

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA – WESTERN DIVISION**

PEDRO BRAVO CASTILLO AND LUIS
VASQUEZ RUEDA

Petitioners,

vs.

WILLIAM BARR, United States Attorney
General; CHAD WOLF, Acting Secretary
of U.S. Department of Homeland Security;
U.S. DEPARTMENT OF HOMELAND
SECURITY; U.S. IMMIGRATION AND
CUSTOMS (ICE); MATTHEW T.
ALBENCE, Deputy Director and Senior
Official for ICE; DAVID MARIN, Field
Office Director for ICE ERO in Los
Angeles; JAMES JANECKA, Warden,
Adelanto ICE Processing Center

Respondents.

Case No.: 5:20-cv-00605

**PETITION FOR WRIT OF HABEAS
CORPUS AND COMPLAINT FOR
DECLARATORY AND
INJUNCTIVE RELIEF**

Mark Rosenbaum (Bar No. 59940)
mrosenbaum@publiccounsel.org
Judy London (Bar No. 149431)
jlondon@publiccounsel.org
Talia Inlender (Bar No. 253796)
tinlender@publiccounsel.org
Jesselyn Friley (Bar No. 319198)
jfriley@publiccounsel.org
Elizabeth Hercules-Paez (Bar No. 320944)
eherculespaez@publiccounsel.org
Amanda Savage (Bar No. 325996)
asavage@publiccounsel.org
PUBLIC COUNSEL
610 S. Ardmore Avenue
Los Angeles, CA 90005
Telephone: (213) 385-2977
Attorneys for Plaintiffs Pedro Bravo Castillo
and Luis Vasquez Rueda

Joshua A. Matz (*pro hac vice forthcoming*)
jmatz@kaplanhecker.com
Kyla Magun (*pro hac vice forthcoming*)
kmagun@kaplanhecker.com
Michael Skocpol* (*pro hac vice forthcoming*)
mskocpol@kaplanhecker.com
Dylan Cowit (*pro hac vice forthcoming*)
dcowit@kaplanhecker.com
KAPLAN HECKER & FINK LLP
350 Fifth Avenue, Suite 7110
New York, NY 10118
Telephone: (212) 763-0883

*Admitted to practice in Massachusetts only;
not admitted to practice in New York

I. INTRODUCTION

1
2 This is a Petition for a Writ of Habeas Corpus filed on behalf of Petitioners
3 Pedro Bravo Castillo and Luis Vasquez Rueda to remedy their unlawful detention.
4 Petitioners are long-time residents of Southern California who, like millions of
5 others, watched in fear as the novel coronavirus became a global pandemic. As a
6 state of emergency was declared in California and nationally, officers from
7 Immigration and Customs Enforcement (ICE) came to Petitioners' homes to
8 conduct immigration enforcement raids. As the Centers for Disease Control and
9 Prevention (CDC) pleaded for people to wash their hands, stay home, and avoid
10 close contact with others, Petitioners were forcibly removed from their homes,
11 handcuffed and restrained by ICE officers, and held in transport vans and small
12 rooms where close physical contact was unavoidable. Both of them were taken to
13 Adelanto ICE Processing Center (Adelanto Detention Center), where they have
14 been detained ever since. They live in dorms and sleep in bunk beds, sharing
15 commons spaces and medical facilities with over 1,600 other detainees. They are
16 in the constant presence of guards, officers, and staff who continually rotate in and
17 out of the facility, each time risking transmission of the virus to those inside and
18 outside the detention center. COVID-19 is highly contagious, with each person
19 infected transmitting the virus to an average of two to three other people. A single
20 case has the potential to overwhelm not only the Adelanto Detention Center, but
21 also in the communities that surround it.

22 Respondents, who ordered and carried out the raids that brought Petitioners
23 to Adelanto, knew better than to subject Petitioners to the risk of disease and death
24 inherent in arrest and detention during a global pandemic. They failed to follow
25 the basic public health protocols that have been broadcast all over the world as
26 necessary to halt the spread of COVID-19. And Adelanto Detention Center has a

1 documented track record of uncorrected health and safety violations. Since the
2 pandemic began, jails, prisons, detention centers and the courts have taken the
3 reasonable step of releasing detained individuals in order to reduce the risk of
4 spreading COVID-19 in these confined, unhygienic spaces. The Los Angeles
5 County Sheriff has released hundreds of inmates from custody. And witnesses
6 from inside Adelanto report that the detention center began releasing some seniors
7 on March 20, 2020, followed by other detainees in the days that followed. On
8 March 23, 2020, the Ninth Circuit ordered sua sponte the release of an immigration
9 petitioner “[i]n light of the rapidly escalating public health crisis, which public
10 health authorities predict will especially impact immigration detention centers.”
11 *Xochihua-Jaimes v. Barr*, 2020 WL 1429877, No. 18-71460 (9th Cir. Mar. 23,
12 2020). This impact extends beyond detention centers to the families and contacts
13 of those who work at and visit these facilities.

14 Petitioners’ arrests and continued detention under these conditions violates
15 the guarantees of the Fifth Amendment’s Due Process Clause. It also endangers
16 Petitioners, the other people detained at Adelanto, the staff and officers who work
17 there, and all of their families and other contacts. Accordingly, Petitioners seek
18 immediate release and conveyance back to their homes under safe conditions.

19 **II. JURISDICTION AND VENUE**

20 1. This Court has jurisdiction over this action under 28 U.S.C. §§ 1331,
21 1361, 2241, 2243, and the Habeas Corpus Suspension Clause of the U.S.
22 Constitution (U.S. Const. art. 1, § 9, cl. 2). This Court also has remedial authority
23 under the Declaratory Judgment Act, 28 U.S.C. § 2201 *et seq.*

24 2. Venue is proper in the Central District of California because a
25 substantial part of the events and omissions giving rise to this action occurred in
26 the District. 28 U.S.C. § 1391(b)(2). Petitioners were arrested, transported and
27

1 detained in Los Angeles County, California. They are currently being held at
2 Adelanto ICE Processing Center in San Bernardino County, California.

3 3. Petitioners have not previously filed any complaint or petition for
4 habeas corpus related to their detention in any court. No proceeding has been
5 held in this matter in immigration court, nor has there been any proceeding
6 related to removal, which is not the subject of this petition and complaint.

7 **III. PARTIES**

8 4. Pedro Bravo Castillo is a 58-year-old resident of Los Angeles County.
9 On March 16, 2020, ICE officers arrested him in front of his home and held him
10 in several enclosed spaces—a car, a van, small rooms—with other arrestees and
11 officers en route to Adelanto Detention Center. His arrest and transport required
12 officers to make and maintain physical contact with him, and in doing so, they
13 took few, if any, precautions to avoid spreading the virus. Pedro has lived in the
14 United States for nearly three decades and has worked in the trucking, poultry,
15 and recycling industries. He supports his partner and two U.S.-citizen
16 stepchildren. He also has had kidney stones, a hernia, and other chronic health
17 issues.

18 5. Luis Vasquez Rueda is a 23-year-old resident of Los Angeles County.
19 On March 17, 2020, ICE officers arrested him at his apartment, handcuffed him,
20 and transported him to the Los Angeles ICE Field Office and then to Adelanto
21 Detention Center, where he has remained ever since. During his arrest and
22 transport, officers touched him and breathed on him without using masks and
23 confined him in a crowded van with seven other arrestees for an hour and a half.
24 When he arrived at Adelanto, he was assigned to a dormitory that was already
25 under quarantine. Luis arrived in the United States when he was five years old
26 and attended college under the Deferred Action for Childhood Arrivals (DACA)

1 program through 2017. He was recently injured in a work accident that left him
2 with bruises and bleeding in his eye, which may require surgery. He has had no
3 opportunity to seek medical care for these injuries at Adelanto.

4 6. Respondent William Barr is Attorney General of the United States and
5 the chief law enforcement officer of the federal government. He is sued in his
6 official capacity.

7 7. The Department of Homeland Security (DHS) is a cabinet department
8 of the United States federal government that is responsible for administering and
9 enforcing the nation's immigration laws.

10 8. Respondent Chad Wolf is the Acting Secretary of DHS. He is sued in
11 his official capacity.

12 9. United States Immigration and Customs Enforcement (ICE) is an
13 agency within DHS with the primary responsibility for enforcing immigration and
14 customs laws, including by conducting operations to remove individuals from the
15 United States.

16 10. Matthew T. Albence is ICE's Deputy Director and Senior Official
17 Performing the Duties of the Director. He is sued in his official capacity.

18 11. David Marin is the Los Angeles Field Director for ICE's Enforcement
19 and Removal Operations branch. He is sued in his official capacity.

20 12. James Janecka is Warden of Adelanto ICE Processing Center. He is
21 sued in his official capacity.

22 **IV. EXHAUSTION**

23 13. Exhaustion is inappropriate where, as here, Petitioners are asserting
24 violations of their Fifth Amendment substantive due process rights. Because
25 Petitioners assert constitutional substantive due process claims that are beyond
26 the jurisdiction of the immigration court and Board of Immigration Appeals
27

1 (BIA), exhaustion is not required. *Garcia-Ramirez v. Gonzales*, 423 F.3d 935,
2 938 (9th Cir. 2005) (“Because the BIA does not have jurisdiction to resolve
3 constitutional challenges, . . . due process claims—other than those alleging only
4 ‘procedural errors’ within the BIA’s power to redress—are exempt” from
5 exhaustion.).

6 14. Even if exhaustion were an option here, on habeas review pursuant to
7 § 2241, exhaustion is merely prudential, rather than jurisdictional. *Arango*
8 *Marquez v. I.N.S.*, 346 F.3d 892, 897 (9th Cir. 2003). Courts retain discretion
9 over whether to require prudential exhaustion, and may exercise discretion to
10 waive a prudential exhaustion requirement where “irreparable injury will result.”
11 *Hernandez v. Sessions*, 872 F.3d 976, 988 (9th Cir. 2017) (quoting *Laing v.*
12 *Ashcroft*, 370 F.3d 994, 1000 (9th Cir. 2004)). Requiring Petitioners to exhaust
13 administrative remedies will result in irreparable injury by subjecting them to
14 continued violation of their constitutional rights and exposing them to a
15 heightened danger of contracting COVID-19 due to Respondents’ inadequate
16 preventative measures.

17 15. Moreover, because a bond hearing is not a forum where Petitioners’
18 constitutional due process claims can be resolved and because Respondents
19 arrested and detained Petitioners under exceptional circumstances, all three
20 factors that courts consider in determining whether to waive prudential
21 exhaustion weigh in favor of waiver. *See Hernandez*, 872 F.3d at 988 (Court may
22 require prudential exhaustion when “(1) agency expertise makes agency
23 consideration necessary to generate a proper record and reach a proper decision;
24 (2) relaxation of the requirement would encourage the deliberate bypass of the
25 administrative scheme; and (3) administrative review is likely to allow the agency
26
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1 to correct its own mistakes and to preclude the need for judicial review.” (quoting
2 *Puga v. Chertoff*, 488 F.3d 812, 815 (9th Cir. 2007)).

3 V. STATEMENT OF FACTS

4 A. COVID-19 is an Unprecedented Risk to Public Health

5 16. The disease known as COVID-19, caused by a novel coronavirus
6 never before seen in humans, has become a global pandemic. The World Health
7 Organization (WHO) first characterized the outbreak as a pandemic on March 11,
8 2020.¹ President Trump formally declared a national emergency in response to
9 the virus on March 13, 2020.²

10 17. Epidemiologists and public health experts expect cases of COVID-19
11 to grow exponentially around the globe, absent effective evidence-based public
12 health interventions. Current estimates suggest that over 200 million people in
13 the United States could be infected over the course of the pandemic, with
14 potential deaths numbering in the millions. *See* Ex. A, Declaration of Ranit
15 Mishori (Mishori Decl.) ¶ 7; *see also* Ex. B, Declaration of Katherine McKenzie
16 (adopting the Mishori declaration).

17 18. COVID-19 is an extremely contagious disease that is easily spread by
18 close person-to-person contact, and well as by respiratory droplets that can
19 survive on surfaces for a period of time. Early indications show that COVID-19
20 has an R0 (the number of people who can get infected from a single infected
21 person) of 2 to 3, twice the number of a typical flu. *Id.* ¶ 8.

23 ¹ Tedros Adhanom Ghebreyesus, *WHO Director-General's opening remarks at the media briefing on COVID-19 -*
24 *11 March 2020* (March 11, 2020), available at [https://www.who.int/dg/speeches/detail/who-director-general-s-](https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020)
[opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020](https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020)

25 ² Donald J. Trump, *Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease*
(COVID-19) Outbreak (March 13, 2020), available at [https://www.whitehouse.gov/presidential-](https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/)
26 [actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/](https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/).

1 19. COVID-19 is also a more dangerous and serious disease than a typical
2 seasonal flu. The disease can lead to respiratory failure, kidney failure, and death.
3 *Id.* ¶ 9. Older patients and patients with chronic underlying conditions are at a
4 particularly high risk for severe cases and complications. *Id.* ¶ 9. The likelihood
5 of death is much higher from COVID-19 than from influenza. *Id.* ¶ 9. According
6 to the most recent studies, the fatality rate of people infected with COVID-19 is
7 about ten times higher than a severe seasonal influenza, and even countries with
8 highly effective health care systems have had hospital capacity overrun by
9 outbreaks of COVID-19. *Id.* ¶ 9. Where shortages occur, lifesaving interventions
10 such as ventilators must be rationed, leading to additional deaths.³ Even the
11 young and otherwise healthy can succumb to the disease unpredictably.⁴

12 **COVID-19 is Spreading Throughout the Greater Los Angeles Area**

13 20. The Los Angeles region and California as a whole have been hit hard
14 by COVID-19, which has led Mayor Eric Garcetti, the Los Angeles County
15 Board of Supervisors, and California Governor Gavin Newsom to take some of
16 the most stringent preventative measures anywhere in the country to contain the
17 spread of the disease.

18 21. As of March 25, 2020, California had approximately 2,853 confirmed
19 cases of COVID-19, a total that has increased exponentially over the past several
20

21
22 ³ Suzy Khimm, *Who gets a ventilator? Hospitals facing coronavirus surge are preparing for life-or-death decisions*,
23 NBC News (March 18, 2020), <https://www.nbcnews.com/health/health-care/who-gets-ventilator-hospitals-facing-coronavirus-surge-are-preparing-life-n1162721>.

24 ⁴ County of Los Angeles Public Health, *Los Angeles County Announces Three new Deaths Related to 2019 Novel
25 Coronavirus (COVID-19)—128 New Cases of Confirmed COVID-19 in Los Angeles County* (March 24, 2020),
26 available at <http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=2280> (noting the
27 confirmed death of “a youth under the age of 18”); Pam Belluck, *Younger Adults Make Up Big Portion of
28 Coronavirus Hospitalizations in U.S.*, N.Y. Times (March 18, 2020), available at
<https://www.nytimes.com/2020/03/18/health/coronavirus-young-people.html>.

1 weeks. Los Angeles County had the highest number of cases of any county in the
2 state, with 814 confirmed cases.⁵

3 22. A growing number of these cases can be attributed to community
4 spread of the disease and are not traceable to an identifiable source of exposure.⁶
5 According to experts, community spread is an indicator of a significant number of
6 unknown cases throughout the community.⁷ California was believed to be home
7 to the first known case of community transmission of COVID-19 in the United
8 States.⁸

9 23. Since at least early March, California and Los Angeles County
10 officials have been urging citizens to practice social distancing to minimize
11 contact with others to limit potential exposure to COVID-19. Governor Newsom
12 declared a State of Emergency on March 4, 2020.⁹

13 24. Recognizing the rapidly escalating serious threat posed to the Los
14 Angeles area by COVID-19, on Sunday, March 15, 2020, Mayor Eric Garcetti
15 issued an emergency order closing all Los Angeles bars, nightclubs, restaurants
16 (with the exception of takeout and delivery), entertainment venues, and gyms.¹⁰
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19 ⁵ Los Angeles Times Staff, *Tracking the coronavirus in California*, Los Angeles Times (Updated March 25, 2020),
20 available at <https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/>.

21 ⁶ *Ibid.*

22 ⁷ Julia Wick, *Newsletter: What 'community spread' means for the coronavirus* Los Angeles Times (Feb. 27, 2020),
23 available at <https://www.latimes.com/california/story/2020-02-27/coronavirus-california-newsletter>.

24 ⁸ Soumya Karlamangla and Jaclyn Cosgrove, *California coronavirus case could be first spread within U.C.*
25 *community, CDC says*, Los Angeles Times (Feb. 27, 2020), available at
26 <https://www.latimes.com/california/story/2020-02-26/california-coronavirus-case-could-be-first-spread-in-u-s-community-cdc-says>.

27 ⁹ Office of Governor Gavin Newsom, *Governor Newsome Declares State of Emergency to Help State Prepare for*
28 *Broader Spread of COVID-19* (March 4, 2020), available at <https://www.gov.ca.gov/2020/03/04/governor-newsom-declares-state-of-emergency-to-help-state-prepare-for-broader-spread-of-covid-19/>.

¹⁰ Alex Wigglesworth, et. al., *L.A. limits restaurants to takeout and delivery, closes gyms, entertainment sites over coronavirus*, Los Angeles Times (March 15, 2020), available at <https://www.latimes.com/california/story/2020-03-15/la-me-coronavirus-california-news>.

1 25. Over the weekend of March 14 and 15, 2020, the Los Angeles County
2 Sheriff released over 600 inmates from jail in order to prevent the spread of the
3 outbreak.¹¹ Over 1,700 more have been released since.¹² Other jails, prisons, and
4 detention facilities in Southern California have followed suit.¹³

5 26. In the subsequent days, additional measures have rapidly been
6 implemented across Los Angeles and the entire State of California, underscoring
7 the severity of the COVID-19 crisis in the region.

8 27. On March 16, 2020, the Los Angeles County Department of Public
9 Health banned all gatherings of 50 or more people.¹⁴ On March 19, 2020, the
10 City and County of Los Angeles issued new orders regarding community
11 measures to limit the spread of COVID-19. With some exceptions, the City
12 ordered all residents to remain in their homes, required all businesses to cease
13 operations, and banned all gatherings outside a home.¹⁵

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18 ¹¹ Alene Tchekmedyan, Paige St. John, and Matt Hamilton, *L.A. County releasing some inmates from jail to combat coronavirus*, Los Angeles Times (March 16, 2020) available at <https://www.latimes.com/california/story/2020-03-16/la-jail-population-arrests-down-amid-coronavirus>.

19 ¹² Marissa Wenzke, *1,700 jail inmates in L.A. County released over coronavirus concerns, sheriff says*, KTLA 5 (March 24, 2020), available at <https://ktla.com/news/local-news/1700-jail-inmates-in-l-a-county-released-over-coronavirus-concerns-sheriff-says>.

20 ¹³ Teri Figueroa and Karen Kucher, *Jails to release some inmates, adjust booking criteria amid coronavirus concerns* (March 16, 2020), available at <https://www.sandiegouniontribune.com/news/public-safety/story/2020-03-16/jails-to-release-some-inmates-adjust-booking-criteria-amid-coronavirus-concerns>; Tony Saavedra and Scott Schwebke, *Early release and other precautions taken at Southern California jails wary of coronavirus* (March 19, 2020), available at <https://www.oregister.com/2020/03/19/early-release-and-other-precautions-taken-at-southern-california-jails-wary-of-coronavirus/>.

21 ¹⁴ County of Los Angeles Department of Public Health, *Health Officer Order for the Control of Covid-19* (March 16, 2020), available at <https://ca-times.brightspotcdn.com/4a/61/4577b422477f8d912563ff0a8725/2020-03-16-los-angeles-county-coronavirus-order.pdf>.

22 ¹⁵ Rong-Gng Lin II, *Here is what you can and can't do under L.A.'s new coronavirus Safe at Home order*, Los Angeles Times (March 20, 2020), available at <https://www.latimes.com/california/story/2020-03-19/coronavirus-garcetti-how-safer-at-home-order-works>.

1 28. Shortly after the announcements from the Los Angeles region,
2 California Governor Gavin Newsom followed suit and ordered all Californians to
3 stay in their homes as much as possible.¹⁶

4 29. In the face of this rapidly unfolding public health crisis, ICE agents
5 spent March 16 and March 17 conducting “business as usual” around the Los
6 Angeles area, with a reporter in tow.¹⁷ During this same week, and in the wake of
7 the extraordinary social distancing orders and emergency declarations, ICE
8 officers conducted enforcement raids that put them in extremely close contact
9 with Petitioners. The end result of these raids was the introduction of at least a
10 dozen new people from a community actively fighting a COVID-19 outbreak into
11 one of the most crowded immigration detention facilities in the country.

12 30. ICE decided to curtail to some extent immigration enforcement on
13 March 18, 2020.¹⁸ Whether ICE keeps this promise remains to be seen.
14 Regardless, it is too late to keep Petitioners out of harm’s way.

15 **Immigration Enforcement Raids, Processing, and Detention Can Easily**
16 **Spread COVID-19**

17 31. According to infectious disease specialist Dr. Ranit Mishori, an expert
18 on issues of public health among migrants and those in carceral systems,
19 conducting immigration raids in the midst of this pandemic is an activity that
20 severely endangers public health. Mishori Decl. ¶ 36.

21 _____
22 ¹⁶ Tom Arango and Jill Cowan, *Gov. Gavin Newsom of California Orders Californians to Stay Home*, New York
23 Times (March 19, 2020), available at [https://www.nytimes.com/2020/03/19/us/California-stay-at-home-order-](https://www.nytimes.com/2020/03/19/us/California-stay-at-home-order-virus.html)
24 [virus.html](https://www.nytimes.com/2020/03/19/us/California-stay-at-home-order-virus.html).

25 ¹⁷ Brittany Mejia, *California coronavirus lockdown: ICE agents make arrests*, L.A. Times (Mar. 17, 2020),
26 [https://www.latimes.com/california/story/2020-03-17/for-ice-agents-its-business-as-unusual-day-after-sweeping-](https://www.latimes.com/california/story/2020-03-17/for-ice-agents-its-business-as-unusual-day-after-sweeping-coronavirus-order)
27 [coronavirus-order](https://www.latimes.com/california/story/2020-03-17/for-ice-agents-its-business-as-unusual-day-after-sweeping-coronavirus-order).

28 ¹⁸ Brittany Mejia, *Facing criticism, ICE will reduce enforcement actions amid coronavirus pandemic*, Los Angeles
Times (March 18, 2020), available at [https://www.latimes.com/california/story/2020-03-18/ice-will-reduce-](https://www.latimes.com/california/story/2020-03-18/ice-will-reduce-enforcement-actions-coronavirus?)
[enforcement-actions-coronavirus?](https://www.latimes.com/california/story/2020-03-18/ice-will-reduce-enforcement-actions-coronavirus?)

1 32. Immigration enforcement raids, arrests and processing of incoming
2 detainees require extremely close contact among numerous people. According to
3 Dr. Mishori, when officers do not wear gloves or masks and physically touch or
4 approach people in close contact, they are blatantly ignoring current CDC
5 guidelines to minimize close exposure to people at this critical moment in the
6 pandemic. *Id.* ¶ 40.

7 33. The result of raids is to bring new individuals into ICE vehicles,
8 holding facilities, processing centers, and detention centers. Any one of these
9 individuals could have been infected by asymptomatic community transmission
10 of COVID-19 prior to their arrest. *Id.* ¶ 39. Any one of them could be incubating
11 the disease without showing symptoms.¹⁹

12 34. ICE raids in the middle of this pandemic greatly increase the risk of
13 spreading COVID-19. Raids expose healthy individuals who are detained to a far
14 more dangerous situation than they would experience while observing the shelter-
15 in-place conditions currently imposed in their home communities. *Id.* ¶ 43.
16 There is “a revolving door of exposure whenever raids are conducted.” *Id.* ¶ 38.

17 35. The risk of transmission caused by the raids extends far beyond the
18 individuals involved in raids. ICE officers who have had close contact with
19 recent arrestees, detainees and detention center staff return to their communities
20 and families following the raids. Their close contact as a result of the raids is
21 potentially exposing other members of their community to COVID-19, even as
22 the wider community follows California’s shelter in place orders. *Id.* ¶ 41.

23 **People in Immigration Detention Face Severe Risks of Infection, Illness,**
24 **and Death**

25 ¹⁹ World Health Organization, *Q&A on coronaviruses (COVID-19)*, Mar. 9, 2020, [https://www.who.int/news-](https://www.who.int/news-room/q-a-detail/q-a-coronaviruses)
26 [room/q-a-detail/q-a-coronaviruses](https://www.who.int/news-room/q-a-detail/q-a-coronaviruses).

1 36. “[P]risons are bacteria factories,” according to Rick Raemisch, former
2 executive director of the Colorado Department of Corrections.²⁰ When COVID-
3 19 “inevitabl[y]” arrives in prisons, “[y]ou’re going to see devastation that’s
4 unbelievable.”²¹ Dr. Mishori agrees that the risk posed by COVID-19 in
5 immigration detention centers “is significantly higher than in the community,
6 both in terms of risk of exposure and transmission and harm to individuals who
7 become infected.” *Id.* ¶ 17.

8 37. Detention centers often lack the resources necessary to identify
9 infectious diseases like COVID-19, such as sufficient testing equipment and
10 laboratories. *Id.* ¶ 19. California currently faces a statewide shortage in test kits,
11 increasing the likelihood that these resources would be unavailable when needed
12 in detention facilities.

13 38. People cannot practice social distancing as they would in the
14 community when they are imprisoned in a detention center. People in detention
15 centers are housed in tight dormitory conditions with shared sleeping, eating, and
16 bathroom spaces, which allow for the rapid spread of infectious diseases. This is
17 especially true for a disease like COVID-19, which is easily transmitted person to
18 person by droplets through coughing and sneezing. *Id.* ¶ 21.

19 39. The opportunities for transmission are far greater in close crowded
20 conditions like those in detention centers. Bathroom facilities are shared,
21 typically without disinfection between uses. Detention centers often have poorly
22 ventilated indoor spaces, which create a greater risk of rapid disease spread.

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25 ²⁰ David Montgomery, “Prisons Are Bacteria Factories”; Elderly Most at Risk,” PEW Trusts Stateline (Mar. 25,
2020), <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/03/25/prisons-are-bacteria-factories-elderly-most-at-risk>.

26 ²¹ *Ibid.*

1 Living in these conditions drastically reduces a person’s ability to take protective
2 measures to avoid exposure to infectious diseases such as COVID-19. *Id.* ¶ 21.

3 40. The close quarters exacerbate the risk that the introduction of a single
4 case of COVID-19 into a detention center could rapidly infect individuals
5 throughout the facility. *Id.* ¶ 27.

6 41. Detention centers also typically cannot provide access to appropriate
7 disease mitigation efforts, like the practices that have been mandated by state,
8 local, and federal authorities. There is limited access to resources like hand
9 sanitizer and wipes. High-touch areas of facilities are rarely cleaned with the
10 regularity that would be needed to prevent the spread of disease. *Id.* ¶ 22.

11 42. Moreover, detention centers rarely have medical facilities or staff that
12 are appropriately equipped to deal with an outbreak of infectious disease,
13 especially one as dangerous and contagious as COVID-19. *Id.* ¶ 24.

14 43. It is “inevitable” that detention centers in the United States will
15 experience an outbreak of COVID-19 in the near future. *Id.* ¶ 33. Cases of
16 COVID-19 are beginning to appear in detention centers across the country.²²

17 44. Recognizing the risk that immigration enforcement poses during a
18 global pandemic, ICE changed its policy on March 18, 2020, to limit raids to
19 high-risk individuals.²³

20 **The Health Risks to Detainees, Including Petitioners, are Particularly**
21 **Acute at Adelanto**

22 45. Concerns about the spread of COVID-19 are particularly acute in the
23 facility where Plaintiffs are currently held, the Adelanto Detention Center. This

24 ²² Justine Coleman, *First immigrant in ICE detention center tests positive for coronavirus*, The Hill (March 24,
25 2020), available at <https://thehill.com/policy/national-security/department-of-homeland-security/489312-first-immigrant-in-ice-detention>.

26 ²³ Brittny Mejia, *supra* n.18..

1 is due both to the general conditions and risks of a detention setting as well as
2 longstanding health and safety concerns specific to the Adelanto facility, which
3 holds over 1,600 people in detention.²⁴

4 46. Adelanto Detention Center is run by a private, for-profit corrections
5 company called Geo Group, Inc. The company has an extremely poor track
6 record for the health and safety of detainees. This is highly disconcerting in light
7 of the rapid response necessary to contain the spread of COVID-19.

8 47. A 2017 Report from the U.S. Department of Homeland Security
9 (DHS), Office for Civil Rights and Civil Liberties (CRCL) delivered a scathing
10 assessment of the health and safety of detainees at the facility.²⁵ The report states
11 that “[o]verall, the medical care at the Adelanto facility is inadequate and does
12 not meet the 2011 Performance Based National Detention Standards (PBNDS)
13 standards.”²⁶ The center has been subject to numerous substantiated complaints
14 or grievances regarding delays or denial of care. “The wait times to see a
15 provider for both acute illness/injury and chronic care needs are often excessively
16 long, and this appears to be due in part to the inadequate staffing of providers
17 (both physician and nurse practitioner).”²⁷

18 48. By 2017, two years after CRCL “clearly warned Adelanto that clinical
19 leadership was not competent and that negligent medical care was occurring as a
20 result,” the facility had not yet corrected “this critical failure.”²⁸

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23 ²⁴ U.S. Imm. and Customs Enforc., “Dedicated and Non-Dedicated Facility List,” available at
<https://www.ice.gov/facility-inspections> (as of Mar. 2, 2020).

24 ²⁵ CRCL Report On Adelanto ICE Processing Center, available at
<https://www.documentcloud.org/documents/6278922-HQ-Part2-Copy.html> (as of Mar. 22, 2020).

25 ²⁶ CRCL Report On Adelanto ICE Processing Center, On-site Investigation Report at 1, available at
<https://www.documentcloud.org/documents/6278922-HQ-Part2-Copy.html> (as of Mar. 22, 2020).

26 ²⁷ *Id.* at 4.

27 ²⁸ *Id.* at 5.

1 49. A separate 2018 report from the DHS Office of the Inspector General
2 found “significant health and safety risks at the facility,” including “Untimely and
3 Inadequate Detainee Medical Care,”²⁹ indicating that the issues have persisted
4 despite the findings and recommendations of prior investigations.

5 50. It is the professional opinion of experts that the history of health and
6 safety concerns at the Adelanto facility exacerbate the risks of COVID-19
7 exposure—risks that are already profound at any detention center. Mishori Decl.
8 ¶ 47. According to Dr. Mishori, “an outbreak in the facility has the potential to
9 become a devastating public health event.” *Id.* ¶ 47.

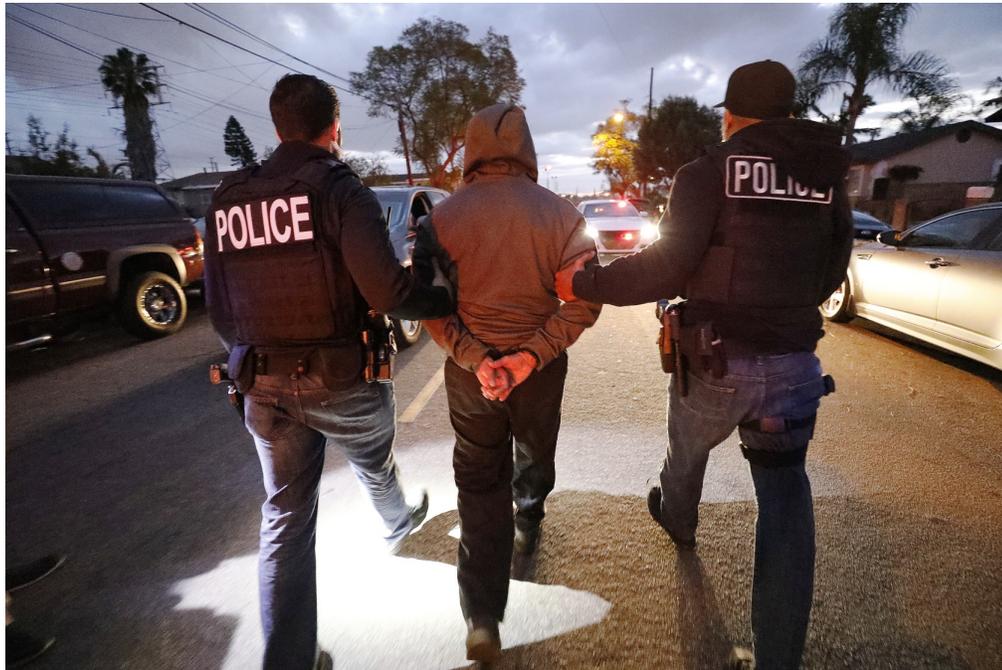
10 **B. Respondents Knowingly Subjected Petitioners to a High Risk of**
11 **Exposure to COVID-19 During Arrest and Detention**

12 51. While the rest of the Los Angeles region was shutting down to prevent
13 the spread of COVID-19, ICE stepped up its enforcement efforts against low-risk
14 immigrants in the community. Respondents subjected these individuals,
15 including Petitioners, to risks of exposure to COVID-19 that exceed reasonability
16 and shock the conscience. These raids took place on March 16 and 17, 2020, at a
17 time when the federal government, State of California, and City of Los Angeles
18 had all declared public health emergencies.³⁰ By then, the risk was clear, and ICE
19 knew it.

22 ²⁹ Office of the Inspector General, Management Alert – Issues Requiring Action at the Adelanto ICE Processing
23 Center in Adelanto, California (Sept. 27, 2018), available at <https://www.oig.dhs.gov/sites/default/files/assets/2018-10/OIG-18-86-Sep18.pdf>

24 ³⁰ Proclamation No. 9994, 85 F.R. 15,337 (Mar. 18, 2020) (proclamation issued March 13, 2020); Governor Gavin
25 Newsom, Proclamation of a State of Emergency (Mar. 4, 2020), available at <https://www.gov.ca.gov/wp-content/uploads/2020/03/3.4.20-Coronavirus-SOE-Proclamation.pdf>; Office of Mayor Eric Garcetti, *Mayor Garcetti Strengthens Readiness Against Coronavirus by Declaring Local Emergency* (Mar. 4, 2020),
26 <https://www.lacity.org/highlights/mayor-garcetti-strengthens-readiness-against-coronavirus-declaring-local-emergency>.

1 52. Despite the clear and well-publicized guidance from the CDC and
2 other sources to wash hands, disinfect surfaces, and keep at least six feet away
3 from others, ICE conducted the raids without taking precautions that could have
4 helped protect Petitioners from exposure to COVID-19. Photos of the raid that
5 resulted in Mr. Bravo's detention show ICE officers in close proximity to one
6 another and to arrestees.³¹ Neither the ICE officers nor the individuals under their
7 control are wearing masks or gloves.



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20 Figure 1: ICE officers arrest an individual on March 16, 2020, without
21 taking precautionary measures against COVID-19.³² (Al Seib/L.A. Times)

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24
25 ³¹ Brittny Mejia, *With masks at the ready, ICE agents make arrests on first day of California coronavirus lockdown*,
Los Angeles Times (March. 17, 2020), available at [https://www.latimes.com/california/story/2020-03-17/for-ice-](https://www.latimes.com/california/story/2020-03-17/for-ice-agents-its-business-as-unusual-day-after-sweeping-coronavirus-order)
[agents-its-business-as-unusual-day-after-sweeping-coronavirus-order](https://www.latimes.com/california/story/2020-03-17/for-ice-agents-its-business-as-unusual-day-after-sweeping-coronavirus-order)

26 ³² *Id.*

1 53. **Pedro Bravo Castillo** is a 58-year-old man who has lived in the
2 United States for approximately 28 years. Mr. Bravo has a partner of more than
3 two decades, with whom he has raised two stepchildren since they were very
4 young. *See* Ex. C, Declaration of Pedro Bravo Castillo ¶ 3, ¶ 6. (“Bravo Decl.”)

5 54. Mr. Bravo is the primary provider of income for his family, and they
6 rely on him to pay rent and afford other living essentials. *Id.* ¶ 5.

7 55. On Monday, March 16, 2020, at approximately 6 a.m., Mr. Bravo left
8 his home to get into his truck to sell recycled scrap metal when he was
9 approached by a group of ICE officers. Four of the officers approached Mr.
10 Bravo, asking him about his truck and his immigration status. After identifying
11 themselves as immigration agents, the officers arrested Mr. Bravo. *Id.* ¶¶ 7-8.

12 56. During the arrest, the officers had close physical contact with Mr.
13 Bravo. Officers grabbed him, handcuffed him, and placed him in a car. The
14 officers touched him on his shoulders, arm, and wrists. No officers were wearing
15 masks during his arrest and were in such close proximity that Mr. Bravo could
16 feel one officer’s breath on his neck as they handcuffed him. *Id.* ¶¶ 8-9. Despite
17 known community transition of COVID-19 occurring in the area where Mr.
18 Bravo was arrested, he was not offered any protective equipment, nor did any of
19 the officers take his temperature or ask questions about his health. *Id.* ¶ 9.

20 57. Following their initial contact, ICE officers continued to subject Mr.
21 Bravo to additional potential sources of exposure throughout his arrest. The
22 officers brought Mr. Bravo with them to the scene of a second arrest, where he
23 observed them arrest another person without taking necessary health precautions
24 given the ongoing infectious disease pandemic. *Id.* ¶ 10.

25 58. The officers placed the second arrested individual in the backseat of
26 the car alongside Mr. Bravo. Neither Mr. Bravo nor the other individual were
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1 provided gloves, masks, or a way to sanitize their hands. Mr. Bravo and the other
2 man were separated by only approximately five inches in the backseat of the car.
3 Both men were handcuffed, and when the car moved or turned their arms would
4 touch. They traveled with two officers in the front seat for approximately an hour
5 together to a facility in downtown Los Angeles. *Id.* ¶ 11.

6 59. At the downtown Los Angeles facility, ICE officers held Mr. Bravo
7 by the arm as they removed him from the car. For the next nine hours, Mr. Bravo
8 was confined in a room with three other individuals, including the man whose
9 arrest he had watched. Nobody was provided gloves, masks, or hand sanitizer.
10 Nobody took Mr. Bravo's temperature or asked about his health. *Id.* ¶ 12.

11 60. In the late afternoon, all four individuals including Mr. Bravo were
12 taken into a van with two new officers who drove for approximately an hour and
13 half to the Adelanto Detention Center. One of the officers grabbed Mr. Bravo by
14 the arm while he was entering the van. The person in the seat next to Mr. Bravo
15 was about one foot away for the duration of the ride. Again, no precautions, such
16 as masks, gloves, or temperature checks were taken to protect the four individuals
17 from exposure to COVID-19. Mr. Bravo did not observe anyone clean the van,
18 and it did not smell like it had recently been cleaned. *Id.* ¶ 13.

19 61. The raid that resulted in Mr. Bravo's arrest took place the day after
20 Los Angeles Mayor Eric Garcetti ordered all dine-in restaurants, bars, and
21 entertainment venues in the city closed to avoid close person-to-person contact in
22 enclosed spaces. In carrying out this raid, ICE placed Mr. Bravo and at least
23 three other individuals in the exact type of close-contact environment that
24 officials had explicitly and repeatedly pleaded with the public to avoid. And they
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1 did so brazenly, bringing a journalist and emphasizing that they were conducting
2 “business as usual.”³³

3 62. Later in the day on March 16, 2020, the Los Angeles County
4 Department of Public Health issued further health precautions to contain the
5 spread of COVID-19.

6 63. Unfazed, ICE conducted further raids on March 17, 2020, which
7 resulted in the unsafe arrest and detention of at least eight individuals.

8 64. **Luis Vasquez Rueda** is a 23-year-old man who has lived in Southern
9 California since he was five years old. Mr. Vasquez was a Deferred Action for
10 Childhood Arrivals (DACA) recipient who graduated from Bell Gardens High
11 School and attended Cerritos College. Ex. D, Declaration of Luis Vasquez Rueda
12 ¶¶ 3-4. (“Vasquez Decl.”)

13 65. For the past several years, Mr. Vasquez has worked at an Amazon
14 warehouse to support himself. *Id.* ¶ 5. On February 10, 2020, Mr. Vasquez had a
15 serious work related injury at the warehouse. He fell approximately twenty feet
16 from a forklift cage to the warehouse floor. As a result of the fall, he fractured
17 multiple bones in his face, including the bone at the bottom of his eye, causing
18 bleeding in the eye. He also received an open wound on his left leg that required
19 seven stitches. *Id.* ¶ 6.

20 66. Mr. Vasquez has been attending physical therapy for his injuries;
21 however, doctors expect his recovery to take several months. His face is still
22 bruised from the broken bones. He was supposed to see a specialist on March 24,
23 2020, to determine whether he needs surgery to heal his left eye. *Id.* ¶ 7.

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26 ³³ *Id.*

1 67. Mr. Vasquez had no opportunity to continue to care for his medical
2 needs and see his doctors because he was arrested by immigration officials and
3 brought into immigration detention in the midst of the global COVID-19
4 pandemic.

5 68. ICE officers entered Mr. Vasquez's home on Tuesday, March 17,
6 2020 at approximately 6:40 a.m., after being let in by his roommate. They
7 proceeded to wake Mr. Vasquez up by yelling and knocking loudly on his
8 bedroom door. Two officers subsequently grabbed Mr. Vasquez by the arm and
9 shoulder and pushed him out of his home. *Id.* ¶ 12.

10 69. The officers who removed Mr. Vasquez from his home were not
11 wearing masks. They were in such close contact with Mr. Vasquez as they
12 pushed him from his home and handcuffed him that Mr. Vasquez could feel the
13 officers' breath on him. *Id.* ¶ 13.

14 70. As the officers handcuffed Mr. Vasquez outside his home, one of
15 them asked him if he had COVID-19. Mr. Vasquez responded "no," but no
16 officers ever checked his temperature, or gave him protective equipment such as a
17 mask, gloves, or hand sanitizer at any point during his arrest. *Id.* ¶ 13, ¶ 15.
18 After he was handcuffed, Mr. Vasquez was placed in a car with an additional
19 officer as well as the two who originally handcuffed him. *Id.* ¶ 15.

20 71. After leaving Mr. Vasquez's home, the officers drove to a shopping
21 mall where they stopped to adjust Mr. Vasquez's handcuffs. At that time, the
22 same officer who originally handcuffed Mr. Vasquez touched him on his hands
23 and wrists to move his arms from behind his back to the front of his body. The
24 officer then tied chains around Mr. Vasquez's ankles. As when Mr. Vasquez was
25 first handcuffed, the officer was not wearing a mask and was in close physical
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1 proximity to Mr. Vasquez. At times, Mr. Vasquez could feel the officer's breath
2 on his face. *Id.* ¶ 16.

3 72. The officers subsequently brought Mr. Vasquez to a building in
4 downtown Los Angeles, where he was held for approximately nine hours, from 8
5 a.m. to 3 p.m. Mr. Vasquez was held in a room with eight other people, where
6 there was not enough physical space for them to be six feet away from one
7 another at all times pursuant to the suggested social distancing protocols
8 advocated around the world. Nobody in the room was offered masks, gloves, or
9 hand sanitizer. *Id.* ¶ 17. While he was detained in this facility, Mr. Vasquez
10 heard some of the people sharing his room coughing at various points throughout
11 the nine hours he was held there. *Id.* ¶ 18.

12 73. A new officer from the facility brought Mr. Vasquez and the other
13 seven people in the room breakfast and lunch. The officer was not wearing a
14 mask. Mr. Vasquez washed his hands before lunch but is not sure if the other
15 people he shared the room with washed their hands. *Id.* ¶ 18.

16 74. At approximately 3 p.m., new officers arrived and again handcuffed
17 and shackled Mr. Vasquez, touching him on the hands, wrists, and ankles. Once
18 again, the officer who touched Mr. Vasquez was not wearing a mask and was in
19 close physical proximity, at some points directly face to face. *Id.* ¶ 19. The new
20 officers directed Mr. Vasquez and the seven other people he was detained with to
21 a van with three rows of seats. The eight of them sat in the three van rows
22 together, with Mr. Vasquez and one other person in the front row, and three
23 people in each of the back two rows. Mr. Vasquez and the other person in his
24 row were seated approximately 1 or 2 feet apart. The six people sharing the back
25 seats had no option but to sit with their bodies touching side-to-side for the entire
26 ride. Nobody provided Mr. Vasquez and the other detainees masks or gloves.

1 Mr. Vasquez did not see anyone disinfect the van, nor did it smell of disinfectant
2 or cleaning supplies. *Id.* ¶ 20.

3 75. Two new officers arrived to drive the van, and they drove for
4 approximately two hours from downtown Los Angeles to the Adelanto Detention
5 Center, at which point the officers again touched Mr. Vasquez while not wearing
6 a mask to remove him from the vehicle and bring him into the detention facility.
7 *Id.* ¶ 21.

8 76. At every step of the ICE raid that brought Mr. Vasquez into custody
9 and his subsequent transportation and processing, government officials needlessly
10 and recklessly exposed Mr. Vasquez to risk of exposure to COVID-19. Experts
11 have established that there was known community transmission of COVID-19
12 occurring in Los Angeles prior to the day of Mr. Vasquez's arrest. One of the
13 officers even asked Mr. Vasquez about COVID-19 outside his home. Despite
14 this, at every stage of the day, Mr. Vasquez found himself in close contact with
15 officers and other detainees. When Mr. Vasquez asked for more information
16 about the quarantine in order to protect himself, he got nothing. ICE placed Mr.
17 Vasquez, and their own officers, in the type of close-contact situation public
18 health officials have explicitly and repeatedly pleaded with the public to avoid.

19 **C. Respondents Are Subjecting Petitioners to Severe Risk of**
20 **Contracting COVID-19 at Adelanto**

21 77. Petitioners' continued detention subjects them to a severe risk of
22 contracting COVID-19 from other individuals, including staff and officers, at
23 Adelanto Detention Center.

24 78. Mr. Bravo's experiences since arriving at the Adelanto Detention
25 Center confirm the elevated risk of exposure to diseases such as COVID-19 that
26 experts have established exist in these facilities.

1 79. Officers again had physical contact with Mr. Bravo while removing
2 him from the van upon his arrival at Adelanto. He was not provided with gloves
3 or a mask, and was held with fellow detainees in a small medical screening room
4 for approximately half an hour. Bravo Decl. ¶ 14. While Mr. Bravo was waiting
5 in this screening room, he had his temperature taken for the first time since he
6 was brought into custody nearly twelve hours earlier. He did not have a
7 temperature, but informed the person taking it that he had felt unwell since he was
8 detained earlier that morning. *Id.* ¶ 15.

9 80. During the screening process, one of the detainees (the man arrested
10 after Mr. Bravo in the morning) was moved to a different room. Later in the day,
11 that individual informed Mr. Bravo that he had been separated from the group
12 during medical screening because he had recently been sick with the flu. *Id.* ¶ 16.

13 81. Mr. Bravo had spent the day confined with this individual in different
14 vehicles and small spaces: handcuffed next to each other in the back seat of a
15 vehicle while they were brought to downtown Los Angeles, in a holding cell at
16 the Los Angeles facility, handcuffed near each other again in a van for the hour
17 and a half long ride to Adelanto, until he was isolated following a screening
18 nearly 12 hours after first having contact with Mr. Bravo and ICE officers.

19 82. On a day when much of Los Angeles took pains to remove themselves
20 from any unnecessary social contact following the Mayor's and County's new
21 orders and ongoing guidance on social distancing from the President, Governor,
22 and others, Mr. Bravo was unnecessarily and recklessly exposed to someone who
23 had recently been sick with flu-like symptoms.

24 83. Mr. Bravo is unsure what happened to the man who had been sick
25 with the flu because he was assigned to a different dormitory from Mr. Bravo. *Id.*
26 ¶ 16.

1 84. Mr. Bravo's conditions of detention put him at an unacceptably high
2 risk of contracting the disease. He is housed in a dormitory with a large common
3 space surrounded by 22 small rooms, each of which houses four people. *Id.* ¶ 17.
4 He spends his days in close proximity to upwards of 90 people, including
5 detainees and staff. Some gloves are available, but there is no requirement to use
6 them, and most people do not. *Id.* ¶ 19.

7 85. Mr. Bravo's sleeping arrangements consist of four people sharing
8 bunk beds in a small room. There is not space to leave six feet between people,
9 and they bump into each other when getting on or off the bunks or moving around
10 the room. Mr. Bravo has seen and heard his bunkmates cough and sneeze in the
11 room. His 88-person dormitory has one shower space with only six open stalls.
12 He shares an open bathroom with the four people in his bunk room. *Id.* ¶¶ 18-19.

13 86. Food is served in a common cafeteria area, where Mr. Bravo sits in
14 close proximity to other people as they eat. Mr. Bravo and the other detainees
15 walk in a tight line to and from the cafeteria in close proximity to one another.
16 Two officers are on duty at all times, and they never wear masks. *Id.* ¶¶ 20-21.

17 87. Mr. Bravo finds himself in far closer contact with a far greater number
18 of people today in Adelanto than he would at home with his wife and
19 stepchildren.

20 88. Mr. Bravo is 58 years old and has had several health issues, including
21 kidney stones, arthritis, and a hernia. *Id.* ¶ 6. His age makes him more susceptible
22 to serious complication from the coronavirus and COVID-19, such as respiratory
23 failure, kidney failure, and death. Mishori Decl. ¶ 9. The ICE raid that brought
24 him into custody has exposed an older man to immense risk that should and could
25 have been easily foreseen by government officials.

1 89. Mr. Vasquez's current confinement in the Adelanto Detention Center
2 likewise leaves him in much greater danger of exposure to COVID-19 than he
3 would have experienced at home. Mr. Vasquez's experiences since arriving at
4 Adelanto serve to further confirm the elevated risk of exposure to diseases such as
5 COVID-19 that experts have stated exist in these facilities.

6 90. Upon entering the Adelanto Detention Center, Mr. Vasquez was
7 brought to a nurse's station immediately on the other side of the door through
8 which he entered into the building. The nurse asked if he was sick, and he
9 explained his serious work-related injuries. The nurse then took his temperature,
10 the first time it had been taken since he came into contact with ICE officers at
11 approximately 6:40 a.m. The nurse was wearing both gloves and a mask, but did
12 not provide a mask, gloves, hand sanitizer, or directions to wash hands to Mr.
13 Vasquez or any of the other detainees. Vasquez Decl. ¶ 22.

14 91. Following the medical check, Mr. Vasquez and the other seven
15 individuals were brought into a new room for processing. Another new officer
16 was present in the room, again not wearing a mask. The processing room did not
17 allow for six feet of space between the occupants. They were in the room for
18 approximately an hour. *Id.* ¶ 23.

19 92. After processing, Mr. Vasquez was brought to his dormitory area,
20 called Holding Area 10, which he soon learned was under quarantine. He was
21 informed of this quarantine by other detainees in the facility. Mr. Vasquez asked
22 the supervisor why the area was under quarantine, but did not receive an answer
23 other than that the area was "on lockdown." *Id.* ¶ 24. During the quarantine, Mr.
24 Vasquez and other occupants of his dormitory were not allowed in the cafeteria or
25 the yard and had to spend the whole day in their holding area. Officers wearing
26 gloves and masks would bring food in to-go containers with plastic-wrapped
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1 utensils directly to their holding area and each dorm room would get food one at a
2 time. *Id.* ¶ 25. These quarantine procedures were in place upon Mr. Vasquez's
3 arrival at the facility, and they remained in effect through Friday, March 20, 2020.
4 During that time, all the staff members who came in and out of his holding area
5 wore masks and gloves. *Id.* ¶ 26. Although the masks were deemed necessary
6 for officers to enter the area, no masks were provided to the people who were
7 living in the area.

8 93. On Saturday, March 21, 2020, the quarantine was lifted. The staff
9 stopped wearing masks in Mr. Vasquez's holding area. No one informed Mr.
10 Vasquez why the quarantine was initially in effect or why it was removed. Mr.
11 Vasquez and his fellow detainees were not even formerly informed that the
12 quarantine was lifted, but they assume this is the case since everyone is now
13 allowed to use the cafeteria and the yard area. *Id.* ¶ 26.

14 94. Mr. Vasquez's holding area houses approximately 60-70 people.
15 Within the larger area, people sleep in smaller dorm rooms with four to eight
16 people each. *Id.* ¶ 24. He shares a dorm room with six other people. The seven
17 people total in his room sleep in four bunk beds. The room is not large enough to
18 maintain six feet distance between occupants, and Mr. Vasquez must be in close
19 proximity to his dorm mates just to move around his bed. The seven people in his
20 dorm also share a toilet and sink that they must clean themselves. They use a
21 spray that is shared with everyone in the holding area. When the spray runs out,
22 they need to wait for guards to bring more in order to clean their bathroom area.
23 *Id.* ¶ 27. There is a common area in the holding area with tables and seats that is
24 shared by all detainees. *Id.* ¶ 28.

25 95. Now that the quarantine is over, all 60 to 70 people from Mr.
26 Vasquez's holding area eat in the cafeteria at the same time. They line up in close
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1 proximity to one another, with only a few inches of space between one another in
2 line. Cafeteria workers do not wear masks as they serve meals. *Id.* ¶ 31.

3 96. Nobody has provided Mr. Vasquez or his fellow detainees with hand
4 sanitizer or masks. Gloves are available, but there are no requirements to use
5 them and most people do not. *Id.* ¶ 28. At least one guard is supervising the
6 holding area, and multiple guards rotate through the area over the course of the
7 day, switching four or five times each day. The guards wore masks during the
8 quarantine period, but they do not presently wear masks. *Id.* ¶ 29.

9 97. Mr. Vasquez is extremely concerned about his health and well being
10 in this detention facility during the midst of the global COVID-19 pandemic. In
11 light of his ongoing work-related injuries, Mr. Vasquez is particularly concerned
12 about the lack of medical care he is receiving while in detention. *Id.* ¶¶ 32-35.

13 98. Due to Respondents' actions, Mr. Vasquez was recklessly and
14 unnecessarily taken from his home, where he had plans to visit his doctor and
15 receive recommendations for medical treatment of his serious injuries, and
16 subsequently placed in a detention setting that exposes him to great risk of
17 infection of COVID-19. The close proximity he experiences every day with those
18 in his dorm and holding area are dangerous conditions at this moment of the
19 COVID-19 outbreak.

20 99. The risks of introducing a new person into a detention setting, both for
21 that person, for fellow detainees, and for ICE officers and guards was widely
22 known by experts and could and should have been easily avoided if government
23 officials had not carried out the irresponsible raids that brought Mr. Vasquez into
24 custody.

25 100. At all times during Petitioners' arrests and detention, neither
26 Respondents nor Petitioners could know whether they had been infected with the
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1 virus that causes COVID-19. The incubation period—the time between catching
2 the virus and beginning to have symptoms of the disease—ranges from 1 to 14
3 days and is most commonly around five days.³⁴ In the absence of testing, which
4 Respondents have not made available to Petitioners, there is no way to know
5 whether they have COVID-19.

6 101. On Wednesday, March 18, 2020, ICE announced that it would curtail,
7 to some extent, its enforcement raids in light of the COVID-19 outbreak.³⁵

8 102. On March 20, 2020, officials at Adelanto Detention Center began
9 releasing elderly detainees from custody. Ex. E, Declaration of Debbie Allen
10 Decl. ¶ 4. By March 22, 2020, younger individuals detained in the facility were
11 also being released. *Id.* ¶ 5.

12 103. Petitioners have not been released from Adelanto Detention Center.

13 14 V. CAUSES OF ACTION

15 COUNT ONE

16 FIFTH AMENDMENT– STATE-CREATED DANGER

17 104. Petitioners repeat and incorporate by reference each and every
18 allegation contained in the preceding paragraphs as if fully set forth herein.

19 105. The Due Process Clause provides that no person shall “be deprived of
20 life, liberty, or property, without due process of law.” U.S. Const. amend. V. Its
21 protections extend to “every person within the nation’s borders,” regardless of
22 immigration status. *Lopez-Valenzuela v. Arpaio*, 770 F.3d 772, 781 (9th Cir.
23 2014); *id.* (“Even one whose presence in this country is unlawful, involuntary, or

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25 ³⁴ World Health Organization, *Q&A on coronaviruses (COVID-19)*, Mar. 9, 2020, <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>.

26 ³⁵ Brittny Mejia, *Ibid.*

1 transitory is entitled to that constitutional protection.” (quoting *Mathews v. Diaz*,
2 426 U.S. 67, 77 (1976)).

3 106. The government violates an individual’s right to due process when it
4 (1) “affirmatively place[s] [the] individual in danger,” (2) by “acting with
5 ‘deliberate indifference to [a] known or obvious danger.’” *Kennedy v. City of*
6 *Ridgefield*, 439 F.3d 1055, 1062 (9th Cir. 2006) (quoting *Munger v. City of*
7 *Glasgow*, 227 F.3d 1082, 1086 (9th Cir. 2000) and *L.W. v. Grubbs*, 92 F.3d 894,
8 900 (9th Cir. 1996)).

9 107. When the government’s actions leave an individual “in a situation that
10 [is] more dangerous than the one in which [it] found him,” the government has
11 affirmatively placed that individual in danger. *Hernandez v. City of San Jose*, 897
12 F.3d 1125, 1133 (9th Cir. 2018) (quoting *Munger*, F.3d at 1086). The critical
13 inquiry is thus whether the government’s actions “create[d] or expose[d] an
14 individual to a danger which he or she would not have otherwise faced,”
15 *Kennedy*, 439 F.3d at 1061. *Cf. J.P. v. Sessions*, No. Civ. 18-06081, 2019 WL
16 6723686, at *36 (C.D. Cal. Nov. 5, 2019) (federal government “‘acted with
17 deliberate indifference to a known or obvious danger’ by implementing the
18 [family separation] policy with awareness of the potential harm it would cause
19 and intending to use that as a basis to deter future attempts by those similarly
20 situated to enter the United States” (internal brackets omitted) (quoting
21 *Hernandez*, 897 F.3d at 1137, and *Kennedy*, 439 F.3d at 1062)).

22 108. The government acts with deliberate indifference to a known or
23 obvious danger when it “recognize[s] an unreasonable risk and actually intend[s]
24 to expose [the plaintiff] to such risks without regard to the consequences to [the
25 plaintiff].” *Hernandez*, 897 F.3d at 1135 (internal brackets omitted) (quoting
26 *Patel v. Kent Sch. Dist.*, 648 F.3d 965, 974 (9th Cir. 2011)). An unreasonable risk
27

1 includes future harm caused by conditions of confinement. *See Helling v.*
2 *McKinney*, 509 U.S. 25, 33 (1993).

3 109. First, Respondents have affirmatively placed Petitioners in danger by
4 forcing them into a position more dangerous than it found them. Mishori Decl. ¶
5 37; *see also Coleman v. Schwarzenegger*, 922 F. Supp. 2d 882, 888 (E.D. Cal.
6 2009) (recognizing that crowding in prisons makes “vulnerable outbreaks of
7 communicable disease”). Respondents made the affirmative decision to conduct
8 immigration raids, which were intended to lead to the arrest and detention of
9 individuals such as Petitioners, amidst government-mandated restrictions aimed at
10 reducing community transmission of COVID-19 through social distancing. From
11 the moment officers arrived at Petitioners’ doors, Petitioners were actively
12 deprived of the ability to take these basic self-protective measures. Respondents
13 conducted those raids and arrested, transported, and detained Petitioners without
14 taking necessary precautions to reduce the risk of COVID-19 transmission
15 between Respondents, Petitioners, and other detainees. Respondents have thus
16 exposed Petitioners to a greater risk of contracting COVID-19 than they would
17 have otherwise faced.

18 110. Respondents continued to actively disregard the threat of the
19 pandemic while they processed Petitioners through the system using effectively
20 the same procedures they would have on a normal day. Petitioners are detained in
21 conditions that expose them to a heightened risk of contracting COVID-19.
22 Respondents are confining Petitioners in close proximity to other detainees and
23 ICE officers, rendering Petitioners entirely unable to practice necessary social
24 distancing. Respondents are not providing masks or hand sanitizer to Petitioners
25 and other detainees. ICE officers are failing to take necessary precautions, such as
26 wearing masks, to avoid transmitting COVID-19 to Petitioners, detainees, and
27

1 other officers. Respondents’ ongoing detention of Petitioners thus continues to
2 expose them to a greater risk of contracting COVID-19 than they would face if
3 they were not in detention and were able to take necessary precautions to protect
4 themselves.

5 111. As the virus continues its potentially exponential spread, it is all but
6 certain to find its way into Adelanto, if it has not already. There it will find a
7 tinderbox of involuntary crowding and underpreparedness. See *Hernandez v. Cty.*
8 *of Monterey*, 110 F. Supp. 3d 929, 942–43 (N.D. Cal. 2015) (finding fact that
9 jail’s practices regarding tuberculosis did not conform to the standards of the CDC
10 and others to “strongly indicate[] deliberate indifference” and granting TRO).

11 112. If the spark ignites, the consequences will be dire for everyone at the
12 facility. Detention facilities in general are not appropriately equipped to deal with
13 an outbreak of a disease as dangerous and contagious as COVID-19. Mishori
14 Decl. ¶ 23. Adelanto in particular has been cited for the inadequacy of its medical
15 facilities. See CRCL Report On Adelanto ICE Processing Center, On-site
16 Investigation Report at 1, 4-5, available at
17 <https://www.documentcloud.org/documents/6278922-HQ-Part2-Copy.html> (as of
18 Mar. 22, 2020). Petitioners could at any moment exhibit symptoms of COVID-19,
19 and it is extremely likely they will if left in Adelanto until the virus is already
20 running rampant. And if they do contract the disease, they will have no way of
21 knowing or controlling whether it will progress to life-threatening respiratory
22 symptoms, as it can in people of all ages.

23 113. Second, Respondents have acted, and continue to act, with deliberate
24 indifference to the known and obvious risk of COVID-19 transmission.
25 Respondents conducted the raids and arrested, transported, and detained
26 Petitioners at a time when the federal government, State of California, and City of
27

1 Los Angeles had all declared public health emergencies, *supra* ¶ 27. Despite
2 being well-aware of both the risks of community transmission of COVID-19 and
3 the preventive measures necessary to slow that transmission, Respondents acted
4 without regard to the consequences to Petitioners by engaging in these
5 enforcement activities without taking precautions necessary to protect them.
6 Mishori Decl. ¶ 36 (“[C]onducting these raids was a reckless decision by the
7 government that unnecessarily put countless people at risk of exposure to the
8 coronavirus.”); *id.* ¶ 40 (ICE’s actions “blatantly ignore[d] current CDC
9 guidelines to minimize any exposure at this critical moment in the pandemic”).
10 Recognizing the unreasonable risks to Petitioners, Respondents affirmatively
11 chose to prioritize an immigration enforcement campaign designed to punish
12 sanctuary cities and terrorize the immigrant communities therein over Petitioners’
13 safety. *See ‘Flood the Streets’: ICE Targets Sanctuary Cities With Increased*
14 *Surveillance* N.Y. Times (Mar. 5, 2020),
15 <https://www.nytimes.com/2020/03/05/us/ICE-BORTAC-sanctuary-cities.html>; *cf.*
16 *J.P. v. Sessions*, No. LA CV18-06081 JAK, 2019 WL 6723686, at *36 (C.D. Cal.
17 Nov. 5, 2019) (federal government “‘acted with deliberate indifference to a
18 known or obvious danger’ by implementing the [family separation] policy with
19 awareness of the potential harm it would cause and intending to use that as a basis
20 to deter future attempts by those similarly situated to enter the United States”
21 (internal brackets omitted) (quoting *Hernandez*, 897 F.3d at 1137, and *Kennedy*,
22 439 F.3d at 1062)).

23 114. Even as Respondents have acknowledged the need to curb their
24 enforcement activities “[t]o ensure the welfare and safety of the general public,”³⁶

26 ³⁶ Meija, *supra* n.18.

1 Respondents continue to detain Petitioners in conditions that expose them to a
2 heightened risk of contracting COVID-19 without regard to the consequences to
3 Petitioners, *supra* ¶¶ 77-103; Mishori Decl. ¶¶ 44-52.

4 115. For these reasons, Petitioners’ detention violates the Fifth Amendment
5 Due Process Clause.

6 COUNT TWO

7 FIFTH AMENDMENT – SPECIAL RELATIONSHIP

8 116. Petitioners repeat and incorporate by reference each and every
9 allegation contained in the preceding paragraphs as if fully set forth herein.

10 117. The Fifth Amendment’s Due Process Clause applies to all “persons”
11 within the United States, including persons whose presence here is unlawful,
12 temporary, or permanent. *See Zadvydas v. Davis*, 533 U.S. 678, 693 (2001).

13 118. When the government takes custody of a person, the government
14 creates a “special relationship” that entails assuming responsibility for the
15 person’s safety and well-being. *See, e.g., Henry A. v. Willden*, 678 F.3d 991, 998
16 (9th Cir. 2011). The government violates the Due Process Clause when it takes
17 custody of a person “and at the same time fails to provide for his basic human
18 needs – e.g., food, clothing, shelter, *medical care*, and *reasonable safety*.”
19 *DeShaney v. Winnebago Cty. Dep’t of Soc. Servs.*, 489 U.S. 189, 200 (1989)
20 (emphasis added). Due process for civil detainees, like those held in immigration
21 facilities, “requires more than minimal necessities.” *Jones v. Blanas*, 393 F.3d
22 918, 931 (9th Cir. 2004); *Unknown Parties v. Nielsen*, No. CV-15-00250-TUC-
23 DCB, 2020 U.S. Dist. LEXIS 27890, at *8 (D. Ariz. Feb. 19, 2020).

24 119. To state a claim under the special relationship doctrine, a plaintiff
25 must show: “(i) the defendant made an intentional decision with respect to the
26 conditions under which the plaintiff was confined; (ii) those conditions put the
27

1 plaintiff at substantial risk of suffering serious harm; (iii) the defendant did not
2 take reasonable available measures to abate the risk, even though a reasonable
3 official in the circumstances would have appreciated the high degree of involved .
4 . . . ; and (iv) by not taking such measures, the defendant caused the plaintiff's
5 injuries.” *Gordon v. Cty. of Orange*, 888 F.3d 1118, 1124-25 (9th Cir. 2018); *see*
6 *also Martinez v. Geo Grp., Inc.*, No. EDCV 18-1125-R, 2019 U.S. Dist. LEXIS
7 143217, at *7-9 (C.D. Cal. Apr. 30, 2019) (applying *Gordon* to claims about
8 Adelanto Detention Center’s failure to attend to a detainee’s medical needs); *J.P.*
9 *v. Sessions*, No. LA CV18-06081 JAK (SKx), 2019 U.S. Dist. LEXIS 217560, at
10 *88-89 (C.D. Cal. Nov. 5, 2019) (applying *Gordon* to claims about conditions of
11 confinement in civil immigration detention).

12 120. The government’s failure to take reasonable available measures to
13 abate risk must be “objectively unreasonable” in order to violate due process—“a
14 test that will necessarily turn on the facts and circumstances of each particular
15 case.” *Castro v. Cty. of Los Angeles*, 833 F.3d 1060, 1071 (9th Cir. 2016)
16 (quoting *Kingsley v. Hendrickson*, 135 S. Ct. 2466, 2473-74 (2015)).

17 121. Inadequate health and safety measures at a detention center cause
18 cognizable harm to every inmate. *See Parsons v. Ryan*, 754 F.3d 657, 679 (9th
19 Cir. 2014). As the Supreme Court observed in the context of the California
20 prison system, “all prisoners [] are at risk so long as the State continues to provide
21 inadequate care.” *Brown v. Plata*, 563 U.S. 493, 532 (2011). Those who are not
22 yet sick are not “remote bystanders”—they are the “next potential victims.” *Id.*
23 In the case of COVID-19, even those who do not appear to be sick may already
24 be infected. Mishori Dec. ¶ 8.

25 122. When Respondents arrested and detained Petitioners, they created a
26 special relationship that required them to provide Petitioners with medical care
27

1 and reasonable safety. Respondents made the intentional decisions to conduct
2 immigration enforcement raids against Petitioners during a deadly pandemic with
3 local community spread, placing Petitioners at continued risk of suffering serious
4 harm. *See Parsons v. Ryan*, 754 F.3d 657, 679 (9th Cir. 2014) (recognizing that
5 inadequate health and safety measures at a detention center cause cognizable
6 harm to every inmate). Petitioners were subjected to close physical contact with
7 ICE officers, Adelanto staff, and other detainees without providing them with
8 masks, gloves, hand sanitizer, distance, or other measures mandated by experts,
9 government officials, and the CDC to protect people from infection; and continue
10 to hold Petitioners in detention while releasing others back to their communities.

11 123. According to experts, as well as government officials and the CDC,
12 these conditions put Petitioners at significant risk of exposure to COVID-19,
13 which in turn subjects them to risk of serious illness and death.

14 124. Respondents did not take reasonable available measures to abate the
15 risk of exposure to COVID-19, such as delaying immigration enforcement raids
16 until after the outbreak, taking precautionary measures recommended by experts
17 during arrests and detention, and providing the necessary supplies and space for
18 Petitioners to avoid exposure while detained. The failure to take these measures
19 was objectively unreasonable in light of the local, state, and federal guidance on
20 the pandemic that was widely publicized at the time of the raids and throughout
21 Petitioners' detention.

22 125. By failing to take these measures, Respondents subjected and continue
23 to subject Petitioners to a substantial risk of contracting COVID-19. *See Parsons*,
24 754 at 679 (discussing the harms inherent in inadequate public health and medical
25 care provisions in detention); *Xochihua-Jaimes v. Barr*, 2020 WL 1429877, No.
26 18-71460 (9th Cir. Mar. 23, 2020) (sua sponte ordering release of a detainee in
27

1 light of the current “rapidly escalating public health crisis, which public health
2 authorities predict will especially impact immigration detention centers”). The
3 risk is augmented by Adelanto Detention Center’s well-documented health and
4 safety failures at the best of times, and by the reported presence of several cases
5 of the virus at the facility.

6 126. For these reasons, Petitioners’ detention violates the Fifth Amendment
7 Due Process Clause.

8 **COUNT THREE**

9 **FIFTH AMENDMENT – PUNITIVE DETENTION**

10 127. Petitioners repeat and incorporate by reference each and every
11 allegation contained in the preceding paragraphs as if fully set forth herein.

12 128. When the federal government detains an immigrant, the immigrant is
13 considered a civil detainee, even if they have a prior criminal conviction. *See*
14 *Zadvydas v. Davis*, 533 U.S. 678, 690 (2001). As civil detainees, immigrants are
15 afforded greater protection by the Fifth Amendment’s Due Process Clause than
16 convicted prisoners or even pretrial criminal detainees. Unlike a convicted
17 prisoner, who may be punished as long as the punishment is not “cruel and
18 unusual,” *Pierce v. Cty. of Orange*, 526 F.3d 1190, 1205 (9th Cir. 2008), a civil
19 detainee may not be punished at all prior to an adjudication of guilt. *Bell v.*
20 *Wolfish*, 441 U.S. 520, 535 (1970); *Jones v. Blanas*, 393 F.3d 918, 932 (9th Cir.
21 2004). And civil immigration detainees “must be afforded more considerate
22 treatment” than criminal pretrial detainees. *See Unknown Parties*, No. CV-15-
23 00250-TUC-DCB at *12 (citing *Youngberg v. Romeo*, 457 U.S. 307, 321-22
24 (1982)).

25 129. To establish a violation of the Due Process Clause, Petitioners need
26 not show that Respondents intended to subject them to punishment. *See Pierce*,

1 526 F.3d at 1205. A restriction is “punitive” if it is “excessive in relation to [its
2 non-punitive purpose]’ or is ‘employed to achieve objectives that could be
3 accomplished in so many alternative and less harsh methods.’” *Jones*, 393 F.3d at
4 933-34 (alteration in original) (quoting *Demery v. Arpaio*, 378 F.3d 1020, 1028
5 (9th Cir. 2004); *Hallstrom v. City of Garden City*, 991 F.2d 1473, 1484 (1993)).
6 A presumption of punishment arises when a civil detainee is held in similar or
7 more restrictive conditions than his criminal counterparts. *See Jones*, 393 F.3d at
8 932; *see also Torres v. U.S. Dep’t of Homeland Sec.*, 411 F. Supp. 3d 1036, 1065
9 (C.D. Cal. 2019) (finding a presumption of punitiveness where plaintiffs
10 “allege[d] conditions at Adelanto and policies by ICE that are not ‘more
11 considerate’ than at criminal facilities”). To rebut this presumption, the
12 government must show that its actions are not excessive in relation to a
13 legitimate, nonpunitive purpose. *King v. Cty. of Los Angeles*, 885 F.3d 548, 558
14 (9th Cir. 2018).

15 130. Even assuming Respondents have a legitimate, nonpunitive interest in
16 continuing to enforce the immigration laws, the arrest and detainment of
17 Petitioners is excessive in relation to that interest. A presumption of punishment
18 arises because Petitioners are subjected to worse conditions than many convicted
19 prisoners. Across the country—including in the Central District of California—
20 decisionmakers are releasing convicted prisoners to prevent them and surrounding
21 communities from suffering bodily harm or death from COVID-19. *See US Jails*
22 *Begin Releasing Prisoners to Stem Covid-19 Infections*, BBC News (Mar. 19,
23 2020), <https://www.bbc.com/news/world-us-canada-51947802>; Shelly Insheiwat,
24 *L.A. County Releases 1,700 Inmates to Lessen Jail Population Due to COVID-19*
25 *Crisis*, Fox 11 L.A. (Mar. 24, 2020), [https://www.foxla.com/news/l-a-county-](https://www.foxla.com/news/l-a-county-releases-1700-inmates-to-lessen-jail-population-due-to-covid-19-crisis)
26 [releases-1700-inmates-to-lessen-jail-population-due-to-covid-19-crisis](https://www.foxla.com/news/l-a-county-releases-1700-inmates-to-lessen-jail-population-due-to-covid-19-crisis).

1 131. To rebut the presumption of punitiveness, a “bare assertion of the
2 requirement of keeping [] detainees . . . will not suffice.” *Torres*, 411 F. Supp. 3d
3 at 1065 (alteration in original) (quoting *Jones*, 393 F.3d at 934) (rejecting
4 defendants’ proposed justification that they were “required by statute to maintain
5 a secure facility for certain immigrants, pending the outcome of their
6 proceedings”). But even if Respondents could articulate a legitimate, nonpunitive
7 interest, endangering the lives and wellbeing of Petitioners and surrounding
8 communities is excessive in relation to that interest. Detention itself exposes
9 Petitioners to an unacceptable risk of contracting COVID-19 and suffering bodily
10 harm or death as a result. Respondents have confined Petitioners in close quarters
11 with many other individuals, any of whom could already be infected even if
12 asymptomatic. The virus spreads rapidly in close quarters, often severely
13 infecting not only older individuals or those with preexisting conditions but also
14 younger, previously healthy people. Moreover, if COVID-19 begins to spread in
15 Adelanto, there is no indication that the facility has adequate equipment, staff, or
16 resources to treat large numbers of severely ill detainees.

17 132. Since arresting Petitioners, ICE has subverted its ordinary
18 immigration enforcement procedures by curtailing its raids and releasing
19 detainees in order to stop the spread of COVID-19. There is no legitimate reason
20 to arrest and detain Petitioners under these circumstances—circumstances that, in
21 ICE’s view, outweigh the usual imperatives of immigration enforcement. And no
22 risk to the community justified the arrest and detention of these particular
23 individuals under these conditions. Mr. Bravo and Mr. Vasquez have been in the
24 United States for approximately 28 and 18 years, respectively, and each has only
25 one minor, years-old criminal incident to his name.

1 133. Respondents' arrest and continued detention of Petitioners violates the
2 Fifth Amendment's protection against punitive detention.

3
4 **VI. PRAYER FOR RELIEF**

5
6 WHEREFORE, Petitioners pray that this Court grant the following relief:

7 (1) Issue a Writ of Habeas Corpus requiring Respondents to release Pedro
8 Bravo Castillo and Luis Vasquez Rueda;

9 (2) Enter a judgment declaring that Respondents' detention of Pedro Bravo
10 Castillo and Luis Vasquez Rueda is unauthorized by statute and contrary to law;

11 (3) Provide Petitioners with testing for COVID-19 and any materials and
12 supplies necessary to help them maintain self-isolation for at least 14 days.

13 (4) Alternatively, issue an order to Respondents to show cause as to why this
14 Petition for a Writ of Habeas Corpus should not be granted.

15 (5) Award Petitioners reasonable costs and attorneys' fees; and

16 (6) Grant any other and further relief that this Court deems fit and proper.

17
18
19
20 Dated: March 25, 2020

PUBLIC COUNSEL

By: Mark Rosenbaum

21
22 Mark Rosenbaum

Judy London

23 Talia Inlender

Jesselyn Friley

24 Elizabeth Hercules-Paez

25 Amanda Savage

1 Dated: March 25, 2020

KAPLAN HECKER & FINK LLP

2 By: 

3 Joshua A. Matz

4 Kyla Magun

5 Michael Skocpol

6 Dylan Cowit

7 *Attorneys for Pedro Bravo Castillo*
8 *and Luis Vasquez Rueda*

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Declaration of Dr. Ranit Mishori (MD, MHS, FAAFP)

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

I. Background

1. I am Dr. Ranit Mishori. I am a senior medical advisor at Physicians for Human Rights (PHR), and Professor of Family Medicine at the Georgetown University School of Medicine, where I am the director of the department's Global Health Initiatives, Health Policy fellowship and our practice-based research network. A fellow of the American Academy of Family Physicians and Diplomate of the American Board of Family Medicine, I did my residency training at the Georgetown University/Providence Hospital Family Medicine Residency program. I received my medical degree from Georgetown University School of Medicine and a master's degree in International Health from the Johns Hopkins Bloomberg School of Public Health, in the Disease Control and Prevention Track (focusing on the science of how to halt the spread of infectious disease).
2. I am the faculty leader for Georgetown University School of Medicine's Correctional Health Interest group, where I supervise medical students placed at various area jails, prisons and detention centers. In addition, I am the director of Georgetown University's Asylum program which focuses on the care and medico-legal issues of asylum seekers, including immigration detention. I have written extensively and given talks and lectures about such issues nationally and internationally. In my role as senior medical advisor at PHR (and prior to that, as a consultant for PHR), I have reviewed and analyzed dozens of cases related to health outcomes of individuals in correctional facilities, and advised the organization and other partners (civil society, legal aid organizations and the media) about issues related to incarceration, including hunger strikes, medical care quality, communicable disease management, violence, and care of pregnant women in such settings.¹
3. As an attending physician at the Georgetown University/Washington Hospital Center Family Medicine Residency Program, I work with urban underserved populations, including the homeless, formerly incarcerated individuals, immigrants and refugees.

¹ See, e.g., Ranit Mishori, *Risk Behind Bars: Coronavirus and Immigration Detention*, The Hill (Mar. 17, 2020), <https://thehill.com/opinion/immigration/487986-risk-behind-bars-coronavirus-and-immigration-detention>; Amanda Holpuch, *Coronavirus Inevitable in Prison-Like US Immigration Centers, Doctors Say*, The Guardian (Mar. 11, 2020), <https://www.theguardian.com/world/2020/mar/11/coronavirus-outbreak-us-immigration-centers>; Abigail Hauslohner, et al., *Coronavirus Could Pose Serious Concern in ICE Jails, Immigration Courts*, The Washington Post (Mar. 12, 2020), https://www.washingtonpost.com/immigration/coronavirus-immigration-jails/2020/03/12/44b5e56a-646a-11ea-845d-e35b0234b136_story.html; Silvia Foster-Frau, *Coronavirus Cases in Migrant Detention Facilities Called 'Inevitable'*, Express News (Mar. 15, 2020) <https://www.expressnews.com/news/us-world/border-mexico/article/Whether-in-detention-or-in-Mexico-U-S-15129447.php>.

I routinely come in contact with victims of abuse, trauma and poverty where I regularly assess their medical as well as psycho-social needs in the context of their social-determinants of health (such as housing and incarceration).

4. For four years I was an elected member of the American Academy of Family Physicians' Commission on the Health of the Public and Science, where I chaired the Public Health Issues sub-committee. During that time, I was a one of the lead authors of the Academy's comprehensive position paper on Incarceration and Health.
5. My CV is attached as Exhibit A.

II. COVID-19

6. The novel coronavirus, officially known as SARS-CoV-2, causes a disease known as COVID-19. COVID-19 has now reached pandemic status. As of March 25, 2020, according to the World Health Organization (WHO), more than 416,686 people have been diagnosed with COVID-19 around the world and 18,589 have died.² In the United States, about 51,914 people have been diagnosed and 673 people have died as of the same date.³ The numbers of infection and death in the United States are likely underestimated due to the lack of test kits available.
7. The transmission of SARS-CoV-2 is expected to grow exponentially. Nationally, projections by the Centers for Disease Control and Prevention (CDC) indicate that over 200 million people in the United States could be infected with SARS-CoV-2 over the course of the pandemic without effective public health intervention, with as many as 1.5 million deaths in certain projections.
8. The novel coronavirus is thought to pass from person to person primarily through respiratory droplets (by coughing or sneezing) but also survives on surfaces for some period of time. It is possible that people can transmit the virus before they start to show symptoms or for weeks after their symptoms resolve. In China, where SARS-CoV-2 originated, the average infected person passed the virus on to 2-3 other people; transmission occurred at a distance of 3-6 feet. The "contagiousness" of this novel coronavirus—its R0 (the number of people who can get infected from a single infected person)—is twice that of the flu. Not only is the virus very efficient at being transmitted through droplets, everyone is at risk of infection because our immune

² See Novel Coronavirus (COVID-19) Situation, World Health Organization, <https://experience.arcgis.com/experience/685d0ace521648f8a5beeee1b9125cd>, accessed Mar. 18, 2020 (at noon EDT).

³ See Mitch Smith, et al., *U.S. Coronavirus Map: Cases Now Reported in All 50 States*, The New York Times, <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html?searchResultPosition=1>, accessed Mar. 18, 2020 (at noon EDT).

systems have never been exposed to or developed protective responses against this virus.

9. COVID-19 is a serious disease, which can lead to respiratory failure, kidney failure, and death. Older patients and patients with chronic underlying conditions are at a particularly high risk for severe cases and complications.⁴ The need for care, including intensive care, and the likelihood of death, is much higher from COVID-19 than from influenza. According to recent estimates, the fatality rate of people infected with COVID-19 is about ten times higher than a severe seasonal influenza, even in advanced countries with highly effective health care systems. According to preliminary data from China, serious illness, sometimes resulting in death, occurs in up to 16% of cases, with a higher rate among those older and high-risk individuals.⁵
10. The CDC previously identified underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age, including: blood disorders, chronic kidney or liver disease, immunosuppression, endocrine disorders (including diabetes), metabolic disorders, heart and lung disease, neurological and neurologic and neurodevelopmental conditions, and current or recent pregnancy.
11. Those in high-risk categories who do not die may have prolonged serious illness, for the most part requiring expensive hospital care, including ventilators that are likely to soon be in very short supply, and an entire team of care providers, including 1:1 or 1:2 nurse to patient ratios, respiratory therapists, and intensive care physicians. Public health officials anticipate that hospital settings will likely be overwhelmed and beyond capacity to provide this type of intensive care as COVID-19 becomes more widespread in communities. Patients who do not die from serious cases of COVID-19 may also face prolonged recovery periods, including extensive rehabilitation from neurological damage and loss of respiratory capacity.
12. Complications from COVID-19, including severe damage to lung, heart, liver, or other organs, can manifest at an alarming pace. Patients can show the first symptoms of infection in as little as two days after exposure, and their condition can seriously deteriorate in as little as five days or sooner.
13. COVID-19 shares many symptoms with seasonal influenza, including fever, body ache, cough, chills, and headache. Without testing, it is difficult for healthcare

⁴ Fei Zhou, et al., *Clinical Course and Risk Factors for Mortality of Adult Inpatients with COVID-19 in Wuhan, China*, *The Lancet* (published online Mar. 11, 2020), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext).

⁵ *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease Control and Prevention, accessed Mar. 14, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>.

providers to ascertain whether an individual with these symptoms is suffering from COVID-19 or seasonal influenza.

14. There is no vaccine to prevent COVID-19. There is no known cure or antiviral treatment for COVID-19 at this time.
15. COVID-19 prevention strategies include containment and mitigation. Containment requires identifying and isolating people who are ill or who have had contact with people who are ill, including the use of personal protective equipment. Unfortunately, due to the lack of testing availability, most public health experts agree that it is too late to effectively implement a containment strategy in the United States at-large.
16. As the infectious disease spreads in a community, public health demands mitigation strategies, which include scrupulous hand hygiene and social distancing. For that reason, public health officials have recommended extraordinary measures to combat the rapid spread of coronavirus. Schools, courts, collegiate and professional sports, theater and other congregate settings have been closed as part of this risk mitigation strategy. On March 19, 2020, California Governor Gavin Newsom issued an order for all residents of the state to stay at home except as needed to maintain critical infrastructure.⁶

III. Spread of Infectious Disease in Detention Centers

17. The risk posed by infectious diseases in immigration detention facilities, jails and prisons is significantly higher than in the community, both in terms of risk of exposure and transmission and harm to individuals who become infected. There are several reasons this is the case, as delineated further below.
18. Globally, outbreaks of contagious diseases are all too common in confined detention settings and are more common than in the community at large. Though they contain a captive population, these settings are not isolated from exposure. ICE has temporarily suspended social visitation in all detention facilities.⁷ However, staff arrive and leave on a shift basis; there is no ability to adequately screen staff for new, asymptomatic infection. Contractors and vendors also pass between communities and facilities and can bring infectious diseases into facilities. People are often transported to, from, and between facilities. As discussed in Section IV below, ICE has further increased the risk of exposure by continuing to carry out raids that introduce new people into detention centers during this pandemic.

⁶ Executive Order No. N-33-20, State of Cal., Mar. 19, 2020, <https://www.gov.ca.gov/wp-content/uploads/2020/03/3.19.20-attested-EO-N-33-20-COVID-19-HEALTH-ORDER.pdf>

⁷ *ICE Guidance on Covid-19*, U.S. Immigration and Customs Enforcement, accessed Mar. 18, 2020 (at 1:00 p.m. EDT), <https://www.ice.gov/covid19>.

19. Jails, prisons and detention centers often do not have access to vital community health resources that can be crucial in identifying infectious diseases, including sufficient testing equipment and laboratories. This is especially true when, as now, there is a shortage in available test kits.
20. During an infectious disease outbreak, a containment strategy requires people who are ill to be isolated and that caregivers have adequate personal protective equipment (PPE). Detention centers are often under-resourced and ill-equipped to provide sufficient PPE for people who are incarcerated and caregiving staff, increasing the risk for everyone in the facility of a widespread outbreak. This is especially true when, as now, facemasks are already in short supply.
21. When jailed or imprisoned, people have much less of an opportunity to protect themselves by social distancing than they would in the community. Congregate settings such as detention centers allow for rapid spread of infectious diseases that are transmitted person to person, especially those passed by droplets through coughing and sneezing. When people live in close, crowded quarters and must share dining halls, bathrooms, showers, and other common areas, the opportunities for transmission are greater. Toilets, sinks, and showers are shared, without disinfection between use. Spaces within detention centers are often also poorly ventilated, which promotes highly efficient spread of diseases through droplets. Detainees often have a small number of telephones that they share, and which form their only contact with the outside world—including their family and lawyers. Placing someone in such a setting therefore dramatically reduces their ability to protect themselves from being exposed to and acquiring infectious diseases.
22. Additionally, detention centers are often unable to adequately provide the mitigation recommendations described above. During an infectious disease outbreak, people can protect themselves by washing hands. Detention centers do not provide adequate opportunities to exercise necessary hygiene measures, such as frequent handwashing or use of alcohol-based sanitizers when handwashing is unavailable. Jails and prisons are often under-resourced and ill-equipped with sufficient hand soap and alcohol-based sanitizers for people detained in these settings. High-touch surfaces (doorknobs, light switches, etc.) should also be cleaned and disinfected regularly with bleach to prevent virus spread, but this is often not done in jails and prisons.
23. People incarcerated in detention centers are more susceptible to acquiring and experiencing complications from infectious diseases than the population in the community.⁸ This is because people in detention centers, jails, and prisons, for a variety of reasons, have higher rates of chronic underlying health conditions, including diabetes, heart disease, chronic lung disease, chronic liver disease, and

⁸ *Active Case Finding For Communicable Diseases in Prisons*, 391 *The Lancet* 2186 (2018), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31251-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31251-0/fulltext).

suppressed immune systems from HIV or other conditions, than people in the community.

24. Detention centers are often poorly equipped to manage infectious disease outbreaks. Some detention centers lack onsite medical facilities or 24-hour medical care. The medical facilities are almost never sufficiently equipped to handle large outbreaks of infectious diseases. To prevent transmission of droplet-borne infectious diseases, people who are infected and ill need to be isolated in specialized negative pressure rooms. Most detention centers have few negative pressure rooms if any, and these may be already in use by people with other conditions (including tuberculosis or influenza). ICE has admitted that not all of the detention centers it oversees have even one negative pressure room.⁹ In the course of an infectious disease outbreak, resources will become exhausted rapidly and any beds available will soon be at capacity.
25. Even assuming adequate space, solitary confinement is not an effective disease containment strategy. Isolation of people who are ill using solitary confinement is an ineffective way to prevent transmission of the virus through droplets to others because, except in specialized negative pressure rooms, air continues to flow outward from rooms to the rest of the facility. Risk of exposure is thus increased to other people in the detention center and staff. This makes both containing the illness and caring for those who have become infected much more difficult.
26. Infectious disease outbreaks, such as COVID-19, may exacerbate existing mental health conditions and contribute to the development of new mental health conditions.¹⁰ Mental health conditions may be exacerbated by the stress of incarceration during the COVID-19 pandemic, including isolation and lack of visitation. Moreover, failure to provide adequate mental health care, as may happen when health systems in detention centers are taxed by an infectious disease outbreak such as COVID-19, may result in poor health outcomes and even death. The scientific evidence points to a bi-directional relationship between mental health conditions and infectious diseases. Not only are individuals with mental health conditions more at risk for communicable diseases, they are also harder to treat, once infected, due to the

⁹ Brittny Mejia, *ICE Says No Confirmed Coronavirus Among Detainees After 4 Test Negative*, Los Angeles Times, accessed Mar. 18, 2020, <https://www.latimes.com/california/story/2020-03-10/ice-says-no-detainees-have-coronavirus-four-being-tested>

¹⁰ Brian Honermann, *An "Epidemic Within an Outbreak:" The Mental Health Consequences of Infectious Disease Epidemics*, O'Neill Institute for National and Global Health Law (Feb. 26, 2015), accessed Mar. 19, 2020, <https://oneill.law.georgetown.edu/epidemic-within-outbreak-mental-health-consequences-infectious-disease-epidemics/>; Müller N, *Infectious Diseases and Mental Health*, Comorbidity of Mental and Physical Disorders; Shultz JM, *Mental Health Consequences of Infectious Disease Outbreaks*, accessed Mar. 19, 2020, <https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/flrtc/documents/Slides-MH-CONSEQUENCES-OF-ID-OUTBREAKSV2.pdf>.

- nature of their underlying mental health disorder. For individuals in these facilities, especially those with chronic mental health conditions, the experience of an epidemic and the lack of care while confined to small, crowded quarters can itself be traumatizing, compounding the trauma of incarceration.
27. A coronavirus brought into a detention facility can quickly spread among the dense detainee cohort. Soon enough many are sick—including high-risk groups such as those with chronic conditions—quickly overwhelming the already strained health infrastructure within the facility. This can also lead to a strain on the surrounding hospitals to which these individuals may be transferred.
 28. These risks have all been borne out during past epidemics of influenza in jails and prisons. For example, in 2012, the CDC reported an outbreak of influenza in 2 facilities in Maine, resulting in two inmate deaths.¹¹ Subsequent CDC investigation of 995 inmates and 235 staff members across the two facilities discovered insufficient supplies of influenza vaccine and antiviral drugs for treatment of people who were ill and prophylaxis for people who were exposed. During the H1N1-strain flu outbreak in 2009 (known as the “swine flu”), jails and prisons experienced a disproportionately high number of cases.¹² H1N1 is far less contagious than this strain of the coronavirus. These scenarios occurred in the “best case” of influenza, a viral infection for which there was an effective and available vaccine and antiviral medications, unlike COVID-19, for which there is currently neither.
 29. In recent years in immigration detention facilities, overcrowding, poor hygiene measures, medical negligence, and poor access to resources and medical care have led to outbreaks of other infectious diseases as well, including mumps and chickenpox.
 30. Additionally, as health systems inside facilities are taxed, people with chronic underlying physical and mental health conditions and serious medical needs may not be able to receive the care they need for these conditions.
 31. We have ample basis to conclude that detention settings are equally unprepared for the rapid spread of SARS-CoV-2. Not surprisingly, Chinese prison officials report that over 500 COVID-19 cases in the current outbreak stemmed from the Hubei province prisons. In Israel, an entire prison was quarantined.

¹¹ *Influenza Outbreaks at Two Correctional Facilities — Maine, March 2011*, Centers for Disease Control and Prevention, Apr. 6, 2020, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm>.

¹² David M. Reutter, *Swine Flu Widespread in Prisons and Jails, but Deaths are Few*, Prison Legal News (Feb. 15, 2010), <https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/>.

32. Many detention centers in the United States have a high risk of exposing detainees to SARS-CoV-2. At least ten facilities currently used as ICE jails hold on average over 1,000 detainees, including 1,600 in the Adelanto ICE Processing Center.¹³ In addition, ICE has in recent years begun detaining an increasing number of people in detention centers whose remote locations make the provision of adequate medical care challenging even under normal circumstances.
33. In my professional opinion, it is inevitable that SARS-CoV-2 the virus that causes COVID-19 will infect prisons, jails, and/or other immigration detention centers in the United States. This is consistent with the prediction of other experts that all prisons and jails should anticipate that the coronavirus will enter their facility.

IV. Los Angeles Area ICE Raids

34. In the Los Angeles area, hit hard by the coronavirus and COVID-19, 814 people had tested positive as of March 25, 2020. That number is also growing exponentially.
35. Based on reporting and the testimony of Plaintiffs in their declarations, ICE continues to carry out immigration enforcement raids in the Los Angeles area. According to the LA Times, on Monday, March 16, 2020, well after known community transmission of COVID-19 had begun in the Los Angeles area, ICE officers conducted morning raids in an attempt to arrest four individuals.¹⁴ According to the testimony of Plaintiff Luis Vasquez Rueda, ICE transported eight individuals to Adelanto Detention Center in a single van alone on March 17, 2020, after conducted morning raids that same day.
36. Based on my review of declarations in which Plaintiffs describe the actions taken by ICE officers during those raids and my training in public health, conducting these raids was a reckless decision by the government that unnecessarily put countless people at risk of exposure to the coronavirus.
37. Conducting immigration raids in the midst of a pandemic simultaneously increased the risk of introducing the coronavirus into the Adelanto Detention Center and has now placed the newly detained individuals at a higher risk of infection than they would have experienced while following California's shelter in place orders at home.

¹³ U.S. Imm. and Customs Enforc., "Dedicated and Non-Dedicated Facility List," available at <https://www.ice.gov/facility-inspections> (as of Mar. 2, 2020).

¹⁴ Brittny Mejia, *With masks at the ready, ICE agents make arrests on first day of California coronavirus lockdown*, Los Angeles Times (March. 17, 2020), <https://www.latimes.com/california/story/2020-03-17/for-ice-agents-its-business-as-unusual-day-after-sweeping-coronavirus-order>

38. Based on my decades of professional experience in public health, the risks of conducting ICE raids in the midst of an infectious disease pandemic are clear. There is a captive population in immigration detention and a revolving door of exposure whenever raids are conducted, and when staff members and ICE officers cycle in and out of facilities for their shifts. Anyone, including ICE officers and detained persons, can carry infection with them, in either direction.
39. The recent Los Angeles area raids introduced new people, including Plaintiffs, into the Adelanto detention facility. Any of these people could have been affected by asymptomatic community transmission of the novel coronavirus prior to their detention, which experts know was occurring in the Los Angeles region at the time of the raids.
40. The raids also led ICE officers to interact with individuals in close quarters, which according to Plaintiffs included prolonged physical contact and close proximity without masks during the arrests. This blatantly ignores current CDC guidelines to minimize any exposure at this critical moment in the pandemic, by practicing social distancing (6ft), disinfecting hard surfaces (police car seats, handcuffs, etc.), or by hand sanitizing.
41. The officers likely also had contact with additional staff at Adelanto during the processing of plaintiffs and other detainees. Those officers will return to their communities having experienced close contact with various people, potentially exposing other members of their community who are otherwise following California's shelter in place orders.
42. Raids such as these endanger detainees, but also all who come in contact with migrants, from immigration enforcement staff to workers at detention facilities. All those people come in contact with the detainees and go home to their families at night.
43. By conducting any raids in the midst of this pandemic, ICE greatly increases the risk of spreading the coronavirus within their facilities, with potentially devastating consequences. ICE also risks exposing currently healthy individuals to a far more dangerous situation than the shelter-in-place conditions currently being observed by the rest of Californians. The raids simultaneously raise the likelihood of wider community exposure across communities where officers and their families live.

V. Adelanto Detention Center

44. Based on my review of the plaintiffs' declarations, my experience working with detainees in local jails and immigration centers, my experience working with the formerly incarcerated, my training in public health, and my review of the relevant literature, it is my professional judgment that the Adelanto Detention Center, where

Plaintiffs are currently held, is dangerously under-equipped and ill-prepared to prevent and manage a coronavirus outbreak, which would result in severe harm to detained individuals, jail and prison staff, and the broader community. The reasons for this conclusion are detailed as follows.

45. The Adelanto Detention Center holds over 1,600 people in detention.¹⁵ The facility has an extremely poor track record for the health and safety of detainees, underscoring and potentially exacerbating the already significant risks of a coronavirus outbreak in detention facilities I describe above.
46. A 2017 Report from the U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties delivered a scathing assessment of the health and safety of detainees at Adelanto.¹⁶ A separate 2018 report from the DHS Office of the Inspector General found “significant health and safety risks at the facility,” including “Untimely and Inadequate Detainee Medical Care.”¹⁷
47. Given the grave concerns expressed by the federal government regarding the health and safety of detainees at Adelanto, as well as the descriptions from Plaintiffs regarding steps the facility is currently taking in response to COVID-19, it is my professional opinion that detainees in the facility are at high risk of exposure to the coronavirus, and an outbreak in the facility has the potential to become a devastating public health event.
48. It is my professional opinion that the facilities are particularly susceptible to rapid spread of the virus and are not equipped to handle a coronavirus outbreak.
49. The living conditions are not amenable to the necessary social distancing and hygiene measures that would be necessary to contain or minimize spread of the virus. In particular, the fact that persons detained in those facilities share dorms, cells, living spaces, and bathroom space that is not disinfected between each use, and regularly interact with each other in narrow hallways and other areas where maintaining distance is not possible, makes it all but inevitable that the virus would spread rapidly within the facility.

¹⁵ U.S. Imm. and Customs Enforc., “Dedicated and Non-Dedicated Facility List,” available at <https://www.ice.gov/facility-inspections> (as of Mar. 2, 2020).

¹⁶ CRCL Report On Adelanto ICE Processing Center, available at <https://www.documentcloud.org/documents/6278922-HQ-Part2-Copy.html> (as of Mar. 22, 2020).

¹⁷ Office of the Inspector General, Management Alert – Issues Requiring Action at the Adelanto ICE Processing Center in Adelanto, California (Sept. 27, 2018), available at <https://www.oig.dhs.gov/sites/default/files/assets/2018-10/OIG-18-86-Sep18.pdf>

50. Because routine testing is not being undertaken at the facility, it is impossible to tell how many asymptomatic carriers of the disease may already be at the facility or to screen for new instances of the virus before an individual with the coronavirus becomes symptomatic. Since testing is not widely available, it is highly unlikely that the facility would even be able to keep up with the need to test individuals exhibiting symptoms for the virus. Rapid spread of the virus within the facility is therefore extremely likely.
51. Medical units that share spaces exacerbates this problem, as there is no way to isolate individuals infected with the virus when this becomes necessary. The fact that there is only a small amount of space available in the medical unit makes it highly unlikely that the facility could accommodate expanded need for services as a result of a coronavirus outbreak.
52. Moreover, the minimal and part-time nature of medical staffing, and the fact that detainees appear to have had difficulties accessing routine medical care in the past render it highly unlikely that the facility would be able to provide appropriate screening or treatment should that become necessary.

VI. Conclusion and Recommendations

53. For the reasons above, it is my professional judgment that the plaintiffs in ICE's Los Angeles-area detention centers, including the Plaintiffs currently detained in Adelanto, are at a significantly higher risk of infection with SARS-CoV-2 as compared to the population in the community, and that they are at a significantly higher risk of complications and poor outcomes if they do become infected. These outcomes include severe illness (including respiratory, cardiac and kidney failure) and even death.
54. It is also my professional judgment that the decision to conduct ICE raids during this pandemic simultaneously increased the risk of introducing coronavirus into the Adelanto Detention Center and has exposed the individuals newly brought into ICE custody to a higher risk of infection than they would have experienced sheltering in place at home. The public health of both ICE detainees and the wider community as a whole necessitates an immediate end to ICE raids during this pandemic.
55. Given that the only viable public health strategy available in the United States currently is risk mitigation, reducing the size of the population in immigration detention centers is crucially important to reducing the level of risk both for those within those facilities and for the community at large. Not doing so is not only inadvisable but also reckless given the public health realities we now face in the United States.

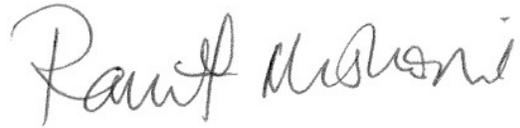
56. Even with the best-laid plans to address the spread of coronavirus in detention facilities, the release of high-risk individuals is a key part of a risk mitigation strategy. In my professional opinion, the only viable public health recommendation is to release high-risk people from detention, given the heightened risks to their health and safety, especially given the lack of an effective vaccine for prevention or effective treatment for the disease at this stage. My professional opinion is consistent with the view of the medical profession as a whole that there are no conditions of confinement in carceral settings that can adequately manage the serious risk of harm for high-risk individuals during the COVID-19 pandemic.
57. Releasing people from incarceration and ceasing enforcement actions that bring new people into detention are the best and safest ways to prevent the spread of disease and reduce the threat to the most vulnerable incarcerated people. These steps will reduce the burden on these facilities' limited healthcare infrastructure, as they will lessen the likelihood that an overwhelming number of people will become seriously ill from COVID-19 at the same time. They will also reduce the burden on regional hospitals and health centers, which will otherwise bear the brunt of having to treat these individuals when infected, thus reducing the number of hospital beds and equipment available for the general population. It is my professional opinion that these steps are both necessary and urgent. The window of opportunity is rapidly narrowing for mitigation of COVID-19 in these facilities. It is a matter of days, not weeks. Once a case of coronavirus is identified in a facility, it will likely be too late to prevent a widespread outbreak.
58. It is also my professional opinion that ICE must take significant precautions against the spread of disease among any detainees, staff, and officers remaining in its facilities or involved in arrests. These precautions include: making available and mandating the use of hand sanitizer, use of gloves when handling detainees (inside the detention center or during raids), disinfecting hard surfaces frequently inside the detention centers, disinfecting equipment and tools such as handcuffs, disinfecting ICE vehicles (including seats, armrests, and door handles), facilitating social distancing among detainees, eliminating direct physical contact and close proximity of unmasked individuals including during arrests, halting the use of transport vehicles that do not allow for at least six feet of space between passengers, and other measures consistent with the CDC guidelines and California's shelter in place order.

VII. Expert Disclosures

59. I have not testified as an expert at trial or by deposition in the past four years.
60. I am willing and able to discuss my opinions with the Court via teleconference at a mutually convenient time.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 25th day of March, 2020 in Washington, D.C.

A handwritten signature in black ink that reads "Ranit Mishori". The signature is written in a cursive, flowing style.

Ranit Mishori, M.D, MHS, FAAFP

DECLARATION OF PEDRO BRAVO CASTILLO

1. I, Pedro Bravo Castillo, make this declaration based on my own personal knowledge, and if called as a witness, I could and would testify to the facts described here.
2. I am the main breadwinner for my family. I am currently in immigration custody after being arrested by ICE agents on Monday March 16, 2020, in the middle of the coronavirus pandemic. I am seeking immediate release.
3. I have lived in the United States for approximately 28 years. Since arriving to the United States, I have worked as a butcher and recycling scrap metal. I have done all of this to provide for my partner of more than two decades and my two stepchildren. My stepdaughter is a college student studying biology and my stepson has been working since graduating from high school in 2015. However, he is without work during the current pandemic. I have raised my children since they were very young and I have continuously supported them for the past twenty years.
4. I have one criminal conviction for a DUI accident in 2015. I served five days in jail, paid all of the fines associated with the conviction and finished all the required classes and community service. I never had any problems before then, I haven't had more issues since then, and now I no longer drink. This is my sole conviction, and I am proud that I have learned from my mistake.
5. I am the primary income provider for my family and they rely on me in order to pay for rent and other essentials. In light of the current situation with coronavirus and my own detainment, I worry every moment about my family's ability to have their basic needs met and to stay healthy.
6. I am 58 years old and have had several health issues, including kidney stones, arthritis, and a hernia. Given my age, I know that if I contracted the virus, I am more susceptible to more severe health complications. The increased contact that I have been having with others in the detention center does not help.
7. On Monday, March 16, 2020, at approximately 6 a.m., I was in front of our home in Bell Gardens getting into my truck to go sell scrap metal. About ten officers appeared, and four approached me to say that they had a report on the truck. I told them that I had just bought the truck and that there were no issues with it. They didn't ask any further

questions about the truck. Instead, they asked if I had papers or if I was illegal. Only after I responded did they identify themselves as immigration agents.

8. The officers, who had guns in their belts, then approached me. I did not feel that I could or should resist or move away from their contact. They physically grabbed me, first from my shoulders and then from my hands. The officer that grabbed me was so close to me that I could feel his uniform touch against my body. I could also feel his breath on my neck as he handcuffed me. Two other officers also stood very close, so close that I could have reached them with my hand. The same officer that handcuffed me, held on to my hands and the upper part of my arm, took me toward a white car and put me in the back of the car.
9. During the arrest, the officers did not wear masks. I believe that they were wearing gloves, but they did not offer me any gloves or anything to protect me. They did not take my temperature at that time, or ask any other questions about my health.
10. I was placed in the back seat of the car and two officers sat in front. One of the officers drove the car to another location in Bell Gardens where they arrested another individual. The officer that was driving was in such a hurry to get to the next location that he almost crashed with a car in front of us. I got scared because I thought we were going to crash, but the officers just laughed about it. Before the officers got out of the car to detain the second individual, I asked one of the officers if I could use the restroom. The officer told me to hold it until we got to their office, without telling me how long that would be. I had to hold it for over an hour. I did not see whether they changed gloves before making this second arrest. They were not wearing masks. I did not see them take this person's temperature.
11. They sat the other person they arrested in the small back seat of the car next to me. The distance between us was around five inches. We were both handcuffed, without gloves, masks, or the ability to wash our hands while in the car. When the car moved a lot, our arms would touch against each other. We traveled that way, with four people in the car - two officers in the front seats and two of us in the shared backseat - for approximately an hour.
12. We arrived at a building in downtown Los Angeles at about 7 a.m. The two officers who took us out of the car did not have masks on. While the officers wore gloves, we were not

given either gloves or masks. The officers held on to our upper arms around the bicep muscle again as they took us out of the car. We were taken to a room. There were four of us being held in the room. There were no gloves, masks, or hand sanitizer in the room. There was a small washing station with soap. Nobody took our temperature there, asked about our health, or suggested that we wash my hands. The four of us were held in this room for over nine hours, until about 4:30 pm, with no ability to leave. During that time, a new officer came in to give us milk, bread, and apple juice. I believe the officer wore gloves, but not a mask. They did not offer us either of the two.

13. In the late afternoon, two new officers came to transport the four of us to the Adelanto Detention Facility. The officers had gloves, but no masks. No one gave us gloves or masks. They did not take our temperatures or ask about our health. We were handcuffed and chained at our waists and feet. They put us in a white van. One of the officers grabbed me by the upper arm again to help me get into the van. I did not see the officers clean out the van in any special way, and it did not smell like it had been recently cleaned with disinfectant. The two officers sat in the front of the van. I was placed in the far back row of the van, sharing a seat with another person sitting next to me, just the same way as in the car that morning. In the van, the other person was sitting maybe a foot away from me. All six of us were in that van together for about an hour and a half.
14. Once we arrived at the detention center at around 6 p.m., the officers took us out of the van. They had to physically touch us to help us get out of the van because we were handcuffed. The officer that helped me again grabbed me by the upper arm to get me out of the van. The officers had gloves, but no masks. We were not given gloves or masks. The officers took the four of us who had been arrested to a room to receive a medical screening. The room was very small and we were held together for about 30 minutes.
15. In that small room was the first time somebody took my temperature and asked about my health. I think the person that took my temperature was a nurse, but they never actually identified themselves as a nurse. I had already been in immigration custody approximately twelve hours by then. The nurse wore gloves but no mask. I did not have a temperature, but I told the nurse that I had not been feeling well since being detained that morning.

16. During the time that we were in that room, I noticed that the officers took one of the other people they detained that morning somewhere else. In fact, it was the person they detained in Bell Gardens after me. We saw that man again when the officers were taking us to the dormitories. The man told us that they had separated him because he told the officers that he had been sick with the flu recently. Another one of the people detained and I became worried because, although they separated him at that moment, we had been together the whole day. He was the person they sat right next to me in the car ride to the building in downtown Los Angeles. We were together the whole time, but they never gave him or us a mask to keep us safe. I don't know what happened after that with the man who had been sick because they assigned us to different dormitories.
17. After we finished our screening in this small room, I was taken to the dormitory where I am now housed. The dormitory is called West-3. It has a common space in the middle surrounded by about twenty-two small rooms that house four people each.
18. I sleep in one of these small rooms, which I think is about three meters by three meters, with three other people. There isn't enough room to keep a six-foot distance from each other. We sleep in two sets of bunk beds. There is a small space that divides our bunk beds that is approximately half a meter wide. When we get off the bunks or move around the small room, we bump into each other. I can see and hear when my bunkmates cough and sneeze. When that happens, I get a little worried because I don't have a way of knowing if my bunkmate is sick. The four of us share an open bathroom with a sink and a toilet bowl that is also located in the room. We have to clean the bathroom ourselves with disinfectant that the guards give us. They give us gloves to clean, but not masks.
19. My dormitory houses about eighty-eight people. The common space in the middle of the dorm has shared tables, where we spend the majority of the day. There is a box of gloves in the dormitory that people can use, but there is no requirement to use them, and many people do not. We also all share a shower space, which has six open stalls. We are not free to leave the dormitory.
20. There are two officers in the dorm at all times. They switch off shifts every six hours. The officers who work in the dorms wear gloves, but they do not wear masks.
21. For meals, all of the people in the dormitory are moved to another common space to eat. They escort us to the cafeteria walking in a line and there is not much space between each

person. The line is tight, with our bodies nearly touching each other. The food is served through a small window. The people who serve the food have gloves on, but I cannot see their faces, so I do not know if they are wearing masks. We all eat together quickly in this space at shared tables where we sit next to one another. We are not given a lot of time for meals. We are then escorted back by officers to our dormitory with everyone again walking in a tight line.

22. Sometimes the officers that work in the dormitories take people to a clinic inside the detention center. They have only taken me there once. I didn't request it. They don't tell us what type of medical staff will see us, but the person that I saw when I was there was not dressed like a doctor.
23. I am afraid for what will happen to my family and me during this pandemic if I stay detained. In the shared space in the dorm, we can watch the news. I watch the news on the coronavirus. I saw when the Governor of California gave the order for everyone to stay at home. My wife has also told me over the phone that the schools around our home are closed. It looks scary, what the news are reporting is going on right now. I have heard that there are other dormitories at Adelanto that are in quarantine. I do not know if that will happen to us too. I am afraid for my health. I worry that if we were to get sick in here, they still would not let us out and we would have to stay in here alone and sick.
24. I am also very worried about my family. Imagine how I feel not being able to see my children because the facility is closed to visitors due to the coronavirus. It feels very, very bad. It is hard to put into words. I am stuck inside without a way to get out to help them if they get sick or to see my daughter graduate from college.
25. There is nothing more important to me than being reunited with my family so that I can care for them during these difficult times.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Because of the coronavirus, and my confinement in the Adelanto Detention Center, I was not able to sign this declaration in person. The declaration was read to me, over the phone, in

Spanish by Aida Palma Carpio on March 23, 2020. I understood and verified its contents in full, and authorized Ms. Palma to sign the declaration on my behalf.

Executed on March 24, 2020 in Los Angeles, California.



Aida Palma Carpio, on behalf
of Pedro Bravo Castillo

DECLARATION OF LUIS VASQUEZ RUEDA

1. I, Luis Vasquez Rueda, make this declaration based on my own personal knowledge, and if called as a witness, I could and would testify to the facts described here.
2. I am currently in immigration custody after being arrested by ICE agents on Tuesday March 17, 2020, in the middle of the coronavirus pandemic. I am seeking immediate release.
3. I am 23 years old and I have lived in Southern California since I was five years old. I came to the United States with my mom and my older sister. I lived with my mom, mostly in Bell Gardens in Los Angeles County until 2015, when I graduated from Bell Gardens High School at the age of eighteen. After my high school graduation, my mom left and I have had to support myself ever since. My sister and I both continue to live in the Los Angeles area. We don't live together, but we are very close.
4. After high school, I attended Cerritos College. I was able to attend college in the United States because of the Deferred Action for Childhood Arrivals (DACA) program, which I benefited from as a young person who has always called the United States home. I wanted to go to college to study business. When I was younger, I really admired small business owners in my community and I always aspired to have my own businesses to help support myself. Unfortunately, after attending college for two semesters to complete my general requirements, I had to drop out because I could not afford the tuition fees. It was really unfortunate to have to drop out of college solely because I couldn't afford it.
5. After I dropped out of college, I started working at a grocery store. I had that job for about three years. Since then, I've worked in construction and I've done a lot of warehouse work. For the past year and a half, and up until I was detained by immigration officials, I worked at an Amazon warehouse that specializes in home goods. The warehouse is in Pico Rivera. I processed online orders, prepared them, made sure they got out for delivery, and kept inventory.
6. On February 10, 2020, I was injured at work. I was processing an order and I had to use a forklift with a cage attachment to grab the items from a tall shelf in the warehouse. I got into the cage, and the forklift operator raised the cage so that I could grab the items. I put the items in the cage, and the forklift operator started to drive away from the shelf. There

was a TV stand sticking out from one of the shelves on the warehouse floor. The manager is supposed to be responsible for ensuring that the warehouse floor is safe, but for some reason they didn't notice that this object was blocking the aisle. The forklift operator backed up into the TV stand. When he hit it, the elevated cage attached to the forklift shook and I fell out. I fell about twenty feet to the ground. I fractured multiple bones in my face, including the bone at the bottom of my eye, causing bleeding in my eye. I also got an open cut on my left leg, and I had to get seven stitches to close the wound.

7. I have been going to physical therapy, but the doctors expect my recovery to take a few months. My face is still bruised. I was supposed to see a specialist on March 24, 2020, to determine whether or not I need surgery to heal my left eye. Now that I have been detained, I won't be able to keep that appointment.
8. In November 2017, I made a mistake that has had a significant impact on my life: I drove under the influence of alcohol. Following the incident, I received three years of probation and completed a six-month first-offender program. I took AA classes as well as a drug program, but I couldn't finish them before the court-ordered deadline because I needed to balance the classes with my full-time work schedule. I'm currently waiting to get an extension on my classes.
9. I also have several tickets for driving on a suspended license because I support myself and needed to continue driving in order to get to work. There is not a lot of public transportation near my home, and the buses that do run by my house do not provide access to my job. I know I wasn't supposed to be driving with a suspended license, but I really needed to keep my job and continue to take care of myself.
10. I have learned and grown from my mistake. I took this incident as a very serious wake-up call. Since then, I haven't driven under the influence of alcohol again. The AA program also had a positive influence on me, and because of the program, I have significantly reduced how much I drink.
11. The biggest impact of my mistake was that I was advised not to renew my DACA application because of my DUI. I felt embarrassed for having made this mistake, but mostly I felt scared, because I didn't know if I was going to lose my job and my source of income that I rely on to support myself.

12. On Tuesday, March 17, 2020, at approximately 6:40 a.m., my roommate heard a loud knock on the front door of my apartment and someone yelling, "police." I believe that my roommate opened the door and was frightened. Four officers approached my bedroom door and started knocking, yelling that they were police. I was sleeping before they entered my apartment, so the loud voices and knocking shook me awake. I felt terrified when I heard the knocking at my door. The noises were really shocking, the door was pounding, and the officers were yelling in very loud voices. I got nervous. I didn't know if they were armed police, or if they were going to barge into my room, so I was worried about my safety.
13. I opened the door and asked the officers if they had a warrant. They said yes, but they did not show me any papers. Instead, two of them grabbed my hands and pushed me toward the front door. One officer put one of my hands behind my back; he held on to my wrist. Another officer grabbed me from the shoulder. They started to push me out of the house. While they pushed me out of the house, they asked if my name was Luis Vasquez and I responded "yes." The officers that grabbed me were wearing gloves, but not masks. I could feel both of their bodies pressing up against me. They were so close that I could feel them breathing on me. The same two officers that were holding me handcuffed me once we were outside my house. While they were handcuffing me, one of the officers asked if I had COVID-19. I said "no" with my hands behind my back. The officers didn't ask about any other medical or health issues.
14. The officers led me out of the apartment and outside, where there were four SUVs lined up on the street. One of the officers that had been holding me grabbed my shoulder to push me into one of the vehicles and then he closed the door behind me. While they were putting me in the vehicle, I noticed that their shirts said, "Homeland Security." I asked if they were ICE and they said "yes."
15. It took approximately ten minutes from my initial encounter with the officers in my room for them to remove me from the house and put me in the car. They did not take my temperature. Throughout the arrest, the officers did not wear masks. They were wearing gloves, but they didn't offer me a mask, gloves, hand sanitizer, or anything else to protect myself. A different officer than the two that pulled me out of my room got in the driver's seat of the car, and we drove away.

16. The officer drove me to a building in downtown Los Angeles, but first we stopped at a shopping mall along the way to put chains on my handcuffs and around my ankles. My hands had been handcuffed behind my back. When we stopped, the same officer that originally handcuffed me touched my hands and my wrists to move my hands forward, and then he handcuffed me in front of my body. Then he tied chains on my ankles. He was close to me for several minutes. The officer was wearing gloves, but no mask. His body was very close to mine. At some point we were face to face, so I could feel him breathing on my face.
17. I was at the building in downtown Los Angeles for about nine hours, from around 8 a.m. to 3 p.m. I had no ability to leave. I was in a room with seven other people. There was not enough space for us to be six feet apart from each other at all times. They didn't give us hand sanitizer, masks, or gloves. There was a sink with soap, but none of the officers suggested that I wash my hands.
18. When they brought us food, I washed my hands, but I don't remember if the other people washed their hands. A new officer from the facility brought us food around 9 a.m. for breakfast and then brought us lunch in the afternoon. I don't remember if the same or a different officer brought each meal. They gave us apples, bread, milk, apple juice, and cereal. The officer that brought us the food was wearing gloves, but no mask. While we were in the room, I heard some people coughing from time to time.
19. A little after 3 p.m., officers I hadn't seen before came into the room to transport us to Adelanto. One officer touched me on the hands, the wrists, ankles, feet and waist to handcuff me and put the chains around my ankles again. The officer was wearing gloves, but no mask. Again, the officer's body was very close to mine, and at some points we were face to face.
20. The officers directed all eight of us to walk out of the building to a van outside and told us to get in the van. The van had three rows of seats, and since there were eight of us, we were sitting side by side with each other. I was in the front row sitting next to one other person, approximately 1 or 2 feet apart, on opposite windows. The six people in the back two rows had their bodies touching side to side for the whole ride. We were all bunched together in the van and there was very little space. They did not give us masks or gloves

to wear inside the van. I didn't see anyone disinfecting the van before we got in it. To me, the van didn't smell like disinfectant.

21. There were two officers in the front of the van, one in the driver's seat and one in the passenger's seat. They were different officers from the ones that brought us to the van from the room where we had been held. We drove for about two hours and arrived at Adelanto a little before 6 p.m. The two officers that rode with us from Los Angeles took us out of the van and into a small room for processing. The officers wore gloves, but no masks. One officer grabbed me from the shoulders to help me get out of the van.
22. On our way into Adelanto, a nurse took our temperature. The nurse had a table station on the other side of an electric door as we walked into the Adelanto facility. Each of us detainees stopped by the nurse's station as we walked into the building. This was the first time that my temperature had been taken all day. The nurse asked if we were sick, I told her "no," but I did inform her of my work-related injuries. The nurse was wearing both gloves and a mask. The nurse did not give us hand sanitizer, gloves, or a mask, and she didn't have us wash our hands.
23. After we passed the nurse's station, the officers that had been in the van with us continued to guide the eight of us towards a room for processing. While we were waiting in the room, they gave us uniforms. A new officer was coming in and out of the room during the whole process. This officer wore gloves, but no mask. The room was not big enough for us to be six feet apart from each other at all times. We were together in the processing room for about an hour.
24. After they finished processing us, I was taken to a dormitory area that was under quarantine. The officers call our dorm area Holding Area 10. I found out Holding Area 10 was in quarantine from the other detainees here. I would estimate that there are about sixty or seventy of us in this holding area. Inside the holding area there are smaller dorm rooms that each have four to eight people assigned to sleep. On my first day there, I asked one of the officers supervising our area why the quarantine was in place, but he didn't give me a reason, he simply told me that our area was on lockdown.
25. During the quarantine, guards would bring food into our holding area instead of taking all of us out to the cafeteria. They brought our food in to-go containers with plastic-wrapped utensils. One officer would bring the food, and the officer supervising our area would

help distribute it. Each time they brought food, both officers wore gloves and masks.

They would call one dorm room at a time and the people in each room would go up to the officers to grab food. During the quarantine, the sixty or seventy of us housed in Holding Area 10 spent the whole day in our holding area because we were not allowed to go to the cafeteria or the yard.

26. When I first arrived, the staff members that came in and out of my holding area wore masks and gloves, and they continued to wear them through Friday, March 20, 2020. The quarantine ended on Saturday, March 21, 2020, and that's when the staff also stopped wearing masks. I don't know why. No one has told me why the quarantine was imposed in the first place, or why it was lifted. The officers did not even formally tell us the quarantine had been lifted, but now everyone in our holding area is allowed to go out to the cafeteria and the yard every day.
27. I share my assigned dorm room with six other people, so including myself there are seven people in my dorm room. We sleep in bunk beds. There are four bunks in my room. I am in a top bunk. The room is not big enough to be six feet apart from each other and we have to get really close to each other to move around our beds. Inside our dorm room there is also a toilet and sink with soap for us to share. We have to keep it clean ourselves. We use a spray that smells like disinfectant. We share the cleaning supplies with everyone else that is in our holding area. Sometimes the spray runs out and we have to wait until the guards bring more.
28. There are other small dorm rooms next to my room and the holding area has a common space in the middle with tables and seats. The common area is cleaned a few times a day with disinfectant. Nobody has provided us hand sanitizer or masks. We do have gloves, but people don't usually wear the gloves, and the guards don't require it.
29. Our holding area also shares a room with showers. The showers are inside our holding area, so people in other areas don't come in to use them. There are six stalls for us to shower in, with three stalls on each side of the room facing each other. There are walls dividing the three stalls on each side, but no doors or curtains in the front of the stalls. We can use the showers whenever we want. I'm not sure how often the showers are cleaned.

30. There is always one guard supervising our holding area, and multiple guards switch turns during the day. They switch turns four or five times each day. The guards wear gloves. They wore masks during the quarantine when I first arrived, but not anymore.
31. Now that the quarantine is over, the sixty to seventy people in my holding area go to the cafeteria and line up to get our food. When we line up, we're very close to each other in line, approximately a few inches apart. The cafeteria workers wear gloves when they serve us, but no masks.
32. Since I have been here, the nurse came once to our holding area to take everyone's temperature, in the middle of the week. The nurse wore gloves and a mask, but she did not give us either one while she was taking our temperatures. I haven't been taken to the medical wing despite expressing concern over my workplace injuries.
33. I am very nervous about being exposed to COVID-19 at this detention center, especially since my dormitory was under active quarantine when I arrived. I have heard from other people who are detained in my holding area that there is a person who has tested positive for COVID-19 living with us. I don't know who this person is, and I haven't seen them. The staff members at the facility have not told us anything about what is going on. I have not seen any precautions taken to protect the other people in our holding area from contracting the virus. I have not been offered hand sanitizer or a mask since I arrived.
34. I am in extremely close contact with the six other people in my dorm room where I sleep. I'm regularly in close contact with about fifteen to twenty people while I'm around the common spaces in the middle of our holding area.
35. I fear that my health is under great threat for as long as I am in this facility. I know that COVID-19 is highly contagious. On top of that threat, I have serious work-related injuries and my eye is still in bad shape with some bleeding and swelling. The facility isn't doing anything to address these serious health issues, and I can't imagine how they would deal with a rapid, life-threatening illness. I feel like they don't care. I still cannot sleep on the left side of my body, because my left eye and face still hurt. Although the swelling has gone down. I'm worried that I'm missing my appointment with the eye specialist on March 24. It bothers me that something very serious might be wrong with my eye, and I am not getting the necessary specialized help for it. I am terrified to be trapped here.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Because of COVID-19, and my confinement in the Adelanto Detention Center, I was not able to sign this declaration in person. The declaration was read to me over the phone by Aida Palma Carpio on March 24, 2020 in English, a language I speak fluently. I understood and verified its contents in full, and authorized Ms. Palma to sign the declaration on my behalf.

Executed on March 24, 2020 in Los Angeles, California.



Aida Palma Carpio, on behalf
of Luis Vasquez Rueda

Supplemental Declaration of Dr. Ranit Mishori (MD, MHS, FAAFP)

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. This supplementation declaration incorporates each and every statement from my previously-filed declaration in this case. Dkt. 1-1.
2. I have reviewed the procedures described in the Declaration of Captain Jennifer Moon. Dkt. 25-1. Based on my training and decades of professional experience in public health, as well as my experience working in carceral settings, the procedures described therein are entirely inadequate to prevent or mitigate the rapid transmission of COVID-19 in the Adelanto Detention Center. I am unaware of any epidemiologist or any public health expert who would consider these procedures to be sufficient preventive measures.
3. The conditions in which ICE is holding Petitioners at Adelanto violate the most critical and fundamental guidance issued by the Centers for Disease Control and Prevention, government officials, and public health experts to prevent transmission of COVID-19: avoid congregative environments and practice scrupulous social distancing (*i.e.*, maintaining a distance of six feet from other persons).
4. As described in my previous declaration, COVID-19 is an extremely infectious disease, with an R0 (the number of people who typically get infected from a single infected person) of two to three. The extremely contagious nature of COVID-19 is such that just one infected person—who may or may not be exhibiting symptoms of the virus—can easily trigger its exponential transmission throughout a community. This risk is significantly heightened in confined detention settings such as Adelanto, which are by definition congregative environments and where maintaining necessary distance between persons is impossible.
5. The skyrocketing number of cases in New York City jails demonstrates the explosiveness of the novel coronavirus: on Friday, March 20, New York City jails had confirmed just one case at their facilities. The next day, they confirmed 19. Two days later, there were 38.¹ By March 25, 2020, Rikers Island *alone* had 52 confirmed cases. In response, Rikers officials are releasing inmates by the hundreds—but even that is not enough.² ICE detention facilities in New Jersey are similarly experiencing rapidly escalating transmission.³
6. Because epidemiologists and public health experts like myself unanimously agree that avoiding congregative environments and practicing scrupulous social distancing is

¹ A.P., *Coronavirus: 38 test positive in New York City jails, including Rikers Island*, The Guardian (Mar. 22, 2020), <https://www.theguardian.com/us-news/2020/mar/22/coronavirus-outbreak-new-york-city-jails-rikers-island>.

² Julia Craven, *Rikers Island Has 52 Confirmed COVID-19 Cases*, Slate (Mar. 25, 2020), <https://slate.com/news-and-politics/2020/03/coronavirus-is-spreading-on-rikers-island.html>.

³ Scott Neuman, *Judge Orders 10 ICE Detainees Released From N.J. Jails Over COVID-19 Concerns*, NPR (Mar. 27, 2020), <https://www.npr.org/sections/coronavirus-live-updates/2020/03/27/822348039/federal-judge-orders-10-ice-detainees-released-from-n-j-jails-over-covid-19-conc>.

essential to preventing community transmission of COVID-19, government officials have instituted unprecedented, sweeping bans on gatherings of as few as ten people, have ordered individuals to shelter-in-place, and have mandated the closure of all but essential buildings—all to obviate the risk of COVID-19 transmission in congregative settings.

7. Unlike ICE here, other government officials and public health experts have appropriately and necessarily taken these drastic measures *without* requiring a confirmed case of COVID-19, recognizing that given the rapidity of transmission, to wait for a confirmed case is to wait far too long—placing countless lives in danger.
8. For the same reason, officials overseeing carceral settings across the nation and globe have ordered the release of inmates and detainees as a preventive measure. Correctly apprehending the extreme degree of risk posed by COVID-19, Los Angeles County has ordered the release of over 1,700 inmates as of March 24, 2020.⁴ New Jersey officials have released over 1,000 inmates in response to the crisis.⁵ Cleveland and Tulsa have appropriately followed suit.⁶ Even Iran has released more than 70,000 inmates from its prisons.⁷
9. The living conditions at Adelanto prevent Petitioners from maintaining a distance of at least six feet from others, which, as discussed *supra*, may be the most essential preventive measure against contracting or transmitting COVID-19. The fact that Petitioners are forced to share bunkrooms, dormitories, bathroom facilities, and a cafeteria with large numbers of other detainees renders it impossible to practice the social distancing measures necessary to contain the virus, such that it is all but inevitable that COVID-19 will spread rapidly within the facility.
10. For this reason, Petitioners are at a significantly greater risk of contracting COVID-19 while in detention at Adelanto than if they were able to practice self-isolation and social distancing in their own homes.
11. That Petitioners may not yet have experienced symptoms of COVID-19 is of no moment. Petitioners have been detained for fewer than 14 days—the currently understood incubation period for COVID-19. Moreover, many carriers of COVID-19 are asymptomatic, and some may never display symptoms of the disease. Even if an infected person displays no symptoms, that person can transmit the virus to anyone with whom he or she comes into

⁴ Marissa Wenzke, *1,700 jail inmates in L.A. County released over coronavirus concerns, sheriff says*, KTLA5 (Mar. 24, 2020), <https://ktla.com/news/local-news/1700-jail-inmates-in-l-a-county-released-over-coronavirus-concerns-sheriff-says/>.

⁵ Tracy Tully, *1,000 Inmates Will Be Released From N.J. Jails to Curb Coronavirus Risk*, N.Y. Times (Mar. 23, 2020), <https://www.nytimes.com/2020/03/23/nyregion/coronavirus-nj-inmates-release.html>.

⁶ *Id.*

⁷ Adela Suliman, Andy Eckardt, & Gabe Joselow, *Coronavirus prompts prisoner releases around the world*, NBC News (Mar. 26, 2020), <https://www.nbcnews.com/news/world/coronavirus-prompts-prisoner-releases-around-world-n1169426>.

close contact, and those persons can suffer the full panoply of harms associated with the disease, including respiratory failure, kidney failure, and death.

12. COVID-19 is a disease caused by a novel coronavirus, such that the medical community is still identifying additional symptoms of the disease. For example, clinicians have reported that some carriers exhibit only subtle symptoms, such as mild gastrointestinal distress or loss of taste or smell, rather than more commonly known symptoms such as fever, body ache, and cough.
13. Given the nationwide shortage of testing equipment and laboratories, ICE's screening inquiry regarding whether a detainee has had close contact with a person with laboratory-confirmed COVID-19 in the past 14 days is inadequate to properly assess the detainee's potential exposure to the virus. This inquiry is particularly egregious given known wealth disparities in access to testing.
14. ICE's screening is also inadequate because it fails to account for the fact that community transmission of COVID-19 is already rampant and sustained across the Los Angeles region, and thus ignores the ever-increasing likelihood that people from the region have already been exposed to COVID-19.
15. For the reasons above, it is my firm professional judgment that Petitioners were significantly safer in their residences, where they were able to practice critical social distancing and take other preventive measures, than they are in detention at Adelanto. The conditions at Adelanto place both Petitioners at a significantly heightened and medically unacceptable risk of not only of contracting COVID-19, but also of suffering severe complications and serious outcomes if they do become infected.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 27th day of March, 2020 in Washington, D.C.

Ranit Mishori, M.D, MHS, FAAFP

A handwritten signature in black ink that reads "Ranit Mishori". The signature is written in a cursive, flowing style.