

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION**

MICHAEL AMOS, *et al.*

PLAINTIFFS

VS.

CIVIL ACTION NO. 4:20-CV-07-DMB-JMV

TOMMY TAYLOR, *et al.*

DEFENDANTS

**DEFENDANT MISSISSIPPI DEPARTMENT OF CORRECTIONS’
SUPPLEMENTAL BRIEF IN OPPOSITION TO PLAINTIFFS’
MOTION FOR TEMPORARY RESTRAINING ORDER**

Defendants Tommy Taylor and Marshal Turner oppose Plaintiffs’ request for a temporary restraining order that would dictate MDOC’s response to the evolving coronavirus pandemic.

INTRODUCTION

The Mississippi Department of Corrections (“MDOC”), in coordination with its contract healthcare provider Centurion of Mississippi, LLC (“Centurion”), was prepared for the impacts of the novel coronavirus COVID-19 well before the Centers for Disease Control and Prevention (CDC) issued its interim guidance on March 23, 2020. *See* Doc. 62 & Doc. 63 (MDOC response to Plaintiffs’ TRO motion). And since the CDC guidance was issued, MDOC and Centurion have worked diligently to implement and comply with the guidance at Parchman and other facilities. But that is not all: MDOC and Centurion have continued to develop and refine best practices for protecting Parchman’s inmate population and staff from the risks associated with COVID-19.

Plaintiffs have not demonstrated (and cannot demonstrate) “known noncompliance” with CDC’s guidance. MDOC’s ongoing efforts to combat COVID-19 are documented in this supplemental brief and declarations. Those efforts comply with CDC guidance and far exceed the Eighth Amendment requirements that govern Plaintiffs’ motion.

BACKGROUND

I. The COVID-19 outbreak has caused a global pandemic that inevitably impacts prison systems, just as it has impacted every other sector of society.

“Running a prison is an inordinately difficult undertaking that requires expertise, planning, and the commitment of resources, all of which are peculiarly within the province of the legislative and executive branches of government.” *Turner v. Safley*, 482 U.S. 78, 84-85 (1987).

Running a prison in the midst of the COVID-19 pandemic is all the more difficult, as corrections systems are neither infallible nor immune from the virus’s spread. Across the nation, according to the latest updates, the virus has infected over 600,000 Americans, killing over 24,000 of them.¹ In Mississippi alone, the virus has infected over 3,300 people and caused more than 120 deaths.² The virus has also infiltrated prison systems across the United States despite the best efforts of prison officials and healthcare workers to prevent it. The Federal Bureau of Prisons, for example, reports over 440 inmate infections, 248 staff infections, and 14 inmate deaths attributable to COVID-19.³ The Federal Correctional Facility in Yazoo City, Mississippi, has 46 confirmed inmate cases and four confirmed staff cases.⁴ In neighboring Louisiana, at least 60 inmates in state correctional institutions have tested positive for the virus.⁵

¹ See Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (vis. April 15, 2020).

² See Mississippi State Department of Health, Coronavirus Disease 2019 (COVID-19), <https://msdh.ms.gov/msdhsite/static/14,0,420.html> (vis. April 15, 2020).

³ See Federal Bureau of Prisons, COVID-19 Coronavirus (COVID-19 Cases), <https://www.bop.gov/coronavirus/> (vis. April 15, 2020).

⁴ *Id.*

⁵ See Louisiana Department of Public Safety & Corrections, COVID-19 Inmate Positives <https://doc.louisiana.gov/doc-covid-19-testing/> (vis. April 15, 2020).

MDOC confirmed its first positive case this past weekend: An inmate at Parchman became infected, was transferred to a community hospital in Greenville, Mississippi for treatment, and later died at the hospital.⁶

MDOC leaders—including the defendants in this suit, Interim Commissioner Taylor and Superintendent Turner—are acutely aware of the risks that COVID-19 poses to its facilities. MDOC leadership, working with MDOC’s healthcare contractor Centurion, has been preparing for COVID-19 long before the CDC issued its interim guidance. *See* Doc. 62 & Doc. 63 (MDOC response to Plaintiffs’ TRO motion and supporting brief detailing efforts taken prior to March 19). MDOC and Centurion have coordinated efforts, developed guidance, and implemented practices aimed at protecting the system—inmates and staff alike—from the risk of harm due to the virus. Since it was issued on March 23rd, MDOC has followed the CDC’s *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (the “CDC Interim Guidance”). Even before the CDC Interim Guidance was issued, MDOC and Centurion were already following many of its recommendations.

II. The CDC Interim Guidance provides recommended best practices for corrections systems and jails based on information known on March 23, 2020.

The CDC Interim Guidance provides “guiding principles” based on what was known as of March 23, 2020, about the transmission and severity of COVID-19. *See* Doc. 74-1 (CDC Interim Guidance at 1). Given that the circumstances and information known about COVID-19 is rapidly evolving, the CDC Interim Guidance is not a static document; CDC plans to update its guidance as additional information becomes available. *Id.* And the guidance is not a one-size-fits-all

⁶ The inmate’s test results came back after he died. An autopsy has not been completed, and the cause of death is not yet determined. *See* Mississippi Department of Corrections, Press Release, MDOC confirms one COVID-19 case among inmates, <https://www.mdcc.ms.gov/News/PressReleases/MDOC%20Confirms%20One%20COVID-19%20Case.pdf> (vis. April 15, 2020).

remedy for coronavirus risks; it recognizes that state and local corrections officers must use discretion in deciding how to best implement the guidance:

This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes. *The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions.*

Id. (emphasis added). Finally, the CDC Interim Guidance does not set a floor (or minimum standards) for responding to the COVID-19 threat; instead, it provides “recommended best practices”—that is, ideal conditions—that prisons and jails may strive to meet. *Id.* at 3.

III. MDOC and Centurion are complying with the CDC Interim Guidance at Parchman.

As detailed in the declarations and exhibits provided with this supplemental brief, MDOC and Centurion are not only complying with the CDC Interim Guidance, they are—as the guidance recommends—continuing to develop, refine, and implement their own policies and best practices for fighting COVID-19 at Parchman.

The CDC Interim Guidance document is divided into three phases: Preparation, Prevention, and Management. MDOC is following the CDC’s recommendations at each phase.

A. Operational Preparedness

The CDC’s Operational Preparedness guidance is intended to help facilities prepare for potential COVID-19 transmission in the facility. Doc. 74-1 at 5 (CDC Interim Guidance). Strategies focus on operational and communications planning and personnel practices. MDOC’s preparations to respond to COVID-19 follow what has been recommended by the CDC in each category. Doc. 74-1 at 6.

1. Communication & Coordination

The CDC Interim Guidance suggests a number of actions to facilitate communication and coordination so that all persons in a facility know the symptoms of COVID-19 and how to respond.

These include: coordinating with public health, law enforcement, and correctional partners; reviewing existing pandemic flu/disaster plans and revising for COVID-19; and posting signage in the facility regarding COVID-19. Doc. 74-1 at 5-6.

MDOC has been and continues to consult with public health and other officials, including the Mississippi Department of Health and the U.S. Department of Homeland Security's Office for State and Local Law Enforcement, regarding prevention and treatment of COVID-19. MDOC's Acting Deputy Commissioner of Institutions, Jeworski Mallett, participated in a telephone conference organized by the Department of Homeland Security on March 16, 2020. On the telephone conference were officials responsible for overseeing state and federal correctional institutions across the nation who confirmed that MDOC's measures are consistent with those employed by other correctional institutions across the nation. *See* Doc. 62-1 (Declaration of Jeworski Mallett at 2).

Even before the identification of COVID-19 in December 2019, MDOC had a Pandemic Influenza Policy, Doc. 62-2, Ex. 3, and Centurion had a Pandemic Preparedness and Emergency Response Plan in place that was intended to be tailored to new pandemics as they arise, Doc. 62-1, Ex. 2. These plans work in conjunction and as the current COVID-19 pandemic has developed, MDOC, in partnership with Centurion, has continued to develop and refine its plans and procedures for dealing with the virus. *See* Doc. 62-2 (Declaration of Dr. Gloria Perry); Exhibit A (Declaration of Dr. John May at 2 (April 15, 2020)).

On March 18, 2020, MDOC posted signage at Parchman and provided handouts to inmates listing the symptoms of COVID-19 and informing them of ways to protect themselves, such as handwashing, covering coughs and sneezes, and not sharing food. *See* Ex. A (May Decl., Attachments H & I); Exhibit B (Declaration of Willie Knighten at 2 (April 15, 2020)). That same

day, Centurion distributed handouts for healthcare staff and security staff regarding personal safety habits such as hand washing and use of PPE; facility safety, with precautions not to enter the facility if they have been exposed to a confirmed case or are experiencing symptoms; details of the symptoms of COVID-19; facility procedures; quarantine coordination; and supplies. Ex. A (May Decl., Attachments F & G).

2. Personnel Practices

The CDC Interim Guidance suggests reviewing certain personnel practices, such as: review the sick leave policies of each employer that operates in the facility; planning for staff absences; and offering flu vaccines. Doc. 74-1 at 6-7.

MDOC has made it clear to all employees on site at Parchman that they should not return to work if they feel sick. Ex. A (May Decl., Attachments F & G). Parchman staff are screened daily when they arrive at work to ensure that no one has a fever or is experiencing symptoms of COVID-19. Doc. 62-3 (Knighten Decl.) Centurion sent a communication to all employees regarding sick time allowance on March 4, 2020, and has distributed return to work guidance to staff at Parchman who have had exposure to COVID-19 or have traveled to certain locations. *See* Exhibit C (Declaration of Dr. Clayton Ramsue, Attachments F, G, & H (April 15, 2020)). These guidelines were approved by MDOC's Chief Medical Officer. *See* Exhibit D (Declaration of Dr. Gloria Perry at 3 (April 15, 2020)).

Inmates have a thirty days supply of most keep on person medications, should any staff absences cause brief interruptions in medication distributions. *See* Ex. B (Knighten Decl. at 3). Parchman already has an annual offering of the influenza vaccination to inmates. *Id.*

3. Operations & Supplies

The CDC Interim Guidance recommends ensuring that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies are on hand and available; having a plan in place to restock as needed; considering relaxed restriction on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow; and providing a no-cost supply of soap to inmates, sufficient to allow frequent handwashing. Doc. 74-1 at 7-8.

MDOC has taken an inventory of supplies in response to the COVID-19 outbreak and has determined that current stockpiles of cleaning and handwashing supplies are sufficient at Parchman. Doc. 62-1 (Mallet Decl. at 6). While it was not feasible to distribute hand sanitizer directly to inmates for security reasons, as explained in Dr. Perry's declaration, MDOC has installed hand-sanitizer stations in staff work stations. *Id.*; *see also* Doc.62-2 (Perry Decl.). Inmates have access to sinks where they can regularly wash their hand, and MDOC has provided extra supplies of soap to inmates to ensure that each inmate's soap supply is sufficient to follow the recommended universal common health practice. *Id.*

Likewise, Centurion leadership is continually monitoring supplies of PPE and other medical supplies, and essential pharmaceuticals. Doc. 62-3 (Knighten Decl.). Centurion is has also worked with its pharmacy vendor to be prepared to stockpile the top medications used should there be interruptions in the supply chain. *Id.* Dr. Perry receives regular updates on the status of these supplies. Ex. C (Ramsue Decl. at 3, 5); Ex. D (Perry Decl. at 2-3).

B. Prevention.

The CDC's guidance on Prevention advises that correctional facilities can prevent introduction of COVID-19 from the community and reduce transmission if it is already inside by reinforcing good hygiene practices among inmate, staff, and visitors, intensifying

cleaning/disinfection practices, limiting transfers between facilities, suspending visitation, and implementation of social distancing strategies. Doc. 74-1 at 8; 74-2 at 9. MDOC is following CDC's Interim Guidance on these points.

1. Operations

The CDC suggests maintaining communications, restricting transfers from other facilities, and suspending co-pays. Doc. 74-1 at 8-9.

As noted, MDOC is maintaining communications with state health agencies, as well as state and national law enforcement organizations. *See* Exhibit E Declaration of Marshal Turner at 6 (April 15, 2020)). DOC has also been communicating with the public regarding any changes to health conditions, operations, and visitation within its facilities. *Id.* MDOC suspended in-person visitation at correctional facilities to prevent the spread of COVID-19, and also suspended non-medical transfers between facilities except for emergencies and serious security threats. *See* Doc. 62-1 (Mallet Decl. at 4); Ex. E (Turner Decl. at 6).

While inmates are always provided medical care regardless of their ability to afford treatment, MDOC is no longer charging co-pays for influenza and COVID-19 testing and treatment. Doc. 62-2 (Perry Decl. at 3); Ex. E (Turner Decl. at 7).

2. Cleaning and Disinfecting Practices

Similar to the Operational Preparedness guidance, the CDC recommends increased cleaning and disinfection practices in the Prevention phase of its guidance.

MDOC has ramped up its cleaning measures at Parchman. Three times per day, MDOC staff issues to a select group of inmates in each zone disinfecting chemicals to be mixed with water, spray bottles, and paper towels. Ex. E (Turner Decl. at 4). Those inmates are charged with cleaning and disinfecting shared surfaces and areas in the zone that might be frequently touched,

including doorknobs, sink handles, water fountains, countertops, toilets, garbage containers, vending machines, tables, floors, mirrors, desks, and telephones. *Id.* MDOC staff instructs the inmate workers to wipe down anything that anyone could have touched. *Id.* In addition, MDOC staff has been instructed to frequently clean any shared equipment and upon conclusion of use of that equipment. *Id.*

3. Hygiene

Reinforcement of healthy hygiene practices and the availability of hygiene supplies are also part of the recommendations of the Prevention phase. Doc. 74-1 at 10.

MDOC is supplying Parchman inmates with additional hand soap on a weekly basis, in sufficient quantities to ensure that all inmates are able to adhere to the common health practices outlined by the CDC and Centurion. Ex. E (Turner Decl. at 3). The soap is free, accessible, and restocked continually. *Id.* In addition, Parchman's commissary vendor provided each Parchman inmate with an additional bar of Dial antibacterial soap. *Id.* Parchman has also placed signage in each unit, building, and zone to remind inmates to regularly wash their hands and to do so for at least 20 seconds. *Id.*

Although hand sanitizer with 60% or more alcohol remains a security concern, MDOC is attempting to obtain additional hand sanitizer for inmates and is working on developing a strategy to allow inmates to use the hand sanitizer in a manner that is safe for all persons at Parchman. Ex. E (Turner Decl. at 3). Hand sanitizer is already being made available for staff to use at the areas where they clock-in and clock-out of Parchman. *Id.* As previously detailed, signage is posted throughout the facility and handouts have been given to inmates and staff regarding health hygiene practices.

4. Prevention Practices for Inmates

Prevention practices for inmates to be considered under the CDC Interim guidance include: screening of new entrants; social distancing; and frequent communications related to COVID-19 with inmates. Doc. 74-1 at 11-12.

The CDC provides specific recommendations for screening and temperature checks for all new entrants, which are nearly identical to those already implemented at Parchman. Doc. 74-1 at 10-11. At Parchman the intake process is as follows:

- Inmates' vital signs and temperature are taken
- Inmates are asked about symptoms - fever/chills, cough, shortness of breath or trouble breathing
- Inmates are asked if, in the past 14 days:
 - 1) Have you traveled to or been in any outbreak areas in the United States, or traveled internationally? If yes: Where/When
 - 2) Have you or any family or friends with whom you live been in such areas? If yes: Where/When
 - 3) Have you had close contact with anyone who has tested positive to COVID-19 or experiencing fever or cough? If yes: When

If the inmate answers yes to any symptoms and yes to any question 1-3: a mask is placed on the inmate, he is educated, and a provider will be consulted. A provider is additionally contacted if the inmate has a fever greater than 100.4 F, cough, shortness of breath, and lower respiratory infection, with unknown source of infection. *See* Ex. C (Ramsue Decl., Attachment A (Inmate Screening Tool)).

While few inmates are being transferred into Parchman currently, in the case of an emergency or serious security situation, that new inmate would also be quarantined for 14 days before being allowed to enter the general inmate population. Ex. E (Turner Decl. at 6).

The CDC Interim Guidance recommends implementation of social distancing strategies to increase the physical space between inmates, but recognizes that the examples of social distancing strategies it provides will not be feasible in all facilities. Doc. 74-1 at 11. MDOC has, however, posted signage at Parchman to advise inmates of the CDC's social distancing recommendations. Ex. E (Turner Decl. at 5). MDOC staff has also been directed to verbally encourage social distancing among inmates in common areas, during meal times, and during recreation. *Id.* MDOC staff is also encouraging inmates to sleep head to foot, as opposed to head to head, and MDOC has posted signage inside each zone advising inmates to sleep head to foot. *Id.*

Inmates who are at a higher risk due to underlying medical conditions, or who present a risk of infection to others due to their need to be transported to outside medical facilities, are being housed separately in the medical unit. Ex. B (Knighten Decl. at 3). Centurion nurses visit housing units twice a day to answer questions inmates may have related to COVID-19. *Id.* at 2. In addition, the Director of Nursing, medical providers and the Health Services Administrator have regularly visited units and will continue to do so to provide updates related to COVID-19. *Id.*

5. Prevention Practices for Staff

The CDC Interim Guidance recommended prevention practices for staff include: reminders to stay home when sick; verbal screening and temperature checks daily on entry; providing up to date information regarding COVID-19; informing staff of confirmed COVID-19 cases; and limiting interactions with individual with respiratory symptoms. Doc. 74-1 at 12.

As detailed above, employees have regular reminders that they should not come to work at Parchman if they are sick. On or about March 16, 2020, Centurion began screening staff at Parchman in the same manner as described for new inmates. Ex. C (Ramsue Decl. at 3). Upon returning to work, staff undergo a temperature check and update the individual who is doing the screening if any of their original responses to the screening questions have changed. Doc. 62-3 (Knighten Decl.); Ex. E (Turner Decl. at 4-5). In addition, staff has begun using no-touch thermometers as an added level of safety. Ex. B (Knighten Decl. at 2). Staff performing these screenings wear PPE, including masks. *Id.*

Centurion's employee portal includes many informational documents related to COVID-19 which are updated regularly and can be shared with MDOC staff. Ex. A (May Decl. at 2) Ex. C (Ramsue Decl. at 3). Recently, consistent with new CDC guidance, Centurion instructed staff on the recommended proper use of face coverings. *See* Ex. A (May Decl., Attachment J). Centurion leadership has a daily call with medical staff at Parchman to discuss issues related to COVID-19, including the availability of PPE inventory, COVID-19 testing supplies, status of medication supplies, and treatment guidelines. Ex. C (Ramsue Decl. at 5).

In the instances when a staff member has tested positive for COVID-19, the results of that test will be made known to potentially impacted individuals and appropriate quarantine measures have been taken. For example, on or about March 26, 2020, MDOC learned that inmate kitchen workers had been exposed to a Parchman staff member who had tested positive for COVID-19. Ex. B (Knighten Decl. at 4). In response, inmates housed in the building where those inmate workers are housed were quarantined under a shelter in place protocol for 14 days. *Id.*

6. Prevention Practices for Visitors

CDC Interim Guidance suggests discouraging contact visits, performing verbal screening and temperature checks for all visitors, promoting non-contact visits, and restricting non-essential vendors, volunteers and tours from entering the facility. Doc. 74-1 at 13-14.

As already detailed above, MDOC has suspended all visitation, with the exception of attorneys, at its facilities, including Parchman. *See* Ex. E (Turner Decl. at 5). Additionally, Centurion temporarily suspended the non-emergency onsite audiologist, optometry, and prosthetic services. Doc. 62-3 (Knighten Decl. at 4) Anyone who does come on site, such as vendors, must have their temperature taken and answer the screening questions. Ex. B (Knighten Decl. at 2). Attorneys meeting with inmate clients are asked to wear PPE including gowns, gloves, and masks. Ex. E (Turner Decl. at 5). MDOC requires all visitation areas to be sanitized at the completion of each visit. *Id.*

C. Management.

The CDC Interim Guidance strategies for Management apply if there has been a suspected COVID-19 case inside the facility. The CDC considers essential Management strategies to include: placing cases and individuals with symptoms under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing recommended PPE. Doc. 74-1 at 14.

1. Handling of Confirmed or Suspected COVID-19 Cases and Management of Inmates with COVID-19 Symptoms.

The CDC recommends that as soon as an individual develops symptoms of COVID-19, they should wear a face mask and should be immediately placed under medical isolation in a separate environment from other individuals, require the individual to wear the face mask any time they are outside the medical isolation space. Every effort should be made to isolate the patient

individually. Medical isolation should be maintained when certain criteria are met. Doc. 74-1 at 15-17. The CDC recommends inmates with COVID-19 symptoms should wear face masks and should be placed under medical isolation immediately and be evaluated to determine whether COVID-19 testing is indicated. Doc. 74-1 at 22.

Parchman's Protocols in place to handle inmates with symptoms of COVID-19 are directly in compliance with CDC Interim Guidance. Inmates with fever or having symptoms of COVID-19 are donned with a mask and are placed in a separate room. 62-3 (Knighten Decl.); Ex. A (May Decl., Attachment B). The Centurion Pandemic Preparedness Plan, approved by Dr. Perry, also requires isolation for confirmed cases. *See* Ex. A (May Decl., Attachment A).

Not only are these protocols in place, they have been deployed at Parchman. On April 2, 2020, an inmate presented to the medical unit complaining of weight loss and he also had a fever. Ex. B (Knighten Decl. at 3-4). After placing a mask on the patient, the inmate was tested for flu and COVID-19 by staff outfitted in PPE. *Id.* Both tests came back negative, but the inmate was isolated in the medical unit until after his symptoms had subsided. *Id.* at 4.

2. Cleaning Spaces where COVID-19 Cases Spent Time

The CDC advises thoroughly cleaning and disinfecting all areas where a confirmed or suspected COVID-19 case spent time, with some specific recommendations as to how to clean certain surfaces and washing laundry. Doc. 74-1 at 17-18.

Protocols are also in place and have been utilized for cleaning which are consistent with this guidance. If coronavirus is suspected in a patient, after the patient is relocated, a terminal cleaning will be performed of the patient's hospital room or room within the medial unit with hospital grade disinfectant. Doc. 62-3 (Knighten Decl.). After there was a confirmed case of COVID-19 in an inmate at Parchman, the hospital room in the medical unit where the inmate was

temporarily housed prior to his transfer as well as the building where he was previously housed were been thoroughly cleaned with Biovex and bleach. Ex. B (Knighten Decl. at 4).

3. Quarantining Close Contacts of COVID-19 Cases

The CDC recommends inmates who are close contacts of a confirmed or suspected COVID-19 case be placed under quarantine for 14 days, be monitored twice daily for symptoms and temperature checks, and be provided meals in their quarantine space. Doc. 74-1 at 20-21.

Protocols are in place at Parchman consistent with CDC Guidance for quarantining individuals, and those protocols are being followed. If an inmate contracts COVID-19, Parchman staff will determine who has potentially been exposed to that inmate and the exposed persons will be placed in quarantine for 14 days. Doc. 62-3 (Knighten Decl. at 3). Handouts provided to healthcare and security staff on March 17, 2020 directed staff to place persons with potential exposure to COVID-19 in quarantine for 14 days. Ex. C (Ramsue Decl., Attachments B, C).

As noted above, only one inmate at Parchman has tested positive for COVID-19. After that positive result, inmates housed in the building where the positive inmate was previously housed, as well as the buildings where he worked, have been placed on 14-day quarantine. Ex. B (Knighten Decl. at 4). Centurion staff is checking the temperatures and monitoring those quarantined inmates for symptoms of COVID-19 twice daily. *Id.* Additionally, the quarantined inmates have been provided face masks. *Id.* Those who were identified as having been in close contact have additionally been tested and are being monitored closely while the results are pending. *Id.*

On March 26, 2020, MDOC learned that inmate kitchen workers had been exposed to a Parchman staff member who had tested positive for COVID-19. In response, inmates housed in the building where those inmate workers are housed were quarantined under a shelter in place protocol for 14 days. Ex. B (Knighten Decl. at 4). Temperature checks of all inmates in those

buildings were performed daily and inmates were additionally monitored for symptoms of COVID-19. *Id.* Any inmate with a temperature over 100.4 would have been transported to the medical unit for further evaluation. *Id.* No inmates meeting these criteria, however, were discovered. *Id.*

4. Management strategies for staff and inmates without COVID-19 symptoms.

The CDC Interim Guidance recommends providing clear information to inmates about the presence of COVID-19 cases within the facility and implementing daily temperature checks in housing units where the COVID-19 cases have been identified. Doc. 74-1 at 22. The CDC also recommends providing clear information to staff about the presence of COVID-19 cases within the facility and staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop. *Id.*

As detailed above, MDOC is providing guideline-compliant information to inmates and staff related to the presence of COVID-19. Further, specific direction has been given to all staff related to returning to work after potential close contact with a COVID-19 case. Ex. C (Ramsue Decl., Attachments B, C).

IV. Plaintiffs' critiques of MDOC's compliance with the CDC Interim Guidance, even if credited, do not show known noncompliance with the guidance.

Notwithstanding MDOC's proactive response and daily attention to the COVID-19 threat, including its implementation of and compliance with the CDC Interim Guidance, Plaintiffs allege that there have been incidents in which MDOC staff departed from the recommendations. See Doc. 74 (Plaintiffs' Supp. Br. at 3-9). That is, Plaintiffs do not dispute that MDOC, Centurion, and Parchman's leadership have implemented the CDC Interim Guidance and developed their own

best practices for Parchman. Instead, Plaintiffs identify incidents in which, in their view, MDOC staff did not adhere to all of the CDC's recommended practices at certain points in time.

For example, under the heading "Category 2: Prevent," Plaintiffs claim that on March 24th and March 25th, just a day or two after the CDC Interim Guidance was issued, a guard at Parchman's main gate performed a temperature check on attorney visitors, but failed to ask appropriate verbal screening questions. Doc. 74 at 3-4. On those same days, Plaintiffs assert that vehicles containing staff and contractors entered Parchman's main gate without proper screening. *Id.* at 4. Plaintiffs also say that, while MDOC had some COVID-19 signage as of March 25th (again, two days after the guidance was issued), it was not the signage recommended by the CDC Interim Guidance. *Id.*

Plaintiffs also argue that, in the view of some inmates, MDOC's cleaning and sanitization efforts at Parchman do not meet the CDC recommendations. *Id.* at 4-5. And they say that, on March 24th and March 25th, hand sanitizer and soap were not available in visitor areas. (It is well-documented, of course, that hand sanitizer was in short supply around the country, both then and now.). Plaintiffs also suggest that social distancing is not being enforced rigidly enough in some areas of the prison, such as the dining hall and some units where inmates sleep on bunk beds. *Id.* at 5-6.

Under the heading "Category 3: Manage," Plaintiffs say there have been cases in which inmates exhibiting symptoms suggestive of COVID-19 were not issued masks or were issued masks but not made to wear them; that defendants are not adhering to their own "policies" on COVID-19; that information about the virus and a waiver of medical co-pays is not being disseminated quickly enough to some inmates; and that some inmates (those in Unit 30) are washing their laundry in sinks and showers. *Id.* at 6-9.

MDOC disputes these claims, and has documented its ongoing efforts to comply with CDC and other guidance, develop and follow other best practices, and educate inmates on the steps they should take to prevent the spread of COVID-19. *See supra*, Section III. Whatever shortcomings *some* inmates may perceive, other inmates report that educational flyers on COVID-19 have been distributed, extra soap has been provided, face masks have been issued to inmates, daily temperature checks are being performed on inmates, medical and custody staff are wearing masks, gloves, and other PPE, and recreation is restricted during quarantine. *See* Doc. 74-3 (inmate responses to Plaintiffs’ questionnaires). These accounts by inmates are in keeping with the CDC Interim Guidance and the best practices being followed by MDOC and Centurion.

As discussed below, however, this Court need not resolve any perceived factual disputes to decide Plaintiffs’ request for preliminary injunctive relief. Plaintiffs’ views about MDOC’s implementation of the CDC Interim Guidance, even if credited, do not demonstrate “known noncompliance” with that guidance, much less “deliberate indifference” on the part of MDOC officials. There can be no dispute that MDOC has responded—and continues to respond—reasonably to protect Parchman’s inmates and staff during the COVID-19 pandemic.

LEGAL STANDARDS

To obtain the extraordinary remedy of a mandatory preliminary injunction, Plaintiffs must show: “(1) a substantial likelihood of success on the merits, (2) a substantial threat of irreparable injury if the injunction is not issued, (3) that the threatened injury if the injunction is denied outweighs any harm that will result if the injunction is granted, and (4) that the grant of an injunction will not disserve the public interest.” *Byrum v. Landreth*, 566 F.3d 442, 445 (5th Cir. 2009). Plaintiffs “must carry a heavy burden of persuading the district court that all four elements are satisfied, and failure to carry the burden on any one of the four elements will result in the denial of the preliminary injunction.” *Leachman v. Harris Cty., Texas*, 779 F. App’x 234, 237 (5th Cir. 2019) (internal quotation marks omitted).

Because Plaintiffs are inmates seeking injunctive relief, the Prison Litigation Reform Act (“PLRA”) also applies to restrict the available injunctive relief:

Prospective relief in any civil action with respect to prison conditions shall extend no further than necessary to correct the violation of the Federal right of a particular plaintiff or plaintiffs. The court shall not grant or approve any prospective relief unless the court finds that such relief is narrowly drawn, extends no further than necessary to correct the violation of the Federal right, and is the least intrusive means necessary to correct the violation of the Federal right.

18 U.S.C. § 3626(a)(2). As the Fifth Circuit has explained, “[t]he PLRA greatly limits a court’s ability to fashion injunctive relief.” *Ball v. LeBlanc*, 792 F.3d 584, 598 (5th Cir. 2015). Most fundamentally, any injunction must be carefully limited so that it provides only the relief necessary to correct an Eighth Amendment violation: “Under the PLRA, plaintiffs are not entitled to the most effective available remedy; they are entitled to a remedy that eliminates the constitutional injury.” *Id.* at 599.

ARGUMENT

MDOC and Centurion developed and implemented best-practice guidelines for COVID-19 well before the CDC Interim Guidance was issued on March 23rd, and MDOC continues to follow both its own best practices and the CDC Interim Guidance at Parchman. As Plaintiffs acknowledge, however, their request for a temporary restraining order is governed by the Eighth Amendment’s “deliberate indifference” standard and the PLRA.

I. Plaintiffs have not met their heavy burden to show that a mandatory preliminary injunction should be entered against MDOC officials.

A. Plaintiffs have not shown a substantial likelihood of success under the Eighth Amendment’s deliberate indifference standard.

Plaintiffs cannot meet their heavy burden to show a substantial likelihood of success on the merits under the Eighth Amendment’s deliberate indifference standard because MDOC officials and staff are responding reasonably to the COVID-19 pandemic. The weight of their burden is all the more pronounced here because Plaintiffs seek a mandatory preliminary injunction that would require MDOC to perform certain acts. Such an injunction “is particularly disfavored, and should not be issued unless the facts and law clearly favor the moving party.” *Martinez v. Mathews*, 544 F.2d 1233, 1243 (5th Cir. 1976).

MDOC officials cannot be deemed deliberately indifferent if they “respond[] reasonably” to substantial risks to inmate health or safety, “even if the harm ultimately was not averted.” *Farmer*, 511 U.S. at 834, 844-45 (“Whether one puts it in terms of duty or deliberate indifference, prison officials who act reasonably cannot be found liable under the Cruel and Unusual Punishments Clause.”). As the Fifth Circuit has explained, “[a] prison official acts with deliberate indifference only if [(A)] he knows that inmates face a substantial risk of serious bodily harm and [(B)] he disregards that risk by failing to take reasonable measures to abate it.” *Gobert v. Caldwell*,

463 F.3d 339, 346 (5th Cir. 2006). Deliberate indifference is an “extremely high standard to meet.” *Id.* “This circuit has worded the test as requiring extreme deprivation of any minimal civilized measure of life’s necessities.” *Gates v. Cook*, 376 F.3d 323, 332 (5th Cir. 2004) (internal quotation marks omitted)).

The question on Plaintiffs’ TRO Motion, then, is whether Plaintiffs are substantially likely to show that MDOC’s response to the COVID-19 outbreak is so deficient that it evinces a deliberate indifference on the part of MDOC officials, *Gobert*, 463 F.3d at 345-46, justifying the extraordinary step of preliminary court intervention in the midst of a pandemic. Plaintiffs cannot meet this heavy burden. As documented above, MDOC has responded and continues to respond reasonably to the risks posed by COVID-19, and it is protecting its population and staff in keeping with the CDC Interim Guidance and other measures developed by Centurion and MDOC.

Plaintiffs argue that they have provided “evidence that Defendants’ policies and practices at Parchman do not conform to the standards of the CDC and others, including MDOC’s Centurion Plan, which—Plaintiffs say—is sufficient to satisfy their burden under the deliberate indifference burden. Doc. 74 at 10 (citing *Hernandez v. Cty. of Monterey*, 110 F. Supp. 3d 929, 943 (N.D. Cal. 2015)). Plaintiffs are wrong on both counts.

First, they have not shown “*known noncompliance*” with the CDC Interim Guidance on the part of MDOC officials. *Hernandez*, 110 F. Supp. 3d at 943 (emphasis added). In *Hernandez*, the court (applying Ninth Circuit precedent) found that county jail officials demonstrated “known noncompliance” to the risks of tuberculosis infection by adopting screening policies that were inconsistent with CDC guidance on tuberculosis, refusing to change those policies in light of CDC guidance, and ignoring the recommendations of a neutral expert retained to evaluate the jail’s practices. *Id.* at 942-44. Plaintiffs have not shown anything of the sort in MDOC’s case. To the

contrary, the evidence shows that MDOC and Centurion are complying with the CDC Interim Guidance and have adopted their own guidelines and practices that track (if not exceed) the CDC Interim Guidance.

Second, Plaintiffs cannot prove an Eighth Amendment violation by pointing to perceived failures by MDOC to conform its practices to the CDC Interim Guidance in all respects. The *Hernandez* decision addressed the rights of pretrial detainees, and in the Ninth Circuit—as the district court noted—“[t]he United States Constitution affords pretrial detainees greater protection from dangerous conditions of confinement than those sentenced after conviction.” *Id.* at 934. Under the Eighth Amendment, which controls the claims in this case, it is established that expert guidance and best-practice recommendations are not the standard by which deliberate indifference is judged. *Rhodes v. Chapman*, 452 U.S. 337, 348 n.13 (1981) (“[T]he District Court erred in assuming that opinions of experts as to desirable prison conditions suffice to establish contemporary standards of decency.”); *Inmates of Occoquan v. Barry*, 844 F.2d 828, 837 (D.C. Cir. 1988) (“Nor will it do to invoke the standards of professional organizations as showing failings of purportedly constitutional significance. In this setting, it is decency—elementary decency—not professionalism that the Eighth Amendment is all about.”). Similarly, a deviation from prison policies does not establish an Eighth Amendment violation. *Hernandez v. Estelle*, 788 F.2d 1154, 1158 (5th Cir. 1986).

Third, recent federal court decisions in prisoner suits seeking injunctions related to COVID-19 confirm that, if prison officials are taking reasonable steps to address the outbreak, then there is no legal basis to issue an injunction. *See Money v. Pritzker*, 2020 WL 1820660 (N.D. Ill. Apr. 10, 2020); *Baxley v. Jividen*, 2020 WL 1802935, at **6-9 (S.D. W. Va. Apr. 8, 2020). In both *Money* and *Baxley*, a putative class of inmates sought a mandatory temporary restraining

order requiring prison officials to take certain steps to protect inmates from exposure to and harm from COVID-19. In both cases, the courts refused to issue injunctions because evidence showed that prison officials were taking reasonable steps to address the coronavirus outbreak. *Money*, 2020 WL 1820660, at *18 (“Clearly Defendants are trying, very hard, to protect inmates against the virus and to treat those who have contracted it. The record simply does not support any suggestion that Defendants have turned the kind of blind eye and deaf ear to a known problem that would indicate ‘total unconcern’ for the inmates’ welfare.”); *Baxley*, 2020 WL 1802935, at *6 (“The existence and ongoing implementation of Defendants’ COVID-19 response plan makes it impossible to conclude that Defendants actually knew of and disregarded a substantial risk of serious injury to the detainee. In fact, the opposite seems to be the case: Defendants have demonstrated actual knowledge of the risk of COVID-19, and regard it with the seriousness it deserves.” (citations omitted)).⁷

The Florida district court decision cited by Plaintiffs does not undertake a deliberate indifference analysis and does not identify any steps that the Florida jail was taking prior to the request for a restraining order. *See Swain v. Junior*, 2020 WL 1692668 (S.D. Fla. Apr. 7, 2020). Presumably, the injunction was justified because no reasonable steps were being taken to address the risks posed by COVID-19. *See id.* That is plainly not the case at MDOC.

⁷ Courts are divided over the different, though related, question of whether persons detained by the Bureau of Immigration and Customs Enforcement may obtain release as a means of protection from possible exposure to COVID-19. While some courts have issued injunctions requiring the release of high-risk detainees, other courts have rejected such drastic remedies. *Compare Basank v. Decker*, 2020 WL 1481503 (S.D.N.Y. Mar. 26, 2020) (ordering release of detainees with health conditions that put them at high-risk of injury); *Castillo v. Barr*, 2020 WL 1502864 (C.D. Cal. Mar. 27, 2020) (same); *Rafael L.O. v. Tsoukaris*, 2020 WL 1808843, at *7 (D.N.J. Apr. 9, 2020) (same) with *Sacal-Micha v. Longoria*, 2020 WL 1518861 (S.D. Tex. Mar. 27, 2020) (denying request for TRO seeking release of detainee where detention facility had implemented measures to reduce the risk of contracting COVID-19); *Camacho Lopez v. Lowe*, 2020 WL 1689874 (M.D. Pa. Apr. 7, 2020) (denying TRO request by detainee suffering from COVID-19 who had not shown that detention facility was incapable of treating him); *Verma v. Doll*, 2020 WL 1814149 (M.D. Pa. Apr. 9, 2020) (denying release of detainee where prison officials “have taken reasonable steps to limit the spread throughout its facility”). These decisions confirm that, when detainees are involved, a case-by-case analysis of the plaintiffs’ condition and the detention facility’s response to the COVID-19 outbreak is required.

It is not substantially likely that this Court will “order Defendants to conform to the CDC’s COVID-19 Guidelines, and indeed their own Centurion Plan,” Doc. 74 at 10, because MDOC is already taking those steps. MDOC is not disregarding the risk of COVID-19; it is proactively taking steps—including developing its own policies and following the CDC Interim Guidance—to protect Parchman and its other institutions from the virus and minimize the risks that it poses.

B. Plaintiffs do not face a substantial threat of irreparable harm.

Plaintiffs also have not established that they face a substantial threat of irreparable harm in the absence of an injunction because, again, MDOC is taking reasonable steps to protect all inmates from the virus and minimize any harms that it might pose to the inmate population.⁸

Plaintiffs appear to argue that the mere risk of exposure to COVID-19 during the current pandemic is sufficient to establish the threat of irreparable harm. Doc. 74 at 11. The caselaw is to the contrary. When prison officials take reasonable steps to prevent exposure to an infectious disease and provide timely treatment to prisoners who become infected, then the fact that a prisoner is exposed to and even contracts the disease is not cause for finding a constitutional violation. *See Forbes v. Edgar*, 112 F.3d 262, 266-67 (7th Cir. 1997) (explaining that Eighth Amendment did not guarantee “foolproof protection from infection” with tuberculosis); *Jackson v. Rikers Island Facility*, 2011 WL 3370205, **2-3 (S.D.N.Y. Aug. 2, 2011) (corrections officials were not deliberately indifferent to prisoner’s medical needs when they responded timely to request for swine flu treatment); *Glaspie v. New York City Dep’t of Corr.*, 2010 WL 4967844, *1 (S.D.N.Y. Nov. 30, 2010) (“mere exposure to swine flu does not involve an unreasonable risk of serious damage to . . . future health”).

⁸ This case has not been certified as a class action, and many of the named plaintiffs are no longer held at Parchman. Plaintiffs must show how MDOC’s actions create a substantial threat of irreparable harm to the handful of plaintiffs still located at Parchman, only one of whom has offered a declaration in support of Plaintiffs’ supplemental brief.

The Seventh Circuit’s decision in *Forbes* is analogous to this case. In *Forbes*, an Illinois state prison adopted and followed tuberculosis control procedures that were recommended by the CDC and American Thoracic Society. 112 F.3d at 267. Nevertheless, the plaintiff inmate became infected with tuberculosis, after which she sued prison officials for “allowing TB to be spread in the prison” and failing to properly quarantine infected inmates. *Id.* at 265-66. The Seventh Circuit rejected her deliberate indifference claim, holding: “That infection may occur and even that isolated mistakes might be made despite the procedures and reasonable care does not make the defendants liable under the Eighth Amendment.” *Id.* at 267.

The risk that inmates at Parchman may be exposed to and contract COVID-19 during a global pandemic is a real one. But it is not a basis for issuing an injunction under the facts of this case. MDOC is aware of the risk and is acting to prevent the virus from spreading among the inmate population and, when necessary, to provide treatment to inmates who become infected.

C. Enjoining MDOC officials would not serve the public’s interest.

The third and fourth factors overlap and merge into a balancing of hardships analysis. *Veasey v. Abbott*, 870 F.3d 387, 391 (5th Cir. 2017) (“Because the State is the appealing party, its interest and harm merge with that of the public.”). Plaintiffs must show that “the balance of equities tips in [their] favor, and that an injunction is in the public interest.” *Texas Midstream Gas Servs., LLC v. City of Grand Prairie*, 608 F.3d 200, 206 (5th Cir. 2010).

For the reasons discussed in MDOC’s original brief, Doc. 63 at 17-19, Plaintiffs cannot meet this burden. In their supplemental brief, Plaintiffs argue that their proposed restraining order will not cause any harm, aside from increased expenditures by MDOC at Parchman. As an initial matter, that is incorrect. Plaintiffs have proposed a 13-part (including subparts) injunction that, if entered, would cause the court to become “enmeshed in the minutiae of prison operations” at

Parchman in the midst of a pandemic, something that courts are reluctant to do even in normal times. *Estate of Henson v. Wichita Cty., Tex.*, 795 F.3d 456, 468 (5th Cir. 2015). The proposed injunction would effectively insert Plaintiffs' counsel as an additional layer of prison management, who are entitled to weekly reports and given implicit oversight authority, at a time when flexibility and rapid deployment of MDOC resources is at a premium. Such an injunction would disserve the public interest. *See Turner v.*, 482 U.S. at 84-85 (explaining that courts afford "deference and flexibility to state officials trying to manage a volatile environment" within a prison).

Moreover, the additional funds that Plaintiffs say should be diverted to support their proposed injunctive relief at Parchman come from a limited pool of state resources, which are being used to coordinate the State's response to the COVID-19 pandemic across all communities, and state and local agencies in Mississippi. It is likely that a restraining order mandating an immediate reallocation of COVID-19 resources to Parchman would result in a diversion of resources needed in another prison facility, another state agency, or another community in Mississippi. Again, the public's interest lies in affording state officials the flexibility to manage the State's response to the COVID-19 pandemic, both in its communities and its prisons.

II. Plaintiffs' proposed injunctive relief would violate the PLRA.

Plaintiffs' have not met their burden to show that a preliminary injunction or temporary restraining order should be issued against MDOC officials. Moreover, they have not proposed injunctive relief that is narrowly tailored to remedy a constitutional violation, which is required under the PLRA. *Ball*, 792 F.3d at 598. Plaintiffs' proposed injunctive relief is not necessary to remedy a constitutional violation, not practical given the fluid circumstances of the coronavirus pandemic, and not workable for this Court or the parties

First, Plaintiffs’ proposed injunction bears no relation to constitutional requirements. Plaintiffs ask this Court to impose a 13-part (including subparts) temporary restraining order that would require MDOC to comply with the CDC Interim Guidance, comply with Centurion’s pandemic preparedness plan, undertake multiple other practices associated with monitoring and treating inmates, create and provide weekly reports to Plaintiffs’ counsel, and appoint an employee of the Mississippi Department of Health who must be given access to Parchman “at any time” for the purpose of monitoring MDOC’s compliance with the proposed injunction. Doc. 74 at 18-20. Plaintiffs offer no explanation as to why these steps, the majority of which *are already being taken by MDOC*, should be decreed constitutional requirements by the Court. The proposed 13-part relief is not necessary to remedy any constitutional violations at Parchman and, in fact, would extend far beyond the what the Eighth Amendment requires. *See Hare v. City of Corinth, Miss.*, 74 F.3d 633, 646 (5th Cir. 1996) (explaining that “negligent inaction” and even “gross negligence” by prison officials does not amount to deliberate indifference); *Inmates of Occoquan*, 844 F.2d at 837 (explaining that “the standards of professional organizations” are not constitutional requirements).

Second, Plaintiffs’ proposal to convert CDC Interim Guidance and other best-practices into court-imposed relief is impractical. The CDC Interim Guidance is just what it says—interim guidance based on information known as of March 23rd, must be adapted on a facility-by-facility basis, and which is subject to revision by the CDC. The same is true of Centurion’s best-practice guidance, which is evolving along with the CDC’s updated recommendations, the advice of correctional healthcare organizations, and the information that government and scientific bodies are providing every day about the coronavirus. The pandemic is fluid; the government’s response is fluid; and the best-practices guidance is fluid. Converting it into a mandatory injunction would

only serve to slow or prevent MDOC from adapting to new developments and new guidance about COVID-19.

Finally, Plaintiffs' proposed "obey the guidance" injunction is not only unnecessary and impractical, it is unworkable. The CDC Interim Guidance recognizes that it provides only "guiding principles" (not universal remedies) that may need to be adapted on a facility-by-facility basis. Plaintiffs' proposed injunction will lead to satellite litigation about whether any adaptation by MDOC and Parchman leadership is appropriate or not, which will doubtless require regular court intervention to approve (or not) Parchman's adaptation. Courts rightly reject this type of injunction because they do not provide clear and specific guidance that a party can obey and a court may enforce. *See Walker v. City of Calhoun, Ga.*, 682 F. App'x 721, 724-25 (11th Cir. 2017) (reversing "comply with the Constitution" or "obey the law" injunction as unenforceable).

CONCLUSION

Plaintiffs have not shown that MDOC has engaged in "known noncompliance" with the CDC Interim Guidance, much less actions that violate the Constitution. Instead, Plaintiffs ask the Court to take MDOC's robust response to the pandemic and, without any legal basis for doing so, order MDOC to continue taking the steps that it is already taking to combat the COVID-19 pandemic. The Eighth Amendment and the PLRA prohibit this approach to adjudicating deliberate indifference claims, and this Court should deny Plaintiffs' motion for a temporary restraining order.

Date: April 15, 2020.

Respectfully submitted,

**TOMMY TAYLOR, in his official capacity as
the Interim Commissioner of the Mississippi
Department of Corrections, and MARSHAL
TURNER, in his official capacity as the**

**Superintendent of the Mississippi State
Penitentiary**

s/ Michael J. Bentley

Michael J. Bentley
One of Their Attorneys

OF COUNSEL

R. David Kaufman (MSB #3526)
dkaufman@brunini.com
William Trey Jones, III (MSB #99185)
tjones@brunini.com
Karen E. Howell (MSB #102243)
khowell@brunini.com
Cody C. Bailey (MSB #103718)
cbailey@brunini.com
Jacob A. Bradley (MSB #105541)
jbradley@brunini.com
BRUNINI, GRANTHAM, GROWER & HEWES, PLLC
The Pinnacle Building, Suite 100
190 East Capitol Street (39201)
Post Office Drawer 119
Jackson, Mississippi 39205
Telephone: (601) 948-3101
Facsimile: (601) 960-6902

Michael J. Bentley (MSB# 102631)
Molly M. Walker (MSB# 100689)
Bradley Arant Boult Cummings, LLC
One Jackson Place
188 East Capitol Street, Suite 1000
PO Box 1789
Jackson, MS 39215-1789
Telephone: (601) 948-8000
Facsimile: (601) 948-3000
mbentley@bradley.com
mmwalker@bradley.com

CERTIFICATE OF SERVICE

I hereby certify that on April 15, 2020, I electronically filed the foregoing with the Clerk of Court using the CM/ECF system, which will send notification of such filing to all counsel of record.

/s/ Michael J. Bentley
An Attorney for the Defendants

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION**

MICHAEL AMOS, *et al.*

PLAINTIFFS

VS.

CIVIL ACTION NO. 4:20-CV-07-DMB-JMV

TOMMY TAYLOR, *et al.*

DEFENDANTS

DECLARATION OF JOHN P. MAY, MD, FACP

I, John P. May, MD, FACP, do hereby declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that this declaration is made of my own personal knowledge, that I am competent to testify as to the matters stated herein, and that the following statements are all true and correct.

1. I am over the age of 21 years and have personal knowledge of and am competent to testify to the matters set forth in this Declaration.

2. I have worked as the Chief Medical Officer on behalf of Centurion of Mississippi, LLC ("Centurion") since November 1, 2018. I have been practicing medicine for approximately 28 years. I am currently licensed to practice medicine in 21 states and have been board-certified in internal medicine since 1993.

3. I am aware of the *Amos* litigation, including Plaintiffs' Emergency Motion for Temporary Restraining Order and Preliminary Injunction as to COVID-19, filed on March 16, 2020, and the Supplemental Brief in Support, filed April 13, 2020.



4. Even prior to the identification of COVID-19 in December 2019, Centurion had a Pandemic Preparedness and Emergency Response Plan in place that was intended to be tailored to new pandemics as they arise. A true and correct copy of the plan is attached as Attachment A.

5. As the current COVID-19 pandemic has developed, Centurion has continued to develop and refine its plans and procedures for dealing with the virus.

6. In January 2020, Centurion developed an inmate screening tool for use at all facilities in which it provides health care services. Centurion updated the screening tool on March 17, 2020. A true and correct copy of the March 17, 2020 version, is attached as Attachment B. The inmate screening tool was announced during conference calls to facility medical directors beginning in January 2020. It was also placed on the front page of the Centurion employee portal in January 2020. During the conference calls, each statewide medical director was asked to consider the best method to implement it.

7. On March 15, 2020, Centurion finalized Clinical Guidelines for COVID-19. Those guidelines are regularly evaluated and updated as necessary. Centurion last updated the Clinical Guidelines on April 13, 2020. The updated guidelines are available to all Centurion medical staff and employees at all times through an online portal.

8. On March 16, 2020, Centurion sent a memorandum titled Coronavirus Awareness: Medical Precautions to all employees. A true and correct copy of the memorandum is attached as Attachment C.

9. On March 17, 2020, Centurion finalized a Staff Screening Tool and Screening Flowsheet. True and correct copies of the screening tool and flowsheet are attached as Attachments D and E, respectively.

10. On March 17, 2020, Centurion also finalized informational handouts for correctional health care staff, security staff, and inmates.¹ True and correct copies of the handouts are attached as Attachments F, G, and H, respectively.

11. On March 17, 2020, Centurion also finalized signage regarding COVID-19 as a suggestion for posting at facility entrances. A true and correct copy of the signage is attached as Attachment I.

12. On April 9, 2020, Centurion instructed staff on the recommended proper use of face coverings, consistent with CDC recommendations. A true and correct copy of the memo distributed to Centurion staff is attached as Attachment J.

I declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that the foregoing is true and correct.

Executed this 15 day of April, 2020.


John P. May, MD, FACP

¹ The informational handout for inmates is available in English and Spanish. Both versions are included in Attachment I.

ATTACHMENT A



Centurion Pandemic Preparedness and Emergency Response Plan

Purpose

Centurion will work with the Department of Corrections to provide an infectious communicable disease pandemic preparedness and response plan.

With emerging and reemerging infectious diseases, it is important to be prepared to respond to outbreaks, epidemics and pandemic. Pandemics are unpredictable. While history offers useful benchmarks, there is no way to know the characteristics of a pandemic before it emerges. Nevertheless, we must make assumptions to facilitate planning efforts. The event can be caused from different types of infections and can spread rapidly as the world has experienced in the past. This policy outlines the steps in preparing for a communicable disease or infection pandemic, and an emergency response to a pandemic event. This is a model outlining the steps and will be part of the overall facility procedure for a pandemic event. The plan incorporates current disaster preparedness plans already in place by the facility and agencies, and provides additional measures needed for a pandemic response. Centurion will collaborate and cooperate with the facility, agency, state, local and federal entities that may include local community / sheriff's offices, Department of Corrections, Department of Health, Office of Homeland Security, CDC in providing a response for safe response to staff and community members if a pandemic is declared.

Definitions

1. **Pandemic:** A global outbreak. A pandemic occurs when a communicable disease emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily from person to person
2. **Viral Infections:** A disease/condition characterized by fever, headache, myalgia (muscle pain), prostration (exhaustion), coryza (symptoms of a head cold), sore throat and cough.
3. **Bacterial Infections:** A disease/condition characterized by fever, headache, myalgia (muscle pain), prostration (exhaustion), coryza (symptoms of a head cold), sore throat and cough.
4. **Bioterrorism agent:** An intentional release of a virus or bacteria with intent of harm or death to unsuspecting persons for purpose of biological attack that can be transmitted to multiple persons.
5. **Initial Commander:** The Shift Commander will assume this role. This person is responsible for the entire facility and the emergency until relieved by Interim Commander or Ultimate Commander.
6. **Interim Commander:** The Interim Commander is the next person in the chain of command set by the facility or Facility / DOC Policy and Procedure. This person will assume the Commander's position in the event the Ultimate Commander is more than one (1) hour away from the facility.
7. **Isolation:** Separation and restriction of movement or activities of persons who are too ill but who have a contagious disease, for the purpose of preventing transmission to others.
8. **Morbidity:** A state of being diseased; or the relative incidence of disease.

9. Mortality: The state of being diseased: or the relative incidence of death.
10. Personal Protective Equipment (PPE): Equipment used by any person to prevent the acquisition or transmission of disease between persons. Examples of personal protective items include, but are not limited to gloves, masks, gowns, and etc.
11. Quarantine: The separation and restriction of movement or activities of ill infected persons who are believed to have been exposed to infection, for the purpose of preventing the transmission of disease. Individuals may be quarantined at home or in designated facilities, healthcare providers and other workers may be subject to quarantine when they are off duty.
12. Segregation/Social distancing: Housing exposed or infected persons away from other population at a distance to decrease or prevent the transmission of disease.
13. Infodemic: The distribution of accurate, inaccurate, and rumored information. The purpose for the recognition of this is to provide accurate, timely information from reliable sources to make appropriate decisions related to any outbreak
14. Ultimate Commander: This role will be assumed by the Warden/designee to have full authority during an emergency.

Procedures

1. The infection prevention and control program, policies and procedures, and clinical guidelines provide written protocols give disease/condition specific guidelines of the diagnosis, treatment, and management of conditions recognized as prevalent in the state or local area.
2. These include procedures for infection prevention, education, identification, surveillance, immunization (as applicable), treatment, follow-up, isolation (as indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, environmental, maintenance, and administrative representative meets at least yearly to review and discuss communicable diseases and infection control activities.
 - a. At minimum disease specific protocols will include:
 - i. Prevention to include immunizations, when applicable
 - ii. Surveillance (identification and monitoring)
 - iii. Offenders education and staffing
 - iv. Treatment to include medical isolation, when indicated,
 - v. Follow-up care
 - vi. Reporting requirements to applicable, local, state, and federal agencies
 - vii. Confidentiality/protected health information
 - viii. Monitoring current community/state/national trends
 - ix. Appropriate safeguards for inmates and all staff
 - x. Education and training on PPE
 - xi. Maintain par levels of PPE
 - xii. Post-exposure management protocols particularly for HIV and viral hepatitis

3. Review of all Emergency plans is an essential element of personnel training and retraining programs. All employees are to be familiar with all emergency plans prior to their permanent work assignments.

Preparedness

1. Cases (large outbreak outside United States)
 - a. Monitor reliable information on outbreak and transmission
 - b. Type of infection/disease
 - c. Evaluate outbreak plan, and emergency preparedness and response plan
 - d. Specific screening tool available (risk factors & symptoms)
2. Case diagnosed in United States (not in your state)
 - a. Monitor and provide reliable medical information on current situation
 - b. Update Clinical guidance as recommended by Department of Health and CDC
 - c. Disseminate information to healthcare providers
 - d. Evaluate current par levels of PPE
 - e. Routine communication with public health
3. Single Case diagnosed in your state
 - a. Evaluate current local situation
 - b. Reinforce Infection control measures
 - c. Update information for healthcare providers
 - d. Focus on disease surveillance
 - e. Increase public health communication
4. Cluster linked to cases in your state
 - a. Continue monitor of local situation
 - b. Implement screening tool as indicated
 - c. Continue public health communication
 - d. Update information for healthcare providers
5. Multiple unlinked cases in your state
 - a. Increase surveillance
 - b. Implement screening tool
 - c. Continue public health communication (emergency operation indicated)
 - d. Update information for healthcare providers
 - e. Strict infection control prevention
 - f. Monitor PPE supplies
6. Multiple linked cases in your state
 - a. Increase surveillance
 - b. Implement screening tool
 - c. Continue public health communication (emergency operation indicated)
 - d. Update information for healthcare providers
 - e. Strict infection control prevention
 - f. Monitor PPE supplies
 - g. Follow quarantine recommendations
 - h. Limit access to facility

Security

1. The facility will maintain health and safety standards at the highest level possible during a pandemic communicable emergency. Once a pandemic outbreak is confirmed, the community immediately surrounding the institution is also affected. As a result, available resources and external assistance may become limited. This guide should be used in coordination and conjunction with Facility / DOC Policy and Procedure.

Locate and Verify

1. The County Public Health Office and/or the State Health Department will verify a pandemic outbreak within the community or at the facility and notify the FHA/designee.
2. This notification will then be passed to the Regional Office.

Isolate and Contain

1. Upon notification, isolation of confirmed cases is required. The Commander will initiate the Disease Specific Checklist. The Commander may initiate an emergency lockdown in accordance with the Facility / DOC Operational Procedures
2. On duty staff will be expected to remain on site until relieved. Exceptions will be determined by facility authorities on a case by case basis.
3. Inmates affected with the illness will be quarantined in the infirmary and/or detention cells. In the event of a mass epidemic, housing units will be evacuated and utilized to quarantine infected inmates based on the number of infected inmates, and suspected exposures and the custody levels of all involved inmates.
4. The Facility Health Administrator (FHA) will coordinate with the Warden/designee to ensure that standard PPE is available to all staff regardless of assignment.

Notifications

1. The following listing is supplement to the established facility disaster and emergency preparedness procedure, and is intended to include ancillary staff that is essential to the implementation and success of the pandemic plan.
 - a. Warden/Deputy Warden
 - b. Facility Duty Officer
 - c. Food Service Manager and staff
 - d. Facility Health Administrator
 - e. Maintenance staff
 - f. Facility TSU Team Leaders
 - g. Facility Captain
 - h. Off duty staff
 - i. County Coroner
 - j. Local Area Hospitals and EMS providers
 - k. Local law enforcement agencies (PD and SO)
 - l. Inmate population

Command Post

1. Activation of the facility Critical Incident Command Posts will occur in accordance with established procedure. The Commander shall ensure that staff is assigned to all essential Posts. Staff assignments will consist of both on duty staff and off duty staff called into the institution. In the event of staff shortages, likely resulting from staff becoming infected and the inability of off duty staff to return to the institution, assistance from other FACILITY / DOC sites may be requested. Essential Posts shall include:
 - a. Security Posts necessary to maintain order and provide for controlled treatment of inmates from housing areas to necessary locations.
 - b. Food Service Staffing. Staff shortages or the threat of the spread of disease may necessitate feeding inmates in cells or housing units. The Commander may initiate an Emergency Food Service Plan at this time. Food service staff will provide contingency meal planning and services for effected and non-effected areas including meals and services for staff.
 - c. Food service will maintain a food and water supply of a minimum of three (3) days, on site.
 - d. Medical Staffing.
 - e. Centurion staff will:
 - i. Initiate their disease specific protocol and will provide services contained in the contract, including diagnosis and treatment for affected staff and inmates inside the facility.
 - ii. Contact local area hospitals giving a briefing on the facility communicable diseases status and request that they accept any critically ill inmate patients if deemed necessary.
 - iii. Shall continue to monitor and treat confirmed or suspected cases. All new cases shall be reported to the Command Post as well as the department of health as required.
 - f. Maintenance Staff. Maintenance supervisors will ensure that sanitation is maintained and that all contaminated waste is disposed of properly. They will also validate operation functions and temperatures of laundry equipment to ensure laundry is properly sanitized.
 - g. Support staff needed to maintain and update inmate records, to provide Chaplain Services, and to complete any other necessary tasks. Any service or programs not deemed necessary to the operation of the institution shall be suspended during the duration of the pandemic status.

Deaths

1. Any deaths will be reported in accordance with facility /FACILITY / DOC Policy and Procedure.
2. Inmate deaths will only be released to the public in accordance with FACILITY / DOC Policy and Procedure.
3. Employee death will only be released to the public in accordance with FACILITY / DOC Policy and Procedures.

Portable Sanitation

1. Portable sanitation facilities such as portable toilets may be needed and should be considered where plumbing and availability of water may become an issue.
2. Classification and Housing Assignments: Classification and housing assignments may be impacted in the event of a pandemic, and consideration may be given to housing various custody levels together should isolation of ill inmates and/or quarantine of those not affected be deemed necessary.

On-Site Bivouac

3. Should it be necessary for staff to remain on site to ensure shift coverage or to control spread of disease, Centurion and the Facility / DOC will utilize a designated large area within the complex.

Facility Medical Response

1. The FHA shall be responsible for:
 - a. Provision of updates on the number of infected individuals and their state;
 - b. Any deaths believed to be related to the pandemic;
 - c. Any other information requested by the Facility / DOC related to the event
 - d. Required reporting to the Department of Health, or other agency, numbers of cases either suspected or confirmed.
 - e. Necessary staff and resources to provide medical evaluation and treatment of routine health issues as well as pandemic related health care in all areas of the facility, including those designated as quarantined and non-quarantined. Examples of such services include, but are not limited to:
 - i. Sick call
 - ii. Medication management and delivery
 - iii. Nursing services
 - iv. Health assessments
 - v. Mental health services
 - vi. Pharmacy services
2. The Centurion staff shall be prepared to distribute PPE to all staff and inmates in the institution during a pandemic outbreak.
3. In the event that a pandemic is declared, inmates placed in medical quarantine or suspected of being infected shall utilize PPE to prevent spread of the disease.
4. In addition, all staff working in and around isolation areas, medical clinics and conducting inmate patient care without exception shall use PPE in accordance with recommendations set forth by the Center for Disease Control (CDC), US Department of Health and Human Services (HHS) and the State Department of Health.

Pharmaceuticals

1. Vaccines (if available), and/or antiviral/antibacterial drugs will be made available to all institutional staff first. Vaccines (If available) and or antiviral drugs will be made available to inmates based on availability and in accordance with CDC and HHS

recommended priority populations. Although information may change based on the particular strain and virulence of the causative pandemic, the following represents the current information and priority for inmate populations:

- a. Inmates over 65 with 1 or more high risk condition
- b. Inmates under 65 with 2 or more high risk conditions
- c. Inmates with history of hospitalization for pneumonia, flu, or symptoms of disease
- d. Dormitory contacts of immune-compromised inmates who would not be vaccinated due to likely poor response to vaccine (transplant recipients, AIDS, cancer)
- e. Healthy inmates 65 and older
- f. Inmates under 65 with 1 high risk condition
- g. Healthy inmates

2. Centurion will provide the available vaccine for inmates and staff.

In general, Centurion will establish a plan in conjunction with the v Facility / DOC for pandemic outbreaks and emergencies to include surveillance, quarantine and treatment, and resolution.

1. Each Centurion site will have specific areas and staff assignments based on facility location and any Facility / DOC emergency response plans.
2. Below are general statements that apply to medical services in general and apply to all sites. Centurion disease specific plans will be on file with the Warden at the respective facility.

Authority

The FHA (Facility Health Administrator (FHA) at the facility, at the direction of the Warden or their designee will be in charge of initiating and coordinating the medical portion of the response. In the absence of the FHA, the senior nurse on duty will be in charge of coordinating the medical services.

Implementation of the Procedure

Notification of pandemic status will be provided by the Facility Health Administrator who will have received it from the State Department of Health. Centurion staff will be notified by the FHA or designee.

Isolate and Contain

The first priority upon receiving notification of a pandemic will be to isolate anyone who has been exposed to the disease and contain the spread of the illness. If deemed necessary and appropriate, the medical staff will screen all staff reporting for duty for signs and symptoms of the disease. Entry can be denied based on display symptoms until such time as the staff member has been cleared by a physician to return to work. Inmate housing assignments may be temporarily altered to accommodate situations as they arise. This will be done in collaboration with the Warden/designee. Medical staff will work with the Facility / DOC to plan methods to clean and disinfect the treatment areas and rooms.

Staffing

The FHA will develop a staffing plan that takes into consideration staffing where possible with separate staff, those areas known to house inmates infected with the virus and those not affected to reduce the possible spread of the disease with the Warden should it become necessary to isolate and/or quarantine in place.

Resource Storage and Supplies

1. An assessment of necessary resources, including volume, storage requirements, availability, and utilization procedures will include the following, and be coordinated with Warden/designee:
 - a. Medical Supplies:
 - b. Disease specific medications (enough to cover all staff and inmates);
 - c. PPE (masks, gloves, gowns, goggles, sanitizers, paper products);
 - d. Medications and medical supplies (i.e., insulin, cardiac, respiratory, anti-viral medications, vaccines (pneumococcal, influenza, and new vaccines developed during pandemic), analgesic and antipyretic meds, LV. solutions and LV. supplies, blood collection tubes, vacutainers, specimen cups);
 - e. Other supplies and equipment necessary to maintain medical operations for a period of forty-five (45) days. (Chemical disinfectants, syringes, needles, alcohol wipes);
 - f. Disposable equipment (urinals, bedpans, wash basins, emesis basins, disposable instruments, biohazard waste bags [large and small]).
 - g. Paper products (plates, silverware, toilet paper, paper towels, etc.)
 - h. Centurion will maintain sufficient PPE supplies to include the Facility / DOC staff;
 - i. Soaps, rinse free hand sanitizers, rinse free soaps;
 - j. Items will be stored in the facility warehouse and medical unit.

Coordination with Community Resources

Centurion shall maintain contact with local health authorities and service providers to coordinate any assistance should outside services be necessary. This will include off site local pharmacies in order to obtain medications should routine delivery methods be disrupted (i.e., UPS, FedEx etc.), use of local emergency rooms, off-site private provider clinics, and ancillary services such as radiology. All off-site provider agreements will be updated to include mention of possible assistance during a pandemic situation. Centurion maintain a relationship with local public health nursing offices to further coordination efforts in the event of a pandemic outbreak in the community where the facility is located.

Facility/Site Specific Plans

FHA at each the Facility / DOC will provide the Warden a copy of any site specific alterations to this pandemic plan. Adherence to this plan will vary based on type of service provided, availability to bivouac medical staff on site, use of water and consumables, and inmate population. These addendums will become attachments to this policy and procedure.

Updates and Revisions

As additional information becomes available through the CDC or other recognized health authority, the plans will be updated and/or modified to reflect the most current data and processes.

Education

Centurion will work with facility staff to prepare and provide appropriate education for both staff and inmates on proper identification and control of infectious diseases, to include benefits of appropriate vaccines, hand washing techniques, universal precautions, and wellness in general.

Reporting and Testing

Centurion will complete any reports and testing as required by the Department of Health, the CDC, HHS, or other health authority, as well as specific forms required by the facility or the Facility / DOC (yet to be determined) related to a pandemic.

Mortuary Services

1. Mortuary services in the event of a pandemic resulting in deaths that exceed community resources may require the institution to provide a temporary morgue.
2. In the event that outside temperatures are below zero (0), the industry bays will be utilized as a temporary morgue.
3. If outside temperatures do not support the use of the delivery corridor, then a maintenance bay shall be utilized with air conditioning and ice.
4. In the event that morgue services are needed for an extended period of time and appropriate refrigeration is unavailable, the practice of a mass burial will be implemented. Equipment will be utilized to dig a deep opening in the ground in the designated facility parking lots. The deceased will be tagged and placed in body bags taken to the burial site and covered with ice to maintain the integrity of the bodies. This process will operate in coordination with Centurion staff. Both medical aspects associated with storing a body, as well as the psychological impact on staff and inmates have been considered. The Coroner shall be notified immediately once a death occurs. The morgue shall remain in operation until attendant legal obligations are satisfied and the bodies may be removed.

Provided at time of Pandemic:

1. Condition Specific Screening Tool
2. Condition Specific Self-Triaging Algorithm
3. Actions Checklist-Yellow/Orange Alert Level
4. Actions Checklist-Red Alert

ATTACHMENT B

COVID-19 (coronavirus) Screening**English**

Date:	Time:			
State:	Facility:			
Symptoms (check all that apply)	Yes	No	Start date	
Fever/chills (if on medications that lower temp, may not have fever)				
Cough				
Describe				
Shortness of breath or trouble breathing				
Describe				
Other:				
Vital Signs				
B/P	P	R	pSO2	Temp*
* Patients with immune compromised conditions or taking fever reducing medications may not have a fever				
In the past 14 days	Yes	No	Note	
1 Have you traveled to or been in any outbreak areas in United States, or traveled internationally*? Many countries have out breaks, and large outbreaks in <i>China, Italy, Iran, South Korea</i> .				
If yes: Where When				
2 Have you or any family or friends with whom you live been in such areas?				
If yes: Where: When				
3 Have you had close contact with anyone who has tested positive to COVID-19 or experiencing fever or cough?				
If yes: When				
If yes to any symptoms and yes to any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider				
Or if a person has a fever($\geq 100.4^{\circ}$), cough, shortness of breath, and lower respiratory infection, with unknown source of infection contact practitioner				
Practitioner Notified(date/time) Practitioner Name:				
Department of Health Notified (Name):				
Comments				
Nurse Signature:				
<input type="checkbox"/> Patient accepted <input type="checkbox"/> Patient Quarantined <input type="checkbox"/> Patient Isolated <input type="checkbox"/> Patient Referred to Hospital				
<input type="checkbox"/> Patient Tested for COVID-19 Date: Results:				
Patient Name		DOB		ID #

*Risk Area=Outbreak areas include United States , major airports, globally.

COVID-19 (coronavirus) Screening**Spanish**

Date:	Time:			
State:	Facility:			
Síntomas (marque todos los que correspondan)	Yes	No	Start date	
Fiebre / escalofríos				
Tos				
Describir				
Falta de aliento/ Dificultad para respirar				
Describir				
Other:				
Vital Signs				
B/P	P	R	pSO2	Temp*
<i>* Patients with immune compromised conditions or taking fever reducing medications may not have a fever</i>				
	En los últimos 14 días	Yes	No	Note
1	¿Ha viajado o ha estado en áreas de brotes en los Estados Unidos, o ha viajado internacionalmente *? Muchos países tienen brotes y grandes brotes en China, Italia, Irán, Corea del Sur.			
2	¿Usted o alguna familia o amigo con quien vive ha estado en esas áreas?			
3	¿Has tenido contacto cercano con alguien que haya dado positivo a COVID-19 o que tenga fiebre o tos?			
	Si sí, cuándo			
If yes to any symptoms and yes to any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider				
Or if a person has a fever(>100.4°), cough, shortness of breath, and lower respiratory infection, with unknown source of infection consult provider				
Provider Notified(date/time) Provider Name:				
Department of Health Notified (Name)				
Comments:				
Nurse Signature:				
<input type="checkbox"/> Patient accepted <input type="checkbox"/> Patient Quarantined <input type="checkbox"/> Patient Isolated <input type="checkbox"/> Patient Referred to Hospital				
<input type="checkbox"/> Patient Tested for COVID-19 Date: Results:				
Patient Name		DOB		ID #

*Risk Area=Outbreak areas include United States , major airports, globally.

ATTACHMENT C



Coronavirus Awareness

Medical Precautions

Reminder:

- There is a designated place for updates and announcements on Centurion's Portal located at [portal.mhm-services.com](https://portal.mhm-services.com/StaffPages/Portal.aspx). Click on the banner titled "Coronavirus Updates." This is where our employees can access the most recent news, formal announcements and resources pertaining to COVID-19.



- Centurion has provided, and will continue to make available, webinars, conference calls and materials including links and references. Staff have access to these resources on the Portal.
- A facility specific screening tool has been developed for jail and prison admissions, transfers, and other trips in/out of facilities. Please check with your supervisors before implementing this guidance as your facility may use other screening tools.
- Do not enter a facility if you:
 - Are experiencing symptoms (fever, cough, and/or difficulty breathing)
 - Had recent travel to a high risk area within the past 14 days
 - Have been advised that you have been exposed to a confirmed case
- Centurion has developed and distributed an outline of a pandemic clinical guideline which can be found on the Portal banner link;
- Teleconferencing and telemedicine capacity has been expanded. Whenever possible, if delivery of care can be done via telehealth technology for primary care, specialty care, nursing care, and mental health, please utilize these resources. Your supervisor will provide guidance as to the availability of these alternatives at your specific facility.

Recommendations:

Below we provide a listing of program-level and site-level recommendations by corporate senior medical leadership. If necessary, a point person is listed for applicable instructions.

- Identify contacts at your nearest local health department for reporting of suspect cases and request testing kits. (*Facility infection control nurse; alternate: DON and HSA/FHA*)
- Identify areas for single cell isolation for symptomatic patients. (*HSA/FHA, DON, site medical director*)
- Identify air circulation patterns in dormitories in case they are to be used for quarantine. (*HSA, DON, site medical director*)
- Cancel visitations or limit external vendors and personnel. Instead use videoconferencing and telephonic communications.
- Be sure to use appropriate personal protective equipment (N95 mask, eye/face shield, gown, gloves) for Movement and Transport Officers. We recommend tracking appropriate levels of PPE, medications, equipment, and supplies as there is potential for supply chain disruption. (*Program Manager/Vice President of Operations or HSA*)
- Review inventory of supplies and medications which might be in short supply. (*DON or charge nurse*)
- Provide a symptom screening for all persons being transferred or released using the Centurion screening tools or other screening tools that are consistent with CDC recommendations for all intakes, transfers in/out, and returns from outside trips such as court, offsite medical trips, and work details. If the screening is positive, there needs to be a determination whether or not it is appropriate to proceed with the planned movement.
- Encourage patients who have not taken the influenza vaccination to reconsider.
- If allowed by Clients, Centurion is drafting an informational FAQ sheet to healthcare and correctional staff and our patients.
- We recommend mock drills for a possible outbreak scenario that incorporates cooperation between custody, health services, and other ancillary staff to become familiar with protocols and have lessons learned to improve the response if such an incident does arise.
- We recommend that Centurion regional/site clinical leadership is involved in any task force or committee meetings/discussions relating to COVID-19.
- We recommend making available sufficient handwashing with soap access. (*HSA*)
- We recommend programs create educational videos for any in-facility video programming. Keeping not just staff but patients informed is critical to preventing riots and other safety concerns.
- We recommend custody staff have ample hospital-grade disinfectants and routinely clean areas. If inmates are to be utilized for cleaning duties, be sure that they have proper training and are handling of materials with appropriate safety equipment.
- We recommend that our Clients not to limit soap, tissues, toilet paper, and other hygiene products during this time period.
- We encourage our Clients to consider meals/dining be done in the units to limit mass movement and gatherings.
- Centurion program leadership should draft and implement a plan for emergency staffing in the event that employees are absent either due to infection or self-quarantine. The plan must ensure adequately licensed and trained staff perform the essential tasks and services under our contract. Further, the plan should address what to do if custody becomes short staffed, such as, by way of example, cell-side encounters and alternative medication administration.
- Consider recommending medical release of incarcerated persons who are aged or medically compromised and increase monitoring of those at highest risk.

ATTACHMENT D

CORONAVIRUS DISEASE 2019 (COVID-19)

STAFF SCREENING TOOL

1. Assess the Risk Of Exposure		
LI Yes LI No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days?	
	Describe:	
LI Yes LI No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?	
LI Yes LI No	Deployed for COVID-19 response and back from deployment within the last 14 days?	
<p>If the answer to ALL the above risk of exposure questions is NO, then STOP here.</p> <p>If the answer to ANY of the above risk of exposure questions is YES, then assess symptoms in step 2 and proceed to step 3.</p>		
2. Assess Symptoms		Date of Onset:
LI Yes LI No	Fever (<i>Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective</i>).	
LI Yes LI No	Cough	
LI Yes LI No	Shortness of Breath (SOB)	
TEMPERATURE:		
3. Contact Central Office		
<p>If the staff member answers Yes to either question in section 1 (exposure risk), Yes to any question in symptoms; or Temperature >100.4F, contact:</p>		

STAFF NAME (Last, First)

BADGE #

DOB

INTERVIEWED BY

DATE/TIME:

ATTACHMENT E

[illegible]

ATTACHMENT F



Coronavirus COVID-19

Information for Correctional Healthcare Staff

Personal Safety

Maintain healthy habits and be prepared. Always wash hands with soap and water after contact with persons and public objects. Utilize personal protective equipment (PPE) in interactions with patients who might be infected. Recognize that droplets can remain active on surfaces and clothing for several hours. Take everyday actions to stay healthy.

Facility Safety

Do not to enter facilities if you are:

- Experiencing symptoms (fever, cough, and/or difficulty breathing).
- Traveled within the past 14 days to a high risk area.
- Have been exposed to a confirmed case.

If someone in your household has been exposed to a contact, seek guidance from your local health department. Refer to Centurion policy for leave during the COVID-19 epidemic.

Facility Procedures

All patients entering and leaving the facility are to be screened with the following questions or actions:

- Have you traveled to any area with an outbreak of COVID-19 or to international areas with sustained (ongoing) transmission such as China, Iran, Italy, Japan, South Korea?
- Do you have a fever?
- Do you have a cough?
- Are you short of breath?
- Have you been in close contact (less than six feet) of someone exhibiting these symptoms or confirmed case of COVID-19?
- Take and record temperature.

If **NO** to the above screening items, proceed as normal.

If **YES** to any the above, or temperature >100.0 F, proceed as follows.

If exposure or symptoms or fever:

- Put a simply surgical/procedure mask on the patient.
- Place the patient in a separate, closed room and close the door. Ideally, this is an airborne infection isolation room (AIIR) with negative pressure.
- Healthcare and custody staff wear Personal Protective Equipment (N-95 mask, eye shield, gown, gloves) when entering room or escorting patient.



Coronavirus COVID-19

Information for Correctional Healthcare Staff

- Rapid test for influenza.
- Assess stability of the patient. Short of breath? Need transfer to hospital?
- Contact your facility practitioner.
- Contact local health department or Emergency Department prior to moving patient.
- Notify security and EMS transport patient with respiratory illness.
- Testing to be done per local protocols and availability.

Quarantine

If a person is identified with COVID-19, determination is made for those who had potential exposure. Those persons are placed in quarantine for a period of 14 days. This is coordinated with security.

Supplies

Maintain adequate stock of essential supplies, including medications and cleaning equipment.

Minimize Your Risks

Stay healthy: Strict hand washing, social distancing (>6 feet or ~2 arms lengths), and smoking cessation.

ATTACHMENT G



Coronavirus COVID-19

Information for Security Staff



COVID-19 is a virus similar to other viruses that cause respiratory illness: It is transmitted person to person through cough, sneeze or other respiratory droplets. The virus remains active on surfaces such as doorknobs, table tops or clothing for several hours.

Fortunately, 80% of people that are infected will have mild to moderate symptoms.

The time from exposure to display of symptoms is 2-14 days with an average around day 5. People are most contagious when they are symptomatic but transmission can occur without symptoms.

The symptoms are very similar to the flu and can be mild, moderate, or severe:

- ⚠️ Fever of 100.4°F (a person might not have a fever if you taking Tylenol or other pain/fever reducing medications)
- ⚠️ Dry cough
- ⚠️ Shortness of breath/difficulty breathing

How to Protect Yourself and Others

- Take everyday actions to stay healthy.
- Protect your immune system with exercise, healthy eating, and rest.
- Wash hands frequently with soap and water:
 - Before eating
 - After going to the bathroom
 - When dirty
 - Handling or touching possible contaminated surfaces
 - After sneezing and coughing
- Avoid touching your eyes, nose, and mouth.
- Keep your distance or avoid close contact with people who are sick (fever, coughing).
- Cover your cough or sneeze.
 - Use tissue, then throw the tissue in the trash, then wash your hands.
 - If tissue is not available cough or sneeze into your arm not your hand.
- Monitor environmental cleaning and disinfect frequently touched objects and surfaces using the disinfectant provided by the facility.
- If you are sick or have been exposed to a confirmed case COVID-19, it is recommended you do not come to work. Follow your facility's and health professional's recommendation.

Safe Facility

- If you identify or note an inmate who is ill, coughing, short of breath or febrile, notify medical and separate the person from others.



Coronavirus COVID-19

Information for Security Staff



Safe Facility *(Continued)*

- Staff are to wear Personal Protective Equipment (N-95 mask, eye shield, gown and gloves) when escorting or transporting or entering the room of a person suspected of COVID-19 infection.
- Special vigilance is appropriate for older persons and those with medical problems such as emphysema who are more likely to be severely affected by the infection.
- If moving a person suspected of COVID-19, the receiving facility (such as a hospital) should be notified in advance.
- Persons who are exposed to an active case of COVID-19 are generally placed in quarantine for 14 days. This means they are restricted from interacting with persons or places that have not been exposed.
- Do not come to work if you are sick (fever, cough). Follow your facility's directive.

ATTACHMENT H



Coronavirus COVID-19

Information for Incarcerated Persons

Coronavirus is spread like a cold or flu. If a sick person coughs or sneezes near you, or touches surfaces with contaminated hands, you could get sick. Washing your hands and cleaning surfaces is your best protection from germs. Most people (about 80%) who have coronavirus only have mild to moderate symptoms.

The symptoms are like the flu and can be mild, moderate, and severe:

- ⚠️ Fever of 100.4°F (a person might not have a fever if you taking Tylenol or other pain / fever reducing medications)
- ⚠️ Dry cough
- ⚠️ Shortness of breath / difficulty breathing

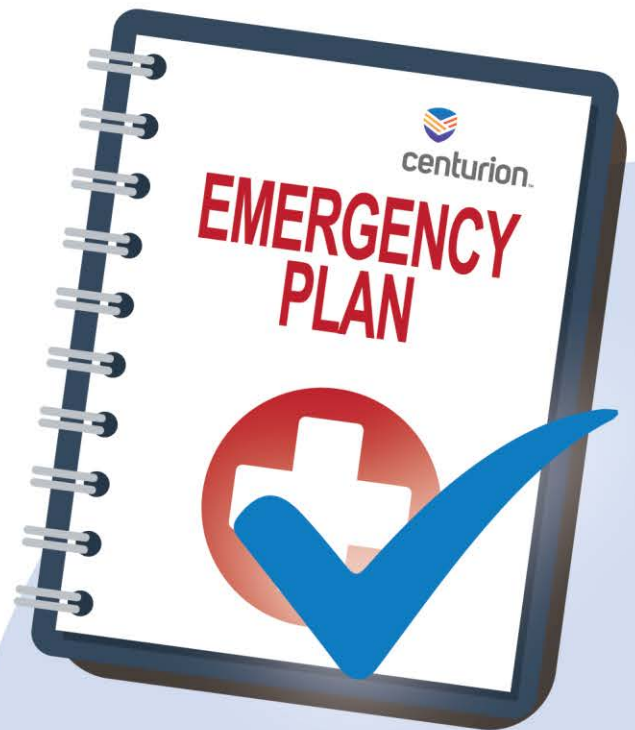
If you have a dry cough, trouble breathing, or a fever, please tell medical staff. If anyone in your housing unit has these symptoms, please notify medical staff.

Stay healthy! How to Protect Yourself and Others

- Eat healthy, exercise, and reduce stress to keep your immune system strong
- Wash hands often with soap and water:
 - Before eating
 - After going to the bathroom
 - When dirty
 - Touching possible contaminated surfaces or items
 - After sneezing and coughing
- Do not touch your eyes, nose, and mouth
- Do not share food
- Stay away from people who are sick, with a fever, and coughing. Tell sick visitors not to come until they are healthy.
- Cover your cough or sneeze:
 - Cough or sneeze into your arm, not your hand
 - Use a tissue, then throw the tissue in the trash then wash your hands
- Clean objects and surfaces using disinfectant.

Do not be afraid

- **We are prepared.** ✓
- We are following directions from the Centers for Disease Control and Prevention and health departments.
- Ask questions if you are worried.
- Tell medical staff if you are sick.



LOWER YOUR RISKS

Stay healthy: Wash hands, social distancing (at least 6 feet or 2 arm lengths), and **stop smoking** (COVID-19 is a respiratory disease)



ATTACHMENT I

CORONAVIRUS (COVID-19) PRECAUTIONS

In order to protect our staff and inmates, we ask the you DO NOT enter the facility during this time if you have the following active symptoms:



- ***Fever***
- ***Cough/Sneezing Cold Symptoms***
- ***Difficulty breathing***

In order to keep our facility free of COVID-19 we ask that you abide by this. Anyone with “active” signs of this virus should stay home, avoid contact with the public, and see their Doctor as soon as possible.

**THANK YOU FOR YOUR
COOPERATION AND
UNDERSTANDING**

ATTACHMENT J



1593 Spring Hill Road
Suite 600
Vienna, VA 22182

April 9, 2020

To all Centurion Staff,

Due to the CDC recommendations of everyone to [wear face coverings](#) in public to help stop the transmission of COVID-19 virus, Centurion is requesting all staff to comply with this recommendation to help avoid any introduction of the virus into our facilities.

There are specific recommendations for the care of these coverings, and many do it yourself instruction videos. Please read the instructions on the use of face coverings and masks in our portal or [click here](#).

In accordance with CDC recommendations and facility policies, Centurion will continue to prioritize supplying PPE to healthcare providers engaged in direct care with COVID-19 patients and other suspected cases. [See table](#).

Again, please utilize our [COVID-19 resource site](#) on the portal or email us your questions and concerns at: DLCorpCOVID19@TeamCenturion.com

We will get through this in the same way we have handled all challenging times, as One Team.

Thank you for your service.

Johnny Wu, MD, FACP, FACCP, CCHP-P, CCHP-A
Chief of Clinical Operations

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION**

MICHAEL AMOS, et al.

PLAINTIFFS

VS.

CIVIL ACTION NO. 4:20-CV-07-DMB-JMV

TOMMY

TAYLOR,

et

al.

DEFENDANTS

DECLARATION OF WILLIE KNIGHTEN

I, Willie Knighten, do hereby declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that this declaration is made of my own personal knowledge, that I am competent to testify as to the matters stated herein, and that the following statements are all true and correct.

1. My name is Willie Knighten and I am an adult resident citizen of the State of Mississippi.

2. I am over the age of 21 years and competent to testify with regard to the matters stated herein. I have personal knowledge of the facts and information contained in this declaration.

3. I am the Health Services Administrator at the Mississippi State Penitentiary ("MSP") for Centurion of Mississippi, LLC ("Centurion").

4. Centurion has a contract with the Mississippi Department of Corrections ("MDOC") to provide health care to inmates at various prison facilities in Mississippi, including MSP.

5. On March 23, 2020, the Centers for Disease Control and Prevention ("CDC") issued *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19)* in



Correctional and Detention Facilities. I have reviewed that guidance, and believe it is consistent with the measures and protocols previously implemented and still being followed at MSP.

CONTINUED PREVENTION AND PREPAREDNESS EFFORTS

6. In addition to the measures following directions from the CDC and the Mississippi Department of Health related to COVID-19, Centurion has implemented additional precautionary measures at the prison facilities in the State of Mississippi where Centurion is the contracted healthcare provider, including at MSP since my prior declaration dated March 19, 2020.

7. On March 18, 2020, Centurion staff distributed COVID-19 informational handouts (examples attached to Dr. Ramsue's declaration) to health care staff, security staff, and inmates.

8. On March 20, 2020, MDOC posted signage (example attached to Dr. May's declaration) at the entrances to all housing units at MSP notifying anyone entering that they should not enter if they have fever, cough/sneezing cold symptoms, or difficulty breathing. Signs regarding hand washing are posted in restrooms at MSP.

9. Centurion staff has been performing daily screening at the visitation building entrance, as described in my prior declaration, and temperature checks on medical and security staff reporting to work as well as any vendors or other visitors who enter MSP. Recently, staff has begun using no-touch thermometers as an added level of safety. Staff performing these screenings wear PPE including masks. The questions included in the verbal screening as well as the protocol followed to check temperatures is consistent to that recommended in the CDC Interim Guidance.

10. Centurion nurses are in housing units twice a day and are available to answer questions inmates may have related to COVID-19. In addition, the Director of Nursing, medical providers and I have regularly visited units and will continue to do so to provide updates related to COVID-19.

11. On April 15, 2020, Centurion employees began wearing cloth or simple surgical masks to cover areas that could expel respiratory droplets. This is in compliance with recent guidance issued from the CDC.

12. At MSP there are some inmates, due to underlying medical issues, who must be transported out of the facility to outside providers. After those inmates return to MSP, they are housed in medical in quarantine as a precautionary measure.

13. Likewise, some inmates at MSP have underlying medical conditions which would make them particularly vulnerable to COVID-19, for example, those undergoing chemotherapy. Those inmates have also been housed separately in the medical unit.

14. Annually, inmates at MSP are offered the seasonal influenza vaccine, typically beginning in the month of October.

15. Inmates have a thirty days supply of keep on person medications, with the exception of insulin, psychotropics, and anticoagulants. Centurion is continually monitoring pharmacy supplies to protect against any shortages.

MANAGEMENT OF SUSPECTED AND CONFIRMED COVID-19 CASES

16. Over the past few weeks there have been a few inmates who have reported symptoms of COVID-19, such as fever, cough, or shortness of breath. In those instances, medical staff has followed the Assessment Protocol for Patients Presenting with Febrile Respiratory Illness (attached to Dr. Ramsue's declaration), which is also consistent with the CDC Interim Guidance:

- Mask is placed on the individual.
- Staff with direct contact with the individual wear PPE, including mask and gloves.
- Individual is placed in medical isolation until further evaluation or testing can be completed.

17. On April 2, 2020, an inmate presented to the medical unit complaining of weight loss and he also had a fever. After following the above protocol, the inmate was tested for flu and

COVID-19. Both tests came back negative, nevertheless, the inmate was isolated in the medical unit until after his symptoms had subsided.

18. On or about March 26, 2020, MDOC learned that inmate kitchen workers had been exposed to an MSP staff member who had tested positive for COVID-19. In response, inmates housed in the building where those inmate workers are housed were quarantined under a shelter in place protocol for 14 days. Temperature checks of all inmates in those buildings were performed daily and inmates were additionally monitored for symptoms of COVID-19. Any inmate with a temperature over 100.4 would have been treated as a Person Under Investigation, pursuant to the protocols in my prior declaration, and transported to the medical unit for further evaluation. No inmates meeting these criteria, however, were discovered.

19. On April 8, 2020, an inmate already admitted to the MSP hospital was tested for COVID-19. The sample was sent to an outside lab for testing. When the inmate's symptoms progressed on April 10, 2020, he was transferred to an outside hospital. On April 11, 2020, the inmate died at the outside hospital. That night, lab results which were positive for COVID-19 were reported via the electronic record.

20. The hospital room in the medical unit where the inmate was temporarily housed prior to his transfer as well as the building where he was previously housed have been thoroughly cleaned with Biovex and bleach.

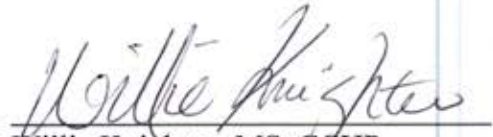
21. Inmates housed in the building where the deceased inmate was previously housed, as well as the buildings where he worked, have been placed on 14-day quarantine. Centurion staff is checking the temperatures and monitoring those quarantined inmates for symptoms of COVID-19 twice daily. Additionally, the quarantined inmates have received face masks.

22. A small subset of inmates were identified as having been in close contact with the deceased. Those individuals have been quarantined in their housing unit, were tested for COVID-19 on April 13, 2020, and are being monitored closely while the results are pending.

23. Should any of these quarantined inmates develop fever or other symptoms of COVID-19, they will immediately be transferred to the medical unit for further evaluation.

I declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that the foregoing is true and correct.

EXECUTED this the 15th day of April, 2019.


Willie Knighten, MS, CCHP
Health Services Administrator
Mississippi State Penitentiary
Centurion of Mississippi, LLC

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION**

MICHAEL AMOS, *et al.*

PLAINTIFFS

VS.

CIVIL ACTION NO. 4:20-CV-07-DMB-JMV

TOMMY TAYLOR, *et al.*

DEFENDANTS

DECLARATION OF CLAYTON M. RAMSUE, MD, CPE, CHCQM, CCHP-P, FAAFP

I, Clayton M. Ramsue, MD, CPE, CHCQM, CCHP-P, FAAFP., do hereby declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that this declaration is made of my own personal knowledge, that I am competent to testify as to the matters stated herein, and that the following statements are all true and correct.

1. I am over the age of 21 years and have personal knowledge of and am competent to testify to the matters set forth in this Declaration.

2. I am the Mississippi Statewide Medical Director for Centurion of Mississippi, LLC ("Centurion"), and have been since September 19, 2016. I am licensed to practice medicine in Mississippi, and have been doing so for approximately 22 years. I have been board-certified in family medicine since 2001.

3. I am aware of the *Amos* litigation, including Plaintiffs' Emergency Motion for Temporary Restraining Order and Preliminary Injunction as to COVID-19, filed on March 16, 2020, and the supplemental brief filed on April 13, 2020.



4. Even prior to the identification of COVID-19 in December 2019, Centurion had a Pandemic Preparedness and Emergency Response Plan in place that was intended to be tailored to new pandemics as they arise.

5. As the current COVID-19 pandemic has developed, Centurion has continued to develop and refine its plans and procedures for dealing with the virus.

6. In January 2020, Centurion began adding information from the CDC to its Employee Portal and regularly updating it as CDC updated its information.

7. Also in January 2020, Centurion developed an inmate screening tool for use at all facilities in which it provides health care services. The inmate screening tool was announced during conference calls to facility medical directors beginning in January 2020. It was also placed on the front page of the Centurion employee portal in January 2020. During the conference calls, each statewide medical director was asked to consider the best method to implement it.

8. In February 2020, even before there were any confirmed cases of COVID-19 in Mississippi, I began coordinating with the Mississippi Department of Corrections ("MDOC") regarding preparations to respond to COVID-19, including methods of screening inmates and visitors, isolation of inmates suspected of having the virus, and precautions for security staff.

9. In early March 2020, Centurion began internal discussions regarding potential impacts to the pharmaceutical supply chain and ways to ensure an ongoing supply of medications for MDOC inmates.

10. Also in early March 2020, Centurion revised the inmate screening tool and distributed it and the Pandemic Preparedness and Emergency Response Plan to MDOC.

11. On or about March 4, 2020, Centurion sent a communication to all employees regarding social distancing, sick time allowance, and tactical matters related to expectations and communication during the pandemic.

12. On March 8, 2020, Centurion revised and finalized its Pandemic Preparedness and Emergency Response Plan to specifically include COVID-19. The Plan is intended to be universal, to be adapted by each state and site as necessary to accommodate specific contracts and local needs.

13. On March 12, 2020, I and other Centurion staff discussed with MDOC's Chief Medical Officer Dr. Gloria Perry numerous COVID-19 preparedness issues, including: protocols, training, screening, supplies, suspending jail and interfacility transfers and visitations, as well as additional plans for the isolation of affected patients, the use of Personal Protective Equipment, and updated guidance from the Mississippi Department of Health regarding testing for COVID-19. I also presented to her the Centurion COVID-19 screening tool.

14. On March 15, 2020, Centurion finalized its Clinical Guidelines for COVID-19 and posted them to the Employee Portal.

15. On March 16, 2020, Centurion recommended that all inmates entering prisons from county jail or community, or transfer from another facility, be screened for COVID-19 and have their temperature checked. MDOC implemented this recommendation the following day.

16. On or about March 16, 2020, I began having daily conference calls with medical staff at the various sites. Among the many topics we covered were protocols for any inmates who presented with symptoms of a febrile respiratory illness.

17. On March 16, 2020, Dr. Perry approved the COVID-19 screening tools for staff and inmates recommended by Centurion. A true and correct copy is attached as Attachment A.

18. On or about March 16-17, 2020, Centurion finalized informational handouts and postings for correctional health care staff, security staff, and inmates, which have been disseminated to MDOC. A true and correct copy of which is attached as Attachments B, C, and D.

19. On March 17, 2020, Centurion suspended all non-essential services and traffic at all sites, including routine optometry, audiology, and prosthetic services.

20. On March 18, 2020, at Centurion's recommendation, Dr. Perry approved the waiver of patient co-pays at all MDOC prison facilities until further notice. This policy took effect on March 19, 2020.

21. On March 23, 2020, Bio-Reference (lab vendor) was contacted to order additional COVID-19 testing supplies. Centurion has also continually sought to obtain rapid COVID-19 tests from its vendors.

22. On March 23, 2020, the Centers for Disease Control and Prevention issued *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*. I have reviewed that guidance, along with April Meggs and Dr. Perry, and believe it is consistent with the measures already in place at MSP. Nevertheless, we continue to look for ways to improve our preparedness and response to COVID-19.

23. On March 27, 2020, Dr. Perry approved the Assessment Protocol for Patients presenting with Febrile Respiratory Illness, which has been distributed and implemented at sites in Mississippi, including MSP. A true and correct copy of which is attached as Attachment E.

24. On March 31, 2020, Centurion's Return to Work Criteria, consistent with CDC guidelines, were approved by Dr. Perry and distributed to Mississippi site leadership. A true and correct copy of which is attached as Attachments F, G, and H.

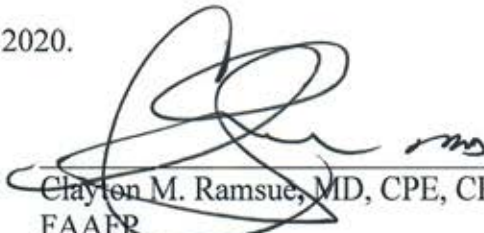
25. Dr. Perry, I and other Centurion staff have a daily call scheduled Monday through Friday, to discuss issues related to COVID-19, including screening criteria for inmates and staff, supply updates, and any changes to operational orders related to security.

26. Centurion site leadership and I continue to have daily calls Monday through Friday, to discuss issues related to COVID-19, including the availability of PPE inventory, COVID-19 testing supplies, status of medication supplies, and treatment guidelines.

27. Centurion continues to evaluate the COVID-19 pandemic and develop and refine its procedures as necessary on a daily basis.

I declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that the foregoing is true and correct.

Executed this 15 day of April, 2020.


Clayton M. Ramsue, MD, CPE, CHCQM, CCHP-P,
FAAFP
Statewide Medical Director
Centurion of Mississippi, LLC

ATTACHMENT A

CORONAVIRUS DISEASE 2019 (COVID-19)

STAFF SCREENING TOOL

1. Assess the Risk Of Exposure		
LI Yes LI No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days?	
	Describe:	
LI Yes LI No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?	
LI Yes LI No	Deployed for COVID-19 response and back from deployment within the last 14 days?	
<p>If the answer to ALL the above risk of exposure questions is NO, then STOP here.</p> <p>If the answer to ANY of the above risk of exposure questions is YES, then assess symptoms in step 2 and proceed to step 3.</p>		
2. Assess Symptoms		Date of Onset:
LI Yes LI No	Fever (<i>Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective</i>).	
LI Yes LI No	Cough	
LI Yes LI No	Shortness of Breath (SOB)	
TEMPERATURE:		
3. Contact Central Office		
<p>If the staff member answers Yes to either question in section 1 (exposure risk), Yes to any question in symptoms; or Temperature >100.4F, contact:</p>		

STAFF NAME (Last, First)

BADGE #

DOB

INTERVIEWED BY

DATE/TIME:

COVID-19 (coronavirus) Screening**English**

Date:	Time:			
State:	Facility:			
Symptoms (check all that apply)	Yes	No	Start date	
Fever/chills (if on medications that lower temp, may not have fever)				
Cough				
Describe				
Shortness of breath or trouble breathing				
Describe				
Other:				
Vital Signs				
B/P	P	R	pSO2	Temp*
* Patients with immune compromised conditions or taking fever reducing medications may not have a fever				
In the past 14 days	Yes	No	Note	
1 Have you traveled to or been in any outbreak areas in United States, or traveled internationally*? Many countries have out breaks, and large outbreaks in <i>China, Italy, Iran, South Korea</i> .				
If yes: Where When				
2 Have you or any family or friends with whom you live been in such areas?				
If yes: Where: When				
3 Have you had close contact with anyone who has tested positive to COVID-19 or experiencing fever or cough?				
If yes: When				
If yes to any symptoms and yes to any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider				
Or if a person has a fever($\geq 100.4^{\circ}$), cough, shortness of breath, and lower respiratory infection, with unknown source of infection contact practitioner				
Practitioner Notified(date/time) Practitioner Name:				
Department of Health Notified (Name):				
Comments				
Nurse Signature:				
<input type="checkbox"/> Patient accepted <input type="checkbox"/> Patient Quarantined <input type="checkbox"/> Patient Isolated <input type="checkbox"/> Patient Referred to Hospital				
<input type="checkbox"/> Patient Tested for COVID-19 Date: Results:				
Patient Name		DOB		ID #

*Risk Area=Outbreak areas include United States , major airports, globally.

COVID-19 (coronavirus) Screening**Spanish**

Date:	Time:			
State:	Facility:			
Síntomas (marque todos los que correspondan)	Yes	No	Start date	
Fiebre / escalofríos				
Tos				
Describir				
Falta de aliento/ Dificultad para respirar				
Describir				
Other:				
Vital Signs				
B/P	P	R	pSO2	Temp*
<i>* Patients with immune compromised conditions or taking fever reducing medications may not have a fever</i>				
	En los últimos 14 días	Yes	No	Note
1	¿Ha viajado o ha estado en áreas de brotes en los Estados Unidos, o ha viajado internacionalmente *? Muchos países tienen brotes y grandes brotes en China, Italia, Irán, Corea del Sur.			
2	¿Usted o alguna familia o amigo con quien vive ha estado en esas áreas?			
3	¿Has tenido contacto cercano con alguien que haya dado positivo a COVID-19 o que tenga fiebre o tos?			
	Si sí, cuándo			
If yes to any symptoms and yes to any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider				
Or if a person has a fever(>100.4°), cough, shortness of breath, and lower respiratory infection, with unknown source of infection consult provider				
Provider Notified(date/time) Provider Name:				
Department of Health Notified (Name)				
Comments:				
Nurse Signature:				
<input type="checkbox"/> Patient accepted <input type="checkbox"/> Patient Quarantined <input type="checkbox"/> Patient Isolated <input type="checkbox"/> Patient Referred to Hospital				
<input type="checkbox"/> Patient Tested for COVID-19 Date: Results:				
Patient Name		DOB		ID #

***Risk Area=Outbreak areas include United States , major airports, globally.**

ATTACHMENT B



Coronavirus COVID-19

Information for Correctional Healthcare Staff

Personal Safety

Maintain healthy habits and be prepared. Always wash hands with soap and water after contact with persons and public objects. Utilize personal protective equipment (PPE) in interactions with patients who might be infected. Recognize that droplets can remain active on surfaces and clothing for several hours. Take everyday actions to stay healthy.

Facility Safety

Do not to enter facilities if you are:

- Experiencing symptoms (fever, cough, and/or difficulty breathing).
- Traveled within the past 14 days to a high risk area.
- Have been exposed to a confirmed case.

If someone in your household has been exposed to a contact, seek guidance from your local health department. Refer to Centurion policy for leave during the COVID-19 epidemic.

Facility Procedures

All patients entering and leaving the facility are to be screened with the following questions or actions:

- Have you traveled to any area with an outbreak of COVID-19 or to international areas with sustained (ongoing) transmission such as China, Iran, Italy, Japan, South Korea?
- Do you have a fever?
- Do you have a cough?
- Are you short of breath?
- Have you been in close contact (less than six feet) of someone exhibiting these symptoms or confirmed case of COVID-19?
- Take and record temperature.

If **NO** to the above screening items, proceed as normal.

If **YES** to any the above, or temperature >100.0 F, proceed as follows.

If exposure or symptoms or fever:

- Put a simply surgical/procedure mask on the patient.
- Place the patient in a separate, closed room and close the door. Ideally, this is an airborne infection isolation room (AIIR) with negative pressure.
- Healthcare and custody staff wear Personal Protective Equipment (N-95 mask, eye shield, gown, gloves) when entering room or escorting patient.



Coronavirus COVID-19

Information for Correctional Healthcare Staff

- Rapid test for influenza.
- Assess stability of the patient. Short of breath? Need transfer to hospital?
- Contact your facility practitioner.
- Contact local health department or Emergency Department prior to moving patient.
- Notify security and EMS transport patient with respiratory illness.
- Testing to be done per local protocols and availability.

Quarantine

If a person is identified with COVID-19, determination is made for those who had potential exposure. Those persons are placed in quarantine for a period of 14 days. This is coordinated with security.

Supplies

Maintain adequate stock of essential supplies, including medications and cleaning equipment.

Minimize Your Risks

Stay healthy: Strict hand washing, social distancing (>6 feet or ~2 arms lengths), and smoking cessation.

ATTACHMENT C



Coronavirus COVID-19

Information for Security Staff



COVID-19 is a virus similar to other viruses that cause respiratory illness: It is transmitted person to person through cough, sneeze or other respiratory droplets. The virus remains active on surfaces such as doorknobs, table tops or clothing for several hours.

Fortunately, 80% of people that are infected will have mild to moderate symptoms.

The time from exposure to display of symptoms is 2-14 days with an average around day 5. People are most contagious when they are symptomatic but transmission can occur without symptoms.

The symptoms are very similar to the flu and can be mild, moderate, or severe:

- ⚠️ Fever of 100.4°F (a person might not have a fever if you taking Tylenol or other pain/fever reducing medications)
- ⚠️ Dry cough
- ⚠️ Shortness of breath/difficulty breathing

How to Protect Yourself and Others

- Take everyday actions to stay healthy.
- Protect your immune system with exercise, healthy eating, and rest.
- Wash hands frequently with soap and water:
 - Before eating
 - After going to the bathroom
 - When dirty
 - Handling or touching possible contaminated surfaces
 - After sneezing and coughing
- Avoid touching your eyes, nose, and mouth.
- Keep your distance or avoid close contact with people who are sick (fever, coughing).
- Cover your cough or sneeze.
 - Use tissue, then throw the tissue in the trash, then wash your hands.
 - If tissue is not available cough or sneeze into your arm not your hand.
- Monitor environmental cleaning and disinfect frequently touched objects and surfaces using the disinfectant provided by the facility.
- If you are sick or have been exposed to a confirmed case COVID-19, it is recommended you do not come to work. Follow your facility's and health professional's recommendation.

Safe Facility

- If you identify or note an inmate who is ill, coughing, short of breath or febrile, notify medical and separate the person from others.



Coronavirus COVID-19

Information for Security Staff



Safe Facility *(Continued)*

- Staff are to wear Personal Protective Equipment (N-95 mask, eye shield, gown and gloves) when escorting or transporting or entering the room of a person suspected of COVID-19 infection.
- Special vigilance is appropriate for older persons and those with medical problems such as emphysema who are more likely to be severely affected by the infection.
- If moving a person suspected of COVID-19, the receiving facility (such as a hospital) should be notified in advance.
- Persons who are exposed to an active case of COVID-19 are generally placed in quarantine for 14 days. This means they are restricted from interacting with persons or places that have not been exposed.
- Do not come to work if you are sick (fever, cough). Follow your facility's directive.

ATTACHMENT D



Coronavirus COVID-19

Information for Incarcerated Persons

Coronavirus is spread like a cold or flu. If a sick person coughs or sneezes near you, or touches surfaces with contaminated hands, you could get sick. Washing your hands and cleaning surfaces is your best protection from germs. Most people (about 80%) who have coronavirus only have mild to moderate symptoms.

The symptoms are like the flu and can be mild, moderate, and severe:

- ⚠️ Fever of 100.4°F (a person might not have a fever if you taking Tylenol or other pain / fever reducing medications)
- ⚠️ Dry cough
- ⚠️ Shortness of breath / difficulty breathing

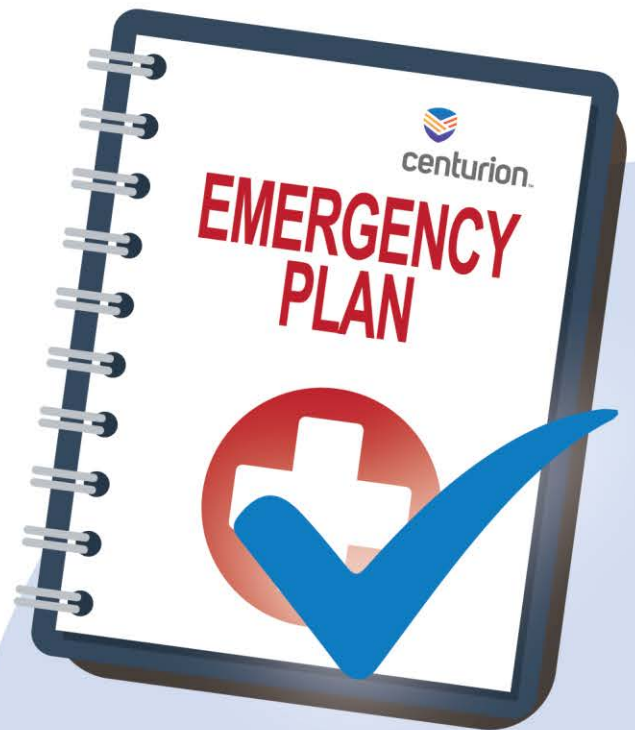
If you have a dry cough, trouble breathing, or a fever, please tell medical staff. If anyone in your housing unit has these symptoms, please notify medical staff.

Stay healthy! How to Protect Yourself and Others

- Eat healthy, exercise, and reduce stress to keep your immune system strong
- Wash hands often with soap and water:
 - Before eating
 - After going to the bathroom
 - When dirty
 - Touching possible contaminated surfaces or items
 - After sneezing and coughing
- Do not touch your eyes, nose, and mouth
- Do not share food
- Stay away from people who are sick, with a fever, and coughing. Tell sick visitors not to come until they are healthy.
- Cover your cough or sneeze:
 - Cough or sneeze into your arm, not your hand
 - Use a tissue, then throw the tissue in the trash then wash your hands
- Clean objects and surfaces using disinfectant.

Do not be afraid

- **We are prepared.** ✓
- We are following directions from the Centers for Disease Control and Prevention and health departments.
- Ask questions if you are worried.
- Tell medical staff if you are sick.



LOWER YOUR RISKS

Stay healthy: Wash hands, social distancing (at least 6 feet or 2 arm lengths), **and stop smoking** (COVID-19 is a respiratory disease)



ATTACHMENT E



ASSESSMENT PROTOCOL FOR PATIENTS PRESENTING WITH FEBRILE RESPIRATORY ILLNESS

Patient presents with complaints of fever and/or respiratory symptoms (apply surgical mask to inmate)

- ➔ RN assessment including full set of vitals to include O2 sat, attention to high risk or vulnerable conditions.

Category: Afebrile and not ill or symptomatology not concerning

If the patient is not febrile and not exhibiting respiratory symptoms consistent with viral illness then address underlying symptom(s) such as allergies, and educate patient ➔ return to housing.

Category: Febrile and ill with respiratory symptoms

- ➔ Provider assessment, if confirmed flu-like illness then administer rapid Influenza test
- ➔ If Influenza positive, isolate and follow Infection Control Guidelines with contact map and close contact screening/education. May cohort patients exposed who are exhibiting similar symptoms. Supportive care. Close monitoring for complications that would require higher level of care
- ➔ If Influenza negative or not available, isolate and cohort separately from Influenza group. May cohort patients exposed who are exhibiting similar symptoms. Supportive care. Close monitoring for complications that would require higher level of care
 - If COVID-19 test available, may choose to test 1-2 patients in the cohort but not necessary to test multiple close contacts who have similar symptoms.
 - If COVID-19 test not available, this population can be “presumed positive”

Category: Febrile and ill or compromised

- ➔ Mask, provider assessment, stabilize and transport to ER—*call report to ER staff*

Additional workup: For any of the ill patients with laboratory confirmed or presumed positive COVID-19, consider CXR and/or laboratory (CBC, CMP). Bilateral pneumonia is a complication, even if oxygen saturations and lung exam is normal. Patients can have either elevated or normal WBC, but will predominantly exhibit leukopenia with COVID. Nearly 30% may have transaminitis.

Monitoring: These patients need RN visits Q shift and Provider visits at least daily until stabilizing. Please remember that a small percentage of patients with COVID will decompensate and need additional respiratory support- be on the lookout for this and escalate any patient that seems to be worsening. Many Intensivists are reporting that some patients unexpectedly have respiratory worsening after a short period of stabilization and improvement, some developing sudden Respiratory Failure/ARDS and requiring ventilator and life support.

WHEN TO D/C ISOLATION for symptomatic patients either known or presumed to have COVID ??

- a) 72 hours have passed with no fever (and not on fever reducing med) AND
- b) Symptoms IMPROVED (this is a recent CDC change from “symptoms resolved”) AND
- c) At least 7 days or more have passed since symptom onset

ATTACHMENT F

CDC Return to work criteria for confirmed or suspected COVID -19

Centurion of Mississippi is observing test based strategy

- 1- **Test Based strategy**- Exclude from work until:
 - Resolution of fever without fever reducing medications AND
 - Improvement of respiratory symptoms AND
 - Negative results of an emergency use authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected > 24 hours apart

- 2- **Non-test based strategy**: Exclude from work until:
 - At least 3 days (72 hours) have passed since recovery (defined as no fever without use of fever reducing medications AND improvement of respiratory symptoms) AND
 - At least 7 days have passed since symptoms first appeared

Return to work practices and restrictions

After returning to work, the HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms have resolved or until 14 days after illness onset whichever is longer.
- Be restricted from contact with severely immunocompromised patients until at least 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene and cough etiquette
- Self-monitor for symptoms and seek evaluation if symptoms return or worsen

ATTACHMENT G

CDC Return to work criteria for High/ Medium Risk Covid-19 Exposure with NO CURRENT SYMPTOMS

- 1- **Test Based strategy**- Exclude from work until:
 - Negative results of an emergency use authorized molecular assay for COVID-19 from an FDA approved nasopharyngeal swab
- 2- **Non-test based strategy**: Exclude from work until:
 - At least 14 days from last exposure and no fever and /or respiratory symptoms

Return to work practices and restrictions

If returning to work before the 14 day period from last exposure and a negative test, the HCP should:

- Wear a facemask at all times while in the healthcare facility until at least 14 days after last exposure.
- Participate in the daily facility screening
- Be restricted from contact with severely immunocompromised patients until at least 14 days after last exposure
- Adhere to hand hygiene, respiratory hygiene and cough etiquette
- Self-monitor for symptoms and seek evaluation if symptoms appear or change in health status

If returning after 14 days from last exposure, the HCP should:

- Adhere to hand hygiene, respiratory hygiene and cough etiquette
- Self-monitor for symptoms and seek evaluation if symptoms appear or change in health status
- Participate in daily facility screening

ATTACHMENT H

Centurion of MS Return to work criteria for domestic plane travel or work in high risk areas (Community ER, LTAC, Hospitals, Mental Health facilities)

With unknown/unconfirmed COVID-19 Exposure

Return to work practices and restrictions

After returning to work, the HCP should:

- Wear a facemask at all times while in the healthcare facility until 14 days after last possible high/medium risk exposure (Defined as less than six feet for more than 30 minutes)
- Participate in daily facility COVID screenings
- Be restricted from contact with severely immunocompromised patients until at least 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene and cough etiquette
- Self-monitor for symptoms and seek evaluation if symptoms return or worsen

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION**

MICHAEL AMOS, *et al.*

PLAINTIFFS

VS.

CIVIL ACTION NO. 4:20-CV-07-DMB-JMV

TOMMY TAYLOR, *et al.*

DEFENDANTS

DECLARATION OF GLORIA PERRY, MD

Pursuant to 28 U.S.C. § 1746, I, Gloria Perry, M.D., declare under penalty of perjury that the following statements, based on my personal knowledge, are true:

1. I am an adult resident citizen of Brandon, Mississippi. I am competent to testify to the matters contained in this Declaration, and I give this Declaration voluntarily.
2. I am currently serving as the Chief Medical Officer for the Mississippi Department of Corrections ("MDOC"). I have been employed by MDOC since 2008.
3. I am offering this declaration as a supplement and update to my prior declaration filed in this Court on March 19, 2020.
4. My duties as Chief Medical Officer include overseeing measures undertaken by MDOC and Centurion of Mississippi, LLC ("Centurion") at the Mississippi State Penitentiary at Parchman ("MSP") to prevent the spread of COVID-19, to lessen the impact of COVID-19 on inmates and MDOC staff, to prepare for the potential contraction of COVID-19 by inmates or MDOC staff, and to respond with appropriate and adequate measures should MDOC staff or inmates contract COVID-19.



5. I have knowledge of the present conditions and medical operations of MSP. I am aware of the efforts undertaken by the MDOC and Centurion at MSP with respect to COVID-19.

6. I am aware of the current status of MSP and other MDOC facilities as it relates to COVID-19. To my knowledge, there has been one confirmed case of COVID-19 of an inmate housed at MSP. On April 11, 2020, this inmate died at a local hospital. After his death, MDOC learned of the positive test result.

7. To my knowledge, MDOC and Centurion staff are complying with CDC guidance in response to the confirmed positive case to protect inmates and staff who may have been exposed to the infected individual and to prevent the spread of COVID-19 through quarantine, temperature checks, monitoring, and sanitization.

8. I have reviewed Plaintiffs' Supplement Brief in Support of their Emergency Motion for Temporary Restraining Order and Mandatory Preliminary Injunction as to COVID-19 filed on April 13, 2020. I have personal knowledge that MDOC and Centurion are already performing most, if not all, of the preventive and responsive measures sought by Plaintiffs' Supplemental Brief.

9. I have reviewed the Centers for Disease Control and Prevention's *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, issued on March 23, 2020. I have personal knowledge that MDOC and Centurion have implemented at MSP procedures and practices consistent with the CDC's recommended guidance.

10. I have daily calls with Centurion leadership to discuss and receive updates on various aspects of COVID-19 prevention, preparedness, and management at MDOC facilities, including MSP. Topics of our daily calls have included, but are not limited to: availability of COVID-19 testing supplies; numbers of inmates who have been tested for COVID-19 and the

results of those tests; PPE inventory; Mississippi State Department of Health alerts; production and distribution of cloth masks and gowns; and dental procedure restrictions. Additionally, I have approved Centurion's COVID Assessment Tool and Return to Work Guidance.

I declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that the foregoing is true and correct.

Executed this 15th day of April 2020.


Gloria Perry, MD

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION**

MICHAEL AMOS, et al.

PLAINTIFFS

VS.

CIVIL ACTION NO. 4:20-CV-07-DMB-JMV

TOMMY TAYLOR, et al.

DEFENDANTS

DECLARATION OF MARSHAL TURNER

Pursuant to 28 U.S.C. § 1746, I, Marshal Turner, declare under penalty of perjury that the following statements, based on my personal knowledge, are true:

1. I am an adult resident citizen of Saraland, Alabama. I am competent to testify to the matters contained in this Declaration, and I give this Declaration voluntarily.
2. I am currently serving as the Superintendent of the Mississippi State Penitentiary at Parchman ("MSP"). I am employed by the Mississippi Department of Corrections ("MDOC"). I have been employed by MDOC since 2002. I have served as the Superintendent of MSP since 2017.
3. As Superintendent, I have personal knowledge regarding measures taken by MDOC officers and staff at MSP to prevent the spread of COVID-19, to lessen the impact of COVID-19 on MSP inmates and MDOC staff, to prepare for MSP inmates or MDOC staff's contracting COVID-19, and to respond with appropriate and adequate measures should MDOC staff or MSP inmates contract COVID-19 so as to manage any confirmed or suspected cases of COVID-19 inside MSP and to prevent further transmission.



4. I have direct, personal knowledge of the present conditions and operations of MSP, and I am aware of the preventative, responsive, and management efforts undertaken by MDOC at MSP with respect to COVID-19.

5. I have reviewed Plaintiffs' Supplemental Brief in Support of their Emergency Motion for Temporary Restraining Order and Mandatory Preliminary Injunction as to COVID-19, including the exhibits. I have personal knowledge that MSP is already performing most, if not all, of the preventative and responsive measures sought by Plaintiffs' Motion, including those recommended by the CDC's Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities (the "CDC Guidance") and Centurion of Mississippi, LLC's ("Centurion") Pandemic Preparedness and Emergency Response Plan (the "Centurion Plan").

6. As discussed more specifically below, at MSP we have increased our cleaning measures; posted CDC signage and communications throughout MSP to communicate COVID-19 related awareness, prevention, and management; suspended non-medical transfers between facilities except for emergencies and serious security threats; we screen everyone that comes into MSP for symptoms (including staff, inmates, and visitors); we have developed a system to verbally communicate to each zone that the inmates should be monitoring themselves for symptoms and reporting any symptoms to MDOC staff; we have suspended all in person visitation except for attorney-client visitation; we are coordinating closely with public health officials; we work closely with Centurion to provide medical care for persons with symptoms of COVID-19; we mask and medically isolate any symptomatic inmates; we screen all inmates who are in the same building as any inmate who has developed symptoms; we identify and quarantine any close contacts of persons who have exhibited symptoms of COVID-19; we are working to develop a plan for distributing masks to all inmates to the extent feasible and safe; and although

social distancing is extremely difficult inside a correctional facility, we have posted signage and are verbally encouraging social distancing, including during meal times and recreational times. We are also encouraging the inmates to sleep head to foot, as opposed to head to head.

7. Specifically, I am aware of the following preventative, responsive, and management efforts undertaken by MDOC at MSP with respect to COVID-19.

8. Hygiene and PPE. With regard to hygiene, MDOC is supplying MSP inmates with additional hand soap on a weekly basis, in sufficient quantities to ensure that all inmates are able to adhere to the common health practices outlined by the CDC and Centurion. The soap is free, accessible, and restocked continually. In addition, MSP's commissary vendor provided each MSP inmate with an additional bar of Dial antibacterial soap. MSP has also placed signage in each unit, building, and zone to remind inmates to regularly wash their hands and to do so for at least 20 seconds.

With regard to hand sanitizer, although hand sanitizer with 60% or more alcohol remains a security concern, MDOC is attempting to obtain additional hand sanitizer for inmates and is working on developing a strategy to allow inmates to use the hand sanitizer in a manner that is safe for all persons at MSP. Hand sanitizer is already being made available for staff to use at the areas where they clock-in and clock-out of MSP.

With regard to PPE, all staff persons are required to wear masks and gloves at all times while inside the buildings and zones of a unit at MSP and while interacting with inmates. MDOC has also provided all inmate workers with masks and gloves to wear while they are performing their duties or interacting with other inmates. MDOC has ordered, but not yet received, masks for all inmates. Once received, MSP will distribute the masks to all inmates and develop a plan for

allowing all inmates to utilize the masks safely, as they pose a considerable security concern in not being able to identify inmates involved in an altercation or incident.

9. Cleaning. MDOC has ramped up its cleaning measures at MSP. Three times per day, MDOC staff issues to a select group of inmates in each zone disinfecting chemicals to be mixed with water, spray bottles, and paper towels. Those inmates are charged with cleaning and disinfecting shared surfaces and areas in the zone that might be frequently touched, including doorknobs, sink handles, water fountains, countertops, toilets, garbage containers, vending machines, tables, floors, mirrors, desks, and telephones. MDOC staff instructs the inmate workers to wipe down anything that anyone could have touched. Attached to this declaration as Exhibit A are just a few examples of the daily cleaning logs which MSP keeps for all units and buildings.

In addition, MDOC staff has been instructed to frequently clean any shared equipment and upon conclusion of any use of that equipment.

Contrary to the statements in Plaintiffs' Motion and exhibits, I have observed that Centurion staff and MDOC staff are following instructions to ensure that all screening equipment, such as thermometers, are disinfected before each individual use.

10. Screening and Visitation. MDOC screens its staff and all visitors at MSP daily upon entrance to the facility for symptoms and other indicators of exposure to COVID-19. If any staff leaves the premises of MSP, they are screened again upon reentry to MSP. MDOC screens all staff and visitors using a COVID-19 screening form provided by Centurion, a copy of which was previously provided to the Court. MDOC staff and visitors are routed to an alternative screening area at the visitation center to facilitate safe screening by a registered nurse. The screening process includes questions about symptoms, if any, including headaches, fevers,

coughing, shortness of breath, and any trouble breathing, travel history, and includes the administration of a temperature reading. If any staff person or visitor exhibits a temperature greater than 100 degrees, medical attention is required and they are asked to leave the premises.

MDOC is also actively monitoring all inmates for symptoms of COVID-19, such as headaches, fevers, coughing, shortness of breath, and trouble breathing. MDOC has directed staff to announce daily to all inmates in each zone that they should immediately report any symptoms of COVID-19 to MDOC staff so that medical attention can be requested. If any inmate in a particular zone exhibits symptoms of COVID-19, then Centurion visits that zone and conducts a screening and temperature reading of all inmates in that zone.

In the case of a new inmate being transferred to MSP because of an emergency or serious security situation, that new inmate is not only screened but also isolated for 14 days before being allowed to enter the general inmate population.

No visitors are being allowed to meet in person with inmates at this time, except for the inmates' attorneys. And in the event of such attorney-client visits, the attorneys are being asked to wear PPE including gowns, gloves, and masks. MDOC requires all visitation areas to be sanitized at the completion of each attorney visit.

11. Social Distancing: As acknowledged by the CDC Guidance, social distancing inside a correctional facility is extremely difficult. MDOC has, however, posted signage at MSP to advise inmates of the CDC's social distancing recommendations. MDOC staff has also been directed to verbally encourage social distancing among inmates in common areas, during meal times, and during recreation. MDOC staff is also encouraging inmates to sleep head to foot, as opposed to head to head, and MDOC has posted signage inside each zone advising inmates to sleep head to foot.

12. Inmate Transfers: MDOC has suspended all inter-facility transfers, except for cases of an emergency or a serious security threat. Inmates are not coming into MSP or leaving MSP unless there is an emergency or a serious security threat. In the event of an emergency or security threat that requires that a new inmate be brought into MSP, that new inmate will be screened and isolated for 14 days before being allowed to enter the general inmate population. Unless there is a quarantine situation, intra-facility transfers are still being conducted within MSP, in accordance with MSP policies to upgrade or downgrade an inmate's security classification as necessary. MSP is taking all measures that it can to provide safety to inmates and at the same time avoid a lockdown situation, which would lead to disgruntled inmates and increased security concerns.

13. Medical Quarantine and Isolation: MDOC is following CDC Guidance and the Centurion Plan with regard to quarantine and isolation practices. If any staff person or inmate gets tested for COVID-19, or if they are suspected of having COVID-19, then MDOC requires that person to be medically isolated until person has been fever-free and symptom-free for at least 72 hours and at least seven days have passed since the person's symptoms first appeared. In such an event, MDOC also requires that any inmate housing units where the sick or potentially sick person has had direct contact be quarantined for 14 days. MDOC has identified areas of MSP to use for overflow during times of quarantine. MDOC transports to a local hospital any inmate who needs medical care beyond what MSP can provide.

14. Collaboration and Communication: I and other MDOC officials are working with Centurion to ensure that MDOC staff is doing everything it can to adhere to the CDC Guidance and to the Centurion Plan. I have personally reviewed the CDC's communication resources,

including their print resources and posters, and I have directed MDOC staff to post many of these print resources in every unit, building, and zone at MSP. I and others at MSP are working to ensure that inmates are educated about COVID-19 and understand the importance of good hygiene, social distancing, cleaning, and communicating the presence of symptoms.

I and other MDOC officials are collaborating and sharing information with the Mississippi Department of Health, the United States Department of Homeland Security's Office for State and Local Law Enforcement, and other health officials and agencies to ensure appropriate preventative measures are being taken at MSP with respect to COVID-19.

MDOC officials are also communicating with the public through press releases and other means as much as possible regarding any changes to health conditions, operations, and visitation.

15. Laundry: The allegations that inmates are being forced or required to wash their own clothes in the sink is completely erroneous. In fact, all inmates know that it is against the rules to wash clothes in the sink. MSP has placed many signs informing inmates of this, but the signs are repeatedly torn down. Inmates use this clothes washing practice as a way to make money inside MSP. There is a central laundry at MSP, and MDOC provides a laundry service to all MSP inmates. Inmates choose to wash their clothes in the sink, even though it is not allowed.

16. Copays: Contrary to the allegations in Plaintiffs' brief, I understand that Centurion has already waived all copays related to COVID-19.

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

Dated: April 15, 2020

Respectfully submitted,



Marshal Turner

CC Logg MMS
4/1/2020MISSISSIPPI STATE PENITENTIARY
HOUSEKEEPING AND SANITATION LOGUNIT 29-IDATE 04 101 1 2020LOCATION MSP

THE FOLLOWING CLEANING SCHEDULES APPLY TO MINIMUM CLEANING STANDARDS

ITEM	SCHEDULE	1 ST	2 ND	3 RD	COMMENTS
		SIGNATURE & TIME	SIGNATURE & TIME	SIGNATURE & TIME	
WASH BASINS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
COMMODOES	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
SINKS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
REFRIGERATORS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
BEVERAGE DISPENSERS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
FLOORS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
SHOWERS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
PARKING LOT/DOCKS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
MIRRORS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
BEDS	DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
LOCKERS	DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
DESKS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
FOUNTAIN	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
FLOOR MATS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
SOAP HOLDERS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
MATTRESS	WEEKLY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
GARBAGE CONTAINERS	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	
TABLES	3 X DAILY	<i>[Signature]</i> 0822	<i>[Signature]</i> 1800	<i>P. Lathan</i>	

DMS 4-1-20

4-1-20 CS Penelope Johnson

MISSISSIPPI STATE PENITENTIARY
HOUSEKEEPING AND SANITATION LOG

UNIT 29-2 DATE 4/11/20 LOCATION MSP

THE FOLLOWING CLEANING SCHEDULES APPLY TO MINIMUM CLEANING STANDARDS

ITEM	SCHEDULE	1 ST	2 ND	3 RD	COMMENTS
		SIGNATURE & TIME	SIGNATURE & TIME	SIGNATURE & TIME 1935	
WALLS	DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>P. Lathan</i>	
WINDOWS	DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
BLINDS	DAILY	<i>N/A</i>	<i>N/A - 1800</i>	<i>N/A</i>	
WINDOW AIR CONDITIONERS	DAILY	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	
EXTINGUISHERS	WEEKLY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
CHAIRS	WEEKLY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
CABINETS	WEEKLY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
CLEANING CARTS	3 X DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
VENDING MACHINES	3X DAILY	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	
DOOR & HARDWARE	3 X DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
BAR/CELL(S)	WEEKLY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
BUFFERS	DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
DESK TOP EQUIPMENT	3 X DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
STALLS & EQUIPMENT	3 X DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
FURNISHING & APPLIANCES	3 X DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
OFFENDER TELEPHONE	3 X DAILY	<i>Harwood</i>	<i>Harwood - 1800</i>	<i>Lathan</i>	
DINING HALL	AFTER SERVING EACH ZONE/ TIER	<i>N/A</i>		<i>N/A</i>	

10/5/20

LOCATION MS MSP

4-1-20 CS Brenda Johnson

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**MISSISSIPPI STATE PENITENTIARY
HOUSEKEEPING AND SANITATION LOG**

UNIT 24JDATE 4 / 2 / 20LOCATION MSP

THE FOLLOWING CLEANING SCHEDULES APPLY TO MINIMUM CLEANING STANDARDS

ITEM	SCHEDULE	1 ST	2 ND	3 RD	COMMENTS
		SIGNATURE & TIME	SIGNATURE & TIME	SIGNATURE & TIME	
WASH BASINS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
COMMODOES	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
SINKS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
REFRIGERATORS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
BEVERAGE DISPENSERS	3 X DAILY	NA	1130 Coffin	N/A	
FLOORS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
SHOWERS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
PARKING LOT/DOCKS	3 X DAILY	NA	N/A	N/A	
MIRRORS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
BEDS	DAILY	0610 Epp	1130 Coffin	1700 BL	
LOCKERS	DAILY	0610 Epp	1130 Coffin	1700 BL	
DESKS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
FOUNTAIN	3 X DAILY	NA	N/A	N/A	
FLOOR MATS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
SOAP HOLDERS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
MATTRESS	WEEKLY	0610 Epp	1130 Coffin	1700 BL	
GARBAGE CONTAINERS	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	
TABLES	3 X DAILY	0610 Epp	1130 Coffin	1700 BL	

**MISSISSIPPI STATE PENITENTIARY
HOUSEKEEPING AND SANITATION LOG**

UNIT 205DATE 4 / 2 / 2020LOCATION MSP

THE FOLLOWING CLEANING SCHEDULES APPLY TO MINIMUM CLEANING STANDARDS

ITEM	SCHEDULE	SIGNATURE & TIME	SIGNATURE & TIME	SIGNATURE & TIME	COMMENTS
		1ST	2ND	3RD	
WALLS	DAILY	0610 Epp	1130 Wftr	N/A	
WINDOWS	DAILY	0610 Epp	1130 Wftr	N/A	
BLINDS	DAILY	NA	N/A	N/A	
WINDOW AIR CONDITIONERS	DAILY	NA	N/A	N/A	
EXTINGUISHERS	WEEKLY	0610 Epp	1130 Wftr	N/A	
CHAIRS	WEEKLY	0610 Epp	1130 Wftr	N/A	
CABINETS	WEEKLY	0610 Epp	1130 Wftr	N/A	
CLEANING CARTS	3 X DAILY	0610 Epp	1130 Wftr	1700 BL	
VENDING MACHINES	3X DAILY	0610 Epp	1130 Wftr	1700 BL	
DOOR & HARDWARE	3 X DAILY	0610 Epp	1130 Wftr	1700 BL	
BAR/CELL(S)	WEEKLY	0610 Epp	1130 Wftr	1700 BL	
BUFFERS	DAILY	0610 Epp	1130 Wftr	N/A	
DESK TOP EQUIPMENT	3 X DAILY	0610 Epp	1130 Wftr	N/A	
STALLS & EQUIPMENT	3 X DAILY	NA	N/A	N/A	
FURNISHING & APPLIANCES	3 X DAILY	0610 Epp	1130 Wftr	N/A	
OFFENDER TELEPHONE	3 X DAILY	0610 Epp	1130 Wftr	1700 BL	
DINING HALL	AFTER SERVING EACH ZONE/ TIER	NA	N/A	N/A	

UNIT 295 DATE 4 / 2 / 2020 LOCATION MSP

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MISSISSIPPI STATE PENITENTIARY
HOUSEKEEPING AND SANITATION LOG

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4-6-20

UNIT 29-FDATE 4 / 5 / 20LOCATION MSP

THE FOLLOWING CLEANING SCHEDULES APPLY TO MINIMUM CLEANING STANDARDS

ITEM	SCHEDULE	0600 1 ST	1040 2 ND	1840 3 RD	COMMENTS
		SIGNATURE & TIME	SIGNATURE & TIME	SIGNATURE & TIME	
WASH BASINS	3 X DAILY	Thompson	Hunter	Hunter	
COMMODOES	3 X DAILY	Thompson	Hunter	Hunter	
SINKS	3 X DAILY	Thompson	Hunter	Hunter	
REFRIGERATORS	3 X DAILY	Thompson	Hunter	Hunter	
BEVERAGE DISPENSERS	3 X DAILY	N/A	N/A	N/A	
FLOORS	3 X DAILY	Thompson	Hunter	Hunter	
SHOWERS	3 X DAILY	Thompson	Hunter	Hunter	
PARKING LOT/DOCKS	3 X DAILY	N/A	N/A	N/A	
MIRRORS	3 X DAILY	Thompson	Hunter	Hunter	
BEDS	DAILY	Thompson	Hunter	Hunter	
LOCKERS	DAILY	Thompson	Hunter	Hunter	
DESKS	3 X DAILY	Thompson	Hunter	Hunter	
FOUNTAIN	3 X DAILY	Thompson	Hunter	Hunter	
FLOOR MATS	3 X DAILY	Thompson	Hunter	Hunter	
SOAP HOLDERS	3 X DAILY	Thompson	Hunter	Hunter	
MATTRESS	WEEKLY	Thompson	Hunter	Hunter	
GARBAGE CONTAINERS	3 X DAILY	Thompson	Hunter	Hunter	
TABLES	3 X DAILY	Thompson	Hunter	Hunter	

4-5-20

C.S. Harper

MISSISSIPPI STATE PENITENTIARY
HOUSEKEEPING AND SANITATION LOG

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UNIT 29FDATE 4/15/20LOCATION MSP

THE FOLLOWING CLEANING SCHEDULES APPLY TO MINIMUM CLEANING STANDARDS

ITEM	SCHEDULE	0600 1 ST	1040 2 ND	1840 3 RD	COMMENTS
		SIGNATURE & TIME	SIGNATURE & TIME	SIGNATURE & TIME	
WALLS	DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
WINDOWS	DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
BLINDS	DAILY	<i>N/A</i>	<i>NA</i>	<i>NA</i>	
WINDOW AIR CONDITIONERS	DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
EXTINGUISHERS	WEEKLY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
CHAIRS	WEEKLY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
CABINETS	WEEKLY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
CLEANING CARTS	3 X DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
VENDING MACHINES	3X DAILY	<i>N/A</i>	<i>N/A</i>	<i>NA</i>	
DOOR & HARDWARE	3 X DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
BAR/CELL(S)	WEEKLY	<i>N/A</i>	<i>NA</i>	<i>NA</i>	
BUFFERS	DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
DESK TOP EQUIPMENT	3 X DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
STALLS & EQUIPMENT	3 X DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
FURNISHING & APPLIANCES	3 X DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
OFFENDER TELEPHONE	3 X DAILY	<i>Thompson</i>	<i>Hunter</i>	<i>Hunter</i>	
DINING HALL	AFTER SERVING EACH ZONE/TIER	<i>N/A</i>	<i>NA</i>	<i>NA</i>	

*4-5-20
cs. d. m. h. g.*

UNIT 29F DATE 4 15 20 LOCATION MSP

THE FOLLOWING CLEANING SCHEDULES APPLY TO MINIMUM CLEANING STANDARDS

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CS. Jan 12 p