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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, AND RAMON MANCIA, individually and on behalf of all others similarly situated,

Plaintiffs,

v.

THE GEO GROUP, INC.,

Defendant.

Civil Action No. 5:17-cv-02514-JGB-SHKx

DECLARATION OF DANIEL H. CHAREST IN SUPPORT OF PLAINTIFFS' REPLY IN FURTHER SUPPORT OF THEIR EX PARTE APPLICATION FOR A TEMPORARY RESTRAINING ORDER REQUIRING COVID-19 PREVENTION MEASURES FOR NATIONWIDE HUSP CLASS

Hearing set: April 14, 2020 at 10:00 a.m.

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"I, Daniel H. Charest, declare that the following is true and correct to the best of my knowledge:

1. My name is Daniel H. Charest. I am a partner at Burns Charest, LLP, located at 900 Jackson Street, Suite 500, Dallas, Texas 75202.

2. My office represents Raul Novoa, Jaime Campos Fuentes, Abdiaziz Karim, Ramon Mancia, individually and on behalf of all others similarly situated.

3. Attached to this Declaration are true and correct copies of the following documents:

Exhibit A: Declaration of **Rebecca Merton** on behalf of Freedom for Immigrants (describing calls from Class Members and their family members to FFI's Hotline from inside GEO's facilities regarding GEO's COVID19 Response).

Exhibit B: Declaration of **Adam Richards, M.D., Ph.D.** (offering expert medical opinion on the sufficiency of the measures at **Adelanto** as described in the Valdez and Janecka Declarations in light of relevant CDC and other guidance).

Exhibit C: A true and correct copy of the Declaration of **Yoselin Reina Moran** (Adelanto) (describing conditions of confinement at the Adelanto facility) filed with permission of her immigration counsel, Nicolette Glazer

Exhibit D: A true and correct copy of the Declaration of Class Member **Jairo Guardado Aparicio** (Adelanto) (describing conditions of confinement at Adelanto in connection to his request for emergency release pending before Judge Hatter in *Guardado-Aparicio v. Dep't of Homeland Security*, No. 5:20-cv-00716-TJH-SP (C.D. Cal. Filed April 8, 2020 filed with permission of his immigration counsel, Nicolette Glazer).

Exhibit E: A true and correct copy of the Supplemental Declaration of **Homer Venters**, **M.D., M.P.H**. (describing the inadequacy of the steps ICE clams

it has taken to prevent the spread of COVID-19 within its civil detention facilities) previously filed in *Freihat v. ICE*, No. 5:19-cv-1546-JGB-SHKx (C.D. Cal. Filed Apr. 9, 2020 filed with permission of Dr. Venters).

Exhibit F: Declaration of **Meredyth Yoon, Esq**., Lead Attorney, Folkston Office – Southeast Immigrant Freedom Initiative, Southern Poverty Law Center (describing current conditions faced by Class Members at GEO's **Folkston** facility).

Exhibit G: Declaration of **Katrina Huber, Esq**., Project Coordinator – Southeast Immigrant Freedom Initiative, Southern Poverty Law Center (describing current conditions faced by Class Members at GEO's **Jena**, **Pine Prairie**, and **South Louisiana** facilities).

Exhibit H: Declaration of **Carlos Franco-Paredes, M.D., M.P.H.**, (offering expert medical opinion as an Infectious Diseases Clinician and provider of medical services to Class Members detained at GEO's **Aurora** facility regarding medical implications of the Declaration of Dawn Ceja).

Exhibit I: A true and correct copy of the Declaration of Class Member **C.J. H.-S. (Adelanto**) (describing conditions of his confinement at the Adelanto facility), submitted with permission of his immigration counsel, Karyln Kurichety.

Exhibit J: A true and correct copy of the Declaration of Class Member **Karlena Dawson** (**Tacoma)** (describing conditions of her confinement at GEO's responses to COVID-19 risks at Tacoma), previously filed in *Dawson v. Asher*, No. 2:20-cv-409-JLR-MAT (W.D. Wash. Filed Apr. 3, 2020) submitted with permission of her counsel, Matt Adams.

Exhibit K: A true and correct copy of the Declaration of Class Member **Alfredo Espinona Esparza** (**Tacoma)** (describing conditions of confinement at GEO's responses to COVID-19 risks at Tacoma), previously filed in *Dawson v. Asher*, No. 2:20-cv-409-JLR-MAT (W.D. Wash. Filed Apr. 3, 2020) submitted with permission of counsel, Matt Adams.

Exhibit L: A true and correct copy of the Declaration of Class Member **Flavio Lopez Gonzalez** (**Tacoma)** (describing conditions of confinement at GEO's responses to COVID-19 risks at Tacoma), previously filed in *Dawson v.*

Asher, No. 2:20-cv-409-JLR-MAT (W.D. Wash. Filed Apr. 3, 2020) submitted with permission of counsel, Matt Adams.

Exhibit M: A true and correct copy of the Declaration of Class Member **Norma Lopez Nuñez** (**Tacoma)** (describing conditions of confinement at GEO's responses to COVID-19 risks at Tacoma), previously filed in *Dawson v. Asher*, No. 2:20-cv-409-JLR-MAT (W.D. Wash. Filed Apr. 3, 2020) submitted with permission of counsel, Matt Adams.

Exhibit N: A true and correct copy of the Declaration of Class Member **Leonidas Plutin Hernandez** (**Tacoma)** (describing conditions of confinement at GEO's responses to COVID-19 risks at Tacoma), previously filed in *Dawson v. Asher*, No. 2:20-cv-409-JLR-MAT (W.D. Wash. Filed Apr. 3, 2020) submitted with permission of counsel, Matt Adams.

Exhibit O: A true and correct copy of the Declaration of **Andrew W. Augustine, Esq.** (describing his firsthand observations of conditions of confinement at GEO's responses to COVID-19 risks at **Tacoma**), previously filed in *Dawson v. Asher*, No. 2:20-cv-409-JLR-MAT (W.D. Wash. Filed Apr. 3, 2020) submitted with permission of counsel, Matt Adams.

Exhibit P: Declaration of Class Member **A.A.L. (Aurora)** (describing firsthand observations of conditions of confinement at GEO's responses to COVID-19 risks at Aurora), submitted with permission of counsel, Christina Brown, Esq.

Exhibit Q: Declaration of Class Member **B.R.M. (Aurora)** (describing firsthand observations of conditions of confinement at GEO's responses to COVID-19 risks at Aurora), submitted with permission of counsel, Christina Brown, Esq.

Exhibit R: Declaration of Class Member **D.H.M. (Aurora)** (describing firsthand observations of conditions of confinement at GEO's responses to COVID-19 risks at Aurora), submitted with permission of counsel, Christina Brown, Esq.

Exhibit S: Declaration of **Christina Brown, Esq**. (describing her clients' conditions of confinement at GEO's responses to COVID-19 risks at **Aurora**).

Exhibit T: Declaration of **Francis L. 'Bud' Conlin**, Chairperson, Friends of Miami-Dade Detainees (describing calls from Class Members and their family members to FOMDD from inside GEO's **Broward Transitional Center** regarding GEO's COVID19 Response).

Exhibit U: A true and correct copy of the Supplemental Declaration of **Lisa Knox, Esq.** (describing her observations of conditions of confinement at GEO's responses to COVID-19 risks at the **Mesa Verde** facility), previously filed in *Bahena-Ortuño v. Jennings*, No. 3:20-cv-02064-MMC (N.D. Cal. Filed Mar. 31, 2020) submitted with permission of counsel, Genna Ellis Beier.

Exhibit V: A true and correct copy of the Declaration of **Lisa Knox, Esq.** (describing her observations of conditions of confinement at GEO's responses to COVID-19 risks at the **Mesa Verde** facility), previously filed in *Bahena-Ortuño v. Jennings*, No. 3:20-cv-02064-MMC (N.D. Cal. Mar. 31, 2020) submitted with permission of counsel, Genna Ellis Beier.

Exhibit W: A true and correct copy of the Declaration of **Marc Stern, M.D.** (offering his expert medical opinion regarding the imminent risk of harm to Class Members at the **Mesa Verde** facility), previously filed in *Bahena-Ortuño v. Jennings*, No. 3:20-cv-02064-MMC (N.D. Cal. Filed Mar. 31, 2020) submitted with permission of counsel, Genna Ellis Beier.

Exhibit X: A true and correct copy of the Declaration of Class Member **Juan Carlos Minchaca Ramos** (**Mesa Verde**) (describing conditions of confinement and GEO's responses to COVID-19 risks at the **Mesa Verde** facility), previously filed in *Bahena-Ortuño v. Jennings*, No. 3:20-cv-02064-MMC (N.D. Cal.) submitted with permission of counsel, Genna Ellis Beier.

Exhibit Y: A true and correct copy of the Second Declaration of Class Member **Claude Bent** (**Mesa Verde**) (describing conditions of confinement and GEO's responses to COVID-19 risks at the **Mesa Verde** facility), previously filed in *Bahena-Ortuño v. Jennings*, No. 3:20-cv-02064-MMC (N.D. Cal. Apr. 3, 2020) submitted with permission of counsel, Genna Ellis Beier.

Exhibit Z: Declaration of **Kathrine Russell, Esq**., Director of Removal Services at the Refugee and Immigrant Education and Service Center (RAICES) (describing current conditions of confinement for Class Members at GEO's South Texas (**Pearsall**) facility.

Exhibit AA: Declaration of **Tatiana Obando, Esq**., Managing Attorney at the Refugee and Immigrant Education and Service Center (RAICES) in Houston, TX (describing current conditions of confinement for Class Members at GEO's **Corley** and **Montgomery** facilities in Conroe, Texas

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

/s/ Daniel H. Charest April 12, 2020

Daniel H. Charest (admitted *pro hac vice*) DATE
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EXHIBIT A

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA – EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, and RAMON MANCIA, *individually and on behalf of all others similarly situated*, Plaintiffs, v. THE GEO GROUP, INC., Defendant.	Case No.: 5:17-cv-02514-JGB-SHK Assigned to Hon. Jesus G. Bernal **DECLARATION OF REBECCA MERTON ON BEHALF OF FREEDOM FOR IMMIGRANTS IN SUPPORT OF PLAINTIFFS' REPLY TO DEFENDANT'S OPPOSITION TO PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER**

DECLARATION OF REBECCA MERTON

I, REBECCA MERTON, hereby declare under penalty of perjury pursuant to 28 U.S.C. 1746 that the following statements are true and correct:

1. I am the Director of Visitation and Independent Monitoring for Freedom for Immigrants, a national non-profit organization that seeks to end the isolation of people in immigration detention. I am over the age of eighteen (18). I am competent to testify in this matter. My statement is based upon my personal knowledge, and my education, training, and experience.

2. Freedom for Immigrants operates the National Immigration Detention Hotline. The National Immigration Detention Hotline is a monitoring tool through which we gather data through free, unmonitored phone calls from people in immigration detention and their loved ones on a daily basis with a team of highly trained and dedicated volunteers.

3. Freedom for Immigrants also coordinates a network of community-led visitation groups operating in 69 immigrant prisons and jails in 26 states with over 4,500 visitor volunteers. These visitor volunteers, who also receive phone calls and correspondence from people inside detention, also track reports from people detained.

4. From April 1st to April 10th, 2020, Freedom for Immigrants ("FFI") has received the following reports through the National Immigration Detention Hotline ("NIDH") and the visitation network from people in immigration detention and their loved ones regarding current conditions in the following facilities. I will note that there is no particular script or questionnaire provided to visitor or hotline volunteers to ask people in detention; they simply report what individuals in detention choose to report to them.

5. **Adelanto Detention Facility**. From April 1st to April 10th, 2020, FFI has fielded approximately 12 NIDH calls regarding the Adelanto facility. Of those calls, 11 have specifically sought assistance with responding to GEO's failure to provide adequate basic necessities, or the company's use of detained immigrants to clean within their dorms, pods, and common areas. Based on these calls, FFI has determined:
    a) Individuals in detention at Adelanto are having to work as usual, without being provided with personal protective equipment (PPE).
    b) Only water is currently being provided to workers in order to clean the bathrooms; no soap or alcohol-based products.
    c) There is no hand sanitizer provided.
    d) Most staff are not wearing PPE, including one guard who appears to have symptoms of coronavirus.
    e) There are multiple detained individuals who are displaying symptoms of coronavirus.
    f) There is a complete inability for people in detention to practice social distancing as dorms house up to 100 individuals, which makes everyone inside very anxious.
    g) There is limited to no information provided about COVID-19 and how people can protect themselves; what little information is provided, is provided in English.
    h) ICE is continuing to bring new detained individuals into the detention facility.
    i) Detained people are undergoing hunger strikes to protest detention conditions.

6. **Jena/LaSalle Detention Facility**: From April 1st to April 10th, 2020, FFI has fielded approximately 2 NIDH calls regarding the Jena/LaSalle Detention facility. Both of those calls have specifically sought assistance with responding to GEO's failure to provide adequate basic necessities, or the company's use of detained immigrants to clean within their dorms, pods, and common areas. Based on these calls, FFI has determined:
    a) There is no ability for people to practice social distancing, as dorms house up to 100 people.

b) Detained individuals are demonstrating symptoms but not receiving testing or treatment.
c) Access to soap and hand sanitizer is very limited or non-existent.
d) Staff are continuing to work while demonstrating symptoms of coronavirus without personal protective equipment.
e) ICE is continuing to bring new detained individuals into the detention facility.
f) There has been no meaningful access to telephone communications to inform their families and advocates about detention conditions.

7. **Tacoma/Northwest ICE Processing Center:** From April 1st to April 10th, 2020, FFI has received approximately 6 NIDH calls regarding the Tacoma/Northwest facility. Of those calls, 4 have specifically sought assistance with responding to GEO's failure to provide adequate basic necessities, or the company's use of detained immigrants to clean within their dorms, pods, and common areas. Based on these calls, FFI has determined:

a) Individuals in detention are having to work as usual, without being provided with personal protective equipment.
b) Most staff are not wearing PPE.
c) Access to soap and hand sanitizer is very limited or non-existent.
d) Guards are promoting what they call "social distancing" by asking individuals in detention to sleep differently on their bunk beds (bottom bed with head towards the wall, upper bed with head towards the door etc.).

8. **Aurora/Denver Contract Detention Facility**: From April 1st to April 10th, 2020, FFI has received approximately 1 report through our visitation network regarding the Aurora facility. That report is the result of calls to a local visitation group from people in detention who specifically sought assistance with responding to GEO's failure to provide adequate basic necessities, or the company's use of detained immigrants to clean within their dorms, pods, and common areas. Based on this report, FFI has determined:

a) Other than gloves, detained workers do not get any other PPE when cleaning.
b) There is no hand sanitizer provided anywhere.
c) Detained workers would prefer not to clean the facility without proper PPE but don't seem to have a choice.
d) People in detention have cold water, but no hot water, in their cells. They use toilet paper to dry their hands if available.

9. **South Louisiana Detention Center**: From April 1st to April 10th, 2020, FFI has received approximately 3 reports through our visitation network regarding the South Louisiana Detention Center. These reports to the local visitation group came from people in detention who specifically sought assistance with responding to GEO's failure to provide adequate basic

necessities, or the company's use of detained immigrants to clean within their dorms, pods, and common areas. Based on this report, FFI has determined:

a) Soap is limited in supply. If detained individuals run out, bars of soap at the commissary cost about $2.
b) Detained individuals do not have access to hand sanitizer and disinfectant wipes.
c) Limited to no information regarding COVID-19 is being provided to detained individuals.

10. **Mesa Verde Detention Facility**: From April 1st to April 10th, 2020, FFI has received approximately 2 reports through the visitation network regarding the Mesa Verde Detention Facility. Of these reports to the local visitation group, 2 came from people in detention who specifically sought assistance with responding to GEO's failure to provide adequate basic necessities, or the company's use of detained immigrants to clean within their dorms, pods, and common areas. Based on this report, FFI has determined:

a) People in detention at Mesa Verde made masks from their own clothing & the guards told them they could not wear them.

I declare under penalty of perjury under the laws of the United States of America pursuant to 28 U.S.C. 1746 that the foregoing is true and correct and that I executed this Declaration on the 10th day of April, 2020, in Oakland, California.

_____

Rebecca Merton, Declarant

EXHIBIT B

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA – EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, and RAMON MANCIA, *individually and on behalf of all others similarly situated*, Plaintiffs, v. THE GEO GROUP, INC., Defendant.	Case No.: 5:17-cv-02514-JGB-SHK Assigned to Hon. Jesus G. Bernal **DECLARATION OF ADAM RICHARDS, M.D. IN SUPPORT OF PLAINTIFFS' REPLY TO DEFENDANT'S OPPOSITION TO PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER**

DECLARATION OF ADAM RICHARDS, M.D., M.P.H.

I, Dr. Adam Kimball Richards, hereby swear and affirm the following pursuant to 28 U.S.C. § 1746:

A. SUMMARY OF QUALIFICATIONS AND MATERIALS REVIEWED

1. I am a physician licensed in the State of California (License #A106190). I currently work as Senior Technical Advisor for Community Partners International (CPI), a non-profit organization support health and human development for the people of Myanmar. I also am a volunteer physician with Venice Family Clinic and provide primary care services to homeless individuals in Los Angeles. As part of the COVID-19 response I am working with VFC to screen and manage clinical care for patients, including individuals with suspected or confirmed COVID-19.

2. I also have joined the Los Angeles County Emergency Surge Unit, as a clinical provider in one of the isolation / quarantine units for individuals with COVID-19 tests results

that are pending, negative or positive. I am familiar with protocols representing the standard of care in Los Angeles County for individuals with suspected or confirmed case of COVID-19.

3. I am a graduate of Johns Hopkins University School of Medicine; I completed my postgraduate clinical training in the Primary Care Program at Montefiore Medical Center/Albert Einstein School of Medicine in New York; followed by two and a half years of research and policy training as a Fellow in the Robert Wood Johnson Foundation Clinical Scholars Program (RWJF), one and a half years of research training as a at UCLA. In addition to my Medical Degree, I also hold a Masters in Public Health, with an emphasis on epidemiology and international health, which I obtained at Johns Hopkins Bloomberg School of Public Health (2005); a Doctor of Philosophy degree (PhD) in health services research at the UCLA School of Public Health (2013); and a Diploma in Tropical Medicine and Hygiene (DTM&H) awarded jointly by the University of Cayetano Heredia in Lima, Peru and the University of Alabama. From 2013. Until December 31st, 2019 I was appointed as Assistant Professor in the Department of Medicine at University of California, Los Angeles (UCLA) Medical Center.

4. During my MD, masters, PhD and Fellowship studies, and as Faculty in the Department of Medicine at UCLA I participated as both a student and an instructor in multiple courses on the theory and practice of health and human rights. I am a volunteer with Health Rights International (formerly Doctors of the World) and since 2009 I have served as a member of the Board of Directors of Physicians for Human Rights (PHR). I serve as a voluntary medical provider for both organizations. I have received specialized training at

Montefiore Medical Center, at the Human Rights Clinic in the Bronx, and at seminars sponsored by Doctors of the World and Physicians for Human Rights, in the use of medical skills for the documentation and treatment of survivors of torture.

5. I am faculty co-sponsor of the Los Angeles Human Rights Clinic (LAHRI) at UCLA, and I supervise and mentor recently trained faculty, internal medicine residents and medical students to conduct mental health and medical (physical) forensic evaluations of individuals seeking asylum in the United States. I have conducted forensic evaluations of asylum seekers detained at Adelanto, and am personally familiar with the basic layout the facility, and the conditions of detention prior to COVID-19.

6. I have worked for the past nineteen years as a Program Director, and am currently Senior Technical Advisor and a member of the Board of Directors, for Community Partners International (CPI, formerly known as the Global Health Access Program), a non-profit organization based in the United States training health workers to provide health services and measure the health status of marginalized and internally displaced persons living in remote areas of Burma/Myanmar. As part of my work with CPI I have designed, managed and evaluated programs to control infectious diseases including malaria and tuberculosis; and I am advising CPI as it develops its policies and response to COVID-19. I have co-authored multiple published reports, peer-reviewed articles, and a book chapter on malaria, humanitarian assistance, and health and human rights in Burma/Myanmar.

7. In this Declaration, I interpret the policies at Adelanto related to the prevention and treatment of COVID-19 infection, in light of current scientific evidence and best practices

for clinical and public health interventions designed to prevent, diagnose and treat COVID-19 among individuals and populations.

8. I have been provided by counsel for the Plaintiffs with copies of the Declarations of James Janecka, Facility Administrator at the Adelanto ICE Processing Center; and of Gabriel Valdez, Assistant Field Director of ICE. Henceforth these two declarations are referred to, respectively, as "Janecka" and "Valdez." I also have reviewed the Declarations of C. J. H.-S., Yoselin Reina Moran, and Jairo Guardado Aparicio, all of whom are currently detained or recently released immigrants at Adelanto.

9. This Declaration references several official government documents that provide official guidance related to COVID-19 procedures

- Federal guidance specific to detention facilities such as Adelanto is provided in a document issued by the Centers for Disease Control and Prevention (CDC), entitled "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities," hereafter referred to as "CDC Guidance in Detention". Quoted language appeared the version posed online on March 23, 2020.

- Los Angeles County guidance "HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19 Public Health Emergency Quarantine Order," hereafter referred to as "LA County Guidance." Issued April 1, 2020.

B. FINDINGS AND INTERPRETATIONS

10. Although there are no confirmed cases of COVID-19 at Adelanto (to date), **current policies and practice at Adelanto are insufficient to prevent the introduction and spread of COVID-19, and create an unacceptable risk to detainees.**

11. Before commenting on the stated policies and practices specific to Adelanto it is important to note that **public health experts agree that limiting detention, through reductions in the number of newly detained individuals as well as the safe release of current detainees, is an important step authorities can take to combat the spread of COVID-19.**

12. **It is highly likely that COVID-19 will be introduced into the Adelanto population.** The question is not whether this will happen, but when. Southern California is experiencing "community spread" of COVID-19, and infectious individuals are assumed to live in most if not all communities, including where the staff who work at Adelanto live. Many individuals with COVID-19 are asymptomatic for the duration of their infections, and emerging evidence suggests that people with these sub-clinical infections can pass on COVID-19 to other people. It also is well documented that many individuals who eventually become symptomatic are infectious for at least 48 hours prior to developing symptoms, and it is estimated that approximately 10 percent of infections in our communities are transmitted by people who are asymptomatic. In the absence of a robust screening initiative to test any and all individuals entering Adelanto, including those who are asymptomatic, it is highly likely that some people will enter Adelanto who are infected with COVID-19. The limited availability of testing in the U.S. in general, and California and Los Angeles in particular, means that mass screening of asymptomatic people is unlikely to be proposed much less initiated at Adelanto, nor anywhere else in Los Angeles, in the next several weeks or, possibly, months. (Due to the relatively low accuracy of currently available testing methods it is also possible that even an

aggressive testing strategy would not identify everyone infected with COVID-19, though it is not necessary to articulate the reasons for this in the present Declaration.

13. **Once COVID-19 is introduced into Adelanto, it is highly likely that it will infect a large proportion of the detained population**. COVID-19 can be transmitted through casual contact with infectious individuals, the surfaces they have touched, or by simply spending time in the same room as someone who is infected. The physical architecture of facilities where most detainees will share their living space with multiple detainees for at least part of their day, inherently creates conditions that promote the spread of infectious diseases such as COVID-19.

14. **Several strategies exist that may reduce the rate of transmission, though there is no evidence to suggest that these strategies, either alone or in combination, will be sufficient to prevent sustained transmission and eliminate the disease.** It is generally agreed that several tools are likely to reduce transmission of COVID-19 in communities, health care settings, and other group settings. These include: timely identification and isolation of individuals with confirmed or suspected infections; quarantine of individuals who come into close contact with confirmed or suspected cases; and social distancing, which consists of minimizing the number of contacts and duration time spent within six feet of with other people.

15. Below I describe the guidance for each of these strategies, as they relate to classes of individuals defined by their symptoms and possible exposure to COVID-19.

//

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Suspected cases with symptoms of COVID-19

16. Reliance on a testing strategy that exclusively tests individuals who have COVID-19 related symptoms creates delays in the identification of the initial (index) case and is inadequate to prevent the introduction and initial spread of COVID-19 to other detainees prior to the detection of an outbreak within the detention facility. As noted above, many COVID-19 infections are asymptomatic, and there is scientific consensus that individuals without symptoms are capable of transmitting COVID-19 to other people. Testing only those with fever, SOB and cough substantially increases the likelihood missing infected individuals.

17. The specific laboratory test used to test samples collected at Adelanto is not described, though is likely to be an rt-PCR test for coronavirus RNA collected from two swabs, of the posterior nasal passage and pharynx. Sensitivity of this testing approach is not precisely known but is reported to be approximately 70% under using ideal sample collection technique and laboratory operating conditions. A sensitivity of 70% means that close to one third (30%) of individuals with COVID-19 and symptoms.

18. Most experts, including myself, believe that under real-world conditions the sensitivity of rt-PCR on samples collected from 2 swabs is even lower than 70% (false positive rate is even higher than 30%), even among relatively sick individuals with multiple symptoms of modest to high severity. Emerging evidence suggests that sensitivity may also be lower in the setting of more mild (less severe) symptoms, such as an individual with a cough who does not have a fever nor shortness of breath. One practical implication of the low sensitivity of the test (and the large number of false positives) is that a negative test result does not rule out infection, and that individuals with suspected infection should be treated similarly, irrespective

of the test result. That is, the individual with suspected infection (who by definition was symptomatic) should remain in isolation until 7 days after the onset of symptoms, or three days after their symptoms have resolved (whichever is longer); and anyone exposed to the person with suspected infection should be quarantined for 14 days (unless they too are symptomatic, in which case they are treated as a suspected case.

Individuals with positive test results

19. According to the Valdez affidavit,

> Medical isolation/quarantine is dependent on test results. A detainee suspected of having COVID-19 is placed alone in negative pressure room in the medical infirmary. A positive COVID-19 test result could require many days of isolation / quarantine for the detainee depending on their symptoms…. [Valdez Para. 20]
> . . .
>
> If positive, the infected alien will remain in medical isolation for the duration of his/her treatment. [Valdez Para 24]

20. Valdez is correct that a positive test should result in extension of the period of isolation, depending on the progression or resolution of symptoms. However, Valdez is silent regarding the protocols triggered by a negative test result, either for the individual with suspected COVID-19 her/himself, or for the other detainees in her/his housing group (who are eligible to form a 'cohort' in the case of a positive test result.

In relation to the individual with suspected COVID-19 who might receive a negative test result, the Valdez affidavit states that:

> As of the date of this declaration, detainees at the APC have only had COVID-19 test results come back negative and the turnaround time on those tests have been 2-3 days." [Valdez Para 20]
> . . .

> When there is a suspicion that an individual in a housing unit was exposed to COVID-19, their housing unit is placed in modified programming pending the results of the COVLD-19 test on the suspect detainee. [Valdez Para 23]

This appears to suggest that quarantine period will end, and the cohort can be reconstituted, as soon as a negative test result is received.

21. Individuals with suspected COVID-19 due to symptoms of fever, cough or shortness of breath, must be isolated from others – including members of his/her cohort – for at least 3 days (72 hours) after resolution of all symptoms, even if a COVID-19 rt-PCR test is negative.

22. CDC guidance provides two pathways to determine that individuals with confirmed or suspected COVID—19 infections are not infectious: one option is to confirm COVID-24 is no longer present, based on two (2) consecutive negative tests; the other option is to wait at least seven days since the onset of symptoms. Both options require that the individual have improvement in their symptoms (cough and/or shortness of breath) and that they be free from fever at least 72 hours:

"For individuals who will be tested to determine if they are still contagious:

- The individual has been free from fever for at least 72 hours without the use of fever-reducing medications AND
- The individual's other symptoms have improved (e.g., cough, shortness of breath) AND
- The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart

"For individuals who will NOT be tested to determine if they are still contagious:

- The individual has been free from fever for at least 72 hours without the use of fever-reducing
medications AND
- The individual's other symptoms have improved (e.g., cough, shortness of breath) AND
- At least 7 days have passed since the first symptoms appeared

23. The policy at Adelanto does not meet the (inadequate) standards set forth in the CDC guidance

Individuals quarantined due to exposure to a confirmed or suspected case of COVID-19.

24. The frequency of symptom monitoring for individuals exposed to confirmed or suspected cases is insufficient and does not meet CDC guidance.

> If the [detainee with COVID-19 symptoms] has been housed, his or her housing unit will be placed on modified programming and monitored daily with temperature/symptom screenings until the results of the COVID-19 test is received. [Valdez Para 19]

25. CDC guidance states that individuals who are quarantined (due to 'close contact' with an individual with diagnosed or suspected COVID-19 infection) should be monitored twice a day: *"Quarantined individuals should be monitored for COVID-19 symptoms twice per day, including temperature checks."* [CDC Guidance in Detention]

26. Rationale: even relatively young healthy patients without known comorbid conditions can deteriorate rapidly when infected with COVID-19. This is well documented in multiple studies from Asia, and by a growing base of evidence from communities in the U.S. such as New York. Anecdotal experience in Los Angeles is consistent with these studies: the isolation and quarantine unit where I work has witnessed clinically important deterioration over the course of several hours, and overnight, that necessitated admission to the hospital ward or intensive care unit. Individuals under quarantine are presumed to be infected with COVID-19 until they are removed from quarantine (because they met criteria listed above).

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"Cohorting" groups exposed to persons with confirmed or suspected COVID-19.

27. The Valdez and Janecka affidavits describe how groups of detainees who come in close contact with someone with suspected or confirmed COVID-19 are treated similar, as a group, or 'cohorted':

> If a member of a housing group tests positive for COVID-19, then] "the housing unit that was on modified programming… will become a cohort and will be in that status for fourteen days unless another detainee becomes symptomatic which would then extend the cohort. [Valdez Para 24]

28. Although cohorting is endorsed by the CDC Guidance on Detention, the policy at Adelanto fails to meet the ideal conditions for quarantine, as articulated in the CDC guidance in Detention Facilities. That Guidance explicitly states that confirmed cases and their close contacts should, respectively, be isolated or quarantined individually:

> Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some correctional facilities and detention centers do not have enough individual cells to do so and must consider cohorting as an alternative.

29. The preference for individual isolation/quarantine implicitly acknowledges the persistent risk of transmission when groups continue to share living space over time (as a 'cohort'). **If individuals are cohorted together, all should wear masks.** CDC guidance states "If cohorted, quarantined individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals."

30. The LA County COVID-19 Officer Orders also state that:

> All household contacts, intimate partners , caregivers, and close contacts who have been in close contact with a person diagnosed with or likely to have COVID-19… must quarantine themselves.

31. Despite the modest adjustments made to increase 'social distance' between detainees at Adelanto, it is exceedingly likely that most detainees within a given group (where a group is defined by the individuals eligible to become a 'cohort' if a detainee is determined to have COVID-19) will spend more than 10 minutes in any 48-hour period within 6 feet of most other detainees in their resident group. (It is also true that residents of Adelanto do not wear PPE all day every day -- nor should they).Because testing is conditional on having symptoms of COVID-19, then if any resident of the group (for example, Resident A) is tested for COVID-19, then most if not all members of his or her group (Residents B through Z) will meet the definition of a 'close contact', as articulated in the LA County Quarantine order:

> A person is considered to be a close contact of a person with or likely to have COVID-19 if they (a) were within six (6) fee of a person who has or is likely to have COVID-19 for more than ten (10) minutes or (b) who had unprotected contact with the body fluids and /or secretions (such as being coughed on/sneezed on, shared utensils or saliva or provided care without wearing protective equipment) of a person who has or is likely to have COVID-19, within 48 hours before that person's symptoms began and until that person is no longer required to be isolated.

32. The CDC Guidance in Detention Facilities is less specific about the definition of who is considered "a close contact":

> In the context of COVID-19, an individual (incarcerated/detained person or staff) is considered a close contact if they:
>
> - Have been within approximately 6 feet of a COVID-19 case for a prolonged period of time OR
> - Have had direct contact with infectious secretions of a COVID-19 case (e.g., have been coughed on)
> - Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case [emphasis added]. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

High risk individuals

33. Although COVID-19 can produce severe infection sufficient to kill healthy individuals at any age, despite timely provision of intensive care including mechanical ventilation; the risk of severe disease and death is much higher for some people than for others. Factors used to identify individuals at high risk of severe disease and death include older age (especially over age 65, though risk appears to increase over a wide range of ages, and some have suggested using alternative cutoff for age, such as 55 or 60), immunosuppressed states due to HIV, cancer chemotherapy autoimmune disease therapy and other conditions, and medical comorbidities including but not limited to diabetes, heart disease, asthma and COPD. I do not have access to the prevalence of these high-risk features among detainees at Adelanto, though approximate estimates produced for similar detained populations, as well as the prevalence of these diseases in the United States and countries of origin of many immigrant detainees, suggest that at least **one third are likely to be either elderly or have comorbid conditions that place them at elevated risk of severe disease, hospitalization or death**.

34. The Valdez and Janecka affidavits do not articulate a specific policy related to detainees at high risk for severe disease and death, though the latter states:

> . . . to my knowledge ICE continues to release detainees who are identified as high risk as it relates to contraction of the COVID-19 virus. [Janecka Para 19]

35. The reason for inclusion of paragraph #19 is unclear, though the statement would seem to suggest that the GEO Group plays little to no role the identification of high-risk detainees; and it suggests that it is unlikely that policies are in place in Adelanto to minimize COVID-19 risk specific to this high-risk group.

36. The CDC Guidance on Detention articulates several policies related to high risk individuals:

> If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)
>
> - Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.
>
> - Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.

37. I have not seen evidence that officials at Adelanto are following the CDC Guidance related to high-risk individuals. Although the CDC suggests being "especially mindful of cases who are at higher risk of severe illness," high risk individuals are conspicuously absent from the Valdez and Janecka affidavits where are described practices related "cohorting," and to the amount of space allocated for individuals in shared medical isolation rooms. The affidavits also are silent about contingency plans for high risk individuals if and when the number of confirmed cases exceeds the number of individual medical isolation spaces.

38. The primary rationale to justify the enormous financial and societal cost of containing the spread of COVID-19 is to protect high risk individuals. Most "low risk" people will survive our infections; many will not even be aware we are infected.

39. It is my professional opinion as a clinician and public health practitioner and researcher that individuals at high risk for severe disease should be prioritized for release, and that with rare exception they should not be detained. Until they can be released, or if release is not possible, then it is imperative that every

Cleaning of living quarters by detainees

40. Based on declarations provided to me by the counsel for plaintiffs, it is my understanding that detainees are being forced to clean common areas. I further understand that detainees are not provided with PPE to protect themselves during these cleaning episodes. The process of wiping, scrubbing or otherwise removing virus particles from potentially contaminated surfaces increases aerosolization of viral particles and increases risk of infection. Anyone cleaning these areas should be provided with PPE.

41. **CDC Guidance states explicitly that cleaning of shared areas should be performed by staff:**

> **Staff** [emphasis added] should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs). [Please see "Cleaning and Disinfecting Practices" in that document]

42. CDC Guidance further states:

> "All individuals who have the potential for direct or indirect exposure to COVID-19 cases or infectious materials (including… contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Monitor these guidelines regularly for updates….

43. **CDC guidance explicitly states that the CDC Recommendations apply to detainees as well as staff in detention facilities:**

> Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).

44. Based on the declarations of the GEO employee and ICE representative, the policies and procedures at Adelanto fail to comport with the 'ideal' suite of conditions outlined in the CDC guidance, and best practices endorsed by the scientific community.

45. GEO's decision to require detained immigrants to continue cleaning and disinfecting common areas inside their dorms and pods at Adelanto without providing them personal protective equipment, adequate sanitization and disinfectant supplies, and adequate access to soap, hot water, and paper towels places Class Members at Adelanto at an increased risk of contracting, becoming ill, and potentially dying from COVID-19, as well as spreading the virus if they are asymptomatic carriers.

46. By failing to provide these basic needs and requiring Class Members to clean, disinfect, and sanitizer their common living areas without adequate supplies, GEO exposes them to a heightened risk of serious illness or death.

Dated: April 11, 2020

Adam Richards

_____

Adam Richards, MD PhD MPH

EXHIBIT C

My name is Yoselin Reina Moran and I am over 18 years old and the following is my declaration is truth and correct to the best of my knowledge

1. My name is Yoselin Reina Moran
2. I am from El Salvador
3. I am 19 years old and I first entered in 2014 when I was only 14 years old
4. I entered with my mother Maria Moran and we both were caught by the immigration
5. Subsequently we both were put in the proceeding and went to all our court hearing
6. My mother applied for asylum application and I am the derivative of the application
7. The application is denied on 10/23/2017 and we appealed the decision to the BIA
8. Subsequently the BIA denied our appeal and we hired my previous attorney Frank Carbajal to appeal our 9th circuit.
9. His office appealed the decision late and our 9th circuit was dismissed without our knowledge.
10. My mother and I both went to the ICE to report ourselves on 11/15/2019 and I was arrested because our 9th circuit appeal was dismissed. They did not provide me or my mother any notice regarding the arrest in advance and we were never being notified of any detention or arrest prior arriving in the ICE check in.
11. I was shocked since I had no idea the appeal was dismissed.
12. They only arrested me because my mother has to take care of my minor sisters and they didn't arrest her.
13. We filed a motion to reopen with BIA for my case for them to reissue the decision so we could appeal again with the 9th Circuit. The ICE wanted to deport me on 12/2019 and the BIA issued a stay for my case so they didn't deport me. Therefore, the stay is granted with the BIA with the decision of the motion to reopen pending.
14. I was in John Marshall High School and planned to graduate this year in 2020 and continued my education to college.
15. I am diagnosed of anxiety and nervousness and has been taking medication since I was 9 years old.
16. When the ICE detained me, they did not provide me the medication despite they knew I have that problem and needed the medication.
17. As the Covid 19 spreads everywhere in the world including California, Adelanto Detention Center did not provide any procedure to help or protect us. I still sleep in a crowd bedroom with only 1.5 feet apart from my next cellmate. Besides, there is no masks, gloves or any sanitizer provides to any of us to protect us.
18. I feel very helpless and vulnerable under this circumstance and I am so afraid of my live if I continue to stay inside. I know sooner or later I will get that coronavirus because of my medical problem and no protection from the ICE detention. I don't believe Adelanto Detention Center provides any test site to test anyone who has the symptoms.
19. I need to get out from there since my case is pending and my medical problem and I have no criminal record.
20. I miss my family, my mother and my sisters and I miss my school and I need your help

María del transito Morán FOR yoselin Gabriela Reina Morán

EXHIBIT D

My name is Jairo Guardado Aparicio and I am over 18 years old and the following is my declaration is truth and correct to the best of my knowledge

1. My name is Jairo Antonio Guardado Aparicio
2. I am from El Salvador.
3. I am 37 years old and I first entered in 6/2009 and never left.
4. I was inside the car on 6/11/2019 in the parking garage and was about to drive out, there were 8 to 10 people in another cars stopped me. They pulled out the gun and stopped my car. I was pulled out from my car and they arrested me. They did not tell me the reason and there was no arrest warrant as well.
5. They sent me to the Federal Building and then to Adelanto Detention Center since that time.
6. The immigration Judge denied my bond request in 2019.
7. I filed a petition for review with the 9th circuit court of appeal after the Board of the Immigration Appeals was denied on March, 2020.
8. I have a pain in the neck and there is a lump in my neck. The lump pressures my head and I have headache as a result of that. They sent me twice to the hospital to have X-ray. The most recent time for that X-ray was two weeks ago
9. They only gave me pain medication Tylenol only at this time.
10. I also see a psychologist because I have anxiety problem.
11. I have flu and itchy throat since last Friday. I have dry cough as well since that time. I also have fever. They did not test me for any medication condition but gave me a mask to wear.
12. As the Covid 19 spreads everywhere in the world including California, Adelanto Detention Center did not provide any procedure to help or protect us. I still sleep in the same bedroom with only few feet apart from my next cellmate. Besides, there is no masks, gloves or any sanitizer provides to any of us to protect us. They only provided me one mask despite my medical condition and no medication. I know the mask is only good for one day and there is no new mask to provide me.
13. I feel very helpless and vulnerable under this circumstance and I am so afraid of my live if I continue to stay inside. I know sooner or later I will get that coronavirus because of my medical problem and no protection from the ICE detention. I don't believe Adelanto Detention Center provides any test site to test anyone who has the symptoms. The bedroom and the bathroom are very dirty and not sanitizing. It is scary. I am very afraid I will die there if I do not get out.
14. I need to get out from there since my case is pending and my medical problem and I have no criminal record.
15. I miss my family and I need your help

Jairo Guardado Aparicio

EXHIBIT E

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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
EASTERN DIVISION – RIVERSIDE

FAOUR ABDALLAH FRAIHAT, *et al.*,

Plaintiffs,

v.

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT, *et al.*,

Defendants.

Case No.: 19-cv-01546-JGB(SHKx)

Supplemental Declaration of Homer Venters in Support of Plaintiffs' Reply Brief in Support of Emergency Motion for Preliminary Injunction

Date: April 13, 2020
Time: 9:00 a.m.
Hon. Jesus G. Bernal

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**Pro Hac Vice Application Forthcoming

I, Homer Venters, declare the following under penalty of perjury pursuant to 28 U.S.C. § 1746 as follows:

Factual Developments Regarding COVID-19 Since My Prior Declaration

1. In the past two weeks, COVID-19 has entered into correctional facilities, including numerous ICE detention centers, as predicted. ICE reports that, as of April 7, there have been 19 detained people in 11 facilities, 11 ICE employees in 6 facilities, and 60 ICE employees not assigned to a facility who have all tested positive for COVID-19.[1] This is likely just the tip of the iceberg in terms of the number of ICE staff and detainees who are already infected but are unaware due to the lack of testing nationwide, and the fact that people who are infected can be asymptomatic for several days.

2. New information about the transmissibility of COVID-19 has also been revealed that is relevant to the health of ICE detainees and staff.

a. COVID-19 appears to be transmissible through aerosolized fecal contact. This is relevant because the plume of aerosolized fecal material that occurs when a toilet is flushed is not addressable by closing the lid of ICE detainee toilets, which lack a lid. This mode of transmission would pose a threat to anyone sharing a cell with a person who has COVID-19 and could occur before a person becomes symptomatic. This mode of transmission could also extend beyond cellmates, especially in circumstances where common bathrooms exist or where open communication between cells exists.[2]

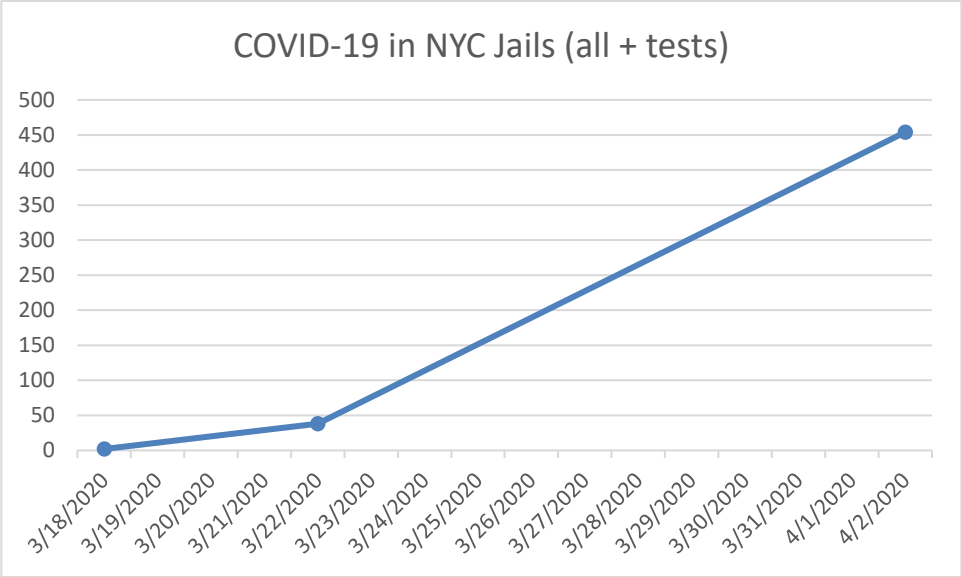
b. CDC and state guidelines now recommend the use of protective masks for anyone who is in close contact with others, at less than 6 feet

[1] *ICE Guidance on COVID-19*, IMMIGRATION & CUSTOMS ENFORCEMENT (Updated Apr. 3, 2020), https://www.ice.gov/coronavirus.

[2] https://www.medpagetoday.com/infectiousdisease/covid19/85315

distance.[3] This recommendation would apply to staff and detainees alike.

c. The rate of COVID-19 infection spread in correctional settings is extremely rapid. The data from the NYC jail system reveal that in the space of two weeks, the facility went from zero confirmed infections, to 2, then 38, then 574.[4]



This rapid rate of increase in COVID-19 infections in detention settings has overwhelmed local hospitals and required the deployment of National Guard troops in several states to supplement the lack of staffing and resources.[5] This rapid spread has also resulted in up to half of all detained people and housing areas in a given facility being placed into quarantine as each new case emerges and the close

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[3] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html

[4] *Board of Correction Daily Covid-19 Update*, NEW YORK BD. OF CORR. (updated Apr. 3, 2020), https://www1.nyc.gov/assets/boc/downloads/pdf/News/covid-19/Public_Reports/Board%20of%20Correction%20Daily%20Public%20Report_4_3_2020_TO%20PUBLISH.pdf.

[5] https://www.cantonrep.com/news/20200406/coronavirus-dewine-sending-national-guard-to-elkton-federal-prison-east-of-canton-after-3-deaths And https://abc7chicago.com/health/illinois-prisoners-sick-with-covid-19-overwhelm-joliet-hospital/6064085/

contacts for each case enter into quarantine for 14 days. For facilities operating at over 75 percent of capacity, this process will be essentially impossible as newly identified cases require initiating quarantine areas for a prescribed 14-day period and housing areas are not available for these date-based cohorts. The consequence will be either a) mixing of different quarantine cohorts, which will not only extend the effective quarantine period past 14 days but also increase the spread of potentially infected people from different areas of the facility, or b) failure to establish quarantine cohorts all together, meaning that close contacts of cases will remain mixed with other detainees, also increasing the spread of COVID-19 throughout the facility.

ICE Guidelines Contradict or Omit Several Important CDC Guidelines

3. I have reviewed ICE's March 6 and March 27, 2020 documents addressing COVID-19, as well as declarations by ICE Captain Moon and IHSC Physician Rivera and the webpage that ICE has established concerning COVID-19. I have also reviewed the April 4, 2020 guidance from ICE Enforcement and Removal Operations. Collectively, these policies continue to be deficient and at odds with recommendations of the CDC regarding detention settings in a manner that threatens the health and survival of ICE detainees.

a. ICE protocols and guidance fail to address the key recommendation of the CDC on the need for adequate intake screening of detainees. CDC guidance makes clear that everyone arriving in a detention facility should be screened for signs and symptom of COVID-19, but ICE protocols rely on questions about travel or other known contacts as a precursor to temperature checks and other sign and symptom checks. ICE protocols and guidance also fail to clearly mandate that all

symptomatic patients be immediately given a mask and placed in medical isolation, and that all staff who have further contact with that patient wear personal protective equipment, as set forth in the CDC guidelines. The ICE protocol also fails to address the now-standard CDC advice that everyone who cannot engage in social distancing wear a face covering.[6]

b. ICE protocols and guidance fail to address the key recommendation of the CDC on the need for monitoring and care of symptomatic patients.

i. The CDC guidelines make clear that patients who exhibit symptoms of COVID-19 should be immediately placed in medical isolation. ICE guidelines and protocols only invoke this response for newly arrived detainees who also answered yes on screening questions. This approach results in a failure to actively screen the large majority of detainees: people who are already detained.

ii. CDC guidelines clearly indicate the need for twice-daily monitoring of patients who are symptomatic or in quarantine, and ICE only mandates a daily check.

iii. ICE makes no mention of access to masks for patients in quarantine settings.

iv. ICE fails to present a plan for how isolation will be conducted when the number of people exceeds the number of existing isolation rooms or cells. This is almost certain to occur in the coming weeks at multiple facilities.

[6] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

c. ICE protocols and guidance fail to address the key recommendation of the CDC on the need for social distancing. ICE's March 27 memo mentions social distancing briefly, but fails to address how ICE facilities will enact modified meal or recreation times and also fails to address the most common scenarios in which high risk detainees find themselves in close quarters, including shared cells, medication lines, bathroom facilities, common walkways and day rooms, sally ports and transportation. This critical issue is also ignored in the declarations of Captain Moon. Again, because there is no cure for COVID-19, social distancing remains the most effective means of prevention, and ICE has failed to meaningfully implement this precaution into its guidance.

d. ICE protocols and guidance fail to address the key recommendation of the CDC on the need to limit transportation of detainees as a means to limit the spread of COVID-19. CDC guidelines state that transfers should be limited to those that are absolutely necessary and that receiving facilities must have capacity to isolate symptomatic patients upon arrival. ICE protocols and guidance fails to address these issues. CDC guidelines make clear the need for a clear plan for all aspects of transport of suspected COVID-19 infected people, and ICE does not have or report such a plan. This critical issue is also ignored in the declarations of Captain Moon.

e. ICE protocols and guidance fail to address the key recommendation of the CDC on the need for environmental cleaning of both housing areas and other common spaces within facilities. CDC guidelines provide clear details about the types of cleaning agents and cleaning processes that should be employed, while ICE provide no guidance to facilities on this critical issue. The declarations of Captain Moon that

state generally that ICE is providing adequate environmental cleaning stand in stark contrast to the declarations of detainees to the contrary, cited in my previous report. The reliance on detainees for conducting critical environmental cleaning, without proper training, protection or supervision, represents a gross deviation from correctional practices, and will likely contribute to the spread of COVID-19 throughout the ICE detention system.

f. ICE protocols and guidance fail to address the key recommendation of the CDC on the need for adequate staffing and training of staff. ICE's March 27 memo simply states that "facilities are expected to be appropriately staffed," but provides no guidance whatsoever on how that can be accomplished in the context of existing staffing gaps, a decreased workforce, and increased needs resulting from steps required to screen, monitor and treat detainees for COVID-19. CDC guidelines make clear the need for a concrete plan for ensuring adequate staffing as part of the COVID-19 response. These guidelines also make clear the need to orient staff to the critical need to stay home if and when they experience symptoms of COVID-19 infection. In sum, aside from its March 27 "expectation" of appropriate staffing levels, ICE has not implemented any meaningful oversight system to ensure that staffing levels are appropriate. Critically, appropriate staffing levels refers not only to a sufficient number of staff but also to a sufficient number of qualified staff. In my experience, many facilities rely heavily on guards and LPNs to do medical work that they are not qualified to do; likewise, many facilities rely on RNs to do medical work that only doctors or physician-assistants are qualified to do. There is no indication whatsoever that ICE is implementing

procedures to ensure not only sufficient numbers of staff but also sufficient numbers of qualified staff. The declaration of Dr. Rivera confirms that ICE is relying on an emergency staffing plan from 2014, updated in 2017, but the current shortages in staffing for health staff in particular, stretch across all communities, and staffing shortages represent a real emergency in many settings already. This is particularly concerning given that many ICE facilities are located in rural areas far from qualified medical professionals. This is a very serious defect that must be immediately remediated because access to qualified medical professionals is crucial during this rapidly evolving pandemic.

g. Several CDC guidelines address people with factors that put them at an increased risk of significant injury or death, but the ICE protocols do not even identify what precautions should be taken to protect people with those risk factors in ICE custody. In addition, the Apr. 4 list of risk factors for serious illness and death from COVID-19 infection developed by ICE is inconsistent with CDC guidelines and fails to adequately advise facilities on which detainees are at elevated risk. This list is included in a memo to Field Office Directors regarding Docket Review, and fails to include very basic risk factors identified by the CDC, including body mass index over 40 and being a current or former smoker.[7] By apparently assigning this process to field directors and their staff, who are not medical professionals, advising security staff to check with medical professionals after the fact, and failing to include CDC-identified risk factors, this docket

[7] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html And https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e2.htm.

review process will likely leave many people with true risk factors in detention. This is particularly the case if they're detained under certain immigration law provisions, where the guidance recommends officers not release them despite risks. Thus, the guidance appears to be just that – guidance, and the risk factors are not determinative. In fact, the guidance appears to not make these risk factors determinative for release—even for people who are not subject to mandatory detention. ICE also identifies people under that age of 60 in this cohort but the age of 55 is appropriate. Because detained people have consistently been identified as having higher levels of health problems that reflect 10-15 years more progressed than chronological age, numerous organizations and research studies have used the age of 55 to define the lower limit of older detainees.[8] ICE also limits the high risk period for women to 2 weeks after child birth, yet one of the most serious increased risk during pregnancy is hypercoagulable state, which increases the risk of blood clots in the large veins of the lower extremities, and sometimes in the lung which can prove fatal. This risk extends to 6 weeks post-partum and also occurs independently with COVID-19 infection.[9] Accordingly, ICE should include these definitions in its list of risk factors. ICE should also put in place a mechanism to ensure that risk factors reflect the evolving science and data concerning COVID-19, since it is likely that additional risk factors will emerge as more data is collected. The declaration of Dr.

[8] https://nicic.gov/aging-prison and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464842/

[9] https://www.acog.org/patient-resources/faqs/womens-health/preventing-deep-vein-thrombosis And https://www.medpagetoday.com/infectiousdisease/covid19/85865.

Rivera not only fails to identify what risk factors are being considered by ICE medical staff, but also fails to mention any plan to determine which currently detained people have these risk factors, and what special protections, if any, will be created for this high-risk cohort.

ICE's Inadequate Response to COVID-19 in Areas Where There is no Direct CDC Guidance

4. Numerous and significant failures of the ICE response to COVID-19 also exist in areas in which the CDC does not provide direct guidance, but that detention facilities must implement. These failures threaten the health and survival of ICE detainees.

a. Neither the ICE COVID-19 protocols nor the declarations set forth any policies or protocols addressing release of medically vulnerable detained people in light of the significant risks to those people posed by COVID-19. This must be done immediately and is in contrast to the efforts made in many prison and jail systems across the country. The Apr. 4 promulgation of an incomplete list of risk factors in a memo relating to discretion for release occurs in a complete vacuum of guidance on special protection and clinical management of people with those risk factors while in detention. This Memo describes an overly discretionary decisionmaking process for release that does not sufficiently favor depopulation as public health requires and that has no urgency to it. Reviews and releases must be undertaken immediately.

b. ICE does not have any mechanisms to monitor or promote the health of all people in its charge. This failure is documented in many reports about ICE's inadequate healthcare system, but now poses a grave risk to their survival as ICE struggles to mount a competent response to

COVID-19 across more than 150 facilities, on behalf of roughly 40,000 detainees and almost as many direct and contract staff. The declaration of Dr. Rivera reflects that no incident command system is in place to manage this response, and reporting and communication among direct and contract health and security leadership of the ICE detention system occurs in a fragmented, one-way, or as-needed basis.

i. ICE's March 27 memo takes the dangerous approach of limiting clinical guidelines for COVID-19 response to the detainees being provided direct care by ICE health services corps (IHSC) staff, which represents approximately 13,000 detainees.[10] As a result, detention centers operated by public and private contractors are not provided with this guidance. This approach to management of the COVID-19 outbreak ensures that vital information will remain in these facilities, instead of being acted upon by ICE. As a result, ICE will not know when its own policies or even basic standard of infection control are being followed. ICE's failure to properly monitor and oversee medical care at its detention centers has been a chronic concern in the health services provided to ICE detainees prior to this outbreak and has been cited as a core failure of ICE in its obligations to establish quality assurance throughout its detention network.[11] There is no indication that ICE can adequately monitor the response across its system to COVID-19. Absent robust and centralized oversight, ICE will

[10] https://www.ice.gov/ice-health-service-corps and

[11] https://www.oig.dhs.gov/sites/default/files/assets/2019-02/OIG-19-18-Jan19.pdf And https://www.oig.dhs.gov/sites/default/files/assets/2019-06/OIG-19-47-Jun19.pdf

not be able to provide a coordinated response informed by on-the-ground data from detention centers. This is in stark contrast to many prison systems across the country that are coordinating their efforts, including with health departments.

ii. ICE has no plan or even capacity to provide daily clinical guidance to all of the clinical staff it relies on to care for ICE detainees, whether at ICE-operated facilities or contract facilities. This is a core failure because of the new nature of COVID-19 and constantly changing clinical guidance on how to treat patients. Daily briefings with health administrators and medical and nursing leadership should be held, which are both a core aspect of outbreak management and provide a critical avenue for receiving feedback on real-time conditions inside facilities. ICE has not articulated any plan to ensure that this type of basic communication is in place across its network of detention settings. This guidance should also include uniform recommendations on when and how to transport patients to the hospital. Failure to implement this kind of procedure—particularly in light of the other defects described herein—poses a significant risk to the health and lives ICE detainees.

iii. ICE has failed to establish the type of COVID-19 surveillance that is required to manage their COVID-19 response. Because ICE is responsible for approximately 40,000 lives inside over 150 facilities, with a wide variety of contract and administration types, ICE leadership, namely the IHSC, must establish a competent surveillance system for COVID-19 that includes, at a minimum, a dashboard reflecting critical and real-time

information for clinical cases and facility resources. A dashboard is a collection of real time data used to manage healthcare and other operations, and COVID-19 dashboards are now used by every state and the federal government to manage their day to day resource and clinical responses to this pandemic.[12] My experience during H1N1 when my team and I needed to create an outbreak dashboard for 13 jails holding 15,000 patients was that we were able to design and implement this approach in a 3-4 week timeline, but that we established data streams from hotspots and most impacted facilities within a week. This approach for ICE would include, but not be limited to the following variables and would be utilized by IHSC leadership to track each individual facility and then roll up to State, regional and national dashboards;

Clinical Surveillance (number of detainees)					
Number of symptomatic (w and w/o CDC risk factors)	Number awaiting/received tests (w and w/o CDC risk factors)	Number positive tests (w and w/o CDC risk factors)	Number of detainees in quarantine (w and w/o CDC risk factors) quarantine*[13]	Number of patients awaiting/in/returned from hospital for COVID-19 (w and w/o CDC risk factors)	Number of patients awaiting/in/returned from hospital for COVID-19(w and w/o CDC risk factors)
Resource allocation					
Deficit in security FTE	Deficit in nursing/mid-level/MD FTE	PPE deficits by masks/gowns/gloves etc.	Cleaning, soap, hand sanitizer	Sinks and other plumbing not operational	Restrictions in local hospital beds[14]

[12] Example of FL State COVID-19 dashboard https://experience.arcgis.com/experience/96dd742462124fa0b38ddedb9b25e429.

[13] An additional data mandate for every facility is to create a histograms that shows the number of people in quarantine for each of the 14 days, so that the facility, State, regional and national data can show the trends in quarantine and new cases.

[14] Many correctional facilities are already experiencing restrictions from local hospitals. Some local hospitals have informed detention centers that they will only accept COVID-19 patients, while others have restricted all access.

			supply deficits		

This centralized surveillance is absolutely necessary in COVID-response. On the clinical side, some local hospitals have already closed their doors to incarcerated patients and the lack of access of ICE patients to hospital-level care (such as intensive care beds and respiratory rehabilitation) should be a core concern for ICE--not one that can be resolved by local facilities alone. On the resource side, the staffing requirements are extremely acute in detention settings and the deployment of the Ohio National Guard in a prison in Ohio should trigger immediate high-level review of staffing, PPE and other resources issues across the ICE network. ICE's surveillance system must also account for the availability of hospital beds and intensive care unit beds (as well as other hospital-level equipment, such as ventilators, that are lacking in facilities but crucial for COVID-19 treatment). Currently ICE appears not to provide this kind of crucial surveillance and coordination. In addition, many patients will require nursing home placement in subacute care settings, a resource traditionally inaccessible to most ICE detainees because of their lack of insurance status. Absent tracking of this kind of crucial data, ICE will not be able to ensure that individuals in its custody have access to life-saving medical care. One critical measure in assessing staffing is to measure the staffing *deficit* (unmet need) to perform the work of the facility, not use the baseline staffing matrix. If a facility has 1,000 detainees and regularly employs 150 security staff, 5

physicians and 25 nurses across three shifts, by example, the arrival of COVID-19 in the facility will require significantly more work to be done, with additional security and nursing staff working in quarantine units and medical clinics particularly, and additional security staff needed to enable social distancing, which is a labor intensive process.

iv. The Apr. 4 ICE memo to Field Directors on identification and release of detained people with risk factors for serious illness and death from COVID-19 infection is both incomplete and revelatory. ICE has omitted multiple important risk factors identified by the CDC in its own list, but has also failed to create any surveillance of the outbreak across facilities that includes the number of patients experiencing symptoms, confirmed COVID-19 infection or hospitalization by presence or absence of CDC risk factors.

5. As ICE determines to release people from detention, they should be afforded symptom screening akin to what is done with staff, but the release of detainees to the community will lower their own risks of infection and will also serve to flatten the overall epidemic curve by decreasing the rate of new infections and the demands on local hospital systems. From a medical and epidemiologic standpoint, people are safer from COVID-19 infection when not detained, and the epidemic curve of COVID-19 on the general community is flattened by having fewer people detained.

6. I declare under penalty of perjury that the statements above are true and correct to the best of my knowledge.

Signature: 

Homer Venters MD, MS

Date: 4/9/2020

Location: Port Washington, NY

EXHIBIT F

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA – EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, and RAMON MANCIA, *individually and on behalf of all others similarly situated*, Plaintiffs, v. THE GEO GROUP, INC., Defendant.	Case No.: 5:17-cv-02514-JGB-SHK Assigned to Hon. Jesus G. Bernal **DECLARATION OF MEREDYTH YOON ON BEHALF OF THE SOUTHEAST IMMIGRANT FREEDOM INITIATIVE OF THE SOUTHERN POVERTY LAW CENTER IN SUPPORT OF PLAINTIFFS' REPLY TO DEFENDANT'S OPPOSITION TO PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER**

DECLARATION OF MEREDYTH L. YOON

I, Meredyth L. Yoon, Esq., hereby declare under the penalty of perjury pursuant to 28 U.S.C. § 1746:

1. I make this declaration based on my personal knowledge except where I have indicated otherwise. If called as a witness, I could and would testify competently and truthfully to these matters.

2. The Southeast Immigrant Freedom Initiative ("SIFI") represents people confined inside several immigrant detention centers operated by GEO Group: the Folkston ICE Processing Center ("Folkston") in Folkston, Georgia; the LaSalle Detention Center ("LaSalle") in Jena, Louisiana; Pine Prairie ICE Processing Center ("Pine Prairie") in Pine Prairie, Louisiana; and, to a lesser extent, the South Louisiana ICE Processing Center ("South Louisiana") in Basile, Louisiana.

3. I serve as a Lead Attorney for the SIFI's Folkston Office. Since the outbreak of the novel coronavirus, SIFI staff and I have visited and spoken by phone or video conference with individuals in Folkston.

4. The paragraphs below reflect what SIFI staff and I have personally witnessed and learned in recent weeks in conversation with people inside Folkston.

5. As early as March 17, 2020, media outlets reported that Charlton County, where Folkston is located, had a confirmed case of coronavirus in the region.[1] Yesterday, on April 9, 2020, Reuters reported that GEO Group confirmed Folkston had a COVID-19 positive employee.[2]

6. To date, the GEO Group has prevented people inside Folkston from practicing social distancing—the only known means of preventing transmission—by continuing to confine individuals in groups of dozens or larger. It has failed to provide personal protective equipment to the people it is paid to care for. It has not given people inside these detention centers adequate information about protection against contracting COVID-19.

7. The group setting at Folkston deprives detained people of the ability to practice social distancing safety measures. On March 25, I personally observed about 50-60 men sitting within inches of each other while waiting for their court hearings. Based on my experience representing individuals at Folkston and visiting clients there on a regular basis for more than two years, this was nothing out of the ordinary.

8. I have spoken with individuals detained at Folkston about whether they were able to maintain six feet of distance from other residents and whether they had resources to exercise

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[1] Gordon Jackson, *Folkston coronavirus case confirmed*, Brunswick News, Mar. 17, 2020, available at https://thebrunswicknews.com/news/local_news/folkston-coronavirus-case-confirmed/article_79dd9c5d-f2dc-554b-8993-1ae66bcd127f.html (last visited Apr. 10, 2020).
[2] Mica Rosenberg (@micarosenberg) Twitter (Apr. 9, 2020, 10:46 PM), https://twitter.com/micarosenberg/status/1248442140537077760.

hygienic and other precautions in their living quarters. One individual told me he was housed in a cell with seven other people, which adjoined to a common area where up to 60 people congregate at once on a regular basis. Another told me his bunk was in a dorm with approximately 32 people sleeping in the same room and sharing three sinks. Both individuals told me that detainees are still responsible for cleaning the facility during the pandemic and that maintaining a six-foot distance from others throughout the day and night is not possible.

9. Several individuals detained in Folkston have reported to SIFI staff that they do not have hand soap or sanitizer in their housing units, and that all they have is body shampoo to use in the shower. I personally observed on two days in March that detained individuals did not have masks or gloves. Individuals have reported that staff at Folkston do not wear masks and that many do not wear gloves. In March, I personally observed that none of the detention center employees were wearing masks, although I noticed that some had a mask near them.

10. Individuals detained at Folkston have reported to SIFI staff that the facility has posted signs about COVID-19 in shared spaces, but that they remain confused about steps the facility is taking to keep them safe.

11. Individuals detained at Folkston have reported that measures to contain the spread of illness are insufficient. For example, on April 8, an individual reported to SIFI staff that two people in their unit who had a high fever were given painkillers and returned to the unit. Another individual reported to SIFI staff that within the past two weeks, a detainee who was exhibiting symptoms and sought medical treatment was not taken seriously until he vomited and collapsed in the bathroom.

12. Individuals detained at Folkston have reported to SIFI staff that Folkston staff has advised detainees to be careful and try to stay away from each other, but that living in close

quarters makes it impossible for them to do so. Individuals detained at Folkston have advised SIFI staff that many of the people detained there have flu-like symptoms, but continue to be housed in close quarters with other detained people.

13. The facility's failure to implement adequate safety measures in response to the COVID-19 pandemic is reflective of its history of deficient medical care. Throughout the time I have represented individuals in Folkston, I have heard complaints about the quality of medical care. Within the last two years, residents have reported waiting up to eight days to see a doctor after requesting a medical appointment, receiving substandard care, and having their medical concerns dismissed or ridiculed by medical staff as "dramatic." Residents with serious medical conditions have gotten sicker because meals provided by the detention center do not comply with their medical dietary needs. I have heard reports of detention center staff creating records that residents refused their medication when, in fact, the medication was not distributed. I have heard about stacks of unfulfilled medical requests being found in the trash.

14. I am aware of at least two incidents in the last two years where a resident who was exhibiting obvious signs of severe medical distress was ignored by detention center staff until other residents essentially staged a protest, as well as other medical emergencies that were not adequately addressed. In 2018, an individual who was experiencing excruciating abdominal pain was not immediately taken to an emergency room despite multiple urgent requests from the resident and his attorney. Detention center employees assured the resident and his attorney that he was fine. The man's appendix later ruptured.

15. Since January of 2018, there have been multiple outbreaks of communicable disease within Folkston, including chickenpox and other potentially serious illnesses. One individual detained at Folkston shared with me that he tested positive for tuberculosis ("TB") after he was

assigned to a cell with a roommate exhibiting visible symptoms of an active TB infection. The roommate was subsequently confirmed to have TB. As of the date of this declaration, SIFI staff knows of at least one individual at Folkston who is currently receiving treatment for TB infection.

16. Today, April 10, 2020, I am conducting in-person visitation at Folkston in spite of the confirmed case of a GEO Group employee so that I can fulfill my ethical obligations. Although SIFI has sought to minimize in-person visits by relying on the mail, phone calls, and video teleconference calls, these methods have proven insufficient to timely gathering paper documents and signatures from people inside Folkston. Having waited an undue number of days for return mail to arrive from Folkston, I may no longer delay the fulfillment of my ethical responsibilities, so I must visit the facility in person.

17. Based on our experience representing GEO's actions in requiring Class Members to perform mandatory cleaning duties without adequate PPE and cleaning supplies puts people imprisoned at Folkston at an elevated risk of contracting the infection. An order requiring GEO to cease forcing Class Members to uphold GEO's contractual responsibility -- keeping the facility clean and sanitary -- would immediately reduce this risk. I fear that in the absence of immediate action from GEO, Class members at Folkston will get sick and die from this deadly pandemic illness.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 10th day of April, 2020, in Baxley, Georgia.

Meredyth L. Yoon

By: Meredyth L. Yoon

EXHIBIT G

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA – EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, and RAMON MANCIA, *individually and on behalf of all others similarly situated*, Plaintiffs, v. THE GEO GROUP, INC., Defendant.	Case No.: 5:17-cv-02514-JGB-SHK Assigned to Hon. Jesus G. Bernal **DECLARATION OF KATRINA HUBER ON BEHALF OF THE SOUTHEAST IMMIGRANT FREEDOM INITIATIVE OF THE SOUTHERN POVERTY LAW CENTER IN SUPPORT OF PLAINTIFFS' REPLY TO DEFENDANT'S OPPOSITION TO PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER**

DECLARATION OF KATRINA HUBER

I, Katrina Huber, hereby declare under the penalty of perjury pursuant to 28 U.S.C. § 1746:

1. I make this declaration based on my personal knowledge except where I have indicated otherwise. If called as a witness, I could and would testify competently and truthfully to these matters.

2. I serve as a Project Coordinator for the Southeast Immigrant Freedom Initiative of the Southern Poverty Law Center ("SIFI"). SIFI represents people confined inside several immigrant detention centers operated by GEO Group: the Folkston ICE Processing Center ("Folkston") in Folkston, Georgia; the LaSalle Detention Center ("LaSalle") in Jena, Louisiana; Pine Prairie ICE Processing Center ("Pine Prairie") in Pine Prairie, Louisiana, and, to a lesser extent, South Louisiana ICE Processing Center ("South Louisiana") in Basile, Louisiana.

3. Since the outbreak of the novel coronavirus, I have visited individuals in **Pine Prairie** and spoken by phone or video conference with individuals in **South Louisiana** and **LaSalle**. My colleagues within SIFI have also spoken with individuals inside **Pine Prairie** and **LaSalle**. The paragraphs below reflect what my colleagues and I have personally witnessed and learned in recent weeks in conversation with people inside **Pine Prairie**, **LaSalle,** and **South Louisiana**.

4. GEO Group has prevented people inside these detention centers from practicing social distancing—the only known means of preventing transmission—by continuing to confine individuals in groups of dozens or larger, with few opportunities for fresh air. In some instances, it has accepted transfer of individuals with COVID-19 into facilities it operates under contract with U.S. Immigration and Customs Enforcement.

5. GEO has failed to provide sufficient personal protective equipment and basic hygiene supplies like soap to the people it is paid to care for. It has not given people inside these detention centers adequate information about how to protect themselves from contracting COVID-19. And in some cases, it has used force, in concert with ICE, to suppress the cries for help from detained people seeking facts and protection from contracting the virus**.**

Grossly Deficient Group Setting Deprives Detained People of Social Distancing Measures

6. Individuals in GEO Group detention centers in Louisiana are confined in crowded dormitories and are unable to practice the social distancing measures widely recommended by the CDC. Given the lack of a known cure for COVID-19, social distancing is considered the most effective means of preventing transmission.[1] Individuals in Pine Prairie report sleeping in dormitories with 60 to 70 other individuals, in bunk beds spaced two to three feet apart. They share sinks, toilets, and showers, and eat together in crowded cafeterias. The sharing of bathrooms is

[1] Decl. of Homer Venters at 7, ECF No. 113-2, *Fraihat v. ICE*, Case 5:19-cv-01546 (C.D. Cal. Filed Apr. 9, 2020).

significant to the spread of COVID-19, as new information on the transmissibility of COVID-19 suggests that it may be spread through aerosolized fecal content (which is dispersed when a toilet is flushed).[2] Individuals in South Louisiana report similar conditions. In **LaSalle**, a client reports as of April 6, 2020: "there are about eighty of us living in close quarters. We share three toilets, four sinks, and six showers all in one open space. People are terrified in my dorm because some people are sick with flu-like symptoms, including some officers. People are sneezing and coughing near each other. The beds are spaced less than two feet apart. It is impossible to practice social distancing." Across GEO Group detention centers, detained individuals report that detention center staff have made no efforts to space them out or implement other social distancing measures.

7. In **Pine Prairie,** both Charlie-Alpha and Charlie-Charlie dorms have been placed under quarantines following suspected exposure to COVID-19. People in quarantined dorms report that one or more individuals allegedly exhibiting symptoms of COVID-19 were removed from the dorm, and the rest of the dorm was placed on a lock-down. While the isolation of potentially exposed individuals may have afforded some protection to the rest of the detention center, staff made no effort to prevent individuals in the quarantined dorms from potentially infecting one another. People under quarantine were not allowed to space themselves out, and were confined together in an enclosed space for almost 24 hours a day. During a visit to the facility on March 20, 2020, I personally witnessed both quarantined and non-quarantined individuals held together in close proximity while waiting to be brought into legal visits.

The GEO Group Failed to Prevent Transfer of COVID-19 Infected Person into Facility

8. On April 3, ICE reported that an individual who had tested positive for COVID-19 was transferred from the Oakdale Federal Correctional Institution into **Pine Prairie**. The Oakdale Federal Correctional Institution has been the site of a lethal and fast-moving outbreak of COVID-

[2] *Id.* at 3.

19, with at least five confirmed deaths as of April 9, 2020.[3] GEO Group's willingness to accept a person who was known to be infected with COVID-19 shows a stark disregard for the human lives in the corporation's custody. This is especially striking in light of the heavy toll the virus has extracted over the Oakdale facility, where the threat that COVID-19 poses to individuals in incarcerated settings is clearly demonstrated.

9. In addition to the COVID-19 positive transfer, GEO Group has continued to allow the transfer of large groups of individuals into the facility on an ongoing basis throughout the COVID-19 crisis. Detained people working in **Pine Prairie**'s intake have reported processing groups of new arrivals ranging in size from 15 to over 70 individuals. Some of these new arrivals are believed to have been transferred from other detention centers around the state, and others are being moved from criminal custody. People detained in **Pine Prairie** have expressed frustration and fear at the continued movement of new arrivals into the detention center, and at the fact that these new arrivals are housed alongside the general detained population. They are especially fearful of individuals who were recently arrested off the street and brought into ICE custody, given the high rates of COVID-19 infection in Louisiana and across the United States.

10. As of April 10, 2020, our client T.D. at **LaSalle** reports that yesterday individuals were brought in from a county correctional facility who were visibly sick. The unabated flow of new arrivals into GEO Group facilities places individuals already detained in the facilities at a markedly higher risk of being exposed to infection. It also contradicts the CDC's recommendation that transfers of detained persons should be limited to "those that are absolutely necessary."[4]

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[3] Caroline Habetz, "Fifth inmate at Oakdale federal prison dies from COVID-19," KPLC (Apr. 3, 2020), available at: https://www.kplctv.com/2020/04/03/fifth-inmate-oakdale-federal-prison-dies-covid-/.

[4] Decl. of Homer Venters at 7.

The GEO Group Provides Insufficient Personal Protective Equipment and Hygiene Supplies, Including Soap

11. Detained individuals at **Pine Prairie** and **LaSalle** report a lack of appropriate Personal Protective Equipment (PPE). People detained in non-quarantined dorms are not provided any form of PPE. People held under quarantine are provided masks upon leaving their dorms, but are given no form of PPE while inside the dorm.

12. Detained people who work cleaning these dorms are also required by GEO Group to continue cleaning, without access to protective masks or gloves.

13. The lack of available PPE within quarantined dorms demonstrates GEO Group's disregard for the safety of those within these dorms, as staff make no effort to prevent the spread of COVID-19 among a group of individuals that are already at a heightened risk of exposure.

14. People detained in **Pine Prairie** have also reported that staff enter and leave the facility and the dorms, including the quarantined dorm, without wearing masks, gloves, or other forms of PPE. This is a cause of extreme concern among people in detention, as they understand that levels of COVID-19 infection are extremely high in Louisiana and that detention center staff are at a high risk of carrying the virus.

15. One individual detained in the Charlie-Alpha dorm in **Pine Prairie** described a situation in which a guard was removed from the dorm halfway through her shift after exhibiting symptoms including sneezing and coughing. Despite the fact that she was both symptomatic of COVID-19, and was working in a dorm that had been quarantined for suspected COVID-19 exposure, she had been wearing neither a mask nor any other PPE.

16. As their concerns over being exposed to COVID-19 by GEO Group staff increased, individuals in the Charlie-Alpha dorm made a written sign asking everyone who entered the dorm to wear a mask, and hung it on their door. The warden of the facility came to the dorm and removed

the sign. During a visit to the facility on March 20, 2020, I personally witnessed GEO Group staff without PPE in close proximity to both quarantined and non-quarantined individuals.

17. At **LaSalle**, a client reported on April 6, 2020, "I have complained that the officers coming from the street to the facility are not wearing protective equipment and will sooner or later bring in the virus. The officers are not wearing masks because they said the facility does not allow that. The only measure some have taken is to put on gloves to serve the food, and even then, not all of them wear gloves." This client further reported that as of April 10, 2020, an officer told her two **LaSalle** staff have tested positive and twelve have tested positive from the Alexandria Staging Facility.

18. Individuals detained in other centers, including **South Louisiana,** report similar inconsistent use of PPE by GEO Group staff. GEO Group's refusal to require its staff to wear PPE when interacting with detained individuals, who are already extraordinarily vulnerable to contracting and spreading COVID-19, demonstrates a shocking lack of concern for the safety of individuals ostensibly under its care. It also is a clear contradiction of CDC guidance, which now recommends the use of protective masks for anyone within six feet distance of others.[5]

19. Individuals detained in **Pine Prairie** and **South Louisiana** additionally have reported a lack of access to even the most basic personal hygiene supplies, including soap, toilet paper, and sanitary napkins.

20. At both facilities, GEO Group did not provide detained people with soap and toilet paper for days on end, with staff telling detained people that they had run out, or there wasn't any left, when they inquired about additional supplies.

21. In **South Louisiana**, entire dorms of 50 to 60 women were expected to share three rolls of toilet paper for up to a week.

[5] Decl. of Homer Venters at 3-4.

22. In **LaSalle**, common areas and the shared tablets are not disinfected, and dorms frequently run out of hand soap and therefore do not have the ability to wash their hands.

23. As of April 9, 2020, individuals in the Charlie-Charlie dorm of **Pine Prairie** reported that they were not being provided with soap, and that they were only able to access soap if they could afford to purchase it from the commissary. Individuals in the Charlie-Alpha dorm were told that there were no more cleaning supplies when they asked for gloves and chemicals to sanitize their dorm. GEO Group's inability to provide adequate personal hygiene supplies seriously hinders the capacity of detained people to protect themselves from COVID-19.

The GEO Group's Failure to Inform Detained People About the Virus and Take Measures to Contain its Spread

24. GEO Group staff have kept detained individuals in the dark for weeks about the spread of COVID-19, the risks that people in detention face, and measures being taken to mitigate these risks.

25. In **Pine Prairie**, the Charlie-Alpha dorm was held under quarantine for weeks without clear or consistent messaging from staff regarding why the dorm was quarantined or how long the quarantine might last. The inhabitants of Charlie Alpha understood from staff that they were under quarantine for suspected COVID-19 exposure, but this was never communicated to them in an official way by the facility's administrators or health staff. "We don't know what they are doing," one detained individual in Charlie-Alpha told me over the phone during this time. "It feels like they are playing games with us."

26. Individuals in **Pine Prairie** and **LaSalle** have also consistently reported from the beginning of the pandemic that GEO Group has not provided them with any form of public health education about the virus, its spread, or how to keep themselves safe.

27. After GEO Group allowed the transfer of a COVID-19 positive individual into **Pine Prairie**, detained individuals already inside the center were not informed of this development. The

day following the transfer, I spoke with individuals on the phone who told me that they could tell "something was going on" because the intake area was closed and they could see GEO Group guards wearing hazmat suits, but that they had not been given any information.

28. Absent official guidance from GEO Group guards or administrators, detained people are forced to piece together an understanding of the virus's spread through rumor, observation, guesswork, and piecemeal information filtered into the detention center from the outside world. This has contributed to widespread feelings of confusion, frustration, and mounting panic, as detained individuals suspect (in many cases rightfully) that GEO Group is withholding information crucial to their safety and survival.

The GEO Group Uses Retributive Use of Force Against Detained People Seeking Safety from and Facts About Virus

29. Across GEO Group detention centers where SiFi works, growing fears about the spread of COVID-19, coupled with a lack of transparency from staff about the risks posed by the virus, have contributed to an environment that is increasingly volatile and unsafe for detained individuals.

30. In **Pine Prairie**, on March 18, 2020, families and community advocates widely reported that a group of detained people were refusing to re-enter the detention center from the yard, because they believed that there were COVID-19 positive individuals inside the detention center. Although the incident did not turn violent, it was reported that GEO Group guards were standing by with pepper spray and other weapons. On March 24, 2020, another protest broke out in the Echo block of dorms, with participants desperate to be freed from the detention center in the face of the mounting global pandemic. On this occasion, GEO Group guards responded violently, shooting at protestors with rubber bullets and pepper spray.

31. One medically vulnerable client ("T.D.") was raising concerns about COVID-19. In response, on March 22, 2020, Captain Naggy at **LaSalle** told her that they were moving her into

a solitary cell. She asked Captain Naggy to talk to the mental health specialists at the facility because she mentally cannot survive in isolation and has panic attacks whenever she is left alone in a confined space, and has been seeing mental health staff about the condition every week. She then heard Naggy tell two officers and a sergeant to "drag [her] boney skin ass to the cell." He then told other guards, "make sure you drag the bitch to the cell." When the guards surrounded her, she told them that if they forced me into solitary, she would take her own life. After she discussed the situation with medical staff, Naggy told her that if she refused to go to solitary, she would have to sign a statement saying that if she died from coronavirus, the facility would not be responsible. Because she was surrounded by guards who she knew were instructed to drag her, she signed.

32. She further reported, on April 6, 2020, that recently ICE provided coronavirus information to her dorm. When they presented to her, they were rude and aggressive. They would not allow them to ask questions. When they asked about the insufficient amount of toilet paper and soap, they grew angry and shouted at them. About two weeks ago, ICE officers went to Falcon Charlie to provide information about coronavirus. The women in that dorm were chanting for their release and saying they do not want to be left to die in this facility. That is when they pepper sprayed them. Because Falcon Charlie was next door to her, the pepper spray entered her dorm and she and others began coughing. A girl in her dorm fainted due to an uncontrollable asthma attack. She had an asthma attack. We banged on the door to get help to release her from the dorm to fresh air. Officers entered and immediately began coughing and had difficulty breathing. Shortly after, she saw them taking some of the women from Falcon Charlie in shackles to solitary confinement for chanting.

33. GEO Group staff at both **LaSalle** and **Pine Prairie** have responded to detained individuals' frustration and terror with disproportionately authoritarian and violent responses.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 10, 2020 in New Orleans, Louisiana.

Katrina L. Huber
Katrina L. Huber (Apr 10, 2020)

Katrina Huber

Novoa Declaration_LA - FOR Katrina Signature

Final Audit Report 2020-04-10

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2020-04-10 - 7:45:06 PM GMT

EXHIBIT H

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA – EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, and RAMON MANCIA, individually and on behalf of all others similarly situated, Plaintiffs, v. THE GEO GROUP, INC., Defendant	Case No.: 5:17-cv-02514-JGB-SHK Assigned to Hon. Jesus G. Bernal **DECLARATION OF CARLOS FRANCO-PAREDES, M.D., M.P.H., IN SUPPORT OF PLAINTIFFS' REPLY TO DEFENDANT'S OPPOSITION TO PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER**

DECLARATION OF CARLOS FRANCO-PARADES, M.D., M.P.H.

I, Carlos Franco-Paredes, M.D., M.P.H., declare under penalty of perjury under the laws of the United States pursuant to 28 U.S.C. § 1746 as follows:

I. Overview of Background and Specializations.

1. My name is Dr. Carlos Franco-Paredes and I am an Associate Professor of Medicine at the University of Colorado in the Department of Medicine, Division of Infectious Diseases. I completed my internal medicine residency and infectious diseases fellowship at Emory University School of Medicine. I am also the Infectious Diseases Fellowship Program Director and supervise the training of medical students, internal medicine residents, and infectious diseases fellows at the University of Colorado, Anschutz Medical Center.

2. In addition, I hold a public health degree in global health from the Rollins School of Public Health at Emory University with a concentration on the dynamics of global infectious disease epidemics and pandemics. I also have twenty years of relevant clinical experience. From 2006 to 2009, I participated in developing international guidelines for pandemic influenza preparedness and response as well as a global health action plan with the World Health Organization.

3. As an infectious diseases clinician, I have experience providing care to individuals in a civil detention centers in the United States (US) and have performed medical second opinion evaluations for patients in the custody of the Department of Homeland Security, Immigration and Customs Enforcement (ICE). I have also provided direct care for many patients in ICE custody or incarcerated settings living with HIV-infection at my current academic institution.

4. Over the last three weeks, I have witnessed firsthand the impact of COVID-19 at my institution providing direct care to 45 patients with this infection, with many requiring intensive care management and necessitating mechanical ventilator support.

5. I present my Curriculum Vitae attached as Exhibit A. I have written and published extensively on the topics of infectious diseases pandemics and epidemics, particularly in influenza. I have 198 scientific publications in peer-reviewed scientific journals. I teach a class at the school of medicine on caring for underserved populations including immigrants and incarcerated populations and in best practices in global health.

II. Overview of Documents Reviewed in Preparation of this Declaration.

6. In preparation for this declaration, I reviewed the following scientific references, relevant medical documents and public health websites:

    - The Declaration of Dawn Ceja, filed by attorneys for The GEO Group in this action on April 8, 2020.

- Johns Hopkins University. Coronavirus Resource Center Available at: https://coronavirus.jhu.edu/map.html. Accessed: April 09, 2020.
- CDC-Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html). Accessed: April 09, 2020.
- CDC COVID 19 Response Team. Severe outcomes among patients with coronavirus disease 2019 (COVID-19) – United States, February 12-March 16, 2020. Available at: https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm. Accessed: March 21, 2020.
- Rodriguez-Morales AJ, Cardona-Ospina JA, Gutiérrez-Ocampo E, Villamizar-Peña R, Holguin-Rivera Y, Escalera-Antezana JP, Alvarado-Arnez LE, Bonilla-Aldana DK, Franco-Paredes C, Henao-Martinez AF, Paniz-Mondolfi A, Lagos-Grisales GJ, Ramírez-Vallejo E, Suárez JA, Zambrano LI, Villamil-Gómez WE, Balbin-Ramon GJ, Rabaan AA, Harapan H, Dhama K, Nishiura H, Kataoka H, Ahmad T, Sah R; Latin American Network of Coronavirus Disease 2019-COVID-19 Research (LANCOVID-19). Electronic address: https://www.lancovid.org. Clinical, laboratory and imaging features of COVID-19: A systematic review and meta-analysis. Travel Med Infect Dis. 2020 Mar 13:101623. doi: 10.1016/j.tmaid.2020.101623. [Epub ahead of print].
- Foppian Palacios C, Opensahw JJ, Travassos MA. Influenza in US detention centers- the desperate need for immunization. N Engl J Med 2020; 382(9): 789-792.
- Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. [The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) in China]**.** Zhonghua Liu Xing Bing Xue Za Zhi. 2020;41(2):145–151. DOI:10.3760/cma.j.issn.0254-6450.2020.02.003.
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- Wu C, Chen X, Cai Y, Xia J, Zhou X, Xu S, Huang H, Zhang L, Zhou X, Du C, Zhang Y, Song J, Wang S, Chao Y, Yang Z, Xu J, Zhou X, Chen D, Xiong W, Xu L, Zhou F, Jiang J, Bai C, Zheng J, Song Y. JAMA Intern Med. 2020 Mar 13. doi: 10.1001/jamainternmed.2020.0994. [Epub ahead of print].
- Koh GC, Hoenig H. How should the rehabilitation community prepare for 2019-nCOV? Arch Phys Med Rehabil 2020 Mar 16. Pii: S0003-9993(20)30153-2. Doi: 10.1016/j.apmr.2020.03.003. (Epub ahead of print].
- Chen C, Zhou Y, Wen WD. SARS-CoV-2: a potential novel etiology of fulminant myocarditis. Herz 2020; March 5. https://doiorg/10.1007/s00059-020-04909-z.
- Hu H, Ma F, Wei X, Fang Y. Coronavirus fulminant myocarditis saved with glucocorticoid and human immunoglobulin. Eur Heat J 2020; Mar 16. [Epub ahead of print].

- Li R, Pei S, Chen B, Song , Zhang T, Shaman J. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). Science 10.1126/scienceabb3221 (2020).
- Tian S, Hu W, Niu L, Liu H, Su H, Xiao SY. Pulmonary pathology of early phase 2019 novel coronavirus (COVID-19) pneumonia in patients with lung cancer. J Thorac Oncol 2020; https://doi.org/10.1016;j.tho.2020.02.010.
- Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, Azman AS, Reich NG, Lessler J.The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application. Ann Intern Med 2020; March 10, doi: https://doi/org/107326/M20-0504.
- Korean Society of Infectious Diseases; Korean Society of Pediatric Infectious Diseases; Korean Society of Epidemiology; Korean Society for Antimicrobial Therapy; Korean Society for Healthcare-associated Infection Control and Prevention; Korea Centers for Disease Control and Prevention. Report on the Epidemiological Features of Coronavirus Disease 2019 (COVID-19) Outbreak in the Republic of Korea from January 19 to March 2, 2020. J Korean Med Sci. 2020 Mar 16; 35(10):e112. doi: 10.3346/jkms.2020.35.e112.
- Sanche S, Lin YT, Xu C, Romero-Severson E, Hengartner N, Ke R. High contagiousness and rapid spread of severe acute respiratory syndrome coronavirus 2. Emerg Infect Dis. 2020 Jul [*date cited*]. https://doi.org/10.3201/eid2607.200282

III. Formal Analysis.

A. Global and US-Specific Epidemiology and Impact of the SARS-CoV-2 (COVID-19) Pandemic.

7. The Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a newly emerging zoonotic agent initially identified in December 2019 that as of the date of this writing, has spread to 184 countries, causing 1,484,100 confirmed cases and 88,538 deaths. This viral pathogen causes the Coronavirus Disease 2019 (COVID-19). Infection with COVID-19 is associated with significant morbidity and mortality, especially in patients above 55 years of age and those with chronic medical conditions.

8. As of April 10, 2020, there have been 432,132 confirmed cases of COVID-19 with 14,817 reported deaths in the U.S. There has been reports of confirmed cases in all US states and

most states have already reported deaths. The epicenters in the US territory began in the Pacific Northwestern states and then to California and the Northeast, particularly New York City and New Jersey. Currently, the epidemic is rapidly spreading among US Southern States including Georgia, Florida, Louisiana, and others. Many ICE detention centers are located in the U.S. South and the rapid spread of this viral infection among these states is a concern that we need to monitor closely from an epidemiological perspective.

9. Recent reports by the CDC show that 31% of COVID-19 cases, 45% of hospitalizations, and 80% of deaths occurred among adults over 65 years of age. Case-fatality in persons aged over 85 ranged from 10-27%, followed by 3-11% among persons aged 65 to 84, 1% among persons aged 55 to 64, and less than 1% among persons aged 20 to 54.

B. Risk of Immigration Detention Centers Fueling the COVID-19 Pandemic.

10. Immigration detention centers in the US are tinderboxes for the transmission of highly transmissible infectious pathogens including the SARS-CoV-2, which causes the Coronavirus Disease (COVID-19). Given the large population density of immigration detention centers, and the ease of transmission of this viral pathogen, the attack rate inside these centers may reach exponential proportions consuming significant medical care and financial resources.

11. I reviewed COVID-19 guidance by ICE and CDC recommendations for carceral settings. ICE's proposed plans and interventions to halt the spread of COVID-19 are well delineated and useful. The CDC recommendations provide some guidance that is general and may take into account the realities of some of these detention centers.

12. Both sets of guidance address social distancing in these centers, which appears to be difficult, if not impossible, in settings where many individuals are living in close quarters with a large

number of beds per room or dorm. These recommendations and guidance are insufficient to contain the spread of this infection behind walls of immigration detention centers. Throughout the history of humanity and outbreaks, pandemics and epidemics, population density in a closed space is the most import determinant of spread. Immigration detention centers are the antithesis of social distancing.

13. I have experience providing care to individuals in civil detention centers and I have performed medical forensic examinations and medical second opinion evaluations for patients in the custody of the Department of Homeland Security. Based on my conversations with patients, my own observations, and information that exists regarding the resources available within immigration detention facilities as detailed by the ICE Health Services Corps, it is my professional opinion that the medical care available in immigration detention centers cannot properly accommodate the needs of patients should there be an outbreak of COVID-19 in these facilities. Immigration detention centers are often poorly equipped to diagnose and manage infectious disease outbreaks.

14. In summary, I am concerned about the treatment of immigrants inside detention centers, which could make the current COVID-19 epidemic worse in the US.

C. Potential Impact of the COVID-19 behind Walls of Immigration Detention Centers in the US.

15. There is a growing number of confirmed cases in the US, increasing numbers of hospitalizations and admissions to intensive care units, and many deaths. In this wave of the pandemic or in subsequent ones, it is likely the number of infected individuals will continue to augment. In the closed settings of immigration detention centers, where there is overcrowding and confinement of a large number of persons, networks of transmission become highly conducive to spread rapidly.

16. There is evidence of substantial undocumented infection facilitating the rapid dissemination of novel coronavirus SARS-CoV-2 which is responsible for 79% of documented cases of COVID-19 in China. Once an individual is exposed to this virus from either a symptomatic individual (21% of cases) or from asymptomatic individuals (79% of cases), the shortest incubation period is 3 days with a median incubation period of 5.1 (95% CI 4.5 to 5.8 days). Overall, 97.5% of persons who develop symptoms do so within 11.5 days of the initial exposure. Most persons with COVID-19 who develop severe disease do so immediately after admission or within 3-5 days from their initial presentation and represent 53% of those requiring intensive care unit admissions and advanced supportive care. At my current institution, the two confirmed deaths occurred within 48 hours of admission to the hospital.

17. Given the high population density of immigration detention centers, and the ease of transmission of this viral pathogen, the infection rate will be exponential if even a single person, with or without symptoms, that is shedding the virus enters a facility.

D. Potential Impact of a COVID-19 Outbreak in a Detention Center May be Overwhelming Local Healthcare Systems

18. Detention of any kind requires large groups of people to be held together in a confined space and creates the worst type of setting for curbing the spread of a highly contagious infection such as COVID-19.

19. The number of private rooms in a typical detention facility is insufficient to comply with the recommended airborne/droplet isolation guidelines. Another important consideration that complicates disinfection and decontamination practices is the ability of this novel coronavirus to survive for extended periods of time on materials that are highly prevalent in secure settings, such as metals and other non-porous surfaces. Current outbreak protocols require frequent disinfection and decontamination of all surfaces of the facility, which is

exceedingly difficult given the large number of incarcerated individuals, frequent interactions between incarcerated individuals and staff, and regularity with which staff move in and out of each facility.

20. Responding to an outbreak requires significant improvements in staffing, upgrading medical equipment, substantial supplies including antibiotics, intravenous infusions, cardiac and respiratory monitors, devices for oxygen supply, and personal protection supplies among persons at high risk of severe COVID-19 disease. Additionally, this outbreak calls for highly trained staff to correctly institute, enforce isolation, quarantine procedures, and have training on the appropriate utilization of personal protective equipment. It is essential that nursing and medical staff be trained in infection control prevention practices, implementing triage protocols, and the medical management of suspected, probable and confirmed cases of coronavirus infection.

21. These same personnel would have to initiate the management of those with severe disease. Since these are closed facilities, the number of exposed, infected, and ill individuals may rapidly overwhelm staff and resources. This is particularly important in rural and semirural settings where many immigration detention centers are located, particularly in Southern States and where they may have contact with a limited number of surrounding medical centers. As a result, many patients would need transfer to hospitals near these facilities, likely overwhelming the surrounding healthcare systems, which are already functioning at full capacity caring for the general non-incarcerated community.

22. A large outbreak of COVID-19 in an immigration detention facility would put a tremendous strain on the medical system to the detriment of patients in the communities surrounding

these centers. It is reasonable to anticipate that there will be the loss of additional lives that could have otherwise been saved.

IV. Expert Opinion.

23. Immigration detention centers are tinderboxes of transmission of respiratory viruses including the SARS-CoV-2. Pandemics thrive in large crowds. Detention centers and correctional facilities are the anti-thesis of social distancing.

24. Current approaches to establish cohorts of exposed individuals at the Aurora Immigration Processing Center are insufficient in reducing the transmission of COVID-19 transmission dynamics given the different degrees of exposure. Similar efforts have proven insufficient during isolation and quarantine interventions conducted at the Princess Diamond Cruise experience in Yokohama, Japan; and more recently in the Cook County Jail in the State of Illinois.

25. The newest report from the CDC demonstrates that one infected person transmits the infection to more than FIVE other people – (Basic reproduction number R_0= 5.6). The basic reproduction number (R_0) consists of three factors: susceptibility of the population, transmissibility, and frequency of exposure. The SARS-CoV-2 infection, which causes COVID-19, is a highly transmissible infectious pathogen since: a) there is no, or minimal underlying population and individual immunity, b) it is highly transmissible (low infective dose), and the frequency of exposure (the more contacts/exposures, the higher the risk of contagiousness).

26. Transmission of COVID-19 in a closed space favors its rapid spread if there is no complete social distancing to reduce the R_0 to <1. This was exactly what happened during the Diamond Princess Cruise experience in Japan where despite efforts to reduce transmission, among

more than 3000 passengers, more than 600 were COVID-19 positive, and 11 died. In Cook County Jail, there are more than 300 confirmed cases identified despite efforts to cohort exposed individuals and one reported death.

27. There is no mention of screening and testing practices of exposed individuals within the facility to guide isolation and quarantine practices within the Aurora facility. There is also no distinction between or an effort to distinguish isolation versus quarantine practices. Screening and testing those exposed is crucial to lessen transmission and to guide isolation and quarantine practices. I suspect that based on current demands in the healthcare system, that there is no resources or capacity in most States including the State of Colorado to use current resources for screening purposes of detained immigrates who exposed to a COVID-19 case. Without testing availability, most interventions behind immigration detention centers are likely to fail to reduce the impact of a COVID-19 outbreak.
28. To contain the spread of the disease, infection prevention protocols must be meticulously followed including disinfection and decontamination practices. There is no mention in Officer Ceja's declaration of decontamination procedures only disinfection.
29. Based Officer Ceja's declaration, it is my opinion that GEO's current protocols, even if followed to the letter, do not substantially reduce the risk of transmission and contraction of COVID-19 to detained immigrants who are required to perform the compulsory cleaning and sanitation of commons areas such as showers, bathrooms, dayrooms, phone banks, and other areas in their dorm or pod.
30. It is my opinion that detained immigrants at the Aurora facility would be significantly less likely to contract COVID-19 if they were not being forced to risk exposure by performing mandatory cleaning duties without access to PPE such as masks, gloves, and without reliable

testing inside the facility.

31. In conclusion, social distancing is a crucial public health intervention to ameliorate the impact of a pandemic caused by a viral respiratory pathogen including influenza viruses and SARS-CoV-2. Incomplete adherence or partial implementation of social distancing is insufficient to reduce transmission. Forcing some detained immigrants at Aurora to break their social distancing by cleaning their entire common areas amounts to a willful decision by Officer Ceja and her employer to risk preventable exposure, infection, illness, and death of detained immigrants to COVID-19. In sum, the procedures Officer Ceja lays out fall woefully short of a responsible, evidence-based public health approach to combatting the spread of this deadly pandemic.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on this eleventh day of April 2020 at Aurora, Colorado, United States.

_____

Carlos Franco Paredes, M.D., M.P.H.
Associate Professor of Medicine
Division of Infectious Diseases
Department of Medicine
Division of infectious Diseases
Program Director Infectious Disease Fellowship
Training Program, University of Colorado

Exhibit A. Curriculum Vitae – Carlos Franco-Paredes MD, MPH

PERSONAL INFORMATION

Carlos Franco-Paredes, M.D., M.P.H.
Carlos.franco-paredes@cuanschutz.edu
carlos.franco.paredes@gmail.com
US Citizen

CURRENT PROFESSIONAL POSITION AND ACTIVITIES:

- Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus and Infectious Diseases (July 2018 - ongoing).
- Fellowship Program Director, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus (March 2019- ongoing).

EDUCATION

1989 -1995	M.D. - La Salle University School of Medicine, Mexico City, Mexico
1996-1999	Internship and Residency in Internal Medicine, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA
1999-2002	Fellowship in Infectious Diseases, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA
1999-2002	Fellow in AIDS International Training and Research Program, NIH Fogarty Institute, Rollins School of Public Health, Emory University, Atlanta, GA
1999 - 2002	Masters Degree in Public Health (M.P.H.) Rollins School of Public Health, Emory University, Atlanta, GA, Global Health Track
2001-2002	Chief Medical Resident, Grady Memorial Hospital, Emory University School of Medicine, Atlanta, GA
2006	Diploma Course in Tropical Medicine, Gorgas. University of Alabama, Birmingham and Universidad Cayetano Heredia, Lima Peru

CERTIFICATIONS

1999-Present	Diplomat in Internal Medicine American Board of Internal Medicine (Recertification 11/2010-11/2020)
2001-present	Diplomat in Infectious Diseases, American Board of Internal Medicine, Infectious Diseases Subspecialty (Recertification 04/2011-04/2021)
2005-present	Travel Medicine Certification by the International Society of Travel Medicine
2007-present	Tropical Medicine Certification by the American Society of Tropical Medicine – Diploma in Tropical Medicine and Hygiene (DTMH - Gorgas)

EMPLOYMENT HISTORY:

- 2002 - 2004 - Advisor to the Director of the National Center for Child and Adolescent Health and of the National Immunization Council (NIP), Ministry of Health Mexico; my activities included critical review of current national health

plans on vaccination, infectious diseases, soil-transmitted helminthic control programs; meningococcal disease outbreaks in the jail system, an outbreak of imported measles in 2003-2004 and bioterrorism and influenza pandemic preparedness. I represented the NIP at meetings of the Global Health Security Action Group preparation of National preparedness and response plans for Mexico

- 2005 – 2011- Co-Director Travel Well Clinic, Emory University
  Emory Midtown Hospital
- 2004- 8/2009 -Assistant Professor of Medicine
  Department of Medicine, Division of Infectious Diseases
  Emory University School of Medicine, Atlanta GA
- 3/2008-10/2009 Consultant WHO, HQ, Geneva, Influenza Vaccine
- 9/2009- 3/2011 Associate Professor of Medicine
  Department of Medicine, Division of Infectious Diseases
  Emory University School of Medicine, Atlanta GA
- 1/2007 – 3/2011 Assistant Professor of Public Health
  Hubert Department of Global Health
  Rollins School of Public Health, Emory University, Atlanta GA
- 4/2011 –5/2013 - Associate Professor of Public Health in Global Health
  Hubert Department of Global Health
  Rollins School of Public Health, Emory University, Atlanta GA
- 2010 - WHO HQ Consultant for a 4-month-period on the Deployment of H1N1 influenza vaccine in the African Region, Jan to March 2010, Switzerland Geneva, WHO HQ 2010 sponsored by John Snow Inc. USAID, Washington, D.C.
- 2014-2015 - Consultant International Association of Immunization Managers, Regional Meeting of the Middle Eastern and North African Countries and Sub Saharan Africa, held in Durban South Africa, Sept 2014; and as rapporteur of the Inaugural Conference, 3-4 March 2015, Istanbul, Turkey.
- 3/2011- 5/2017 - Phoebe Physician Group –Infectious Diseases Clinician Phoebe Putney Memorial Hospital, Albany, GA.
- 5/2015 - 9/2015 - Consultant Surveillance of Enteric Fever in Asia (Pakistan, Indonesia, Bangladesh, Nepal, India) March 2015-October 2015.
- June 19, 2017-June 31, 2018–Visiting Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver, Anschutz Medical Campus
- June 2004- present - Adjunct Professor of Pediatrics, Division of Clinical Research, Hospital Infantil de México, Federico Gómez, México City, México. Investigador Nacional Nivel II, Sistema Nacional de Investigadores (12/2019); SNI III Sistema Nacional de Investigadores (1/2020-); Investigador Clínico Nivel E, Sistema Nacional de Hospitales

HONORS AND AWARDS

1995 Top Graduating Student, La Salle School of Medicine

1997 Award for Academic Excellence in Internal Medicine, EUSM
1999 Alpha Omega Alpha (AOA) House staff Officer, EUSM
2002 Pillar of Excellence Award. Fulton County Department of Health and Wellness Communicable Disease Prevention Branch, Atlanta GA
2002 Emory University Humanitarian Award for extraordinary service in Leadership Betterment of the Human Condition the Emory University Rollins School of Public Health
2002 Winner of the Essay Contest on the Health of Developing Countries: Causes and Effects in Relation to Economics or Law, sponsored by the Center for International Development at Harvard University and the World Health Organization Commission on Macroeconomics Health with the essay "*Infectious Diseases, Non-zero Sum Thinking and the Developing World"*
2002 *"James W. Alley"* Award for Outstanding Service to Disadvantaged Populations, Rollins School of Public Health of Emory University May 2002. Received during Commencement Ceremony Graduation to obtain the Degree of Masters in Public Health
2006 Golden Apple Award for Excellence in Teaching, Emory University, School of Med
2006 Best Conference Award Conference, "*Juha Kokko*" Best Conference Department of Medicine, EUSM
2007 "*Jack Shulman*" Award Infectious Disease fellowship, Excellence in Teaching Award, Division of Infectious Diseases, EUSM
2007 Emerging Threats in Public Health: Pandemic Influenza CD-ROM, APHA's Public Health Education and Health Promotion Section, Annual Public Health Materials Contest award
2009 National Center for Preparedness, Detection, and Control of Infectious Diseases. Honor Award Certificate for an exemplary partnership in clinical and epidemiologic monitoring of illness related to international travel. NCPDCID Recognition Awards Ceremony, April 2009. CDC, Atlanta, GA
2012 The ISTM Awards Committee, directed by Prof. Herbert DuPont, selected the article "Rethinking typhoid fever vaccines" in the Journal of Travel Medicine (Best Review Article)
2012 Best Clinical Teacher. Albany Family Medicine Residency Program
2018 Outstanding Educator Award – Infectious Diseases Fellowship, Division of Infectious Diseases, University of Colorado, Anschutz Medical Center, Aurora Colorado

EDITORSHIP AND EDITORIAL BOARDS

2007-Present Deputy/Associate Editor PLoS Neglected Tropical Disease
Public Library of Science
2017-2018 Deputy Editor, Annals of Clinical Microbiology and Antimicrobials
BMC

2007-2019 Core Faculty International AIDS Society-USA -Travel and Tropical Medicine/HIV/AIDS

INTERNATIONAL COMMITTEES

2018- Member of the Examination Committee of the International Society of Travel Medicine. Developing Examination Questions and Proctoring the Certificate in Traveler's Health Examination

Proctor Certificate of Traveler's Health Examination (CTH) as part of the International Society of Travel Medicine– 12th Asia-Pacific Travel Health Conference, Thailand 21-24, March 2019
Proctor Certificate of Traveler's Health Examination (CTH), Atlanta, GA, September, 2019

PRESENTATIONS AT NATIONAL/INTERNATIONAL MEETINGS

2017- Meeting of the Colombian Society of Infectious Diseases, August 2017:
Discussion of Clinical Cases Session, Influenza, MERS-Coronavirus, Leprosy, Enteric Fever
2018 – Cutaneous Mycobacterial Diseases, Universidad Cayetano Heredia,
Lima, Peru, Mayo 2018
2018 – Scientific Writing Seminar, ACIN, Pereira, Colombia, August 2-4, 2018
2019 – First International Congress of Tropical Diseases ACINTROP 2019. March 21, 2019, Monteria, Colombia, Topic: Leishmaniasis
2019 – One Health Symposium of Zoonoses, Pereira Colombia, August 16-17, 2019, Topic: Zoonotic Leprosy
2019 – Congress Colombian Association of Infectious Diseases (ACIN), Topic: Leprosy in Latin America, Cartagena, Colombia, August 21-24, 2019
2019 – World Society Pediatric Infectious Diseases, Manila Philippines, November 7-9, 2019 - Tropical Medicine Symposium: Diagnosis, Treatment, and Prevention of Leprosy.
2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama, November 26, 2019, Oral Transmission of Leprosy Symposium
2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama, November 27, 2019, Leprosy Situation in the Americas.

PUBLICATIONS

BOOKS

Franco-Paredes C, Santos-Preciado JI. Neglected Tropical Diseases in Latin America and the Caribbean, Springer-Verlag, 2015. ISBN-13: 978-3709114216 ISBN-10: 3709114217
Franco-Paredes C. Core Concepts in Clinical Infectious Diseases, Academic Press, Elsevier, March 2016. ISBN: 978-0-12-804423-0

RESEARCH ORIGINAL ARTICLES (clinical, basic science, other) in refereed journals:

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FORMAL TEACHING

Medical Student Teaching

2001 - 2002	Clinical Methods, Emory University School of Medicine
2001 - 2002	Clinical Instructor Harvey Cardiology Course, Emory University School of Medicine
2001 - 2002	Problem-Based Learning for Second year Medical Students, EUSM
2005 - 2011	Clinical Methods Preceptor, ECLH
2006 - 2008	Medical Spanish - Instructor for M2, EUSM
2006 - 2007	Directed Study on Social Determinants of Infectious Diseases for M2 students (Lindsay Margolis and Jean Bendik), EUSM
2007 - 2011	Instructor - Global Health for M2 Students, EUSM
2007 - 2008	Presentation-Case Discussion – Social Determinants of Diseases – Coordinated by Dr. Bill Eley – Emory School of Medicine New Curriculum.
2018-	Small Group: Parasitic Diseases, Microbiology Course for First Year Medical Students, University of Colorado, Anschutz Medical Center.
2019-	MS-2 Small group discussion Microbiology, University of Colorado, Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic Arthritis-Cat Bite
2019-	Class Global Health and Underserved Populations of the New SOM CU Curriculum. Course Co-Director. Pilot Class (Jan 6-Jan 17, 2020).
2020-	MS-2 Small group discussion Microbiology, University of Colorado, Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic Arthritis-Cat Bite

Graduate Program:

Training programs

2006-2011	Professor - GH511 (Global Health 511) International Infectious Diseases Prevention and Control, Rollins School of Public Health
2009-2011	Professor – GH500 D – Key Issues in Global Health, Career MPH Program
2006-2011	Thesis Advisor to students Global Health Track – Hubert Department of Global Health, Rollins School of Public Health of Emory University
2008-2011	Coordinator International Exchange between Rollins School of Public Health and National Institute of Public Health, Cuernavaca, Mexico – Supported by the Global Health Institute of Emory University

Residency and Fellowship Program:

2004-2011	Resident Report – Noon Conferences Emory Crawford Long Hospital and Grady Memorial Hospital
2004-2011	Didactic Lectures on Parasitic Diseases and Non-tuberculous mycobacterial diseases for Internal Medicine Residents and Infectious Disease Fellows
2005-2008	Coordinator Journal Club Infectious Disease Division
2005-2011	Travel Medicine Elective, Internal Medicine Residents (2 internal residents per month)
2005	Grand Rounds – EUH - Department of Medicine: “Travel Medicine”
2006	Grand Rounds – ECLH – Department of Medicine: “Malaria”
2008	Grand Rounds - ECLH – Department of Medicine: “Leprosy”
2008-2011	Journal Club Coordinator, Internal Medicine Residency Program – ECLH

2009	Grand Rounds - EUH – Department of Medicine: "Leprosy a Modern Perspective of an Ancient Disease"
2009	Grand Rounds – Pulmonary and Critical Care Division – Neglected Tropical Diseases of the Respiratory Tract, June 16, 2009
2017	Grand Rounds – Leprosy, University of Colorado, Anschutz Medical Center, Division of Infectious Diseases, December 2017
2017	Grand Rounds – Infections associated with Secondary Antiphospholid Syndrome, University of Colorado, Anschutz Medical Center, Division of Rheumatology,
2018	Didactic Session – Travel Medicine (Pretravel and Postravel) Infectious Diseases Fellowship Anschutz Medical Center, Division of Infectious Diseases
2017	Infectious Diseases Fellows Clinic, University of Colorado, Anschutz Medical Center, IDPG.
2019	Invited Speaker: Travel Medicine, Pretravel/Postravel Care, Physician Assistant Program, September 12, 2019, University of Colorado, Anschutz Medical Center

Other categories:

2000-2002	Physician Assistant Supervision during Fellowship/Junior Faculty, Emory University
2004-2007	Mentoring of four College Students to enter into Medical School (Emory, Southern University, and Dartmouth): Lindsay Margolis 2004-Emory University Michael Woodworth 2005 – Emory University Peter Manyang 2007 – Southern University Padraic Chisholm 2007 – Southern University/Emory University
2009-2011	Project Leader. Partnership – Emory Global Health Institute – University-wide - Emory Travel Well Clinic and is titled Hansen's disease in the state of Georgia: A Modern Reassessment of an Ancient Disease". http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php. Students: 5 MPH students (RN/MPH, MD/MPH)
2017-	Infectious Diseases Fellowship Program, University of Colorado, Anschutz Medical Center. Teaching activities, Inpatient and outpatient (ID Fellows Weekly Clinic)
2019-	Infectious Diseases Fellowship Program Director, University of Colorado, Aurora Colorado

Supervisory Teaching:

Ph.D. students directly supervised:

Global Health, Rollins School of Public Health - PhD Task Force Member – 2007-2009

Residency Program:

Emory University: Internal Medicine Residents and Infectious Disease Fellows Supervision – Inpatient Months – 3-4 months per year on Grady Wards. I participated in the presentation and discussion of clinical cases, and discussion of peer-reviewed journal with medical students, residents, and fellows. Overall evaluations: Outstanding Teacher. (Anna Von 2005-2006; Seth Cohen 2008, Susana Castrejon 2007; Lindsay Margoles 2007-2008; Jean Bendik 2006-2008; Meredith Holtz 2007-2008)

University of Colorado, Anschutz Medical Center (since June 2017- present). Case discussion in infectious diseases during clinical rounds inpatient services (ID Gold, ID Blue, ID Orthopedics).

2004-2009 Thesis advisor – MPH Students – Hubert Department of Global Health – Concentration Infectious Diseases: Brenda Thompson 2004; Katrina Hancy 2004; Trina Smith 2006; Melissa Furtado 2007-2008; Oidda Museru 2008-2009; Hema Datwani 2010; Ruth Moro 2010; Talia Quandelacy 2010
2015 – Class GH511, Topic: "Leprosy" as part of the International Infectious Diseases, Global Health Track, Rollins Schoolf of Public Health, Emory University, Atlanta GA
2017 – Class GH511, Topic: "Leprosy" as part of the International Infectious Diseases, Global Health Track, Rollins School of Public Health, Emory University, Atlanta GA
2019 - Project Mentorship – Diffuse lepromatous leprosy. Undergraduate Student, University of Colorado, Boulder. Mikali Ogbasselassie. Project was carried out in Collaboration with the Dermatology Center of the Hospital General de Mexico.
Poster presentation by Mikali Ogbasselassie September 22, 2019, UMBC, Baltimore, Maryland.

EXHIBIT I

DECLARATION OF C-J-H-S

1. I, C-J-H-S, make this declaration based on my own personal knowledge, and if called as a witness, I could and would testify to the facts described here.

2. I am currently in immigration custody after being arrested by ICE agents on Tuesday March 3, 2020, in the middle of the coronavirus pandemic. I am seeking immediate release.

3. I am 20 years old and I have lived in Southern California since I was about three years old. My parents first brought me to the U.S. in 1999. My mother took me back to Mexico in 2001 and she brought me back again in 2003 when I was about three years old. I don't really remember anything about living in Mexico and English is my best language.

4. When I was growing up, my dad was very abusive to me, my siblings, and my mom. I learned from my mom that he hit her while she was pregnant with me, so really my dad started abusing me before I was even born. I can't even remember how many times I blacked out after my father hit me in the head because it happened so much. Social workers came to our house because teachers would see me at school with bruises. Eventually, my dad was arrested for hitting us and then he was deported.

5. After my dad was deported, mom had a hard time taking care of us. We never had a stable place to live. My mom eventually lost custody of me and my four other siblings because the Department of Child and Family Services said that she was not taking care of us. I was really sad to be separated from my brother and sisters and ended up homeless.

6. I had some trouble after I became homeless, and by the time I was 12 I was in the custody of Orange County Juvenile Probation. Orange County Juvenile Probation contacted ICE to let them know that I was not born in the United States, and I was placed in removal proceedings at age 13. In 2016, I was supposed to go to immigration court in Los Angeles, but Orange County Juvenile Probation did not bring me for my court hearing. Because I missed the court, I was ordered removed *in absentia* on March 9, 2016. I was sixteen years old at the time.

7. My immigration attorney filed a motion to reopen my proceedings and the Immigration Judge granted our motion on March 3, 2017. I only missed court in 2016 because I was not allowed to leave my group home placement. I understand that I have to go to all of my court hearings, and I make sure not to miss any court dates.

8. I have been diagnosed with lower than average cognitive functioning and sometimes it can be confusing for me to understand things like court hearings. I have always had trouble in school, and it is hard for me to listen to explanations for a long time. My

immigration attorney let the Immigration Judge and ICE know about these challenges and the immigration judge held a *Matter of M-A-M* competency hearing for me. After speaking with me, the Immigration Judge said that I would have certain safeguards in place to help me understand what was happening in court.

9. My immigration attorney filed an application for Special Immigrant Juvenile Status ("SIJS") for me on June 8, 2017, when I was 17 years old. Special Immigrant Juvenile Status is a designation for minors who have been abandoned, abused, or neglected by one or both of their parents. A state court judge found that I was abandoned, abused, and neglected by both of my parents. After the state court makes its findings, the next step in the SIJS process is to file an I-360 application with United States Immigration and Customs Services (USCIS). My application for SIJS was approved by USCIS on October 3, 2018, meaning that I was designated a Special Immigrant Juvenile and given a path to permanent residence. My attorney filed my application for Adjustment of Status with the immigration judge on March 2, 2020, but he hasn't made a decision on my application yet.

10. On my 18th birthday in June of 2017, I was released from my last juvenile placement and I immediately became homeless because I had nowhere to go and no one to stay with. I struggled to find my way and I got into some trouble again. I sustained two convictions during this period: one for contributing to the delinquency of a minor (stemming from an arrest in July 2017), and another for joy riding (stemming from an arrest in September 2017). I completed my sentence in October of 2017.

11. In July of 2019, I made a mistake that has had a significant impact on my life: I carried a firearm and an ID card that belonged to a friend. I was convicted of carrying a concealed unregistered firearm, carrying another person's ID, and misrepresentation to an officer. On October 7, 2019, I was sentenced to 364 days in county jail and 5 years probation, but I only served about 80 days in jail. I have learned and grown from my mistake. I took this incident as a very serious wake-up call. I know that I am now an adult and I have to be responsible for myself and the direction of my life. While I was serving my sentence at Men's Central Jail, I signed up for a work readiness program and a GED program. I completed the work readiness program, but my sentence was not long enough to complete the GED program. Still, the GED program motivated me to go back to school.

12. After completing my sentence on January 16, 2020, I enrolled in a high school equivalency program at North Orange County Community College in Anaheim, so that I could work on my high school diploma. I was a full-time student and I also made sure to attend all of my probation appointments. I was hoping to go on to trade school after I graduated. I am interested in studying culinary arts to work as a chef.

13. On Monday, March 2, 2020, I attended my immigration court hearing at the Los Angeles Immigration Court. My immigration attorney filed documents on my behalf including a form with my new address and my application to become a permanent resident. The judge received the documents and asked us to return to court again on July 13, 2020.

14. On the night of Monday, March 2, 2020, my probation officer came to my home at around 9:00 or 10:00 pm. He told me that he wanted me to report to his office the next day at 9:30am because he was changing the time of my routine visit. I normally reported at 2pm. I thought it was strange that he was coming to my home late at night to change our appointment time but I wanted to make sure I followed all of the officer's directions so I told him that I would be there in the morning.

15. On Tuesday, March 3, 2020, I went to the appointment with my probation officer at the Anaheim Police Station. My girlfriend drove me to the appointment. As I was exiting her car to enter the office, I noticed four unmarked vehicles with police officers inside parked nearby. Once I saw these vehicles, I realized that they looked familiar; I had noticed an unmarked vehicle with one or two people in it waiting outside of my girlfriend's house a few times over the course of the previous few days. Then, about three officers got out of the vehicle and approached me. The officers were armed, and they had on bullet proof vests. They looked like police officers and since I was at the police station, I assumed that is who they were.

16. One of the officers approached me and took out handcuffs. He ordered me to put my hands up against the car and he patted me down. He was not wearing any gloves, and he stood very close to me during this pat down. Then, he put handcuffs on me. I was very confused and scared. The officer never asked for my name or told me why I was being arrested. I thought maybe he was mistaking me for someone else, so I told him that I was just going to an appointment with my probation officer. But he would not listen to me. He ordered me to get into a white unmarked vehicle and the other officers returned to their vehicles. We drove away with the other officers following behind us in their vehicles. The officer never wore a mask in the car as we were driving. He never offered me a mask either.

17. I heard the officer talking to someone on the radio about picking up another person as we drove to our next destination. The voice on the radio described the clothes the person would be wearing and said that he was "five minutes out." When we arrived at our next destination, I recognized it as Orange County Juvenile Hall in Orange, CA. The officer exited the car and the other officers exited their vehicles as well. I saw them arrest a guy leaving Orange County Juvenile Hall. None of the officers used protective wear of any kind during this arrest either.

18. They took me to the ICE office in Santa Ana. I was confused as to why I was being detained because I had just attended my immigration court hearing the day before and I was scheduled to go back again in July. ICE did not say anything about detaining me when we were in court the day before. Since I completed my sentence at Santa Ana Men's Jail, I was enrolled in school and attending all of my probation appointments. I was trying my best to turn my life around. I also did not understand why ICE went to look for me instead of sending a notice to my attorney or calling her to ask me to report to their office. They also could have sent me a letter in the mail because they had my current home address.

19. In the Santa Ana ICE office, I had to sit in a small room on a bench with other people who had also been detained by ICE. The room was small, so it was not possible for us to stay 6 feet apart from one another. I talked to the guy who had been arrested outside of Juvenile Hall. He told me that he was leaving an appointment with his Juvenile Probation Officer when ICE detained him. I think there were about 10 of us in the room. The ICE officers came in and out of the room as well, so I think in total about 20 people passed through the room throughout the day. The ICE officers did not take our temperatures or ask us about our health. No one offered us hand sanitizer or soap to wash our hands. The only ICE officers who wore gloves were the ones taking fingerprints from people who had just been arrested. None of the ICE officers wore masks.

20. When it was already dark outside, we started driving to Adelanto. The ICE officers put me in a van with about six other detainees. One officer touched me on the hands, the wrists, ankles, feet and waist to handcuff me and put the chains around my ankles again. The officer was not wearing gloves or a mask. The officer's body was very close to mine, and at some points we were face to face. It was not possible to maintain six feet of distance in the van because the space was too small. We did not have masks either. The traffic was really bad on the way to Adelanto, so I think we were in the van together for over three hours with the windows closed, breathing in the same air.

21. We arrived at Adelanto at around midnight on March 4, 2020. The ICE officers brought us into a processing room. There were already people in the processing room when we arrived, and another van came at around the same time. I think there were about 30 people in the room waiting to be processed. We sat on benches at a distance of less than six feet from one another. We were not given hand sanitizer, masks, or gloves. A nurse came to evaluate us one at a time. She had a mask and gloves. She was the only person I saw that used a mask during my arrest and processing. She took our temperatures and asked us if we were sick or not.

22. After I completed processing, I was assigned to the 3C dormitory in the West building. I am still housed in this dormitory. I think there are about fifty people in my dorm. The

dormitory has a day room and shared bathroom area. There are several cells along the wall that have rooms with either four or eight beds. I am in a room with four beds. The beds are bunk beds and the rooms are very small. It is impossible for us to stay six feet apart from one another in the rooms.

23. We have to walk in a line to go outside or go eat in the cafeteria. The guards would make us walk very close to one another in the line. We had to stand just a few inches apart, so close that you can feel the person behind you breathing on you. We never have masks when we stand in these lines.

24. The detainees do all of the cleaning, laundry, and kitchen work in the facility. I am currently working in the kitchen. In the kitchen, we prep and serve the meals for all the other detainees, stock food in the freezer, sweep the floors, and mop. We use hair nets and gloves but no masks. I have not worked on the cleaning crew, but I have seen other detainees doing this work in the detention center. When they clean, they wear gloves but no masks. When we would like our clothes to be washed, we put them in an individual dirty clothes sack. The sack has netting and the detainees who work in the laundry put the sacks together in the washing machines and dryers without ever taking the clothes out. Since we have been hearing more about COVID-19, I have been trying to wash my clothes myself in the sink using a hygiene product we receive that is similar to shampoo, because I don't think my clothes could be washed enough when they are bunched up together in a bag and never taken out. I'm also concerned about other detainees touching the clothing bag when they take the bag and bring it back to me.

25. Inside our dorm, no one cleans except for us. That is the way it has been since I arrived here about a month ago. We each get a personal hygiene product to use as both soap and shampoo. Since hearing about the COVID-19 outbreak, I have also started using this personal hygiene product to clean the areas in my cell. I wish we had cleaning products to use but since we don't, the best I can do is to clean with my shower soap/shampoo.

26. There are a lot of areas in the dormitory that we all have to share. It would be impossible for us to wash our hands every time we have to touch a surface that others touch as well because this happens constantly throughout the day. For example, we share bathroom facilities including sinks, toilets, and showers. We share phones and a tablet to make phone calls. We also have a water cooler with a water jug that we all share. We all have to touch these surfaces throughout the day, and we use them immediately after each other. We do not have hand sanitizer in our dormitory, and we do not have access to any cleaning products that are meant to be used on surfaces.

27. On Friday March 27, 2020 at around 3:00pm, another detainee in my dorm became very ill. He collapsed in the shower and needed medical attention. I did not see him myself

but others who saw him said that he looked like he turned black. None of the GEO guards noticed that he was sick, but once he collapsed several detainees went to get the GEO guards in our dormitory area to ask for help. The man was taken out of our dormitory and he has never returned. Shortly after he was taken out, GEO guards told us that our dormitory, West 3C, was being quarantined. They did not give us any other information or screen us for any possible illnesses.

28. A few hours later, another detainee became very ill. It happened around the time we were going to eat dinner in our dayroom. The man said he was having trouble breathing. He tried to walk across the day room to ask a GEO guard for help, but he could not make it across the room. I saw when he fell to the floor and he looked very sick. It looked like he couldn't catch his breath. Another detainee got the GEO guard in the dormitory quickly. The guard called the nurse, but she did not come for probably about ten minutes. When the nurse arrived, she was wearing a mask and gloves. The nurse helped the sick detainee into a wheelchair and took him out of the room. He never came back, and we never heard anything about how he is doing.

29. It made me feel upset and scared that no one talked about the two men who got sick and were taken away. The GEO guards wanted us to just go about our day like nothing had happened. GEO guards came to take their belongings out of the dormitory, but they never sanitized their cells or the common areas in our dormitory.

30. Once the quarantine started, the guards began wearing masks when they came into our dormitory. However, once the quarantine was over about a week later the guards stopped wearing masks again.

31. There are other people in my dormitory who are sick now. I hear them coughing. If we want to see the nurse, it usually takes about three days. We have to put in a "kite", which is a letter to ICE. Then we have to wait for an answer to our kite. I don't think this is a good system because if someone feels sick, they have to wait for days to see a nurse. During that time, they can make the rest of us sick too.

32. We still have never received any information about why we were in quarantine. We have TV's in our dormitory, and we watch the news to learn about what is happening in the world. From watching the news, we have learned about the COVID-19 pandemic. The news keeps saying every day that people are dying but there are almost no changes inside our dormitory. The guards sometimes spray the dorm handles but other than that we do not have any extra cleaning procedures in place. The GEO guards and ICE officers have never provided us with any information about COVID-19 or about how to stay safe. Early this week, I heard on the news that several ICE officers have been diagnosed with COVID-19. This scared me a lot. I asked one of the GEO supervisors we call "the white

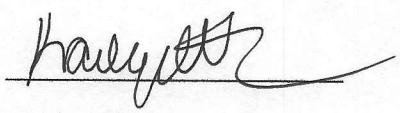
shirts" because they wear a white shirt while the other GEO staff wear blue shirts. The supervisor told me that what I had heard on the news was not true and he said that I should not believe the media. This was very confusing to me and I did not know what to believe.

33. I am very scared of being detained at Adelanto during a pandemic. Even though I can see that people around me are becoming sick, GEO and ICE are not doing anything to keep us safe. They do not give us any masks. They do not clean, provide us with cleaning supplies, or give us hand sanitizer. Instead, I have to try to keep my cell clean by using a hygiene product that is similar to shampoo, since this is all that I have. When people get sick, it takes several days for them to see the nurse and in that time, they can get other people sick too. I am afraid that if I stay here, I could become seriously ill or even die.

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

Because of COVID-19, and my confinement in the Adelanto Detention Center, I was not able to sign this declaration in person. The declaration was read to me over the phone by Karlyn Kurichety on April 1, 2020 in English, a language I speak fluently. I understood and verified its contents in full, and authorized Ms. Kurichety to sign the declaration on my behalf.

Executed on April 4, 2020 in Los Angeles, California.



Karlyn Kurichety

EXHIBIT J

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

Karlena DAWSON, et al.,

Petitioners-Plaintiffs,

v.

NATHALIE ASHER, Director of the Seattle Field Office of U.S. Immigration and Customs Enforcement, et al.,

Respondents-Defendants.

DECLARATION OF KARLENA DAWSON

I, Karlena Dawson, declare as follows:

1. I submit this declaration in support of Petitioners'-Plaintiffs' motion for a temporary restraining order. I am over the age of 18, have personal knowledge of the facts set forth herein, and, if called as a witness, I could and would testify competently as set forth below.

2. I was previously detained at the Northwest ICE Processing Center (NWIPC) in Tacoma, Washington, from February 2019 to March 30, 2020.

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3. I was detained in Pod C-3. While the numbers of detainees in the pod fluctuates, in the last two weeks, I shared a pod with 27 detainees. Our beds were about a foot apart. The NWIPC staff did not move our beds further following the local outbreak of COVID-19. Our beds were never six feet apart. I knew that I was high-risk so I went to the ICE doctor and asked for a letter from her saying that I could move to a bed upstairs where I could maintain further distance from the other detainees. I could not have received this accommodation by asking the officer; it had to come from the medical staff.

4. The way that the facility is set up, it is impossible to keep a distance of six feet between people. When you go to the medical clinic, for example, you're sitting there on the bench with several other people. The same is true when I get medicine. The guards call everyone from the pod who takes medicine to come line up, say 10-15 people standing in line. The officers stand around with us while we're in the pill line, like 10 of them. They treat it like it's the water cooler, standing around chatting. They didn't ask us to keep six feet between us in line after the virus broke out. The officers weren't doing that either.

5. The same problems with maintaining distance are elsewhere too. When we eat meals, we line up and one officer takes your ID card, one detainee gives you a tray, and another detainee gives you condiments and utensils. We sit at the same table to eat. You're interacting with a lot of people at close distance. We are not six feet apart. At recreation time, they didn't tell us to maintain six feet between us and the officers did not practice that either.

6. We did not really get much information from GEO or ICE about what precautions we should be taking. The warden came to our pod one time and spoke to us. It was on March 13th, a Friday. He said that if an officer is sick they would be sent home. He didn't talk to us about social distancing. When I woke up the following Sunday, I heard an officer coughing

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really bad. I saw her at 5am and her shift was ending at 7am, meaning she had been there all shift with that cough. When I got my insulin that morning, I told them about her cough and asked them to tell someone that she shouldn't be there.

7. They did not put any marks on the ground so we could tell how far six feet apart is. We never received any education about social distancing. Everything I learned about maintaining six feet distance was from watching the news on TV. Some officers told us we should stop watching the news because it was just going to stress us out.

8. We all use the same water fountain, including the officers, and I've never seen it cleaned. All detainees use the same toilets, the same showers. We sit at the same table when we eat and use the same food trays, which are washed by the male detainees. The trays are not always well cleaned, something I had complained about even before the virus broke out. We also share a sink and microwaves with the officers as well.

9. To use the sink by the bathroom, you have to press the button on the faucet to make the water come out. It always stops running too fast and you have to press it several times. It does not stay on for a full 20 seconds. The sink and all of its parts are made of metal. Paper towels often run out so we have to use toilet paper to dry our hands. There is another sink by the microwave, which we and the officers use to wash dishes and wash our hands. That sink is also metal and it has a lever to turn it on.

10. The detainees are the ones required to do the cleaning in the facility. The detainees are the ones asked to wipe down surfaces. We have to ask an officer to open the locked janitor's closet where the cleaning solution is kept. You can only get it to wipe the table, before and after dinner. The people who were assigned to cleaning duty could request to use the

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cleaning solution and paper towel to clean the microwaves, tables, and surfaces. This is how it was after the local outbreak of COVID-19 too.

11. The officers were not wearing masks for the most part. The officers I saw wearing masks were the ones who went to guard these small cohorts with about two detainees. I heard that the cohorted detainees were sick. Even the officers who work in the quarantined cells do not wear masks. I saw other officers with masks clipped to their belts but they were not wearing them. Masks were not provided to detainees. As for gloves, officers did not regularly wear them. They wore them during bunk searches but beyond that, never. The detainees wear gloves if needed for their job duties.

12. Recently, on one occasion, I saw an officer become angry because the medical clinic would not provide him with a mask. This officer had a cold and said he was taking Dayquil, but that it was not helping. I observed this because I was in the pill line and was within in six feet of the officer requesting the mask. The medical clinic refused to give him a mask.

13. The guards do not provide us with information about any testing for the virus, but I have only heard of 2 people being tested, one guard and one detained person.

14. There are more officers out than usual. They are short staffed. It's very noticeable. The officers talk about it. They are working double shifts. I think it is very careless.

15. When detainees need to be hospitalized they are generally brought to St. Joseph's Hospital in Tacoma. Even before the virus broke out, it has always been a problem for detainees to go to the hospital if they are sick. When I first arrived I was in a lot of pain. I kept telling the medical staff that I was in so much pain, something wasn't right. After a long time of being in so much pain, I finally was able to get someone to take me seriously. Then I had to spend four days in the hospital because my symptoms were so bad. And I have it better than a lot of people in

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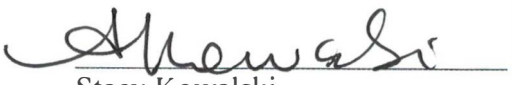
there because I speak English and I am not afraid to advocate for myself. Most people think that the judge will deny their case if they speak out too much, even those with chronic illnesses.

I, Stacy Kowalski, certify that I faithfully transcribed the foregoing based on statements that Karlena Dawson made to me. I further certify that on April 2, 2020, I read the foregoing to Karlena Dawson and that she affirmed that the foregoing is true and correct under penalty of perjury of the laws of the state of Washington and the laws of the United States. I prepared and reviewed this declaration with Karlena Dawson over the phone because of the COVID-19 pandemic.



Stacy Kowalski

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CERTIFICATE OF SERVICE

I hereby certify that on April 3, 2020, I electronically filed the foregoing declaration and attached exhibits with the Clerk of the Court using the CM/ECF system. In addition, I have mailed a physical copy of this filing via certified mail to the following address:

DATED this 3rd day of April, 2020.

s/ Aaron Korthuis
Aaron Korthuis, WSBA #53974
Northwest Immigrant Rights Project
615 Second Avenue, Suite 400
Seattle, WA 98104
(206) 816-3872
aaron@nwirp.org

EXHIBIT K

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

Karlena DAWSON, et al.,

Petitioners-Plaintiffs,

v.

NATHALIE ASHER, Director of the Seattle Field Office of U.S. Immigration and Customs Enforcement, et al.,

Respondents-Defendants.

DECLARATION OF ALFREDO ESPINOZA ESPARZA

I, Alfredo Espinoza Esparza, declare as follows:

1. I submit this declaration in support of Petitioners'-Plaintiffs' motion for a temporary restraining order. I am over the age of 18, have personal knowledge of the facts set forth herein, and, if called as a witness, I could and would testify competently as set forth below.

2. I was previously detained at the Northwest ICE Processing Center (NWIPC) in Tacoma, Washington, from November 2019 until March 25, 2020.

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3. I was detained in Pod A-3. While the numbers of detainees in the pod changes, in the last two weeks, I shared a pod with around 80 detainees. From my bed, there was another person's bed right next to mine. There was a metal wall between the beds, but it did not run the whole length of the beds, so we were only inches apart. Then the next set of beds were maybe three or four feet away. The NWIPC staff did not move our beds further apart after the news started to report about the virus. It is not possible that the beds were six feet apart.

4. The way that the facility is set up, it is impossible to keep a distance of six feet between people. When you go to medical, for sick call, for example, they make a line of people and then the guards told you to sit, right next to the others. Then, once they determine which doctor you are seeing, they take you to a holding room that is quite small, maybe ten feet by four feet, with 10-15 people in that room. You are very close to everyone in that small space. At pill line, they call everyone who takes medicine to come line up, say around 30 people standing in line. When I had to go to pill line, the guards lined up us maybe a foot from each other.

5. When we eat, we are close to other people because there are only eight tables and they are all full of people, so you have to sit next to other people. When we eat meals, we line up and one officer takes your ID card. In the line, we are all right next to each other, one behind the other. We are not six feet apart. At recreation time, they didn't tell us to maintain six feet between us.

6. The guards did not give us hand sanitizer, but gave us a spray that we used for cleaning the phones and tablets, and they told us to use on our hands as well. In the bathrooms, there were only three sinks for the 80 of us, so you could not wash your hands for 20 seconds, because there was a long line of people behind you, telling you to hurry up. And, in that line, we

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were all close together. Nothing of this changed in March, even though on the news they were talking about the virus.

7. In February, I don't remember the exact day, the water from the sinks, the toilets, the showers and the water fountain had come out black and it smelled bad. We asked for drinking water, but the guards told us there was none and we just had to wait. Finally, at about 9pm that night, the water finally started to go clear again.

8. I did not see the guards in A-3 pod wearing masks. Only one guard in A-3 would wear gloves if he was passing out things, but the others would never wear gloves. No one gave us masks or gloves.

9. Early in March—I think on the first Wednesday, March 4—I recall the director of the facility told us he would not put new people into the pod because of the virus and that they would quarantine new people. But, then later that same week, 11 new people arrested in the Kent, Tukwila, maybe Seattle area that same day were brought into our pod, A-3. One or two of these people seemed sick. These 11 people is what brought the pod up to 80 people.

10. In fact, two of these new people were taken out of the A-3 pod after March 4 and before the following Wednesday because they were sick. Both said they thought they had coronavirus, but no one ever told us what they had. Both had a fever and a dry cough. I don't know what happened to them.

11. It was then the following Wednesday, I think March 11, when several of us who'd been in the pod longer joined together and spoke with Portillo, a head officer. We asked him why did you bring more people? He said I can't control ICE that ICE told him what to do. He said he had orders from ICE that all the new people had to be put in pods.

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12. There was also another man, a Mexican, and another from El Salvador and another from Honduras who felt bad during March, with fever and cough and went to the doctor. But the doctor just gave them Tylenol and ibuprofen and sent them back to the pod that day.

13. The detainees are the ones required to do the cleaning in the facility. The detainees are the ones asked to wipe down surfaces in the pod. When I worked as a cleaner in the pod, I worked starting at 11:30 at night, I cleaned the tables, the tablets. There is another cleaner in the morning who does the same. But, sometimes, during the day, the tables would stay dirty until the evening when someone would clean them. This did not change in March.

14. In March, I noticed a change and it seemed to me that the officials were working more double shifts because they didn't have a lot of officials.

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CERTIFICATE OF INTERPRETATION AND AFFIRMATION

I, Tim Warden-Hertz, certify that I am fluent in Spanish and English and that I am competent to interpret between these languages. I further certify that I have read the foregoing to Alfredo Espinoza Esparza in Spanish via telephone. I further declare that I am competent to render this interpretation and that I would testify to the same under penalty of perjury if I were called upon to do so.

I further certify that I faithfully transcribed the foregoing based on statements that Alfredo Espinoza Esparza made to me. I further certify that on April 3, 2020, I read the foregoing to Alfredo Espinoza Esparza and that he affirmed that the foregoing is true and correct under penalty of perjury of the laws of the United States. I prepared and reviewed this declaration with Alfredo Espinoza Esparza over the phone because of the COVID-19 pandemic.

s/ Tim Warden-Hertz

Tim Warden-Hertz
Northwest Immigrant Rights Project
1119 Pacific Ave., Suite 1400
Tacoma, WA 98122
(206) 957-8652
tim@nwirp.org

CERTIFICATE OF SERVICE

I hereby certify that on April 3, 2020, I electronically filed the foregoing declaration and attached exhibits with the Clerk of the Court using the CM/ECF system. In addition, I have mailed a physical copy of this filing via certified mail to the following address:

DATED this 3rd day of April, 2020.

s/ Aaron Korthuis
Aaron Korthuis, WSBA #53974
Northwest Immigrant Rights Project
615 Second Avenue, Suite 400
Seattle, WA 98104
(206) 816-3872
aaron@nwirp.org

EXHIBIT L

DECLARATION OF FLAVIO LOPEZ GONZALEZ

I, Flavio Lopez Gonzalez, hereby declare:

1. My name is Flavio Lopez Gonzalez and I am 26 years old. I am currently detained at the Northwest Detention Center.

2. I am currently involved in a hunger strike at the Northwest Detention Center to protest the handling of the COVID-19 crisis.

3. I have had asthma for much of my life, and I currently have bronchitis. To deal with the bronchitis, I am currently taking Tylenol, a mucus decongestant, and I also use an inhaler.

4. The situation at the detention center is not safe for people like me who are at serious risk if COVID-19 outbreaks at the detention center. We are not able to engage in social distancing in all kinds of activities. This includes lining up for food, or when we have to do "count," when they make all of us wait in our bunks while we are counted.

5. The same problems with bunching people occur when we go to court. The guards place at least 20 of us together in a holding room. Then they bring us out to court, where they only let 5 detainees in at a time. The guards tell the judge, who appears telephonically, that there are only five people in the room, but out in the hall, we are bunched together sitting next to one another. We also mix with people from other pods when we are taken to immigration court.

6. During meals, we are also close to one another; it is not possible to sit 6 feet away from the other detainees; in fact, we sit right next to one another with our trays touching so that we can fit and eat. People, including the guards, also often bunch together around the sink and microwave in groups of 6-8 people. The tables are cleaned by the detainees after each meal.

7. Our bunks in the detention center are very close to one another. I would estimate that they are spaced about 5 feet apart from one another, and that with the bunk beds, the bed on top is around 3-4 feet above the lower bed.

8. The beds in my pod in the detention are grouped into sections of 8-12 people. People in these sections cannot distance from one another because of how close the beds are to one another.

9. There are around 70 people in my pod in the detention center. We all live in the same space together like a dorm. I would estimate that 90% of the bunks in my pod are occupied.

10. There is soap in the detention center to wash the dishes and by the sink to wash our hands. We have to buy soap for showers. The soap for dishwashing often leaves grease on the dishes and trays and is not very effective. To run the sink for handwashing, you have to push a button. The water runs for about 5-10 seconds when you push it.

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11. To dry our hands, we often have to use toilet paper rolls. Up until two days ago, everyone just used and touched the same rolls. Two days ago, they installed a roller that we can grab to pull off the toilet paper to dry our hands. When the paper runs out, we have to go ask the guard for more to dry our hands.

12. The phones that we use are cleaned every few days by other detainees. The frequency of this cleaning has not changed since the pandemic began. The exercise equipment in our pod is also cleaned 1-2 times a week, and this also has not changed since the pandemic began. There also have not been changes in our recreation time. People still have physical contact playing basketball and soccer, and people are also close to one another when they play card games at the tables in the pod.

13. I have not seen the guards wearing masks, except that I once saw once guard wearing a mask when that guard was working with a quarantined cohort.

14. Not long after my arrival at the detention center, my pod was placed into quarantine. Prior to our quarantine, the guards first transferred back into our pod other people that had recently transferred to other pods. None of us, including the guards, wore a mask while we were in quarantine.

15. While in quarantine, I was unable to receive medical attention. I was feeling sick, feverish, fatigued and had congestion in my chest and diarrhea. I complained and requested medical attention because of the issues that I was experiencing, but I was not taken to see a doctor.

16. Our quarantine was lifted around 7-10 days ago. After that, I was able to visit the medical clinic, where I was told that I have bronchitis. My visit to the medical center is when I was prescribed the Tylenol, the inhaler, and mucus decongestant. I was given a test for influenza, but that came back negative.

17. Because of the chest issues that I was experiencing, I requested a test for COVID-19. The doctor I first talked to said I could receive a test. But then that doctor's supervisor overruled the doctor and said that I did not meet the qualifications for a test. I do not know what qualifications the doctor was referring to.

18. I have observed some detained that have COVID-19-like symptoms, like lots of coughing. For example, there is one who clearly sleeps near me who coughs a lot.

19. I have not heard of anyone receiving a COVID-19 test during my time here. I do know that they have placed some pods under quarantine, like they did with my pod for a time.

20. I am very concerned for my health here. I know I am at high risk because of my asthma and current bronchitis situation. That is why I am involved in a hunger strike, in order to protest our treatment so that the detention center releases us and we can go be with our families to support them during this difficult time.

21. I have been threatened with segregation and an increase in security level if I continue the hunger strike.

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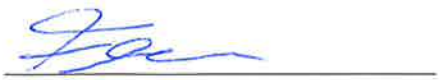
I declare under penalty of perjury under the laws of the state of Washington and the laws of the United States that the foregoing is true and correct.

Executed this 3rd day of April, 2020, in Tacoma, Washington.



Flavio Lopez Gonzalez

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CERTIFICATE OF SERVICE

I hereby certify that on April 3, 2020, I electronically filed the foregoing declaration with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to those attorneys of record registered on the CM/ECF system.

DATED this 3rd day of April, 2020.

s/ Aaron Korthuis
Aaron Korthuis, WSBA #53974
Northwest Immigrant Rights Project
615 Second Avenue, Suite 400
Seattle, WA 98104
(206) 816-3872
aaron@nwirp.org

EXHIBIT M

DECLARATION OF NORMA LOPEZ NUÑEZ

I, Norma Lopez Nuñez, hereby declare:

1. My name is Norma Lopez Nuñez. In the past, I have also gone by my married name, Norma Cecilia Zanabria. I was born in Mexico, and am 65 years old.

2. I submit this declaration in support of the multi-person petition for a writ of habeas corpus in federal court and complaint for injunctive relief based on the risks that I face because of COVID-19.

3. I have been detained in the custody of the Department of Homeland Security since 2015. I have been at the Northwest Detention Center (also called the Northwest ICE Processing Center) for about three years.

4. I was assigned to pod D1 at the detention center. Recently, the officials moved everyone in our pod to a unit occupied by individuals in pod B1, combining our numbers to make a pod of about 67 detainees total, with the addition of at least one officer who is always present in the unit.

5. There are two levels in the unit where our pods spend most of our time. By my estimate, the lower level of the unit is about 45 by 30 or 38 feet, and 45 people are housed down there. The upper level is about 30 by 15 feet, and I think about 22 people are housed up there. There are three bathrooms on the lower level and three bathrooms on the upper level – six toilets total, for 67 people to share. The rooms in the unit are not well-ventilated.

6. The beds downstairs are out in open air; individuals do not have their own rooms. Upstairs I think there are about 30 beds, and 22 of those are occupied. In the small room where I stay, 6 other individuals sleep there as well. The beds are close together, and we basically sleep head-to-head. I believe some rooms have up to 12 people in them.

7. On the lower level of the unit, there are only 13 tables where all 67 detainees must eat together, and the seats are close together. I do not know if the tables are properly sanitized after we use them, and I worry with so many people touching those surfaces that the tables may be very dirty. The area with the microwaves is constantly crowded, sometimes with 20 people waiting in line in a small area to microwave their food.

8. We are most crowded when we wait in line for the bathrooms. The officers make us line up for the bathrooms, and we must stand close together to fit in the space when there are many people in line, as there frequently are. One of the sinks upstairs is currently out of soap.

9. Though there are three showers on my floor, we all line up for the handicap-accommodating shower, because it is the only one with consistent hot water. We buy soap for the shower at the commissary, but some people do not have commissary funds to buy soap.

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10. There are a few tablets in our unit, and there are always people in line to use the tablets. I worry that the tablets are not sufficiently sanitized between uses and that they are dirty as well.

11. In the open space where I am right now as I dictate this declaration, there are eight people behind me in very close proximity, waiting for the phone I am currently using because the other phone is not working. There are three tables full of other individuals in this room, as well.

12. There is only one area where we may go outside, and this area also gets very crowded.

13. The officers in my unit are in their 60s. None of them wear masks or gloves. Today for the first time I saw an officer in the detention center wearing a mask, when I went to visit the doctor in the clinic. Other than this, I have not seen officers wearing masks here.

14. The officers have not given us any specific instructions regarding handwashing or maintaining six feet of distance between ourselves. Even if they did, it would be impossible to maintain six feet of distance, because we are constantly in line for bathrooms, phones, and tablets, and there are many of us in a confined space. The officers just tell us to stay in line.

15. I have had respiratory and throat issues in the past, and I have also had issues with my heart. My head frequently hurts here, and I feel pressure behind my eyes. I've had a diminished appetite lately, and I've had suicidal ideations in the past. I don't want to receive medical treatment for any of these issues, however, because they will put me in medical isolation, and then I won't be able to talk to anyone. I am afraid medical isolation would exacerbate my mental health issues.

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CERTIFICATE OF INTERPRETATION AND AFFIRMATION

I, Sydney Maltese, certify that I faithfully transcribed the foregoing based on statements that Norma Lopez Nuñez made to me. I further certify that on April 2, 2020, I read the foregoing to Norma Lopez Nuñez in the Spanish language and that she affirmed that the foregoing is true and correct under penalty of perjury of the laws of the United States. I further certify that I am fluent in Spanish and English, am competent to interpret between these languages, and that I would testify to the same under penalty of perjury if I were called upon to do so. I prepared and reviewed this declaration with Norma Lopez Nuñez over the phone because of the COVID-19 pandemic.

Sydney Maltese
Northwest Immigrant Rights Project
615 Second Ave Ste. 400
Seattle, WA 98104
(206) 816-3866
sydney@nwirp.org

CERTIFICATE OF SERVICE

I hereby certify that on April 3, 2020, I electronically filed the foregoing declaration with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to those attorneys of record registered on the CM/ECF system.

DATED this 3rd day of April, 2020.

s/ Aaron Korthuis
Aaron Korthuis, WSBA #53974
Northwest Immigrant Rights Project
615 Second Avenue, Suite 400
Seattle, WA 98104
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aaron@nwirp.org

EXHIBIT N

DECLARATION OF LEONIDAS PLUTIN HERNANDEZ

I, Leónides Plutin Hernandez, hereby declare:

1. My name is Leónides Plutin Hernandez. I am from Cuba and am 59 years old.

2. I submit this declaration in support of a multi-plaintiff petition for a writ of habeas corpus in federal court based on the risks that I and others face because of COVID-19. I was a plaintiff in this lawsuit, but I was released on March 25, 2020.

3. I was detained at the Northwest Detention Center for about one month after spending several other months in other detention centers.

4. During my time at the Northwest Detention Center, I was housed in an open area for about two weeks and in a room with a cellmate for around two weeks. I would estimate that around 50 people were housed in the open area, and 50 people in the 2-person rooms. The 2-person rooms were located around the perimeter of the open area, so in total, I estimate about 100 people were housed in the same space.

5. I was in the open area for the first two weeks. I estimate that the beds in the open area are located about one meter apart from another. During the last two weeks, I was in a room that I shared with another individual. In that room, there were bunk beds. The beds in the bunk bed were around a meter or less from one another, which I know because I sometimes hit my head on the bed above me.

6. It was not possible to maintain a distance of two meters from other people during my time in the detention center. We slept near one another and there were lots of people in an indoor space. In addition, when we had meals, there was not space to maintain that distance from other people. The tables are spaced in a way that does not permit you to sit two meters apart from other people.

7. I did not see anyone clean the tables in the eating area between uses by individual people. Instead, the tables were only cleaned after everyone had their meal. There were microwaves too, but they were not cleaned between each use.

8. Cleanliness in the detention center depended upon individual detainees. It was a collective space, and many people do not clean up after themselves.

9. It was not always easy to get soap to bath myself during the month that I was detained at the Northwest Detention Center. On one occasion during March, I went three days without soap because the only way to get soap to bath myself and wash my hands was to buy the soap at the detention center store.

10. As far as I can recall, the availability of soap did not change during my time in detention in the Northwest Detention Center, except that on my last day at the detention center I recall that someone placed a soap dispenser by the side of the microwave for

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handwashing. There was also some soap in the bathroom that was to be used for washing one's underwear.

11. When I went to the bathroom, I had to ask for paper towels to use in the bathroom. They were not available without asking for them from the guard.

12. I also do not remember receiving instructions from the guards or the detention center warden about how to protect against the coronavirus. Instead, I learned about the virus and what to do to protect against it through the TV in the detention center.

13. I did not observe changes at the detention center during the month that I was detained there to deal with the health concerns of COVID-19. For example, I don't remember seeing the guards wearing masks or gloves.

14. The detention center washed our towels and clothes once a week. This schedule did not change because of the COVID-19 outbreak.

15. There are 7 public telephones that the estimated 100 people in the area I was detained had to use. This was a tremendous risk to my health, because the phones are not cleaned in between each use.

16. There was also only one piece of exercise equipment in our area, and it also was not cleaned between uses by different people.

17. I heard of one person in another pod at the detention center that receive a COVID-19 test during my time there. I am not aware of any of the people in the area that I was living in being tested.

CERTIFICATE OF INTERPRETATION AND AFFIRMATION

I, Aaron Korthuis, certify that I am fluent in Spanish and English and that I am competent to interpret between these languages. I further certify that I have read the foregoing to Leónides Plutin Hernandez in Spanish. I further declare that I am competent to render this interpretation and that I would testify to the same under penalty of perjury if I were called upon to do so.

I further certify that on April 2, 2020, I read the foregoing to Leónides Plutin Hernandez and that he affirmed that the foregoing is true and correct under penalty of perjury of the laws of the United States. I prepared and reviewed this declaration with Leónides Plutin Hernandez over the phone because Mr. Plutin Hernandez did not have access to a printer in light of the COVID-19 pandemic.

s/ Aaron Korthuis
Aaron Korthuis
Northwest Immigrant Rights Project
615 Second Ave Ste. 400
Seattle, WA 98104
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aaron@nwirp.org

CERTIFICATE OF SERVICE

I hereby certify that on April 3, 2020, I electronically filed the foregoing declaration with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to those attorneys of record registered on the CM/ECF system.

DATED this 3rd day of April, 2020.

s/ Aaron Korthuis
Aaron Korthuis, WSBA #53974
Northwest Immigrant Rights Project
615 Second Avenue, Suite 400
Seattle, WA 98104
(206) 816-3872
aaron@nwirp.org

EXHIBIT O

DECLARATION OF ANDREW W. AUGUSTINE

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

1. My name is Andrew Augustine. I am a licensed attorney (MN Bar #0400425) working in the state of Washington. I am currently employed as a associate attorney by the firm Immigrant Advocacy and Litigation Center, PLLC in Kent, Washington where I practice exclusively in immigration law.
2. On Tuesday March 31st, 2020, I was scheduled to appear for a court hearing at the Northwest ICE Processing Center ("NWIPC," for formally known as the Northwest Detention Center) in Tacoma, Washington.
3. When I entered the facility, I noticed four officers sitting in and around the front desk. Of the four officers, only one officer was wearing gloves and a mask. The other three officers were not wearing any personal protective equipment (PPE). The officer wearing the PPE took down my credentials and gave me a questionnaire to fill out. Another officer approached me and took my temperature with a laser temperature collection device. I was not required to wear a mask, or gloves to enter the court room, nor was I offered any PPE.
4. Before entering the courtroom, I noticed many detention center officers come and go from the facility. I noticed that some officers were not screened by the front desk officers when they entered the facility. They were allowed to enter without their temperature being taken.
5. I was then escorted by a detention center officer to the video teleconference (VTC) courtroom waiting area. The both the government's attorney and the immigration judge were each in respective separate rooms, and I was in the VTC courtroom with other detainees. The waiting area in the VTC is best described as a small, narrow, hallway-like area with some chairs and two doors that lead to two different VTC courtrooms. There

were approximately seven or eight detainees, including my client, sitting either side-by-side or a few chairs away from each other, along with at least two detention center officers. Other attorneys were coming in and out of the VTC courtrooms and hallway to be present with their detained clients. Attorneys were able to confer with their clients face-to-face and right next to each other. No one in the hallway wore masks. The only persons wearing PPE were the detention center guards—they wore gloves.

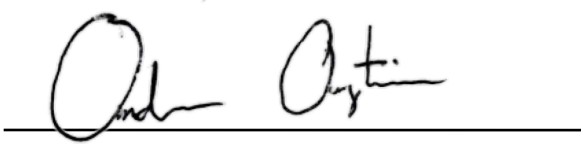
6. The VTC courtroom itself is a room that is approximately 20 by 10 feet. Once inside the courtroom, I was asked to sit next to my client. Inside the courtroom, there were approximately five to six additional detainees. All detainees in the courtroom were closer than six feet from another person. No detainee was wearing any PPE.
7. Counsel table, where attorneys and detainees sit, did not have hand sanitizer. As each detainee was called up for their hearing, they sat at counsel table. When one hearing was adjourned, the next detainee, and counsel if present, were brought to the counsel table for their hearing. The counsel table or area was not wiped between hearings.
8. Two days later, on April 2, 2020, I was at the NWIPC again and in the VTC courtrooms.
9. When required to fill out a questionnaire and my temperature was taken. I was then cleared to enter the VTC hearing.
10. Before entering the courtroom, I then asked the front desk officers for PPE, and stated that I was under the impression that PPE would be provided to attorneys when entering the facility. One of the officers responded, “I didn’t hear anything like that, no one told us” and added that “things change all the time.” Eventually, I was offered gloves and a mask. At that point, two other attorneys who were already sitting in the main waiting area, and

not offered or wearing any PPE, requested gloves. There were other attorneys in the main waiting area not wearing PPE, and not required to do so.

11. I was then escorted by a guard to the VTC courtroom area. There were attorneys going in and out of the VTC courtroom area, some were not wearing any PPE. No detainee was wearing any PPE. In the VTC courtroom hallway, detainees were sitting next to each other. Inside the courtroom, counsel table did not have hand sanitizer. Detainees who had just finished talking to their attorneys face-to-face were sitting directly next to other detainees.

I, Andrew W. Augustine, declare under penalty of perjury, under the law of the United States, that the foregoing statements are true and correct to the best of my knowledge and belief.

Executed on: April 2nd, 2020



Andrew W. Augustine

CERTIFICATE OF SERVICE

I hereby certify that on April 3, 2020, I electronically filed the foregoing declaration with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to those attorneys of record registered on the CM/ECF system.

DATED this 3rd day of April, 2020.

s/ Aaron Korthuis
Aaron Korthuis, WSBA #53974
Northwest Immigrant Rights Project
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EXHIBIT P

DECLARATION OF A. A. L.

I, A.A.L., declare as follows:

1. I have been detained at the GEO Detention Facility in Aurora, Colorado since January 6, 2020.

2. I am afraid of retribution for speaking out about what is happening at the detention center, but I am even more afraid of catching coronavirus, so I want to share information about the conditions in Aurora.

3. No one cleans in the dorms or common areas except us, the detainees. I personally clean as often as I am allowed because I really want to make sure I am as safe as possible since no other cleaning is provided.

4. We are only allowed to clean common areas with disinfectant once per day and it is otherwise locked away and we cannot access the cleaning materials.

5. There is no disinfectant available for cleaning my cell and there has not been a cleaning at all of the cells at the GEO facility during my time there.

6. There have been no town halls or educational meetings in my dorm. No medical professional has ever answered my questions about COVID-19.

7. Our dorm is separated during time outside. Half of the population goes out at a time. Equipment is not sanitized or cleaned between the outside shifts.

8. The majority of GEO staff I encounter on a daily basis do not wear personal protective equipment (PPE) which puts me at additional risk of exposure.

9. My cellmate has a headache, runny nose, and is sneezing but he was only given Tylenol and saline and returned to the cell with me.

10. I have also had a sore throat and headache for days. When I went to medical, I was given aspirin but was not tested for anything else.

11. Approximately two weeks ago, the dorm ran out of the limited gloves we have for cleaning. Additional gloves were provided to the dorm but the guard on duty refused to allow us access to the gloves. We couldn't get more gloves until the shift changed and a new guard came into the dorm.

12. I am very concerned about catching coronavirus in this detention center and what will happen if I do get sick given the limited medical care provided.

13. As I am detained at the Aurora GEO detention center and cannot meet with my attorney in person, I have given my attorney, Christina A. Brown, permission to sign this declaration on my behalf via telephone.

Respectfully submitted this 10th day of April 2020.

Christina Brown

Christina A. Brown on behalf of A.A.L.

EXHIBIT Q

DECLARATION OF B.R.M.

I, B.R.M., declare as follows:

1. I have been detained at the GEO Detention Facility in Aurora, Colorado since March 6, 2020.

2. The coronavirus concerns really escalated immediately after I was detained and moved to the Aurora Colorado GEO detention facility.

3. Conditions at the Aurora detention facility are very unsanitary, and I am very concerned that these conditions increase my risk of contracting coronavirus.

4. There have been no town hall meetings or talks with medical professionals. Client reports one doctor came into the dorm on one occasion and announced no detainees have been diagnosed with coronavirus and left.

5. While there are only two people in my cell, there is no way to remain six feet apart per social distancing guidelines in the space we have. We are therefore forced to violate these guidelines meant to protect us.

6. There is no immediate access to disinfectant. We can only clean common areas once per day and there is only one bottle of disinfectant available for the entire dorm.

7. There is one hand sanitizer unit available in my dorm, by the phone area. A video about hand washing plays in the phone area as well. We can only access that area when receiving or making calls.

8. Half of the dorm population goes outside at a time and there is no cleaning or sanitizing between population shifts.

9. The majority of guards do not use PPE in the facility putting us at further risk of contracting coronavirus.

10. I asked for a mask from a nurse at the detention facility and was told that the nurses don't even have enough masks, so they certainly don't have enough masks to give to the detainees.

11. I am confined to my small cell with my cellmate for 23 hours per day. We get one hour outside of our cell.

12. As I am detained at the Aurora GEO detention center and cannot meet with my attorney in person, I have given my attorney, Christina A. Brown, permission to sign this declaration on my behalf via telephone.

Respectfully submitted this 10th day of April 2020.

Christina Brown

Christina A. Brown on behalf of B.R.M.

EXHIBIT R

DECLARATION OF D.H.M.

I, D.H.M., declare as follows:

1. I have been detained at the GEO Detention Facility in Aurora, Colorado since January 16, 2020.

2. I am afraid of contracting coronavirus at the detention facility and not being able to see my family again.

3. I am locked down in my cell with my cellmate for all but one hour per day. We spend 23 hours in a very small. Space together. It is impossible to be six feet apart from each other in this cell because of the space provided.

4. I only have access to hand washing stations when I eats meals or when I use the bathroom.

5. Most of the staff here do not wear PPE. Almost no one wears masks.

6. Someone came to the dorm one time to answer questions about COVID-19. It was a very brief event, and it has not happened again.

7. I would be embarrassed if my own home was as dirty as my cell here but we are not given supplies to clean our cells. This is where we spend almost all of our time.

8. My cellmate and I have body aches and pains and he is coughing but have not been tested for COVID-19. I am very concerned now that I may have the virus.

9. We are not being given gloves in my dorms, even the detainees who are cleaning, because guards say we are using the gloves too quickly.

10. I was in a different dorm, but I was moved to a dorm with sick people. My new dorm was extremely dirty when I arrived and had not been cleaned at all. We had to clean the dorm while sick with very little disinfectant spray.

11. The little disinfectant available to us to clean common areas was not provided until approximately March 26, 2020.

12. As I am detained at the Aurora GEO detention center and cannot meet with my attorney in person, I have given my attorney, Christina A. Brown, permission to sign this declaration on my behalf via telephone.

Respectfully submitted this 10th day of April 2020.

Christina Brown

Christina A. Brown on behalf of D.H.M.

EXHIBIT S

DECLARATION OF CHRISTINA A. BROWN

I, Christina A. Brown, declare as follows:

1. I am a resident of the State of Colorado. I am over the age of 18 and have personal knowledge of all the facts stated herein. If called as a witness, I could and would testify competently to the matters set forth below.

2. I am an attorney in private practice in Denver, Colorado.

3. I practice before two immigration courts located in the state of Colorado. The non-detained immigration court is located at 1961 Stout Street, Suite 300, Denver, CO 80294. The detained court is located at 3130 N Oakland Street, Aurora, CO 80010.

4. I currently have three clients detained at the Aurora Detention Center in Aurora, Colorado. I will refer to them throughout this declaration as "A.A.L," "B.R.M.," and "D.H.M." to protect their identities from public disclosure and to protect them from retaliation for sharing the reality of what is happening inside the detention facility.

5. A.A.L. has been detained since January 6, 2020. B.R.M. has been detained since March 6, 2020. D.H.M. has been detained since January 16, 2020.

6. All three clients are imprisoned in different dormitories (dorms) in the GEO detention facility in Aurora, Colorado.

7. I represent all three of these detained individuals in their immigration proceedings. Immigrations and Customs Enforcement (ICE) has my entry of appearance for each individual. I

have also entered my appearance before the Executive Office of Immigration Review for A.A.L. and D.H.M. I have an entry of appearance before the Tenth Circuit Court of Appeals for B.R.M.

8. Each of my clients has asked me to write a declaration on their behalf about conditions at the GEO detention facility in Aurora, Colorado using their initials because of their fear of contracting coronavirus.

9. Each of my clients has given me permission to sign the declarations on their behalf as we cannot have contact visitation at this time at the facility.

10. Each of my clients requested to use initials because of fear of harm due to public disclosure of their identities and due to fear of retaliation within the detention facility for speaking out.

11. Each of my clients would be willing to disclose their true identities upon an agreement with GEO to seal their declarations.

Submitted this 10th day of April 2020.

By: Christina Brown
Christina A. Brown

EXHIBIT T

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA – EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, and RAMON MANCIA, *individually and on behalf of all others similarly situated*, Plaintiffs, v. THE GEO GROUP, INC., Defendant.	Case No.: 5:17-cv-02514-JGB-SHK Assigned to Hon. Jesus G. Bernal **DECLARATION OF FRANCIS L. CONLIN IN SUPPORT OF PLAINTIFFS' REPLY TO DEFENDANT'S OPPOSITION TO PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER**

DECLARATION OF FRANCIS L. CONLIN

I, Francis L. Conlin, hereby declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the following is true and correct:

1. My name is Francis L. Conlin. I am the Chairperson for Friends of Miami-Dade Detainees (FOMDD). FOMMD is a 501(c)(3) non-profit organization that advocates for immigrants. Our mission is to end isolation, curb abuse, spread awareness, and end immigration detention. We accomplish our mission by operating visitation programs that offer friendship, a link to legal representation, phone time, books, and other support to immigrants in detention.

2. FOMDD operates visitation programs at The GEO Group, Inc. (GEO)'s Broward Transitional Center (BTC) in Pompano Beach, Florida, among other facilities. FOMDD has operated visitation programs for over six years and has conducted over 3,000 visits to people in detention at BTC and the other two ICE detention facilities we serve.

3. All community visitation was suspended on March 13, 2020. Only legal visits are allowed until further notice. We are not permitted to bring in cleaning supplies, masks, gloves, or hand sanitizer.

4. Even after the GEO/ICE lockout of visitors to BTC, FOMDD has been in daily contact with people locked inside, and their families.

5. Based on FOMDD's knowledge and understanding, derived from our daily calls with people locked inside BTC and their families, GEO has failed to provide people locked inside BTC with the vital, basic necessities they need to survive and be healthy amidst this pandemic. We have consistently been in contact with detained immigrants at BTC who tells us they are without adequate access to soap, hot water, paper towels, and hand sanitizer.

6. GEO prevents people inside BTC from practicing social distancing—the only known means of preventing transmission—by continuing to confine individuals in groups of dozens or larger, with few opportunities for fresh air.

7. GEO's dorm cleaning program at BTC continues to require detained immigrants we serve to clean, disinfect, and sanitize their common living areas under threat of punishment.

8. GEO has uniformly denied masks or other personal protective equipment to detained immigrants at BTC who complete the daily cleaning tasks GEO forces them to do.

9. We continue to hear from people inside BTC that GEO is putting their health and safety at risk by failing to test and cohort or quarantine individuals with symptoms of COVID-19. Without this testing, we fear both symptomatic asymptomatic transmission of the virus to everyone in a pod or dorm by people GEO forces to clean common areas.

10. The population of BTC is currently hovering around approximately 700 people.

11. ICE and GEO have continued to bring new people there, and failed to significantly reduce the size of the detained population. Specifically, on April 9, GEO accepted a transfer of detained immigrants who were previously housed at the Krome Detention Facility in South Florida, where it has been confirmed that at least 238 ICE detainees were exposed to the virus.

12. On April 9, 2020, GEO officials at BTC cut off access to Univision – the main independent source of news and information regarding COVID-19.

13. GEO guards continue to move in and out of the common living areas at BTC without wearing masks or gloves, thus needlessly exposing all of the people there to the COVID-19.

14. Detained immigrants at BTC report people inside the facility who are confirmed or presumptive positive tests for COVID-19. FOMDD is aware of a Cuban man who reports being sent back to general population from isolation even after he reported tested positive. GEO has set aside three rooms for of people for "observation" to monitor COVID-19 symptoms. After a certain period of time, the people in those rooms are sent to general population, with no consideration of the possibility for asymptomatic spread, which constitutes 1 in 4 cases.

15. FOMDD has received consistent report of unsanitary conditions at BTC an inability or unwillingness of BTC to keep individuals healthy or well-nourished. Specifically, we have received reports that several bathrooms have run out of cleaning products, leaving them filthy and functionally unusable.

16. Detained immigrants at BTC have reported a chronic shortage of soap at BTC, leaving many detained immigrants there unable to wash their hands in keeping with CDC protocols.

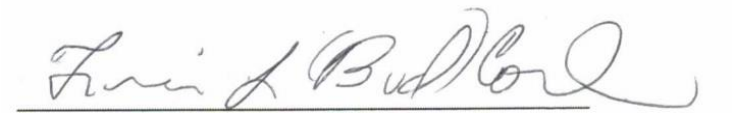
17. FOMDD has received consistent reports that all detained immigrants in a pod are using the same phones without access to sanitation or disinfectant to clean them following each individual

use. Consequently, people are using socks to serve as barriers between their germs and those of the people before them.

18. A 23-year-old woman with asthma and diabetes reported that staff made light of her illnesses and accused her of "wanting attention" and "putting on a show." In detention, her condition worsened, as she was given ibuprofen as her only treatment.

19. For the reasons listed above, tensions at BTC are running extremely high. Rather than providing PPE and adequate soap and sanitizer for all of the people confined there, GEO has brought in a psychologist to convince detained immigrants that their fears of infection, illness, and death are normal. They are not. GEO is making a conscious choice to risk detainees' lives by failing to protect detained immigrants from exposure to the virus and forcing them to clean and maintain their living areas without adequate protection and supplies.

20. I hereby attest under penalty of perjury pursuant to 28 U.S.C. 1746 that the foregoing is true and correct, and I would testify as to the same if called to do so.



Francis L. 'Bud' Conlin

Friends of Miami-Dade Detainees

EXHIBIT U

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

Sofia Bahena Ortuño; Gennady Valeryevich Lavrus; Claude Bent; Charles Joseph; Salomon Medina Calderon; Ricardo Vasquez Cruz; J Elias Solorio Lopez; Olvin Said Torres Murillo; Julio Cesar Buendia Alas; Marco Montoya Amaya; Mauricio Ernesto Quinteros Lopez; Roxana del Carmen Trigueros Acevedo; Ernesto Ambrocio Uc Encarnacion;

Petitioners-Plaintiffs,

v.

DAVID JENNINGS, Acting Director of the San Francisco Field Office of U.S. Immigration and Customs Enforcement; MATTHEW T. ALBENCE, Deputy Director and Senior Official Performing the Duties of the Director of the U.S. Immigration and Customs Enforcement; U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT,

Respondents-Defendants.

Case No. 3:20-CV-02064-MMC

SUPPLEMENTAL DECLARATION OF ATTORNEY LISA KNOX IN SUPPORT OF PETITION FOR HABEAS CORPUS AND MOTION FOR TEMPORARY RESTRAINING ORDER

JUDGE: MAXINE M. CHESNEY

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Attorneys for Petitioners-Plaintiffs
**Motion for Admission *Pro Hac Vice*
Forthcoming

I, Lisa Knox, hereby declare as follows:

1. My complete name is Lisa Veronica Knox. I am employed at Centro Legal de la Raza in Oakland, California as an Immigration Managing Attorney. I am *pro bono* counsel of record for Ms. Carolina del Carmen Espinoza Ayala ("Mr. Espinoza Ayala") and Ms. Roxana del Carmen Trigueros Acevedo ("Ms. Trigueros Acevedo"). Ms. Trigueros Acevedo is a plaintiff in the instant Petition for Writ of Habeas Corpus and Motion for Temporary Restraining Order.

2. The facts stated in this declaration are true and of my own personal knowledge, except as to any matters stated on information and belief, and as to those matters, I am informed and believed them to be true.

3. I spoke with Ms. Espinoza Ayala on March 29, 2020. She reported that she and her wife Ms. Trigueros Acevedo continue to feel unwell. Since last week, she has developed a loud cough. During the call, she had to stop speaking in order to cough every few minutes. She also described having developed an allergy on her arms, legs and stomach. She stated that she has a rash and bumps on those areas. According to Ms. Espinoza Ayala, Ms. Trigueros Acevedo and several other women in their dormitory have the same rash and bumps. She stated that Ms. Trigueros Acevedo is experiencing a rapid heartbeat and sneezing and coughing, and continues to suffer from stomach issues.

4. Ms. Espinoza Ayala stated that she and Ms. Trigueros Acevedo sent a written request to see a doctor to ICE and the facility nurse on Thursday, March 26. On Friday March 27 around 12:30am, the nurse came into their dorm and took the clothes and sheets of everyone experiencing the allergy. While the women were given new sheets, not all women received new clothing. Ms. Espinoza Ayala said that she is still without a shirt. She was given a cream for her rash, but no other medication.

5. On March 27, Ms. Espinoza Ayala asked the nurse if Ms. Trigueros Acevedo could be taken to see a doctor right away, due to her serious symptoms. The nurse replied that they were not the only people at the facility. She and Ms. Trigueros Acevedo have still not seen a doctor.

6. According to Ms. Espinoza Ayala, officials instructed those in her dorm to maintain social distancing but that is impossible. She estimates that the beds in her dorm are spaced less than 1 meter (3.28 feet) apart. While she and Ms. Trigueros Acevedo were re-assigned beds so that two empty beds separate them, the majority of the women sleep in beds directly next to one another. When she needs to move around the dorm, for example to go to the bathroom, Ms. Espinoza Ayala states that she cannot help but pass very close by other women. She believes that it would be impossible to maintain the recommended 1.5-meter distance from other women in her dorm for more than short periods of time.

7. Ms. Espinoza Ayala reports that people are constantly entering and leaving the dorm. Employees of the facility come and leave, and none other than the nurse has a mask. Ms. Espinoza Ayala said that one GEO employee has been constantly coughing, and is still walking around their dormitory with no mask or protective equipment. She also stated that two new detainees arrived to the dormitory late on the night of March 27. Given the time of their arrival, Ms. Espinoza Ayala believes they could not have seen a doctor before entering the dorm.

8. Ms. Espinoza Ayala stated that the facility is only providing one small bar of soap, similar to that given at hotels, per day to each detainee. She and Ms. Trigueros Acevedo buy their own soap because the facility soap is of such poor quality. She stated that she and other women have to use shampoo to clean their clothes. The cleaning liquid provided to the women to clean the bathrooms is a creamy scented liquid that she believes is body wash. They have not received bleach or other disinfectant products.

9. Ms. Espinoza Ayala's dorm does not have windows that open to let in air. The only air that enters the room is from the air conditioning unit.

10. Ms. Espinoza Ayala stated that she and the approximately 60 women in her dorm are very concerned about their health. There are three other women in the dorm who are coughing. One woman can't even speak because of coughing fits. Women in her dorm who have gone to the medical area of the facility for blood pressure screening report that certain areas

are quarantined and officials told them they could not pass through. Ms. Espinoza Ayala believes that there are already individuals infected with COVID-19 at the facility but has received no information from officials there.

11. On March 27, 2020, I submitted a parole redetermination request for Ms. Espinoza Ayala and Ms. Trigueros Acevedo. Ms. Espinoza Ayala and Ms. Trigueros Acevedo were each granted a $4,000 bond. They remain in detention because their family is unable to pay the bonds.

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

Dated: March 29, 2020
Oakland, California

Respectfully submitted,

/s/ Lisa Knox
Lisa Knox
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Pro Bono Counsel for Petitioner

EXHIBIT V

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

SOFIA BAHENA ORTUÑO, et al.

Petitioners-Plaintiffs,

v.

DAVID JENNINGS, et al.

Respondents-Defendants.

Case No.

DECLARATION OF LISA KNOX IN SUPPORT OF PETITION FOR HABEAS CORPUS AND MOTION FOR TEMPORARY RESTRAINING ORDER

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Attorneys for Petitioners-Plaintiffs
*Admission to the bar of this Court Pending
**Motion for Admission *Pro Hac Vice* Forthcoming

DECLARATION OF LISA KNOX REGARDING CONDITIONS OF CONFINEMENT AT THE MESA VERDE ICE PROCESSING FACILITY

I, Lisa Knox, hereby declare as follows:

1. I am an Immigration Managing Attorney at Centro Legal de la Raza ("Centro Legal"), a non-profit organization in San Francisco, California, that provides comprehensive services to immigrants, including legal services. In that role, I manage and regularly supervise a twice-monthly legal services clinic at the Mesa Verde ICE Processing Center ("Mesa Verde"). In the past year, I have personally attended and supervised seven legal service clinics at the facility.
2. The facts stated in this declaration are true and of my own personal knowledge, except as to any matters stated on information and belief, and as to those matters, I am informed and believe them to be true.
3. Centro Legal has provided legal services at the Mesa Verde facility since its opening in approximately 2015. I have regularly attended these visits since 2016. Centro Legal and its partner organizations currently conduct legal clinics in the facility's second-floor cafeteria area. To enter the cafeteria area, staff pass by two men's dormitories and another cafeteria area that is used for meals. All of these areas are visible through windows as staff pass by.
4. In my experience, the Mesa Verde facility lacks the medical resources to be responsive to even basic medical issues. In June 2019, a case of chicken pox was confirmed at the facility. This year alone, we have become aware of three cases in which ICE provided detainees with the wrong medication. Additionally, we have spoken with several diabetic individuals whose doctor-prescribed diet ICE refused to provide.
5. In my observation, ICE at Mesa Verde is particularly ill-equipped to deal with communicable diseases. Though ICE reported only five detainees had been exposed to chicken pox in June 2019, many detainees believed they had been exposed through sharing dormitory and public space with the infected individuals. Detainees have consistently reported that the dormitory bathrooms regularly lack basic hygiene supplies, such as toilet paper and soap, needed to prevent the spread of communicable diseases.
6. My most recent in-person visit to Mesa Verde occurred on Friday, March 13, 2020. Prior to the visit, I requested that staff from my organization who were visiting the facility be allowed to bring hand sanitizer and disinfectant wipes into the facility. I was told that no

one was allowed to bring in those items, and that only the cleaning supplies at the facility could be used. There are no cleaning supplies or sink for handwashing available in the room where we conduct visits, which also is one of two rooms where detained people eat their meals.

7. On the March 13, 2020 visit, we did not observe anyone—facility staff, detained people, or anyone else in the facility—wearing masks. No one asked our team of legal workers entering the facility about our health, including whether we were experiencing any symptoms. We did not see any posted signs with information about COVID-19 or Coronavirus.
8. Detained individuals reported that they received information verbally during a group presentation earlier in the week--they were instructed to wash their hands with soap, they were provided with bleach-based cleaning solution for the first time, they were instructed to cough and sneeze into their elbows, and they were told to report any flu-like symptoms right away. Despite the instructions to use soap, at the time of our visit some detainees reported that they had not received free soap. I was concerned that the staff mentioned they were already running out of masks, that detainees reported that new detainees were being mixed in with the general population without any mandatory quarantine period (since we know the virus can remain dormant for many days or even be carried by asymptomatic carriers), and that so many individuals with pre-existing conditions that put them at high risk remain in detention.
9. The Mesa Verde facility is an extremely small space where in my observation detainees are continuously in close contact with staff and one another. The facility has four larger dormitory spaces that each house around 100 detainees During our visits, I have observed that the detainees sleep in bunkbeds that are spaced only a few feet apart. Detainees have reported that they spend all but a few hours a day in the dorm space. Meals are eaten in a common cafeteria space, where I have observed that detainees sit four to a table on bench seats spaced a few feet apart. In my observation and experience spending time in this room, it would be extremely difficult for a detainee to maintain the recommended six feet of social distancing in these spaces for any amount of time. My understanding is that there are fewer than five isolation cells available in the facility. In my experience, these cells are usually filled with individuals with chronic mental health conditions or individuals being

isolated for disciplinary reasons.

10. During the March 13, 2020 visit, detainees were seated at tables that seat four people per table, which clearly do not allow for 6 feet of space in between people. Detainees were not instructed to sit farther apart. Detainees reported that they eat meals at the same sized tables that seat four people per table, which clearly do not allow for 6 feet of space in between people.
11. Detainees have regularly reported unsanitary conditions at the facility. Detainees have consistently reported that there is not sufficient soap or shampoo in the shower stalls. They are forced to pay as much as $10 for a bottle of shampoo in the commissary. As a result, many who cannot afford these exorbitant prices are forced to shower without soap or shampoo. Detainees who clean bathrooms have reported that they regularly run out of disinfectant, and are forced to clean with only water.
12. Detainees have reported that the only regular cleaning that occurs within the dorm consists of sweeping and mopping the floors. Detainees are responsible for cleaning their own bunk bed areas, and to do so, they share the same rag and pass it from detainee to detainee.
13. On March 13, 2020, no sanitation precautions were taken that could be observed by the legal worker team. There was no evidence that surfaces were cleaned between the times that each housing unit was brought into the room for legal services. Neither the detained people nor the legal workers had any access to any materials to sanitize surfaces or hands during the day. The only way that legal workers could wash their hands was to request to return to the restrooms in the lobby. Detained individuals reported they did have access to shared bar soap in the bathroom areas of their housing units for hand washing. It did not appear that the detainees had access to hand washing in the room where the legal services were provided on March 13, 2020.
14. On the March 13 visit, many detainees reported worry about the lack of screening of new arrivals to the detention center, as well as concerns about the cleaning of services. One individual reported that showers were being cleaned with soap.
15. On March 19, one of our clients informed us that the conditions described above had not changed. Detainees still share the same rag to clean and wipe down their sleeping areas. They still are not physically able to keep a 6 foot distance from one another for any significant period of time. Detention personnel do not wear masks, and only some wear

gloves. Our client also informed us that there are not regular checks for fevers.

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

DATE: March 23, 2020

Lisa Knox

EXHIBIT W

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

SOFIA BAHENA ORTUÑO, et al.

Petitioners-Plaintiffs,

v.

DAVID JENNINGS, et al.

Respondents-Defendants.

Case No.

DECLARATION OF DR. MARC STERN IN SUPPORT OF PETITION FOR HABEAS CORPUS AND MOTION FOR TEMPORARY RESTRAINING ORDER

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*Admission to the bar of this Court Pending
**Motion for Admission *Pro Hac Vice* Forthcoming

Declaration of Dr. Marc Stern

I, Marc Stern, declare as follows:

1. I am a physician, board-specialized in internal medicine, specializing in correctional health care. I most recently served as the Assistant Secretary for Health Care at the Washington State Department of Corrections. I also have considerable familiarity with the immigration detention system. I served for four years as a medical subject matter expert for the Officer of Civil Rights and Civil Liberties, U.S. Department of Homeland Security, and as a medical subject matter expert for one year for the California Attorney General's division responsible for monitoring the conditions of confinement in Immigration and Customs Enforcement (ICE) detention facilities. I have also served as a consultant to Human Rights Watch in their preparation of two reports on health-related conditions of confinement in ICE detention facilities. In those capacities, I have visited and examined more than 20 ICE detention facilities and reviewed hundreds of records, including medical records and detention death reviews of individuals in ICE detention. Attached as Exhibit A is a copy of my curriculum vitae.

2. COVID-19 is a serious disease and has reached pandemic status. It is straining the health care systems around the world, including in areas where there is high-quality and well-resourced health care. At least 240,000 people around the world have received confirmed diagnoses of COVID 19, including 18,000 people in the United States. At least 9,000 people have died globally as a result of COVID-19, including more than 250 in the United States. These numbers will increase, perhaps exponentially.

3. COVID-19 is a novel virus. There is no vaccine for COVID-19, and there is no cure for COVID-19. No one has prior immunity. The only way to control the virus is to use preventive strategies, including social distancing.

4. The time course of the disease can be very rapid. Individuals can show the first symptoms of infection in as little as two days after exposure and their condition can seriously deteriorate in as little as five days (perhaps sooner) after that. It is believed that people can transmit the virus without being symptomatic and, indeed, that a significant amount of transmission may be from people who are infected but asymptomatic or pre-symptomatic.

5. The effects of COVID-19 are very serious, especially for people who are most vulnerable. Vulnerable people include people over the age of 50, and those of any age with underlying health problems such as – but not limited to – weakened immune systems, hypertension, diabetes, blood, lung, kidney, heart, and liver disease, and possibly pregnancy.

6. Vulnerable people who are infected by the COVID-19 virus can experience severe respiratory illness, as well as damage to other major organs. Treatment for serious cases

of COVID-19 requires significant advanced support, including ventilator assistance for respiration and intensive care support. An outbreak of COVID-19 could put significant pressure on or exceed the capacity of local health infrastructure.

7. Detention facilities are congregate environments, i.e. places where people live and sleep in close proximity. Social distancing in ways that are recommended by public health officials can be difficult, if not impossible in congregate environments such as detention facilities. To the extent that detainees are housed in close quarters, unable to maintain a six-foot distance from others, and sharing or touching objects used by others, infectious diseases that are transmitted via the air or touch are more likely to spread, placing people at risk. This is especially true when the number of detainees is high. For these reasons, if – but more likely when – COVID-19 is introduced into the facility, the risks of spread is greatly, if not exponentially, increased as already evidenced by spread of COVID-19 in two other congregate environments: nursing homes and cruise ships.

8. I have reviewed the declarations of Kathleen Kavanagh and Lisa Knox, attorneys who visited Yuba County Jail ("Yuba") and Mesa Verde ICE Processing Center ("Mesa Verde"), respectively. If the facts revealed in their declarations are true, living conditions at Yuba and Mesa Verde are typical congregate environments where detainees sleep in large groups with less than six feet of spacing between beds. Further, at Mesa Verde meals are currently served in group settings, also with less that six feet of spacing between detainees. This spacing is not consistent with CDC's recommendation for adequate social distancing.

9. In addition to the above conditions dictated by the physical plants and population size at these facilities, based on the information in one declaration, Mesa Verde is failing to implement COVID-19 infection control measures recommended by the CDC. For example, the declarant noted: there were no cleaning supplies or sink for handwashing in or near the room used for legal visits; Mesa Verde staff neglected to screen the legal team for risk of carriage of COVID-19 prior to granting them entry; some detainees have not received free soap for handwashing; detainees are forced to share the same rag for cleaning their rooms; and there was no regular disinfection of transactional surfaces in the dormitory.

10. In addition to the increased risk from COVID-19 to *any* individual in the detention center, there is an especially increased risk of harm to the elderly and detainees with underlying health conditions. They are not only more likely to become seriously ill, but also, therefore, more likely to require transport to a community hospital.

11. For these reasons, I recommend immediate consideration of downsizing of these detention facilities, with priority given to those in high risk of harm due to their age and health status.

12. There are two values to immediate downsizing. First, downsizing will reduce the density of congregation. This will allow people in detention to maintain better social

distancing. The reduction in population will also make it easier for detention authorities to implement infection prevention measures such as: provision of cleaning supplies to residents; frequent laundering of towels and clothes; provision of soap for handwashing; frequent cleaning of transactional surfaces; frequent showers; etc. The reduction in population while implementing these enhanced measures helps prevent overloading the work of detention staff such that they can continue to ensure the safety of detainees. All these steps can slow or stop the spread of infection, to the benefit of residents and staff (and family and friends of staff).

13. Second, immediate downsizing that prioritizes residents who are elderly and those with underlying health conditions reduces the likelihood they will contract the disease. Individuals in these groups are at the highest risk of severe complications from COVID-19 and when they develop severe complications they will be transported to community hospitals. Carceral and detention settings, regardless of the level of government authorities that oversee them, are integral parts of the community's public health infrastructure. Reducing the spread and severity of infection in a federal immigration detention center slows, if not reduces, the number of people who will become ill enough to require hospitalization where they will be using scarce community resources (ER beds, general hospital beds, ICU beds) which in turn reduces the health and economic burden to the local community at large.

14. In addition to recommending immediate downsizing, I also recommend that the detention facilities begin planning now to downsize further as conditions change. The change in conditions we need to anticipate is reduction in workforce (custody and health care staff) as workers respond to their personal needs (self-quarantine or isolation, caring for ill relatives, staying home with school-age children). Insufficient custody staffing poses an obvious risk to the safety of the institution. Insufficient health care staffing poses an obvious risk to the health of residents.

15. If the information presented in the two aforementioned declarations is true, the health care delivery systems at Yuba and Mesa Verde may be substandard. For example, at Yuba, treatment of a patient with cancer and another patient with traumatic injuries was significantly delayed. Other patients report lack of attention for medical conditions despite multiple requests for care. At Mesa Verde, three patients were provided with incorrect medications and several diabetic patients were denied special diets ordered by their physician. Successful monitoring and treatment of patients for possible or confirmed COVID-19 relies on an already satisfactorily operating health care system. If those core systems are substandard at Yuba and Mesa Verde, then it is more likely than not that monitoring and treatment for COVID-19 will be inadequate and therefore dangerous.

16. Even if the quality of health care being provided to individuals at Mesa Verde and Yuba are not substandard and meet or exceed the community standard of care, my recommendations herein would be unchanged. The risks to which detainees at these two facilities are exposed stem from the congregate nature of the environment and, for the elderly and chronically ill, from their medical histories. Thus even if the health

care being provided were excellent, there would still be substantial risk; if the health being provided were substandard, those substantial risks are only greater.

17. Thus, in summary, reducing the number of individuals in detention at Mesa Verde and Yuba County Jail immediately, with plans made for further reductions as staffing levels change, is necessary for the health and safety of the detention centers and our communities.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 22nd day in March, 2020 in Tumwater, Washington.

Dr. Marc Stern

MARC F. STERN, M.D., M.P.H., F.A.C.P.

March, 2020

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SUMMARY OF EXPERIENCE

CORRECTIONAL HEALTH CARE CONSULTANT **2009 – PRESENT**

Consultant in the design, management, and operation of health services in a correctional setting to assist in evaluating, monitoring, or providing evidence-based, cost-effective care consistent with constitutional mandates of quality.

Current activities include:

- COVID-19 Medical Advisor, National Sheriffs Association (2020 -)
- Advisor to various jails in Washington State on patient safety, health systems, and related health care and custody staff activities and operations, and RFP and contract generation (2014 -)
- Consultant to the US Department of Justice, Civil Rights Division, Special Litigation Section. Providing investigative support and expert medical services pursuant to complaints regarding care delivered in any US jail, prison, or detention facility. (2010 -) (no current open cases)
- Physician prescriber/trainer for administration of naloxone by law enforcement officers for the Olympia, Tumwater, Lacey, Yelm, and Evergreen College Police Departments (2017 -)
- Consultant to the Civil Rights Enforcement Section, Office of the Attorney General of California, under SB 29, to review the healthcare-related conditions of confinement of detainees confined by Immigration and Customs Enforcement in California facilities (2017 -)
- Rule 706 Expert to the Court, US District Court for the District of Arizona, in the matter of Parsons v. Ryan (2018 -)

Previous activities include:

- Consultant to Human Rights Watch to evaluate medical care of immigrants in Homeland Security detention (2016 - 2018)
- Consultant to Broward County Sheriff to help develop and evaluate responses to a request for proposals (2017 - 2018)
- Member of monitoring team (medical expert) pursuant to Consent Agreement between US Department of Justice and Miami-Dade County (Unites States of America v Miami-Dade County, *et al.*) regarding, *entre outre*, unconstitutional medical care. (2013 - 2016)
- Jointly appointed Consultant to the parties in Flynn v Walker (formerly Flynn v Doyle), a class action lawsuit before the US Federal District Court (Eastern District of Wisconsin) regarding Eighth Amendment violations of the health care provided to women at the Taycheedah Correctional Institute. Responsible for monitoring compliance with the medical component of the settlement. (2010 - 2015)
- Consultant on "Drug-related Death after Prison Release," a research grant continuing work with Dr. Ingrid Binswanger, University of Colorado, Denver, examining the causes of, and methods of reducing deaths after release from prison to the community. National Institutes of Health Grant R21 DA031041-01. (2011 - 2016)
- Consultant to the US Department of Homeland Security, Office for Civil Rights and Civil Liberties. Providing investigative support and expert medical services pursuant to complaints regarding care received by immigration detainees in the custody of U.S. Immigration and Customs Enforcement. (2009 - 2014)
- Special Master for the US Federal District Court (District of Idaho) in Balla v Idaho State Board of Correction, et al., a class action lawsuit alleging Eighth Amendment violations in provision of health care at the Idaho State Correctional Institution. (2011 - 2012)
- Facilitator/Consultant to the US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, providing assistance and input for the development of the first National Survey of Prisoner Health. (2010-2011)
- Project lead and primary author of National Institute of Corrections' project entitled "Correctional Health Care Executive Curriculum Development," in collaboration with National Commission on Correctional Health Care. NIC commissioned this curriculum for its use to train executive leaders from jails and prisons across the nation to better manage the health care missions of their facilities. Cooperative Agreement 11AD11GK18, US Department of Justice, National Institute of Corrections. (2011 - 2015)

- Co-teacher, with Jaye Anno, Ph.D., for the National Commission on Correctional Health Care, of the Commission's standing course, *An In-Depth Look at NCCHC's 2008 Standards for Health Services in Prisons and Jails* taught at its national meetings. (2010 - 2013)
- Contributor to 2014 Editions of Standards for Health Services in Jails and Standards for Health Services in Prisons, National Commission on Correctional Health Care. (2013)
- Consultant to the California Department of Corrections and Rehabilitation court-appointed Receiver for medical operations. Projects included:
    - Assessing the Receiver's progress in completing its goal of bringing medical care delivered in the Department to a constitutionally mandated level. (2009)
    - Providing physician leadership to the Telemedicine Program Manager tasked with improving and expanding the statewide use of telemedicine. (2009)
- Conceived, co-designed, led, and instructed in American College of Correctional Physicians and National Commission on Correctional Health Care's Medical Directors Boot Camp (now called Leadership Institute), a national training program for new (Track "101") and more experienced (Track "201") prison and jail medical directors. (2009 - 2012)
- Participated as a member of a nine-person Delphi expert consensus panel convened by Rand Corporation to create a set of correctional health care quality standards. (2009)
- Convened a coalition of jails, Federally Qualified Health Centers, and community mental health centers in ten counties in Washington State to apply for a federal grant to create an electronic network among the participants that will share prescription information for the correctional population as they move among these three venues. (2009 - 2010)
- Participated as a clinical expert in comprehensive assessment of Michigan Department of Corrections as part of a team from the National Commission on Correctional Health Care. (2007)
- Provided consultation to Correctional Medical Services, Inc., St. Louis (now Corizon), on issues related to development of an electronic health record. (2001)
- Reviewed cases of possible professional misconduct for the Office of Professional Medical Conduct of the New York State Department of Health. (1999 – 2001)
- Advised Deputy Commissioner, Indiana State Board of Health, on developing plan to reduce morbidity from chronic diseases using available databases. (1992)
- Provided consultation to Division of General Medicine, University of Nevada at Reno, to help develop a new clinical practice site combining a faculty practice and a supervised resident clinic. (1991)

OLYMPIA BUPRENORPHINE CLINIC, OLYMPIA, WASHINGTON **2019 - PRESENT**

Volunteer practitioner at a low-barrier clinic to providing Medication Assisted Treatment (buprenorphine) to opioid dependent individuals wishing to begin treatment, until they can transition to a long-term treatment provider

OLYMPIA FREE CLINIC, OLYMPIA, WASHINGTON **2017 - PRESENT**

Volunteer practitioner providing episodic care at a neighborhood clinic which provides free care to individuals without health insurance until they can find a permanent medical home

OLYMPIA UNION GOSPEL MISSION CLINIC, OLYMPIA, WASHINGTON **2009 – 2014**

Volunteer practitioner providing primary care at a neighborhood clinic which provides free care to individuals without health insurance until they can find a permanent medical home; my own patient panel within the practice focuses on individuals recently released jail and prison.

WASHINGTON STATE DEPARTMENT OF CORRECTIONS **2002 – 2008**

Assistant Secretary for Health Services/Health Services Director, 2005 – 2008
Associate Deputy Secretary for Health Care, 2002 – 2005

Responsible for the medical, mental health, chemical dependency (transiently), and dental care of 15,000 offenders in total confinement. Oversaw an annual operating budget of $110 million and 700 health care staff.

- As the first incumbent ever in this position, ushered the health services division from an operation of 12 staff in headquarters, providing only consultative services to the Department, to an operation with direct authority and

responsibility for all departmental health care staff and budget. As part of new organizational structure, created and filled statewide positions of Directors of Nursing, Medicine, Dental, Behavioral Health, Mental Health, Psychiatry, Pharmacy, Operations, and Utilization Management.

- Significantly changed the culture of the practice of correctional health care and the morale of staff by a variety of structural and functional changes, including: ensuring that high ethical standards and excellence in clinical practice were of primordial importance during hiring of professional and supervisory staff; supporting disciplining or career counseling of existing staff where appropriate; implementing an organizational structure such that patient care decisions were under the final direct authority of a clinician and were designed to ensure that patient needs were met, while respecting and operating within the confines of a custodial system.
- Improved quality of care by centralizing and standardizing health care operations, including: authoring a new Offender Health Plan defining patient benefits based on the Eighth Amendment, case law, and evidence-based medicine; implementing a novel system of utilization management in medical, dental, and mental health, using the medical staffs as real-time peer reviewers; developing a pharmacy procedures manual and creating a Pharmacy and Therapeutics Committee; achieving initial American Correctional Association accreditation for 13 facilities (all with almost perfect scores on first audit); migrating the eight individual pharmacy databases to a single central database.
- Blunted the growth in health care spending without compromising quality of care by a number of interventions, including: better coordination and centralization of contracting with external vendors, including new statewide contracts for hospitalization, laboratory, drug purchasing, radiology, physician recruitment, and agency nursing; implementing a statewide formulary; issuing quarterly operational reports at the state and facility levels.
- Piloted the following projects: direct issuance of over-the-counter medications on demand through inmates stores (commissary), obviating the need for a practitioner visit and prescription; computerized practitioner order entry (CPOE); pill splitting; ER telemedicine.
- Oversaw the health services team that participated variously in pre-design, design, or build phases of five capital projects to build complete new health units.

NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES **2001 – 2002**

Regional Medical Director, Northeast Region, 2001 – 2002

Responsible for clinical oversight of medical services for 14,000 offenders in 14 prisons, including one (already) under court monitoring.

- Oversaw contract with vendor to manage 60-bed regional infirmary and hospice.
- Coordinated activities among the Regional Medical Unit outpatient clinic, the Albany Medical College, and the 13 feeder prisons to provide most of the specialty care for the region.
- Worked with contracting specialists and Emergency Departments to improve access and decrease medical out-trips by increasing the proportion of scheduled and emergency services provided by telemedicine.
- Provided training, advice, and counseling to practitioners and facility health administrators in the region to improve the quality of care delivered.

CORRECTIONAL MEDICAL SERVICES, INC. (now CORIZON) **2000 – 2001**

Regional Medical Director, New York Region, 2000 – 2001

Responsible for clinical management of managed care contract with New York State Department of Correctional Services to provide utilization management services for the northeast and northern regions of New York State and supervision of the 60-bed regional infirmary and hospice.

- Migrated the utilization approval function from one of an anonymous rule-based “black box” to a collaborative evidence-based decision making process between the vendor and front-line clinicians.

MERCY INTERNAL MEDICINE, ALBANY, NEW YORK **1999 – 2000**

Neighborhood three-physician internal medicine group practice.

Primary Care Physician, 1999 – 2000 (6 months)

Provided direct primary care to a panel of community patients during a period of staff shortage.

ALBANY COUNTY CORRECTIONAL FACILITY, ALBANY, NEW YORK **1998 – 1999**

Acting Facility Medical Director, 1998 – 1999

Directed the medical staff of an 800 bed jail and provided direct patient care following the sudden loss of the Medical Director, pending hiring of a permanent replacement. Coordinated care of jail patients in local hospitals. Provided consultation to the Superintendent on improvements to operation and staffing of medical unit and need for privatization.

VETERANS ADMINISTRATION MEDICAL CENTER, ALBANY, NY **1992 – 1998**

Assistant Chief, Medical Service, 1995 – 1998
Chief, Section of General Internal Medicine and Emergency Services, 1992 – 1998

Responsible for operation of the general internal medicine clinics and the Emergency Department.

- Designed and implemented an organizational and physical plant makeover of the general medicine ambulatory care clinic from an episodic-care driven model with practitioners functioning independently supported by minimal nursing involvement, to a continuity-of-care model with integrated physician/mid-level practitioner/registered nurse/licensed practice nurse/practice manager teams.
- Led the design and opening of a new Emergency Department.
- As the VA Section Chief of Albany Medical College's Division of General Internal Medicine, coordinated academic activities of the Division at the VA, including oversight of, and direct teaching in, ambulatory care and inpatient internal medicine rotations for medical students, residents, and fellows. Incorporated medical residents as part of the general internal medicine clinics. Awarded $786,000 Veterans Administration grant ("PRIME I") over four years for development and operation of educational programs for medicine residents and students in allied health professions (management, pharmacy, social work, physician extenders) wishing to study primary care delivery.

ERIE COUNTY HEALTH DEPARTMENT, BUFFALO, NY **1988 – 1990**

Director of Sexually Transmitted Diseases (STD) Services, 1989 – 1990
Staff Physician, STD Clinic, 1988 – 1989
Staff Physician, Lackawanna Community Health Center, 1988 – 1990

Provided leadership and patient care services in the evaluation and treatment of STDs. Successfully reorganized the county's STD services which were suffering from mismanagement and were under public scrutiny. Provided direct patient care services in primary care clinic for underserved neighborhood.

UNION OCCUPATIONAL HEALTH CENTER, BUFFALO, NY **1988 – 1990**

Staff Physician, 1988 – 1990

Provided direct patient care for the evaluation of occupationally-related health disorders.

VETERANS ADMINISTRATION MEDICAL CENTER, BUFFALO, NY **1985 – 1990**

Chief Outpatient Medical Section and Primary Care Clinic, 1986 – 1988
VA Section Head, Division of General Internal Medicine, University of Buffalo, 1986 – 1988

- Developed and implemented a major restructuring of the general medicine ambulatory care clinic to reduce fragmentation of care by introduction of a continuity-of-care model with a physician/nurse team approach.

Medical Director, Anticoagulation Clinic 1986 – 1990
Staff Physician, Emergency Department, 1985 – 1986

FACULTY APPOINTMENTS

2007 – present	Affiliate Assistant Professor, Department of Health Services, School of Public Health, University of Washington
1999 – present	Clinical Professor, Fellowship in Applied Public Health (previously Volunteer Faculty, Preventive Medicine Residency), University at Albany School of Public Health
1996 – 2002	Volunteer Faculty, Office of the Dean of Students, University at Albany
1992 – 2002	Associate Clinical/Associate/Assistant Professor of Medicine, Albany Medical College

1993 – 1997	Clinical Associate Faculty, Graduate Program in Nursing, Sage Graduate School
1990 – 1992	Instructor of Medicine, Indiana University
1985 – 1990	Clinical Assistant Professor of Medicine, University of Buffalo
1982 – 1985	Clinical Assistant Instructor of Medicine, University of Buffalo

OTHER PROFESSIONAL ACTIVITIES

2016 – present	Chair, Education Committee, Academic Consortium on Criminal Justice Health
2016 – present	Washington State Institutional Review Board ("Prisoner Advocate" member)
2016 – 2017	Mortality Reduction Workgroup, American Jail Association
2013 – present	Conference Planning Committee – Medical/Mental Health Track, American Jail Association
2013 – 2016	"Health in Prisons" course, Bloomberg School of Public Health, Johns Hopkins University/International Committee of the Red Cross
2013 – present	Institutional Review Board, University of Washington ("Prisoner Advocate" member),
2011 – 2012	Education Committee, National Commission on Correctional Health Care
2007 – present	National Advisory Committee, COCHS (Community–Oriented Correctional Health Services)
2004 – 2006	Fellow's Advisory Committee, University of Washington Robert Wood Johnson Clinical Scholar Program
2004	External Expert Panel to the Surgeon General on the "Call to Action on Correctional Health Care"
2003 – present	Faculty Instructor, Critical Appraisal of the Literature Course, Family Practice Residency Program, Providence St. Peter Hospital, Olympia, Washington
2001 – present	Chair/Co-Chair, Education Committee, American College of Correctional Physicians
1999 – present	Critical Appraisal of the Literature Course, Preventive Medicine Residency Program, New York State Department of Health/University at Albany School of Public Health
1999	Co–Chairperson, Education Subcommittee, Workshop Submission Review Committee, Annual Meeting, Society of General Internal Medicine
1997 – 1998	Northeast US Representative, National Association of VA Ambulatory Managers
1996 – 2002	Faculty Mentor, Journal Club, Internal Medicine Residency Program, Albany Medical College
1996 – 2002	Faculty Advisor and Medical Control, 5 Quad Volunteer Ambulance Service, University at Albany
1995 – 1998	Preceptor, MBA Internship, Union College
1995	Quality Assurance/Patient Satisfaction Subcommittee, VA National Curriculum Development Committee for Implementation of Primary Care Practices, Veterans Administration
1994 – 1998	Residency Advisory Committee, Preventive Medicine Residency, New York State Department of Health/School of Public Health, University at Albany
1993	Chairperson, Dean's Task Force on Primary Care, Albany Medical College
1993	Task Group to develop curriculum for Comprehensive Care Case Study Course for Years 1 through 4, Albany Medical College
1988 – 1989	Teaching Effectiveness Program for New Housestaff, Graduate Medical Dental Education Consortium of Buffalo
1987 – 1990	Human Studies Review Committee, School of Allied Health Professions, University of Buffalo
1987 – 1989	Chairman, Subcommittee on Hospital Management Issues and Member, Subcommittee on Teaching of Ad Hoc Committee to Plan Incoming Residents Training Week, Graduate Medical Dental Education Consortium of Buffalo
1987 – 1988	Dean's Ad Hoc Committee to Reorganize "Introduction to Clinical Medicine" Course
1987	Preceptor, Nurse Practitioner Training Program, School of Nursing, University of Buffalo
1986 – 1988	Course Coordinator, Simulation Models Section of Physical Diagnosis Course, University of Buffalo
1986 – 1988	Chairman, Service Chiefs' Continuity of Care Task Force, Veterans Administration Medical Center, Buffalo, New York
1979 – 1980	Laboratory Teaching Assistant in Gross Anatomy, Université Libre de Bruxelles, Brussels, Belgium
1973 – 1975	Instructor and Instructor Trainer of First Aid, American National Red Cross

1972 – 1975	Chief of Service or Assistant Chief of Operations, 5 Quad Volunteer Ambulance Service, University at Albany.
1972 – 1975	Emergency Medical Technician Instructor and Course Coordinator, New York State Department of Health, Bureau of Emergency Medical Services

REVIEWER/EDITOR

2019 – present	Criminal Justice Review (reviewer)
2015 – present	PLOS ONE (reviewer)
2015 – present	Founding Editorial Board Member and Reviewer, Journal for Evidence-based Practice in Correctional Health, Center for Correctional Health Networks, University of Connecticut
2011 – present	American Journal of Public Health (reviewer)
2010 – present	International Advisory Board Member and Reviewer, International Journal of Prison Health
2010 – present	Langeloth Foundation (grant reviewer)
2001 – present	Reviewer and Editorial Board Member (2009 – present), Journal of Correctional Health Care
2001 – 2004	Journal of General Internal Medicine (reviewer)
1996	Abstract Committee, Health Services Research Subcommittee, Annual Meeting, Society of General Internal Medicine (reviewer)
1990 – 1992	Medical Care (reviewer)

EDUCATION

University at Albany, College of Arts and Sciences, Albany; B.S., 1975 (Biology)

University at Albany, School of Education, Albany; AMST (Albany Math and Science Teachers) Teacher Education Program, 1975

Université Libre de Bruxelles, Faculté de Medecine, Brussels, Belgium; Candidature en Sciences Medicales, 1980

University at Buffalo, School of Medicine, Buffalo; M.D., 1982

University at Buffalo Affiliated Hospitals, Buffalo; Residency in Internal Medicine, 1985

Regenstrief Institute of Indiana University, and Richard L. Roudebush Veterans Administration Medical Center; VA/NIH Fellowship in Primary Care Medicine and Health Services Research, 1992

Indiana University, School of Health, Physical Education, and Recreation, Bloomington; M.P.H., 1992

New York Academy of Medicine, New York; Mini-fellowship Teaching Evidence-Based Medicine, 1999

CERTIFICATION

Provisional Teaching Certification for Biology, Chemistry, Physics, Grades 7–12, New York State Department of Education (expired), 1975

Diplomate, National Board of Medical Examiners, 1983

Diplomate, American Board of Internal Medicine, 1985

Fellow, American College of Physicians, 1991

License: Washington (#MD00041843, active); New York (#158327, inactive); Indiana (#01038490, inactive)

"X" Waiver (buprenorphine), Department of Health & Human Services, 2018

MEMBERSHIPS

2019 – present	Washington Association of Sheriffs and Police Chiefs
2005 – 2016	American Correctional Association/Washington Correctional Association
2004 – 2006	American College of Correctional Physicians (Member, Board of Directors, Chair Education Committee)
2000 – present	American College of Correctional Physicians

RECOGNITION

B. Jaye Anno Award for Excellence in Communication, National Commission on Correctional Health Care. 2019

Award of Appreciation, Washington Association of Sheriffs and Police Chiefs. 2018

Armond Start Award of Excellence, American College of Correctional Physicians. 2010

(First) Annual Preventive Medicine Faculty Excellence Award, New York State Preventive Medicine Residency Program, University at Albany School of Public Health/New York State Department of Health. 2010

Excellence in Education Award for excellence in clinical teaching, Family Practice Residency Program, Providence St. Peter Hospital, Olympia, Washington. 2004

Special Recognition for High Quality Workshop Presentation at Annual Meeting, Society of General Internal Medicine. 1996

Letter of Commendation, House Staff Teaching, University of Buffalo. 1986

WORKSHOPS, SEMINARS, PRESENTATIONS, INVITED LECTURES

It's the 21st Century – Time to Bid Farewell to "Sick Call" and "Chronic Care Clinic". Annual Conference, National Commission on Correctional Health Care. Fort Lauderdale, Florida. 2019

HIV and Ethics – Navigating Medical Ethical Dilemmas in Corrections. Keynote Speech, 14th Annual HIV Care in the Correctional Setting. AIDS Education and Training Program (AETC) Mountain West, Olympia, Washington. 2019

Honing Nursing Skills to Keep Patients Safe in Jail. Orange County Jail Special Training Session (including San Bernardino and San Diego Jail Staffs), Theo Lacy Jail, Orange, California. 2019

What Would You Do? Navigating Medical Ethical Dilemmas. Leadership Training Academy, National Commission on Correctional Health Care. San Diego, California. 2019

Preventing Jail Deaths. Jail Death Review and Investigations: Best Practices Training Program, American Jail Association, Arlington, Virginia. 2018

How to Investigate Jail Deaths. Jail Death Review and Investigations: Best Practices Training Program, American Jail Association, Arlington, Virginia. 2018

Executive Manager Program in Correctional Health. 4-day training for custody/health care teams from jails and prisons on designing safe and efficient health care systems. National Institute for Corrections Training Facility, Aurora, Colorado, and other venues in Washington State. Periodically. 2014 – present

Medical Ethics in Corrections. Criminal Justice 441 – Professionalism and Ethical Issues in Criminal Justice. University of Washington, Tacoma. Recurring seminar. 2012 – present

Medical Aspects of Deaths in ICE Custody. Briefing for U.S. Senate staffers, Human Rights Watch. Washington, D.C. 2018

Jails' Role in Managing the Opioid Epidemic. Panelist. Washington Association of Sheriffs and Police Chiefs Annual Conference. Spokane, Washington. 2018

Contract Prisons and Contract Health Care: What Do We Know? Behind Bars: Ethics and Human Rights in U.S. Prisons Conference. Center for Bioethics – Harvard Medical School/Human Rights Program – Harvard Law School. Boston, Massachusetts. 2017

Health Care Workers in Prisons. (With Dr. J. Wesley Boyd) Behind Bars: Ethics and Human Rights in U.S. Prisons Conference. Center for Bioethics – Harvard Medical School/Human Rights Program – Harvard Law School. Boston, Massachusetts. 2017

Prisons, Jails and Medical Ethics: Rubber, Meet Road. Grand Rounds. Touro Medical College. New York, New York. 2017

Jail Medical Doesn't Have to Keep You Up at Night – National Standards, Risks, and Remedies. Washington Association of Counties. SeaTac, Washington. 2017

Prison and Jail Health Care: What do you need to know? Grand Rounds. Providence/St. Peters Medical Center. Olympia, Washington. 2017

Prison Health Leadership Conference. 2-Day workshop. International Corrections and Prisons Association/African Correctional Services Association/Namibian Corrections Service. Omaruru, Namibia. 2016; 2018

What Would YOU Do? Navigating Medical Ethical Dilemmas. Spring Conference. National Commission on Correctional Health Care. Nashville, Tennessee. 2016

Improving Patient Safety. Spring Provider Meeting. Oregon Department of Corrections. Salem, Oregon 2016

A View from the Inside: The Challenges and Opportunities Conducting Cardiovascular Research in Jails and Prisons. Workshop on Cardiovascular Diseases in the Inmate and Released Prison Population. The National Heart, Lung, and Blood Institute. Bethesda, Maryland. 2016

Why it Matters: Advocacy and Policies to Support Health Communities after Incarceration. At the Nexus of Correctional Health and Public Health: Policies and Practice session. Panelist. American Public Health Association Annual Meeting. Chicago, Illinois. 2015

Hot Topics in Correctional Health Care. Presented with Dr. Donald Kern. American Jail Association Annual Meeting. Charlotte, North Carolina. 2015

Turning Sick Call Upside Down. Annual Conference. National Commission on Correctional Health Care. Dallas, Texas, 2015.

Diagnostic Maneuvers You May Have Missed in Nursing School. Annual Conference. National Commission on Correctional Health Care. Dallas, Texas. 2015

The Challenges of Hunger Strikes: What Should We Do? What Shouldn't We Do? Annual Conference. National Commission on Correctional Health Care. Dallas, Texas. 2015

Practical and Ethical Approaches to Managing Hunger Strikes. Annual Practitioners' Conference. Washington Department of Corrections. Tacoma, Washington. 2015

Contracting for Health Services: Should I, and if so, how? American Jail Association Annual Meeting. Dallas, Texas. 2014

Hunger Strikes: What should the Society of Correctional Physician's position be? With Allen S, May J, Ritter S. American College of Correctional Physicians (Formerly Society of Correctional Physicians) Annual Meeting. Nashville, Tennessee. 2013

Addressing Conflict between Medical and Security: an Ethics Perspective. International Corrections and Prison Association Annual Meeting. Colorado Springs, Colorado. 2013

Patient Safety and 'Right Using' Nurses. Keynote address. Annual Conference. American Correctional Health Services Association. Philadelphia, Pennsylvania. 2013

Patient Safety: Overuse, underuse, and misuse…of nurses. Keynote address. Essentials of Correctional Health Care conference. Salt Lake City, Utah. 2012

The ethics of providing healthcare to prisoners-An International Perspective. Global Health Seminar Series. Department of Global Health, University of Washington, Seattle, Washington. 2012

Recovery, Not Recidivism: Strategies for Helping People Who are Incarcerated. Panelist. NAMI Annual Meeting, Seattle, Washington, 2012

Ethics and HIV Workshop. HIV/AIDS Care in the Correctional Setting Conference, Northwest AIDS Education and Training Center. Salem, Oregon. 2011

Ethics and HIV Workshop. HIV/AIDS Care in the Correctional Setting Conference, Northwest AIDS Education and Training Center. Spokane, Washington. 2011

Patient Safety: Raising the Bar in Correctional Health Care. With Dr. Sharen Barboza. National Commission on Correctional Health Care Mid-Year Meeting, Nashville, Tennessee. 2010

Patient Safety: Raising the Bar in Correctional Health Care. American Correctional Health Services Association, Annual Meeting, Portland, Oregon. 2010

Achieving Quality Care in a Tough Economy. National Commission on Correctional Health Care Mid-Year Meeting, Nashville, Tennessee, 2010 (Co-presented with Rick Morse and Helena Kim, PharmD.)

Involuntary Psychotropic Administration: The Harper Solution. With Dr. Bruce Gage. American Correctional Health Services Association, Annual Meeting, Portland, Oregon. 2010

Evidence Based Decision Making for Non-Clinical Correctional Administrators. American Correctional Association 139th Congress, Nashville, Tennessee. 2009

Death Penalty Debate. Panelist. Seattle University School of Law, Seattle, Washington. 2009

The Patient Handoff – From Custody to the Community. Washington Free Clinic Association, Annual Meeting, Olympia, Washington. Lacey, Washington. 2009

Balancing Patient Advocacy with Fiscal Restraint and Patient Litigation. National Commission on Correctional Health Care and American College of Correctional Physicians "Medical Directors Boot Camp," Seattle, Washington. 2009

Staff Management. National Commission on Correctional Health Care and American College of Correctional Physicians "Medical Directors Boot Camp," Seattle, Washington. 2009

Management Dilemmas in Corrections: Boots and Bottom Bunks. Annual Meeting, American College of Correctional Physicians, Chicago, Illinois. 2008

Public Health and Correctional Health Care. Masters Program in community–based population focused management – Populations at risk, Washington State University, Spokane, Washington. 2008

Managing the Geriatric Population. Panelist. State Medical Directors' Meeting, American Corrections Association, Alexandria, Virginia. 2007

I Want to do my own Skin Biopsies. Annual Meeting, American College of Correctional Physicians, New Orleans, Louisiana. 2005

Corrections Quick Topics. Annual Meeting, American College of Correctional Physicians. Austin, Texas. 2003

Evidence Based Medicine in Correctional Health Care. Annual Meeting, National Commission on Correctional Health Care. Austin, Texas. 2003

Evidence Based Medicine. Excellence at Work Conference, Empire State Advantage. Albany, New York. 2002

Evidence Based Medicine, Outcomes Research, and Health Care Organizations. National Clinical Advisory Group, Integrail, Inc., Albany, New York. 2002

Evidence Based Medicine. With Dr. LK Hohmann. The Empire State Advantage, Annual Excellence at Work Conference: Leading and Managing for Organizational Excellence, Albany, New York. 2002

Taking the Mystery out of Evidence Based Medicine: Providing Useful Answers for Clinicians and Patients. Breakfast Series, Institute for the Advancement of Health Care Management, School of Business, University at Albany, Albany, New York. 2001

Diagnosis and Management of Male Erectile Dysfunction – A Goal–Oriented Approach. Society of General Internal Medicine National Meeting, San Francisco, California. 1999

Study Design and Critical Appraisal of the Literature. Graduate Medical Education Lecture Series for all housestaff, Albany Medical College, Albany, New York. 1999

Male Impotence: Its Diagnosis and Treatment in the Era of Sildenafil. 4th Annual CME Day, Alumni Association of the Albany–Hudson Valley Physician Assistant Program, Albany, New York. 1998

Models For Measuring Physician Productivity. Panelist. National Association of VA Ambulatory Managers National Meeting, Memphis, Tennessee. 1997

Introduction to Male Erectile Dysfunction and the Role of Sildenafil in Treatment. Northeast Regional Meeting Pfizer Sales Representatives, Manchester Center, Vermont. 1997

Male Erectile Dysfunction. Topics in Urology, A Seminar for Primary Healthcare Providers, Bassett Healthcare, Cooperstown, New York. 1997

Evaluation and Treatment of the Patient with Impotence: A Practical Primer for General Internists. Society of General Internal Medicine National Meeting, Washington D.C. 1996

Impotence: An Update. Department of Medicine Grand Rounds, Albany Medical College, Albany, New York. 1996

Diabetes for the EMT First–Responder. Five Quad Volunteer Ambulance, University at Albany. Albany, New York. 1996

Impotence: An Approach for Internists. Medicine Grand Rounds, St. Mary's Hospital, Rochester, New York. 1994

Male Impotence. Common Problems in Primary Care Precourse. American College of Physicians National Meeting, Miami, Florida. 1994

Patient Motivation: A Key to Success. Tuberculosis and HIV: A Time for Teamwork. AIDS Program, Bureau of Tuberculosis Control – New York State Department of Health and Albany Medical College, Albany, New York. 1994

Recognizing and Treating Impotence. Department of Medicine Grand Rounds, Albany Medical College, Albany, New York. 1992

Medical Decision Making: A Primer on Decision Analysis. Faculty Research Seminar, Department of Family Practice, Indiana University, Indianapolis, Indiana. 1992

Effective Presentation of Public Health Data. Bureau of Communicable Diseases, Indiana State Board of Health, Indianapolis, Indiana. 1991

Impotence: An Approach for Internists. Housestaff Conference, Department of Medicine, Indiana University, Indianapolis, Indiana. 1991

Using Electronic Databases to Search the Medical Literature. NIH/VA Fellows Program, Indiana University, Indianapolis, Indiana. 1991

Study Designs Used in Epidemiology. Ambulatory Care Block Rotation. Department of Medicine, Indiana University, Indianapolis, Indiana. 1991

Effective Use of Slides in a Short Scientific Presentation. Housestaff Conference, Department of Medicine, Indiana University, Indianapolis, Indiana. 1991

Impotence: A Rational and Practical Approach to Diagnosis and Treatment for the General Internist. Society of General Internal Medicine National Meeting, Washington D.C. 1991

Nirvana and Audio–Visual Aids. With Dr. RM Lubitz. Society of General Internal Medicine, Midwest Regional Meeting, Chicago. 1991

New Perspectives in the Management of Hypercholesterolemia. Medical Staff, West Seneca Developmental Center, West Seneca, New York. 1989

Effective Use of Audio–Visual Aids. Nurse Educators, American Diabetes Association, Western New York Chapter, Buffalo, New York. 1989

Management of Diabetics in the Custodial Care Setting. Medical Staff, West Seneca Developmental Center, West Seneca, New York, 1989

Effective Use of Audio–Visuals in Diabetes Peer and Patient Education. American Association of Diabetic Educators, Western New York Chapter, Buffalo, New York. 1989

Pathophysiology, Diagnosis and Care of Diabetes. Nurse Practitioner Training Program, School of Nursing, University of Buffalo, Buffalo, New York. 1989

Techniques of Large Group Presentations to Medical Audiences – Use of Audio–Visuals. New Housestaff Training Program, Graduate Medical Dental Education Consortium of Buffalo, Buffalo, New York. 1988

PUBLICATIONS/ABSTRACTS

Borschmann, R, Tibble, H, Spittal, MJ, … Stern, MF, Viner, KM, Wang, N, Willoughby, M, Zhao, B, and Kinner, SA. *The Mortality After Release from Incarceration Consortium (MARIC): Protocolfor a multi-national, individual participant data meta-analysis.* Int. J of Population Data Science 2019 5(1):6

Binswanger IA, Maruschak LM, Mueller SR, **Stern MF**, Kinner SA**.** *Principles to Guide National Data Collection on the Health of Persons in the Criminal Justice System.* Public Health Reports 2019 134(1):34S-45S

Stern M. *Hunger Strike: The Inside Medicine Scoop.* American Jails 2018 32(4):17-21

Grande L, **Stern M.** *Providing Medication to Treat Opioid Use Disorder in Washington State Jails.* Study conducted for Washington State Department of Social and Health Services under Contract 1731-18409. 2018.

Stern MF, Newlin N. *Epicenter of the Epidemic: Opioids and Jails.* American Jails 2018 32(2):16-18

Stern MF. *A nurse is a nurse is a nurse…NOT!* Guest Editorial, American Jails 2018 32(2):4,68

Wang EA, Redmond N, Dennison Himmelfarb CR, Pettit B, **Stern M**, Chen J, Shero S, Iturriaga E, Sorlie P, Diez Roux AV. *Cardiovascular Disease in Incarcerated Populations*. Journal of the American College of Cardiology 2017 69(24):2967-76

Mitchell A, Reichberg T, Randall J, Aziz-Bose R, Ferguson W, **Stern M.** *Criminal Justice Health Digital Curriculum*. Poster, Annual Academic and Health Policy Conference on Correctional Health, Atlanta, Georgia, March, 2017

Stern MF. *Patient Safety (White Paper)*. Guidelines, Management Tools, White Papers, National Commission on Correctional Health Care. http://www.ncchc.org/filebin/Resources/Patient-Safety-2016.pdf. June, 2016

Binswanger IA, **Stern MF**, Yamashita TE, Mueller SR, Baggett TP, Blatchford PJ. *Clinical risk factors for death after release from prison in Washington State: a nested case control study.* Addiction 2015 Oct 17

Stern MF. Op-Ed on Lethal Injections. The Guardian 2014 Aug 6

Stern MF. *American College of Correctional Physicians Calls for Caution Placing Mentally Ill in Segregation: An Important Band-Aid.* Guest Editorial. Journal of Correctional Health Care 2014 Apr; 20(2):92-94

Binswanger I, Blatchford PJ, Mueller SR, **Stern MF**. *Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009.* Annals of Internal Medicine 2013 Nov; 159(9):592-600

Williams B, **Stern MF,** Mellow J, Safer M, Greifinger RB. *Aging in Correctional Custody: Setting a policy agenda for older prisoner health care.* American Journal of Public Health 2012 Aug; 102(8):1475-1481

Binswanger I, Blatchford PJ, Yamashita TE, **Stern MF.** *Drug-Related Risk Factors for Death after Release from Prison: A Nested Case Control Study*. Oral Presentation, University of Massachusetts 4th Annual Academic and Health Policy Conference on Correctional Healthcare, Boston, Massachusetts, March, 2011

Binswanger I, Blatchford PJ, Forsyth S, **Stern MF**, Kinner SA. *Death Related to Infectious Disease in Ex-Prisoners: An International Comparative Study*. Oral Presentation, University of Massachusetts 4th Annual Academic and Health Policy Conference on Correctional Healthcare, Boston, Massachusetts, March, 2011

Binswanger I, Lindsay R, **Stern MF**, Blatchford P. *Risk Factors for All-Cause, Overdose and Early Deaths after Release from Prison in Washington State Drug and Alcohol Dependence.* Drug and Alcohol Dependence Aug 1 2011;117(1):1-6

Stern MF, Greifinger RB, Mellow J. *Patient Safety: Moving the Bar in Prison Health Care Standards.* American Journal of Public Health November 2010;100(11):2103-2110

Strick LB, Saucerman G, Schlatter C, Newsom L, **Stern MF**. *Implementation of Opt-Out HIV testing in the Washington State Department of Corrections*. Poster Presentation, National Commission on Correctional Health Care Annual Meeting, Orlando, Florida, October, 2009

Binswanger IA, Blatchford P, **Stern MF**. *Risk Factors for Death After Release from Prison*. Society for General Internal Medicine 32nd Annual Meeting; Miami: Journal of General Internal Medicine; April 2009. p. S164-S95

Stern MF. Force Feeding for Hunger Strikes – One More Step. CorrDocs Winter 2009;12(1):2

Binswanger I, **Stern MF**, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, Koepsell TD. *Release from Prison – A High Risk of Death for Former Inmates*. New England Journal of Medicine 2007 Jan 11;356(2):157–165

Stern MF, Hilliard T, Kelm C, Anderson E. *Epidemiology of Hepatitis C Infection in the Washington State Department of Corrections.* Poster Presentation, CDC/NIH *ad hoc* Conference on Management of Hepatitis C in Prisons, San Antonio, Texas, January, 2003

Phelps KR, **Stern M**, Slingerland A, Heravi M, Strogatz DS, Haqqie SS. *Metabolic and skeletal effects of low and high doses of calcium acetate in patients with preterminal chronic renal failure.* Am J Nephrol 2002 Sep–Dec;22(5–6):445–54

Goldberg L, **Stern MF,** Posner DS. *Comparative Epidemiology of Erectile Dysfunction in Gay Men*. Oral Presentation, International Society for Impotence Research Meeting, Amsterdam, The Netherlands, August 1998. Int J Impot Res. 1998;10(S3):S41 [also presented as oral abstract Annual Meeting, Society for the Study of Impotence, Boston, Massachusetts, October, 1999. Int J Impot Res. 1999;10(S1):S65]

Stern MF. *Erectile Dysfunction in Older Men.* Topics in Geriatric Rehab 12(4):40–52, 1997. [republished in Geriatric Patient Education Resource Manual, Supplement. Aspen Reference Group, Eds. Aspen Publishers, Inc., 1998]

Stern MF, Wulfert E, Barada J, Mulchahy JJ, Korenman SG. *An Outcomes–Oriented Approach to the Primary Care Evaluation and Management of Erectile Dysfunction.* J Clin Outcomes Management 5(2):36–56, 1998

Fihn SD, Callahan CM, Martin D, et al.; for the **National Consortium of Anticoagulation Clinics**.* *The Risk for and Severity of Bleeding Complications in Elderly Patients Treated with Warfarin.* Ann Int Med. 1996;124:970–979

Fihn SD, McDonell M, Martin D, et al.; for the **Warfarin Optimized Outpatient Follow–up Study Group**.* *Risk Factors for Complications of Chronic Anticoagulation.* Ann Int Med. 1993;118:511–520. (*While involved in the original proposal development and project execution, I was no longer part of the group at the time of this publication)

Stern MF, Dittus RS, Birkhead G, Huber R, Schwartz J, Morse D. *Cost–Effectiveness of Hepatitis B Immunization Strategies for High Risk People*. Oral Presentation, Society of General Internal Medicine National Meeting, Washington, D.C., May 1992. Clin Res 1992

Fihn SD, McDonell MB, Vermes D, Martin D, Kent DL, Henikoff JG, and the **Warfarin Outpatient Follow–up Study Group**. *Optimal Scheduling of Patients Taking Warfarin. A Multicenter Randomized Trial.* Oral Presentation, Society of General Internal Medicine National Meeting, Washington, D.C., May 1992. Clin Res 1992

Fihn SD, McDonnell MB, Vermes D, Kent DL, Henikoff JG, and the **Warfarin Anticoagulation Study Group**. *Risk Factors for Complications During Chronic Anticoagulation.* Poster Presentation, Society of General Internal Medicine National Meeting, Seattle, May 1991

Pristach CA, Donoghue GD, Sarkin R, Wargula C, Doerr R, Opila D, **Stern M**, Single G. *A Multidisciplinary Program to Improve the Teaching Skills of Incoming Housestaff.* Acad Med. 1991;66(3):172–174

Stern MF. *Diagnosing Chlamydia trachomatis and Neisseria gonorrhea Infections.* (letter) J Gen Intern Med. 1991;6:183

Stern MF, Fitzgerald JF, Dittus RS, Tierney WM, Overhage JM. *Office Visits and Outcomes of Care: Does Frequency Matter?* Poster Presentation, Society of General Internal Medicine Annual Meeting, Seattle, May 1991. Clin Res 1991;39:610A

Stern MF. *Cobalamin Deficiency and Red Blood Cell Volume Distribution Width.* (letter) Arch Intern Med. 1990;150:910

Stern M, Steinbach B. *Hypodermic Needle Embolization to the Heart.* NY State J Med. 1990;90(7):368–371

Stern MF, Birkhead G, Huber R, Schwartz J, Morse D. *Feasibility of Hepatitis B Immunization in an STD Clinic*. Oral Presentation, American Public Health Association Annual Meeting, Atlanta, November 1990

EXPERT TESTIMONY

Pajas v. County of Monterey, *et al.* US District Court for the Northern District of California, 2019 (trial)

Dockery, *et al.* v. Hall *et al.* US District Court for the Southern District of Mississippi Northern Division, 2018 (trial)

Benton v. Correct Care Solutions, *et al.* US District Court for the District of Maryland, 2018 (deposition)

Pajas v. County of Monterey, *et al.* US District Court Northern District of California, 2018 (deposition)

Walter v. Correctional Healthcare Companies, *et al*. US District Court, District of Colorado, 2017 (deposition)

Winkler v. Madison County, Kentucky, *et al*. US District Court, Eastern District of Kentucky, Central Division at Lexington, 2016 (deposition)

US v. Miami-Dade County, *et al.* US District Court, Southern District of Florida, periodically 2014 - 2016

EXHIBIT X

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

SOFIA BAHENA ORTUÑO, et al.

Petitioners-Plaintiffs,

v.

DAVID JENNINGS, et al.

Respondents-Defendants.

Case No.

DECLARATION OF JUAN CARLOS MINCHACA RAMOS IN SUPPORT OF PETITION FOR HABEAS CORPUS AND MOTION FOR TEMPORARY RESTRAINING ORDER

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Attorneys for Petitioners-Plaintiffs
*Admission to the bar of this Court Pending
**Motion for Admission *Pro Hac Vice* Forthcoming

1. My name is Juan Carlos Minchaca Ramos and I am 44 years old. I am a citizen of Mexico. My A Number is 200-865-245. My mother and my two daughters, ages 12 and 13, are U.S. citizens.

2. I submit this declaration in support of a multi-plaintiff petition for a writ of habeas corpus in federal court based on the risks that I and others face because of COVID-19.

3. I have been detained at Mesa Verde ICE Processing Facility (Mesa Verde) since December 19, 2019, when ICE arrested me after I completed my state prison sentence. I was convicted of having sex with someone underage more than four years ago.

4. My immigration case is currently before Immigration Judge Nelson. I am afraid to go back to Mexico and I am asking for asylum, withholding of removal, and protection under the Convention Against Torture. I am also eligible for a green card though my U.S. citizen mother, who already filed a petition for me. I will be asking the Immigration Judge to grant my application for adjustment of status with a waiver. My daughters would face great hardship if I were deported. My eldest daughter, Melanie, age 13, has a learning disability and is in Special Education at school. My younger daughter, Jasyln, age 12, has had health problems in the past including the removal of tumors from her ovaries as well as the removal of her ovary.

5. My next master calendar hearing before the Immigration Judge is currently scheduled for March 31, 2020. That date is for me to submit my application for a waiver. I am represented in my case by Jennifer Friedman from the San Francisco Public Defenders Office.

6. I am currently sick and have not received adequate medical attention at Mesa Verde, in light of COVID-19. I started to not feel well on Thursday, March 12th. On Friday, March 13th, I told one of the officials that I was ill and had a fever. They told me to put in a request, but that it takes three days to process and there was nothing he could. I asked if he could make it a priority since I was worried about Coronavirus, but they said no. I submitted the medical request on Saturday March 14th. I resubmitted it again on Sunday March 15th saying I was really sick.

7. On Monday, March 16th, they called me to medical for a check-up. I informed the nurse that I had a fever, a runny nose, body aches, chills, and that my whole body was sore. The nurse

checked me and said I was fine, that it was just the regular flu. Although I was told that I didn't have a temperature then, I felt like I had had one the night before. They did not test me for the coronavirus. I asked about coronavirus, and they said not to worry about it. The nurse gave me a pill for allergies, as well as Tylenol. She didn't say anything about being careful or precautions I should take, but rather she just sent me back to my bunk with everyone else. I asked her for a mask, and she said they didn't have any.

8. The next day, the medication nurse gave me 2 Tylenols and the allergy pill. I've been taking that ever since, two times a day, but my symptoms have not improved.

9. I submitted another medical request because of a rash I have on the back of my head, on my scalp, neck, and back. The day after my check-up, I was called in again by the nurse. I had seen the doctor about the rash previously, before I got sick with the flu, and they gave me antibiotics. They called me for a follow-up on the rash because it wasn't going away, and they called me back in. The rash itches and white liquid is coming out. I've never had anything like this, I think it's a result of the lack of hygiene in here. They gave me the antibiotic for the rash.

10. Since my check-up, they haven't called me back for a follow-up. They haven't taken my temperature again, or checked my other symptoms which I still have.

11. They said they were going to start testing us for the coronavirus, but they haven't. They aren't doing anything. I don't know if I have coronavirus or not.

12. I'm in the D Dorm and there are about 80 or 90 people in here, and we are all housed very close together. Mesa Verde staff comes and goes. There is no way to stay away from people. Everywhere you go, there are people. They are still bringing new people in here from the outside. As soon as they deport 5 or 6 people, they replace them right away. All the people around me, plus the constant movement of people in and out make it impossible to control who is around me.

13. Last week, all those in my dorm got together and wrote a group letter to GEO saying that it doesn't make sense that they cancelled our family visits, yet they aren't taking the precautions necessary to protect us from the coronavirus. In our letter we highlighted our concern that there

are all kinds of people coming into our dorm, new detainees as well as the constant movement of Mesa Verde staff, that can expose us to the coronavirus. They never responded to our letter. We are very worried about these new detainees from the outside. I've talked to the new detainees who are arriving, they are coming from the street and the detention center just checks their vitals before they come into the dorms—they aren't testing for the coronavirus and they could be carrying it.

14. I work to help clean the dorm, the cabinets, phones, floors. I do it five days a week. But I am not able to disinfect everything, we try our best to keep it clean but with all the people coming in and out, I know it is not enough.

15. I do not feel like my health is safe here because of the coronavirus and these rashes that I have. They aren't paying close enough attention to my health and the treatment they are giving me isn't enough. I don't think it's safe. My bed is two feet from other beds in all directions, so there is no way to stay six feet away from people.

16. I've had the flu for over a week now and I'm still sick. I feel the worst right around the evening, I feel like I have a fever at night every night. Sometimes I sweat a lot during the nighttime; so much that I have to change my shirt because I'm soaked in my own sweat. I feel like my tonsils are swollen. My throat hurts a lot at night and in the morning. My bones hurt inside, and sometimes at night I cough.

17. I would feel much safer if I returned home pending the outcome of my case. If I were released, I would stay with my cousin in Montclair, CA. I would comply with my probation requirements, including all necessary monitoring.

18. If I were at home, I would be able to limit my contact with other people. If a doctor told me that I needed to self-isolate at home, I could have my own room and my own restroom to avoid contact with others until I receive clearance from health professionals. I would be more than willing to follow any instructions or orders in place regarding social distancing from others, and sheltering in place.

Affirmation

I, Jennifer T. Friedman, certify that on March 20, 2020, Mr. Juan Carlos Minchaca Ramos relayed the information herein to me in English while I transcribed it. I then read the foregoing to Mr. Minchaca and that he affirmed that the foregoing is true and correct. I have not been able to obtain a signature from Mr. Minchaca because Mesa Verde Detention Facility is located approximately six hours' drive from my home, and at the time I reviewed the foregoing declaration with him, the county where I reside was, and remains, under a "shelter in place" order.

s/ Jennifer T. Friedman

Jennifer T. Friedman
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EXHIBIT Y

SECOND DECLARATION OF CLAUDE BENT

1. My name is Claude Bent. I am providing this declaration to describe the conditions I am facing in detention right now. I am very afraid for my health and my life because of the COVID-19 virus.

2. I am detained in Mesa Verde Detention Facility in Pod C, which is a dormitory section that has room for 100 men. This morning I checked how many people there are, and there are 91 men in the pod. My lawyer has told me that I should do everything I can to stay far apart from people, especially people who are coughing, but that is impossible here. The pod is crowded, and when we all go to eat, it is even more crowded—we are all so close together we are almost touching. In the past few days, I have heard a lot of coughing from other men in the pod, which scares me a lot. I have tried to stay positive, but lately it feels like we are trapped in a death box.

3. My asthma is pretty bad. I have noticed that when I talk on the phone for more than a few minutes, my voice feels strained and it is harder for me to breathe. I am scared of what could happen to me if I become very sick, since in the past when I have been sick and asked for medical attention, it has usually taken three or four days before I received this attention.

4. I have seen a few changes here because of COVID-19, but these changes do not give me confidence that I am safe here. A few days ago, a nurse came by with a small machine to take all of our temperatures. She rubbed the machine up against my forehead, right after I saw her do the same thing to the detainee whose temperature she took before mine. She did not even wipe the machine off between us. I told her I did not think she was supposed to actually touch the machine to my head, and she smiled and said that I was probably right. This scared me, since if anyone who had their temperature taken before me had the virus, I would be in even more risk now. This makes me think that even the medical staff here is not taking the virus seriously. I have also seen a few staff members wearing masks, but not many people. Detainees do not have masks.

5. Other detainees and I are very scared, and we have asked for supplies to help make us safer, like hand sanitizer and liquid soap. We have not been given either of these supplies though.

Certificate of Interpretation and Affirmation

I, Evelyn Wiese, certify that on April 2, 2020, I read the foregoing to Claude Bent and that he affirmed that the foregoing is true and correct. I have not been able to obtain a signature from Mr. Bent because the Mesa Verde Detention Facility is located approximately six hours away from my home by car, and at the time I reviewed the foregoing declaration with him, the county where I reside was, and remains, under a "shelter in place" order.

/s/ Evelyn Wiese

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EXHIBIT Z

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA – EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, and RAMON MANCIA, *individually and on behalf of all others similarly situated,* Plaintiffs, v. THE GEO GROUP, INC., Defendant.	Case No.: 5:17-cv-02514-JGB-SHK Assigned to Hon. Jesus G. Bernal **DECLARATION OF KATHRINE RUSSELL, ESQ. IN SUPPORT OF PLAINTIFFS' REPLY TO DEFENDANT'S OPPOSITION TO PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER**

DECLARATION OF KATHRINE RUSSELL, ESQ.

I, Kathrine Russell, hereby declare under the penalty of perjury pursuant to 28 U.S.C. § 1746:

1. I am the Director of Removal Services at the Refugee and Immigrant Center for Education and Legal Services (RAICES) in San Antonio, Texas. In this capacity, I supervise RAICES attorneys who provide immigration legal services to migrants and refugees detained at The GEO Group, Inc. (GEO)'s South Texas ICE Processing Center in Pearsall, Texas ("Pearsall"). RAICES currently employs four full-time attorneys directly representing clients at Pearsall, including myself.

CHRONIC SHORTAGES OF BASIC NECESSITIES PLAGUE THE PEARSALL FACILITY

2. Our clients have uniformly reported severe shortages of the basic necessities required to maintain their hygienic and sanitary living conditions at the Pearsall facility.

3. Specifically, at Pearsall, the facility has failed to provide adequate medical care to those detainees exhibiting symptoms of COVID-19, has failed to provide adequate hand sanitizer or

soap, has failed to provide adequate facial tissues or disinfectant wipes, and has failed to provide gloves or sufficient soap to detainees expected to clean their living spaces.

CLASS MEMBERS CANNOT SOCIALLY DISTANCE AT THE PEARSALL FACILITY

4. Class Members at Pearsall are physically unable to maintain social distancing guidelines recommended by the CDC. Detainees at Pearsall live in large, open-air dorms holding about 60-120 people, with bunk beds only feet apart. I personally observed these conditions on a tour of the Pearsall facility with Human Rights First. Our clients report that no social distancing measures have been implemented whatsoever in the dorms since the beginning of COVID-19.

5. Making matters even more dangerous for our clients and other Class Members, GEO continues to accept newly admitted detained immigrants at each facility, and has failed to conduct sustained medical surveillance and testing of the human beings in its care.

6. RAICES is not aware of any COVID-19 tests having been conducted at Pearsall.

GEO DENIES CLASS MEMBERS PPE WHEN THEY CLEAN COMMON AREAS

7. Despite the demonstrated risk of contracting COVID-19 from dirty surfaces, GEO continues to require detained immigrants at the Pearsall facility to clean and sanitize their common living areas.

8. At the Pearsall facility, our clients have demanded GEO provide them with personal protective equipment such as masks, gloves, and eyewear to minimize their risk of infection. GEO has consistently denied those demands, and met any attempts by detainees to cease working until these demands are met with brutal force.

9. GEO guards continue to enter and exit living areas without using masks, gloves, or other PPE, thus risking exposure and asymptomatic spread of COVID-19 to the detainees.

10. If given a meaningful choice, Class Members at Pearsall would not continue to risk illness or death to keep GEO's property clean and sanitary for no pay, under threat of solitary confinement and other sanctions.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 11, 2020 in San Antonio, Texas.

Kathrine Russell, Esq.
Director of Removal Services – RAICES

EXHIBIT AA

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA – EASTERN DIVISION

RAUL NOVOA, JAIME CAMPOS FUENTES, ABDIAZIZ KARIM, and RAMON MANCIA, *individually and on behalf of all others similarly situated*, Plaintiffs, v. THE GEO GROUP, INC., Defendant.	Case No.: 5:17-cv-02514-JGB-SHK Assigned to Hon. Jesus G. Bernal **DECLARATION OF TATIANA OBANDO, ESQ. IN SUPPORT OF PLAINTIFFS' REPLY TO DEFENDANT'S OPPOSITION TO PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER**

DECLARATION OF TATIANA OBANDO, ESQ.

I, Tatiana Obando, hereby declare under the penalty of perjury pursuant to 28 U.S.C. § 1746:

1. I am a Managing Attorney at the Refugee and Immigrant Center for Education and Legal Services (RAICES) in Houston, Texas. In this capacity, I supervise RAICES attorneys, legal workers, and staff who provide immigration legal services to migrants and refugees detained at The GEO Group, Inc. (GEO)'s Montgomery ICE Processing Center (hereafter "**Montgomery**") and Joe Corley Detention Facility (hereafter "**Corley**"), both of which are located in Conroe, Texas.

2. RAICES operates with four attorneys at the facility who weekly visit the facility to meet with clients. We have met with clients in visitation rooms that allow us contact with them. However, due to the current pandemic, we have started meeting with clients through telephone.

CHRONIC SHORTAGES OF BASIC NECESSITIES PLAGUE GEO'S FACILITIES

3. Our clients have uniformly reported severe shortages of the basic necessities required to maintain their hygienic and sanitary living conditions at the Montgomery, and Corley facilities.

4. Specifically, at **both facilities**, we have received persistent complaints of inadequate supplies of soap, sanitizer, shampoo, disinfectant, they have complained that there is no possibility of safe social distancing and lack of masks, in spite of having detainees who have tested positive at their dorms.

CLASS MEMBERS CANNOT SOCIALLY DISTANCE IN GEO'S FACILITIES

5. Class Members at **Montgomery, and Corley** are physically unable to maintain social distancing guidelines recommended by the CDC. That is because each facility imprisons individuals in congregate environments: They are either confined in small cells with 1-3 other detained immigrants, only to congregate with 60-120 others during recreation or mealtime, or because they live in large, open-air dorms with bunk beds only feet apart. RAICES attorneys have observed conditions on tours inside the living areas of these each facilities.

6. Making matters even more dangerous for our clients and other Class Members, GEO continues to accept newly admitted detained immigrants at each facility, and has failed to conduct sustained medical surveillance and testing of the human beings in its care.

GEO DENIES CLASS MEMBERS PPE WHEN THEY CLEAN COMMON AREAS

7. Despite the demonstrated risk of contracting COVID-19 from dirty surfaces, GEO continues to require detained immigrants at the **Montgomery**, and **Corley** facilities to clean and sanitize their common living areas.

8. At these Texas GEO facilities, our clients have demanded GEO provide them with personal protective equipment such as masks, gloves, and eyewear to minimize their risk of infection. GEO has consistently denied those demand, and met any attempts by detainees to cease working until these demands are met with brutal force.

9. GEO guards continue to enter and exit living areas without consistently using masks, gloves, or other PPE, thus risking exposure and asymptomatic spread of COVID-19 to the detainees.

10. If given a meaningful choice, Class Members at **Montgomery**, and **Corley** would not continue to risk illness or death to keep GEO's property clean and sanitary for no pay, under threat of solitary confinement and other sanctions.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 11, 2020 in Houston, Texas.

Tatiana Obando, Esq.
Managing Attorney – RAICES