLRA limits a special master’s powers to conducting hearings,
21 preparing proposed findings of fact, and simply assisting in the development of remedial plan. 18
22 U.S.C. § 3626(f)(6)(c). These limited powers apply even if the person appointed by and relied
23 upon to monitor or review compliance with court-ordered relief is titled or described by the court
24 as a receiver. H.R. Rep. No. 21, 104th Cong., 1st Sess. (1995), WL 56410, at *28 (“limitation . . .
25 on . . . use of masters is intended to apply to anyone relied on by the court to make factual
26 findings or to monitor or review compliance with, enforcement of, or implementation of a consent
27 decree or of court-ordered relief”).

28 Rather than appointing a special master in this case, the Court created the Receivership,
which completely removed control over inmate medical care from the State and placed it in the

1 hands of an unelected and unaccountable person. That transfer of absolute authority contravenes
2 the letter and intent of the PLRA, as well as principles of federalism and separation of powers.
3 The Receiver was given the power to “control, oversee, supervise, and direct all administrative,
4 personnel, financial, accounting, contractual, legal, and other operational functions of the medical
5 delivery component of the CDCR.” (*See* Order Appointing Receiver 2.) And he was given
6 “independence as an arm of the federal courts,” so that he and his staff have the status of officers
7 and agents of, and are vested with the same immunities as, this Court. (Order Appointing New
8 Receiver 5-6.)

9 The Receiver has exercised this broad authority in direct conflict with the PLRA’s
10 limitations. He has resisted fiscal and other accountability, even while California faces an
11 unprecedented and potentially catastrophic \$40 billion deficit. (Hysen Decl. 5.) He has withheld
12 critical information from Defendants, such as information supporting his findings that certain
13 inmate deaths were “preventable” or “possibly preventable.” (Gilevich Decl. 2.) He refused to
14 make available for public scrutiny the Second Draft of his Facility Program Statement, until it
15 became expeditious for him to do so for his own purposes. (*See* Receiver’s Opp’n Defs.’ Admin.
16 Mot. Lift Confidentiality Designation on Receiver’s Facility Program Statement, Second Draft;
17 *but see* Facility Program Statement, Second Draft (publicly available at <http://www.cprinc.org>.)
18 And he has pursued a state-of-the-art medical care model and wildly extravagant \$8 billion prison
19 construction plan that lack any nexus to the constitutional standard of providing medical care free
20 from deliberate indifference, and that do not represent the minimum relief necessary to cure any
21 such deficiency.

22 The Court’s broad grant, and the Receiver’s even broader exercise of power conflicts with
23 the limited authority of special masters under the PLRA to conduct hearings, make findings of
24 fact and assist in developing remedial plans, and accordingly should end.

25 **B. The Receiver’s Pursuit of a State-of-the-Art Prison Health Care System**
26 **Violates the PLRA.**

27 The Receivership should be ended because the Receiver has grossly exceeded the limits of
28 his lawful charge: to ensure only that Defendants are not deliberately indifferent to inmates’

1 medical care and to do so in as minimally intrusive a manner as possible. The Constitution does
2 not require that the State provide exceptional, or even good, medical care. Rather, the Eighth
3 Amendment’s ban on cruel and unusual punishment requires that prison officials not act with
4 “deliberate indifference to serious medical needs.” *Estelle v. Gamble*, 429 U.S. 97, 104 (1976).
5 Prison officials do not act with deliberate indifference unless they both know of and disregard an
6 excessive risk to inmate health. *Farmer v. Brennan*, 511 U.S. 825, 834 (1994). Deliberate
7 indifference thus includes an objective and a subjective component. Objectively, the alleged
8 deprivation of care must be “sufficiently serious” and rise to the level of an “unnecessary and
9 wanton infliction of pain.” *Id.*; *Estelle*, 429 U.S. at 104. Subjectively, prison officials must act
10 with a “sufficiently culpable state of mind,” knowing that an inmate faces a substantial risk of
11 serious harm, yet disregarding that risk “by failing to take reasonable measures to abate it.”
12 *Farmer*, 511 U.S. at 847.

13 The Eighth Amendment thus does not require the most-desirable level, nor even a high
14 professional standard, of care. *Hoptowit v. Ray*, 682 F.2d 1237, 1253 (9th Cir. 1982). Neither a
15 lack of ordinary due care, negligence, malpractice, gross medical malpractice, nor even civil
16 recklessness (failure to act in the face of an unjustifiably high risk of harm that is so obvious that
17 it should be known) constitutes an Eighth Amendment violation. *Farmer*, 511 U.S. at 835.
18 Nothing less than recklessness in the criminal sense—disregard of a risk of which one is actually
19 aware—establishes such a violation. *Id.* at 839. Accordingly, where officials demonstrate
20 reasonable efforts to abate problems, they have not acted with a “sufficiently culpable state of
21 mind.” *Id.* at 837, 847.

22 Accordingly, the question here is whether California prison officials have made reasonable
23 efforts to abate the identified constitutional deficiencies. (*See Court’s Findings of Fact re*
24 *Appointment of Receiver 5-27.*) Defendants have made not only reasonable, but extensive,
25 efforts to abate these problems. Rather than blindly assuming, as the Receiver seems to, that the
26 Defendants continue to act with deliberate indifference, the Court should carefully evaluate and
27 measure the state of Defendants’ compliance in accordance with the PLRA’s standards. Such an
28 evaluation will demonstrate that the Defendants have cooperated with the Receiver and have

1 approached prison medical care deficiencies with concern, as is evidenced by the State's
2 substantial increase in inmate health care spending and the dramatic reduction, by the Receiver's
3 own account, of preventable inmate deaths. (Hill Decl. 2.)

4 Not only is the Receiver's lawful goal only to ensure that Defendants are no longer
5 deliberately indifferent to inmates' serious medical needs, but he must also achieve this goal in
6 the least intrusive means possible. On their face, the Receiver's extravagant health care model
7 and Construction Plan, and his large staff and \$74 million in administrative expenses, are
8 manifestly not the least intrusive means to satisfy constitutional requirements. On the contrary,
9 they amount to a full-scale takeover of the State's prison health care delivery system for the
10 indefinite future at escalating and indefinite costs that far exceed what is necessary to cure any
11 specific violations. The return of control of the prison health care system to the State and
12 appointment of a special master to conduct hearings, make findings of fact and assist in
13 developing remedial plans represents a far less intrusive remedy than the Receivership. The
14 appointment of a special master is expressly authorized under the PLRA, and would strike a
15 proper balance between the Court's need to monitor compliance with its orders and assist in the
16 development of remedial plans necessary to cure any remaining violations, without improperly
17 intruding on the State's sovereignty.

18 **C. During the Requested Transition from the Receiver to a Special Master,**
19 **the Court Should Establish a Formal Process to Allow the State to**
20 **Participate in, Review, and Object to the Receiver's Activities.**

21 Defendants believe that the law requires that authority over the prison health system be
22 transitioned back to the State, and furthermore request that a formal process be established to
23 allow the State to participate in, review, and object to the Receiver's activities, and to otherwise
24 ensure that his remedies comport with the PLRA. Defendants propose a process that substantially
25 conforms to the one set forth in Defendants' Proposed Order, filed concurrently.

26 Although the Receiver has invited some participation from Defendants in the development
27 of his plans, he has made it abundantly clear that he does so only on his terms and will not alter
28 his course even in the face of the State's reasonable objections. Rather than re-evaluating his \$8
billion Construction Plan in response to Defendants' legitimate concerns about the Plan's scope in

1 light of California’s \$40 billion budget deficit, the Receiver responded by seeking to hold the
2 Defendants in contempt. In addition, he continues to monitor and require expensive changes to
3 medical care provided by out-of-state prison facilities housing California inmates, in the absence
4 of any judicial finding that any of those facilities provides constitutionally inadequate medical
5 care. Furthermore, the Receiver refused to provide Defendants with information regarding
6 “preventable” and “possibly preventable” inmate deaths that this Court has identified as critical in
7 determining Defendants’ constitutional compliance. (Gilevich Decl. 2.)

8 Principles of federalism require the Court to institute a process for Defendants to review the
9 Receiver’s plans. These principles limit courts’ equity powers and require this Court to exercise
10 great restraint before intruding into the proper sphere of the State. *Missouri v. Jenkins*, 515 U.S.
11 70, 131 (1995). When federalism is accorded its proper respect, “Article III cannot be understood
12 to authorize the Federal Judiciary to take control of core state institutions like prisons . . . and
13 assume responsibility for making the difficult policy judgments that state officials are both
14 constitutionally entitled and uniquely qualified to make.” *Lewis v. Casey*, 518 U.S. 343, 385
15 (1996) (Thomas, J., concurring). Here, the Receiver has usurped the State’s authority over its
16 own policy and budgetary decisions regarding prison medical care and prison construction.

17 In sum, the PLRA and principles of comity, federalism, and separation of powers require a
18 process by which the Receiver must provide the State with information (including objective
19 benchmarks and outcome measures) sufficient for the State to evaluate any proposed plan, its
20 scope and costs. The process must include an opportunity for the State to have meaningful input
21 into and to challenge, before the Court, the Receiver’s plans and funding requests. A transparent
22 and comprehensive process that includes these important features will allow the Receiver, the
23 Court and the parties to arrive at remedies that are authorized under the PLRA and conducive to
24 the ultimate transition of authority back to the State.

25 **III. THE RECEIVER’S CONSTRUCTION PLAN MUST BE TERMINATED BECAUSE IT**
26 **VIOLATES THE PLRA.**

27 **A. The PLRA Precludes the Court from Ordering the Construction of Prisons.**
28

1 The PLRA prohibits courts from ordering the construction of prisons: “Nothing in this
2 section shall be construed to authorize the courts, in exercising their remedial powers, to order the
3 construction of prisons” 18 U.S.C. § 3626(a)(1)(c). Notwithstanding this restriction, the
4 Receiver has sought a court order to compel Defendants to fund the construction of extravagant
5 new prison facilities at a staggering cost to California taxpayers. The Receiver contends that the
6 PLRA does not prohibit a court from ordering prison construction where necessary to correct
7 violations of federal law, but provides only that nothing in section 3626 shall be construed to
8 authorize such construction. (Receiver’s Reply re Mot. Hold Defs. in Contempt and to Compel
9 Funding 16.) This argument must fail because it ignores Congress’s intent to curb federal courts’
10 equitable discretion to end judicial micromanagement of prisons and restore control to the states.
11 *Gilmore*, 220 F.3d at 999. It also must fail because it lacks the support of any independent
12 authority allowing the Court to order prison construction. 18 U.S.C. § 3626(a)(1)(c).

13 To begin with, it is doubtful that federal courts had equitable authority to order prison
14 construction even before the PLRA was passed. Prior to the PLRA’s enactment, many federal
15 courts noted that their power did not extend to ordering prison construction to remedy
16 constitutional violations. *See Reece v. Gragg*, 650 F. Supp. 1297, 1306 (D. Kan. 1986) (“Even if
17 this Court could order a new jail built, it would not do so. A decision such as that is a decision to
18 be made by the political process, not by judicial fiat.”); *Padgett v. Stein*, 406 F. Supp. 287, 303
19 (D.C. Pa. 1975) (“this court lacks the power to order public funds expended to build a new
20 prison”); *Jones v. Wittenberg*, 330 F. Supp. 707, 712 (D.C. Ohio 1971) (holding that the court has
21 no power to require the public to fund new jails).

22 But even if federal courts once had the power to order prison construction, that power was
23 curtailed by the passage of the PLRA. The Supreme Court confirmed in *Miller v. French*, 530
24 U.S. 327, 340-41 (2000), that Congress intended to limit sharply the scope of federal courts’
25 equitable authority in ordering prospective relief. At issue in *Miller* was section 3626(e)(2),
26 which provides that “[a]ny motion to modify or terminate prospective relief made under
27 subsection (b) shall operate as a stay,” such that while a motion to terminate prospective relief is
28 pending, the relief at issue is stayed. The Supreme Court rejected the Government’s argument

1 that the district court retained traditional equitable authority to stay the operation of the PLRA's
2 stay. In doing so, the Court concluded that, given Congress's intent to curb the equitable
3 discretion of the district courts, it would have been anomalous for Congress to have left section
4 3626(e)(2) vulnerable to that very same discretion. *Miller*, 530 U.S. at 340-41.

5 In enacting section 3626(a)(1)(C), Congress intended to restrict the scope of district courts'
6 equitable powers to order the construction of prisons. Subsection (a)(1)(C) expressly references
7 courts' remedial powers, indicating that Congress fully intended to limit courts' equitable
8 authority in ordering prospective relief. Moreover, as in *Miller*, Congress's intent to restrict
9 federal courts from using their equitable powers to order the construction of prisons is evident
10 from the PLRA's statutory scheme. It would be nonsensical for Congress to prohibit the
11 construction of prisons under the PLRA and provide limitations on other prospective relief in
12 subsection (a)(1)(A)-(B), but to nevertheless contemplate that district courts could use their
13 inherent equitable authority to circumvent these limitations.

14 Finally, Defendants note that this Court has previously relied on *Cabazon Band of Mission*
15 *Indians v. Wilson*, 37 F.3d 430 (9th Cir. 1994), for the proposition that the PLRA, while not
16 providing the Court with authority to order prison construction, does not itself prohibit the Court
17 from ordering prison construction. (*See* Order Denying Stay 11). Such a reading of *Cabazon* is
18 misplaced.

19 In *Cabazon*, the issue was whether a state had the power to levy a tax on activities
20 occurring on an Indian reservation. *Cabazon*, 37 F.3d at 432. But there, the general power of
21 states to levy taxes was well-established, separate and apart from the federal Indian Gaming
22 Regulatory Act. Indeed, California law expressly authorized the state to impose the tax at issue
23 through Business and Professions Code §§ 19605.7, 19606.5, 19606.6. *Id.* Thus, the court
24 simply interpreted the federal Indian Gaming Regulatory Act as not revoking a state's well-
25 established (and statutorily authorized) power to impose taxes where there was no evidence of
26 Congressional intent to the contrary.

27 Here, in stark contrast to *Cabazon*, there is no express state or federal statutory authority
28 empowering the federal courts to order the construction of prisons. Indeed, as discussed above,

1 there appears to be a notable absence of such authority. Through Section 3626(a)(1)(C),
2 Congress was clear that such judicial authority was prohibited by the PLRA. Thus, no such
3 authority exists.

4 **B. The Receiver’s Construction Plan Does Not Comport with the Limited**
5 **Relief Authorized under the PLRA.**

6 **1. The Court Has Not Made the Findings Required to Support**
7 **Ordering the Receiver’s Construction Plan.**

8 Even if the PLRA were interpreted not to preclude courts from ordering prison
9 construction, this Court lacks the authority to order the Receiver’s proposed Construction Plan
10 because the Court has failed to make, and, as argued below, cannot make, the required findings
11 that the Construction Plan complies with the limited relief authorized under the PLRA. Although
12 this Court has contended that it made the required PLRA findings by repeatedly stating that the
13 Receiver’s generally stated Turnaround Plan of Action is necessary to remedy constitutional
14 violations in this case, the PLRA requires more. (Order Denying Defs.’ Mot. Stay Oct. 27, 2008
15 Order 12.) Conclusory statements that the PLRA’s requirements are met are insufficient.
16 “Particularized findings, analysis, and explanations should be made as to the application of each
17 criteria to each requirement” imposed by the PLRA, and those findings must be made based on
18 the current record, and cannot be based on prior findings. *See Cason v. Seckinger*, 231 F.3d 777,
19 785 (11th Cir. 2000); *Castillo v. Cameron County*, 238 F.3d 339, 354 (5th Cir. 2001); *Gilmore*,
20 220 F.3d at 1010.

21 In its order approving the general goals stated in the Receiver’s Turnaround Plan of Action,
22 the Court stated only that it “finds the plan’s six strategic goals to be necessary to bring
23 California’s medical health care system up to constitutional standards, and the Court is satisfied
24 that the objectives and action items identified in the plan will help the Receivership achieve those
25 six goals.” (*See* Order Approving Receiver’s Turnaround Plan of Action 3-4.) The Court did not
26 find that the construction goals outlined in the Turnaround Plan of Action are narrowly drawn
27 (nor could they be given that that they were just general goals), or that they extend no further than
28 necessary, or that they are the least intrusive means of remedying an existing constitutional
violation. Indeed, the Court’s statements fail to identify any nexus between the construction

1 goals and any specific, existing violation. The Court’s statements are plainly too conclusory and
2 unsubstantiated to meet the PLRA’s fact-finding standards to ensure that the prospective relief
3 embodied in the construction goals complies with PLRA limits.

4 Moreover, the Court’s statements addressed only the Receiver’s Turnaround Plan of Action
5 and did not consider the Receiver’s subsequently produced 600+ page Facility Program
6 Statement. Goal 6 in the Turnaround Plan of Action identified only a general need to provide
7 clinical, administrative, and housing facilities. The comprehensive details in the Facility Program
8 Statement, though, demonstrate that the Receiver designed the proposed new prison facilities to
9 improve overall living conditions within the prison facilities rather than cure any specific,
10 existing Eighth Amendment violations. Because the Court has never made any findings
11 regarding specific remedies outlined in the Facility Program Statement, the Receiver’s
12 Construction Plan must be terminated.

13 **2. The Construction Plan Does Not Constitute the Minimum Relief**
14 **Necessary to Cure Any Constitutional Violation.**

15 It takes no more than a cursory review of the Receiver’s Construction Plan to conclude that
16 it fails to satisfy the PLRA’s limits. The Receiver plans to spend \$8 billion to construct 7 million
17 square feet of new medical facilities—the equivalent of 70 Wal-Mart stores—to house 10,000
18 health care beds, and to construct and renovate space at all 33 existing prisons. (Receiver’s Mot.
19 to Hold Defs. in Contempt and to Compel Funding 10.) Financing could bring the total cost of
20 construction to \$16 billion, and operating costs could add up to \$2.3 billion, or \$230,000 per
21 inmate, annually. (Hysen Decl. 4.)

22 These staggering construction and operating costs constitute only one measure of the Plan’s
23 gross excess. The Plan’s design philosophy stands as another: “[E]very aspect of the delivery of
24 health and mental health services [must] take into account the objective of returning the inmate to
25 a condition that prepares him or her to return to general custody or to be released to the
26 community.” (FPS Third Draft, at Facility Development 1.) The Facility Program Statement’s
27 interpretation of the applicable constitutional standard represents yet another: the “overarching
28 value that has defined every effort to define constitutional minimum levels of care has been: the

1 [proposed new facility] is a health care facility that cares for prisoners as patients and not a prison
2 that cares for health care needs as inmates.” *Id.*

3 Thus, far from being limited to the minimum relief necessary to cure any constitutional
4 violation, the Receiver’s Construction Plan seeks overall improvements in prison living
5 conditions and lacks a nexus to curing any specific violations. The plan requires specific scale,
6 materials, and color, and the use of landscaping, to minimize the institution-like appearance of the
7 new facilities. It mandates landscaped courtyards and places of rest and respite between buildings
8 for staff and inmates. It includes yoga rooms and space for horticulture, music therapy, board
9 games, and stress reduction; gymnasiums, handball courts, and basketball courts. It also
10 duplicates and expands non-medical facilities and services already provided by the CDCR in its
11 existing facilities, such as general visiting areas; operational, administrative and education
12 administration; academic and vocational education; religious programs; general and legal
13 libraries; business services; executive conference facilities; food services; “healthy choice”
14 canteen services; staff dining; and laundry services. (*See* FPS – Third Draft, at Facility
15 Development 2-7, Functional Narrative 18-22, 147, 158, 161, 171, 179 and 202-203.) As such, it
16 goes further than necessary, is not narrowly drawn, and is not the least intrusive means available
17 to correct existing constitutional violations. 18 U.S.C. § 3626(a)(1)(A).

18 In addition, the design’s departure from an “institution-like” appearance to achieve the
19 Receiver’s “health-focused mission” presents clear security risks. Freedom of movement in the
20 open, “mall-based” environment, with its unlocked rooms, wood doors, and open-dorm settings
21 and common areas is inappropriate in a prison housing violent offenders who pose serious safety
22 risks. (Hysen Decl. 6.) Inmates should be placed in housing suitable for their security
23 classification, including cells, in accordance with department regulations. (*Id.*) The design’s
24 secure perimeter, which should operate as the primary physical barrier between inmates and the
25 community, but instead has a relatively unobtrusive entry designed to minimize its intrusiveness
26 into the community, likewise poses real security risks. (*See id.*) The PLRA’s requirement that
27 substantial weight be given to these security risks also mandates the Plan’s termination. 18
28 U.S.C. § 3626(a)(1)(A).

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CONCLUSION

Based on the legal and factual analysis above, Defendants request that this Court end the Receivership following a transition period during which the Receiver's duties are returned to the State. Defendants request that a structured review-and-approval process be established to ensure that all of the Receiver's actions strictly comply with state and federal law, including the PLRA, during the transition period. Defendants further request that a special master be appointed under 18 U.S.C § 3626(f). Finally, Defendants request that the Receiver's Construction Plan, as detailed in his Turnaround Plan of Action and Facility Program Statements, be terminated.

Dated: January 28, 2009

Respectfully Submitted,

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