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16 **UNITED STATES DISTRICT COURT**
17 **CENTRAL DISTRICT OF CALIFORNIA**
18 **EASTERN DIVISION – RIVERSIDE**

19 FAOUR ABDALLAH FRAIHAT, *et al.*,
20 Plaintiffs,
21 v.

22 U.S. IMMIGRATION AND CUSTOMS
23 ENFORCEMENT, *et al.*,
24 Defendants.
25
26
27
28

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

**Plaintiffs' Notice of Motion and
Motion for Class Certification**

Date: March 31, 2020
Time: 2:00 p.m.
Hon. Jesus G. Bernal

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27 *Admitted Pro Hac Vice

28 **Pro Hac Vice Application Forthcoming

1 **TO ALL PARTIES AND THEIR ATTORNEYS OF RECORD:**

2 PLEASE TAKE NOTICE THAT on March 31, 2020 at 2:00pm, or at such
3 other time as the Court met set the matter for hearing, Plaintiffs Faour Fraihat,
4 Jimmy Sudney, Aristoteles Sanchez Martinez, Alex Hernandez, and Martin
5 Munoz, each individually and on behalf of all others similarly situated, pursuant to
6 Federal Rule of Civil Procedure 23(a) and 23(b)(2) and any other applicable rule of
7 civil procedure or law, will and hereby do move this Court for an order: (i)
8 provisionally certifying Plaintiffs' claims as a class action; (ii) appointing Plaintiffs
9 as Class Representatives; and (iii) appointing Class Counsel pursuant to Fed. R.
10 Civ. P. 23(g).

11 Plaintiffs propose two Rule 23(b)(2) subclasses defined as follows:

12 **Subclass One:** All people who are detained in ICE custody who have
13 one of the Risk Factors placing them at heightened risk of severe
14 illness and death upon contracting the COVID-19 virus. The Risk
15 Factors are defined as being over the age of 55; being pregnant; or
16 having chronic health conditions, including: cardiovascular disease
17 (congestive heart failure, history of myocardial infarction, history of
18 cardiac surgery); high blood pressure; chronic respiratory disease
19 (asthma, chronic obstructive pulmonary disease including chronic
20 bronchitis or emphysema, or other pulmonary diseases); diabetes;
21 cancer; liver disease; kidney disease; autoimmune diseases (psoriasis,
22 rheumatoid arthritis, systemic lupus erythematosus); severe
23 psychiatric illness; history of transplantation; and HIV/AIDS.

24 **Subclass Two:** All people who are detained in ICE custody whose
25 disabilities place them at heightened risk of severe illness and death
26 upon contacting the COVID-19 virus. Covered disabilities include:
27 cardiovascular disease (congestive heart failure, history of myocardial
28 infarction, history of cardiac surgery); high blood pressure; chronic

1 respiratory disease (asthma, chronic obstructive pulmonary disease
2 including chronic bronchitis or emphysema, or other pulmonary
3 diseases); diabetes; cancer; liver disease; kidney disease; autoimmune
4 diseases (psoriasis, rheumatoid arthritis, systemic lupus
5 erythematosus); severe psychiatric illness; history of transplantation;
6 and HIV/AIDS.

7 If the Court disagrees with the above-stated definition for the Plaintiff Class,
8 Plaintiffs move for the Court to redefine or modify that definition, as such
9 determinations are within the Court's discretion. Fed. R. Civ. P. 23(d)(1).

10 Plaintiffs also move for the appointment of Plaintiffs Faour Fraihat, Jimmy
11 Sudney, Arisoteles Sanchez Martinez, Alex Hernandez, and Martin Munoz as
12 representatives of both subclasses. Plaintiffs further move for Civil Rights
13 Education and Enforcement Center, Disability Rights Advocates, Orrick,
14 Herrington & Sutcliffe LLP, Southern Poverty Law Center, and Willkie Farr &
15 Gallagher LLP to be appointed as Class Counsel under Fed. R. Civ. P. 23(g).

16 This motion is based upon this notice; the accompanying memorandum of
17 points and authorities; the concurrently filed declarations of Plaintiffs' counsel,
18 Stuart Seaborn, Tim Fox, Jared Davidson, Lisa Graybill, William Alderman, and
19 Mike Johnson; additional declarations in support of the motion, including the
20 declarations of Faour Fraihat, Jimmy Sudney, Aristoteles Sanchez Martinez, Alex
21 Hernandez, Martin Munoz, Andrea Saenz, Anne Rios, Elissa Steglich, Francis L.
22 Conlin, Keren Zwick, Laura Rivera, Linda Corchado; the pleadings and records on
23 file with the Court in this action; and any argument or additional evidence as may
24 be requested by the Court or presented at the time of hearing.

25 Pursuant to Local Rule 7-3, counsel for Plaintiffs met by telephone with
26 counsel for Defendants on March 23, 2020 to discuss the proposed class
27 certification and preliminary injunction motions. Plaintiffs' counsel requested that
28 Defendants waive L.R. 7-3's 7-day meet and confer period in light of the urgency

1 of the situation. Defendants' counsel said they would discuss with their clients.
2 Counsel for Plaintiffs followed up on their request by email on the morning of
3 March 24, 2020. Defendants' counsel responded that they do not object to waiving
4 the 7-day notice requirement. *See* Declaration of Jared Davidson in Support of
5 Motion for Leave, ¶¶ 3-7.

6
7 For these reasons, Plaintiffs respectfully request that the Court grant the requested
8 preliminary injunction to abate the imminent harm of COVID-19.

9
10 DATED: March 24, 2020

11
12 Respectfully Submitted,

13 /s/ Timothy P. Fox
14 Timothy P. Fox
15 Elizabeth Jordan
16 Maria del Pilar Gonzalez Morales
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23 ENFORCEMENT, *et al.*,

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

**Plaintiffs' Memorandum in Support
of Motion for Class Certification**

Date: March 31, 2020

Time: 2:00 p.m.

Hon. Jesus G. Bernal

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**Pro Hac Vice Application Forthcoming

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I. INTRODUCTION

Plaintiffs have moved for preliminary relief to prevent catastrophic harm to medically vulnerable people in immigration detention as a result of ICE’s failure to take adequate preventative measures to address the COVID-19 pandemic. This motion seeks provisional certification of two subclasses of detained persons who are in desperate need of that preliminary relief before they suffer substantial—and potentially fatal—harm. Courts in this circuit routinely grant provisional certification for purposes of injunctive relief. *Arroyo v. United States Dep’t of Homeland Sec.*, No. SA CV 19-815 JGB (SHKX), 2019 WL 2912848 (C.D. Cal. June 20, 2019); *see also Al Otro Lado v. Wolf*, --- F.3d. ---, No. 19-56417, 2020 WL 1059682 (9th Cir. Mar. 5, 2020); *Meyer v. Portfolio Recovery Assocs., LLC*, 707 F.3d 1036 (9th Cir. 2012).

As described in detail in Plaintiffs’ Motion for Preliminary Injunction, people with certain Risk Factors, including persons fifty-five years of age or older and those with certain chronic health conditions, are at heightened risk of severe illness and death in Detention Facilities that, due to their large population density “ . . . are tinderboxes for the transmission of highly transmissible infectious pathogens . . . ” *See* Decl. of C. Franco-Paredes in Support of Mtn. for Prelim. Inj. ¶ 2. Plaintiffs are not alone in sounding the alarm about the potential for disaster. For example, two infectious disease experts retained by Defendant Department of Homeland Security believe that COVID-19 poses an “imminent risk to the health and safety of immigrant detainees, as well as to the public at large, that is a direct consequence of detaining populations in congregate settings.” *See* Decl. of Stuart Seaborn in Support of Mtns. for Class Cert. and Prelim. Inj. Ex. E. Similarly, more than three thousand medical professionals have signed an open letter to ICE Acting Director Michael Albence strongly recommending ICE implement community-

1 based alternatives to detention in light of these imminent dangers.¹ Despite these
 2 risks and ICE's affirmative and non-delegable obligation to keep detained persons
 3 free from harm, it has failed to implement adequate, system-wide preventive
 4 measures, making preliminary relief imperative.

5 Plaintiffs seek this preliminary relief on behalf of the following two
 6 proposed subclasses:²

7 **Subclass One:** All people who are detained in ICE custody who have one of
 8 the Risk Factors placing them at heightened risk of severe illness and death
 9 upon contracting the COVID-19 virus. The Risk Factors are defined as
 10 being over the age of 55; being pregnant; or having chronic health
 11 conditions, including: cardiovascular disease (congestive heart failure,
 12 history of myocardial infarction, history of cardiac surgery); high blood
 13 pressure; chronic respiratory disease (asthma, chronic obstructive pulmonary
 14 disease including chronic bronchitis or emphysema, or other pulmonary
 15 diseases); diabetes; cancer; liver disease; kidney disease; autoimmune
 16 diseases (psoriasis, rheumatoid arthritis, systemic lupus erythematosus);
 17 severe psychiatric illness; history of transplantation; and HIV/AIDS.

18 **Subclass Two:** All people who are detained in ICE custody whose
 19 disabilities place them at heightened risk of severe illness and death upon
 20 contracting the COVID-19 virus. Covered disabilities include:
 21 cardiovascular disease (congestive heart failure, history of myocardial
 22 infarction, history of cardiac surgery); high blood pressure; chronic
 23

24 ¹ See Declaration of Stuart Seaborn, Ex. J.

25 ² Plaintiffs here seek provisional certification of two subclasses different from the
 26 class and subclasses pleaded in the Complaint. *Compare* proposed provisional
 27 subclasses with proposed class and subclasses in Complaint, ECF 1, at 182-188.
 28 This Court has "broad authority at various stages in the litigation . . . to redefine . . .
 classes as appropriate." *Wang v. Chinese Daily News, Inc.*, 737 F.3d 538, 546
 (9th Cir. 2013); *see also, e.g., J.P. v. Sessions*, No. LA CV 18-06081 JAK (SKX),
 2019 WL 6723686, at *21 (C.D. Cal. Nov. 5, 2019) (citing *Wang* and *sua sponte*
 modifying class definition).

1 respiratory disease (asthma, chronic obstructive pulmonary disease including
 2 chronic bronchitis or emphysema, or other pulmonary diseases); diabetes;
 3 cancer; liver disease; kidney disease; autoimmune diseases (psoriasis,
 4 rheumatoid arthritis, systemic lupus erythematosus); severe psychiatric
 5 illness; history of transplantation; and HIV/AIDS.

6 Both subclasses easily satisfy the requirements of Rule 23. Indeed,
 7 affidavits from Plaintiffs, advocates, healthcare providers, and medical experts,
 8 along with ICE's own policies and practices, demonstrate common COVID-19
 9 policy and planning failures that impact thousands of members of the proposed
 10 subclasses in exactly the same way—all are at risk of serious illness or death due to
 11 ICE's system-wide lack of preventative measures. See Plaintiffs' Emergency
 12 Motion for Preliminary Injunction ("PI Mtn.") at 3-7. To address these common
 13 failures, the Court need not make any determinations regarding the individual
 14 circumstances of any class member; rather, it must determine whether ICE's
 15 actions (or inactions) are of sufficient severity to warrant preliminary relief. Class
 16 certification is therefore the most appropriate vehicle for the Court to remediate
 17 these systemic defects that subject Plaintiffs and the subclass to a substantial—and
 18 intolerable—risk of serious harm if left unaddressed.

19 **II. THE PROPOSED SUBCLASS REPRESENTATIVES**

20 The five proposed subclass representatives all have Risk Factors which
 21 make them particularly vulnerable to COVID-19 and particularly likely to suffer
 22 severe illness, life-altering complications, or death as a result of exposure to the
 23 virus.³ The proposed subclass representatives also have disabilities that place them
 24

25 ³ The Risk Factors include: being over the age of 55; being pregnant; or having
 26 chronic health conditions, including: cardiovascular disease (congestive heart
 27 failure, history of myocardial infarction, history of cardiac surgery); high blood
 28 pressure; chronic respiratory disease (asthma, chronic obstructive pulmonary
 disease including chronic bronchitis or emphysema, or other pulmonary diseases);
 diabetes; cancer; liver disease; kidney disease; autoimmune diseases (psoriasis,
 rheumatoid arthritis, systemic lupus erythematosus); severe psychiatric illness;
 history of transplantation; and HIV/AIDS. See Franco Paredes Decl., Table 1 at p.

1 at risk of severe illness, complications, and death if exposed to COVID-19.⁴ Thus,
2 they seek to represent both proposed subclasses.⁵

3 The proposed subclass representatives are Faour Fraihat, who is 58 years old
4 with a history of heart attacks (Fraihat Dec. ¶¶ 3-5); Jimmy Sudney, who is 28
5 years old with hypertension (Sudney Dec. ¶¶ 3-7); Aristoteles Sanchez Martinez,
6 who is 47 years old and has diabetes and hypertension; he also recently had
7 surgery for a hernia (Sanchez Martinez Dec. ¶¶ 2-4); Alex Hernandez, who is 49
8 years old and has hypertension (Hernandez Dec. ¶ 2); and Martin Munoz, who is
9 60 years old and has type-2 diabetes (Munoz Dec. ¶ 2).

10 Although the proposed subclass representatives are spread out at ICE
11 detention facilities in three states (Alabama, California and Georgia), their
12 experiences with ICE's policy response to COVID-19 are remarkably similar.
13 None has received any formal education on COVID-19 preventative measures,
14 none has received any screening or assessment for needed precautions in light of
15 their high-risk status, and all are still living in congregate settings that place them
16 at a substantial risk of infection. Fraihat Dec. ¶¶ 6-11; Sudney Dec. ¶¶ 8-14;
17 Sanchez Martinez Dec. ¶¶ 5-20 (noting that he was transferred from Houston
18 Contract Detention Facility in Houston, Texas to Stewart Detention Center in
19

20 2. (describing people with these conditions as at high risk of developing severe
21 disease or dying if exposed to COVID-19).

22 ⁴ These disabilities include: cardiovascular disease (congestive heart failure,
23 history of myocardial infarction, history of cardiac surgery); high blood pressure;
24 chronic respiratory disease (asthma, chronic obstructive pulmonary disease
25 including chronic bronchitis or emphysema, or other pulmonary diseases);
26 diabetes; cancer; liver disease; kidney disease; autoimmune diseases (psoriasis,
27 rheumatoid arthritis, systemic lupus erythematosus); severe psychiatric illness;
28 history of transplantation; and HIV/AIDS.

⁵ While there is some overlap between the subclasses, subclass two (the disability
subclass) does not include people who are at risk based on age alone, as age is not
recognized as a disability under Section 504 of the Rehabilitation Act. Thus, not
all members of subclass one who have at least one of the Risk Factors (which
include age) will necessarily be members of subclass two (all of whom must have
disabilities meeting the definition of disability under Section 504).

1 Lumpkin, Georgia on March 23, 2020 and saw similar failures in protocols at
2 both); Hernandez Dec. ¶¶ 3-8, Munoz Dec. ¶¶ 2-11). The declarations of seven
3 legal services providers providing services around the country have testified to a
4 similar and uniform response (or lack of response). See Declaration of Andrea
5 Saenz, ¶¶ 6-18; Declaration of Anne Rios, ¶¶ 5-25; Declaration of Elissa Steglich,
6 ¶¶ 4-11; Declaration of Francis L. Conlin, ¶¶ 2-16; Declaration of Keren Zwick, ¶¶
7 1-34; Declaration of Laura Rivera, ¶¶ 2-24; Declaration of Linda Corchado, ¶¶ 9-
8 23. Thus, similar to members of the proposed subclasses, each of the proposed
9 Class Representatives remains at high risk of serious illness, complications, and
10 death due to a lack of adequate, system-wide preventative measures in Detention
11 Facilities.

12 **III. THE PROPOSED SUBCLASSES COMPLY WITH RULE 23**

13 Class certification is proper under Federal Rule of Civil Procedure 23(a) if:
14 (1) the class is so numerous that joinder of all members is impracticable; (2) there
15 are questions of law or fact common to the class; (3) the claims or defenses of the
16 representative parties are typical of the claims or defenses of the class; and (4) the
17 representative parties will fairly and adequately protect the interests of the class.
18 Fed. R. Civ. P. 23(a).

19 In addition, the proposed class must be certifiable under one of the three
20 sub-provisions of Rule 23(b). Here, Plaintiffs seek certification under Rule
21 23(b)(2), pursuant to which class certification is proper if the party opposing the
22 class has acted or refused to act on grounds generally applicable to the class,
23 thereby making appropriate final injunctive relief or corresponding declaratory
24 relief with respect to the class as a whole. Fed. R. Civ. P. 23(b)(2).

25 Rule 23 also provides that the “class may be divided into subclasses that are
26 each treated as a class.” Fed. R. Civ. P. 23(c)(5). Each subclass must
27 “independently meet the requirements of Rule 23.” *Arroyo*, 2019 WL 2912848, at
28

*6 (citing *Betts v. Reliable Collection Agency, Ltd.*, 659 F.2d 1000, 1005 (9th Cir. 1981)).

A. The proposed subclasses comply with Rule 23(a).

1. The proposed subclasses are so numerous that joinder would be impracticable.

A class must be sufficiently numerous that joinder of all members is impracticable. Fed. R. Civ. P. 23(a)(1). No specific number is needed, but “forty or more members will generally satisfy the numerosity requirement.” *Arroyo*, 2019 WL 2912848, at *9; *see also In re Cooper Cos. Inc. Sec. Litig.*, 254 F.R.D. 628, 634 (C.D. Cal. 2009). Numerosity is satisfied when “general knowledge and common sense indicate that [the class] is large.” *Inland Empire-Immigrant Youth Collective v. Nielsen*, No. EDCV 17–2048 PSG (SHKx), 2018 WL 1061408, at *7 (C.D. Cal. Feb. 26, 2018) (quoting *Cervantez v. Celestica Corp.*, 253 F.R.D. 562, 569 (C.D. Cal. 2008)). To be impracticable, joinder must be difficult or inconvenient but need not be impossible. *Keegan v. Am. Honda Motor Co.*, 284 F.R.D. 504, 522 (C.D. Cal. 2012).

Where, as here, “only injunctive or declaratory relief is sought . . . the numerosity requirement is relaxed so that even speculative or conclusory allegations regarding numerosity are sufficient to permit class certification.” *Sueoka v. United States*, 101 F. App’x 649, 653 (9th Cir. 2004) (quoting 5 Moore’s Federal Practice § 23.22[3][b] (3d ed. 2003)); *see also Greater Los Angeles Agency on Deafness, Inc. v. Reel Servs. Mgmt. LLC*, No. EDCV 17–2048 PSG (SHKx), 2014 WL 12561074, at *7-*8 (C.D. Cal. May 6, 2014) (same; “where general knowledge and common sense indicate that [the class] is large, the numerosity requirement is satisfied” (internal quotations and citations omitted)).

Both subclasses easily satisfy the requirements of Rule 23(a)(1). The exact number of people in ICE detention with disabilities or other Risk Factors is unknown, due to Defendants’ failure to adequately screen and track individuals

1 with disabilities and chronic health conditions. ECF No. 1 (“Complaint”), ¶¶ 522-
2 537.⁶ However, given that the current detained population averages around
3 38,000,⁷ the number is likely in the hundreds or thousands and in any case well
4 above 40. Indeed, even if the Court were only to address the number of at-risk
5 people in both subclasses based on those identified in the Complaint, as well as
6 five declarations from legal services providers covering 15 facilities in seven
7 states, those persons would satisfy the low threshold for numerosity.⁸

8 Additionally, with respect to subclass one, even if the Court only focused on
9 advanced age (over 50) as one of the Risk Factors, in 2015, the percentage of
10 detained individuals over 50 years old is 3.84,⁹ suggesting that with a detained
11 population of 38,000 there are more than 1,400 individuals over the age of 50 in
12 ICE custody. With respect to the disability subclass, even if the Court were to only
13 count subclass members with Chronic Obstructive Pulmonary Disease, which
14 impacts an estimated 6.2% of the general population, those numbers alone suggest
15

16 ⁶ See also Disability Rights California, “There is No Safety Here: The Dangers for
17 People with Mental Illness and Other Disabilities in Immigration Detention at
18 GEO Group’s Adelanto ICE Processing Center,”
[https://www.disabilityrightsca.org/system/files/file-
19 attachments/DRC_REPORT_ADELANTO-IMMIG_DETENTION-
20 ACCESSIBLE.pdf](https://www.disabilityrightsca.org/system/files/file-attachments/DRC_REPORT_ADELANTO-IMMIG_DETENTION-ACCESSIBLE.pdf) (last visited 3/24/2020).

21 ⁷ See Seaborn Decl., Ex. F (U.S. Immigration and Customs Enforcement,
22 Detention Management – Detention Statistics,” “ICE Average Daily Population
23 (ADP) as of 03/14/2020,” <https://www.ice.gov/detention-management> (last visited
24 3/21/2020)).

25 ⁸ See Complaint, ¶¶ 21-96; (7 of the 13 currently detained individuals have Risk
26 Factors); Saenz Decl., ¶¶ 3, 15 (Brooklyn Defender Service represents at least 16
27 individuals with Risk Factors at four facilities in New York and New Jersey);
28 Zwick Decl., ¶ 16 (National Immigrant Justice Center is aware of at least one
individual with Risk Factors in Illinois); Rivera Decl., ¶¶ 12-13, 15, 17-18 (SIFI
aware of at least six individuals with Risk Factors at 4 facilities in Georgia and
Louisiana); Corchado Decl., ¶¶ 11, 12, 17-21 (Las Americas aware of at least 9
individuals with Risk Factors at 3 facilities in Louisiana and Texas). These alone
amount to 39 individuals. See also Conlin, ¶ 15 (Friends of Miami-Dade Detainees
is aware of “dozens” of individuals with Risk Factors at three Florida facilities).

⁹ See Seaborn Decl., Ex. F (U.S. Immigration and Customs Enforcement,
Detention Management – Detention Statistics,” “ICE Average Daily Population
(ADP) as of 03/14/2020,” <https://www.ice.gov/detention-management> (last visited
3/21/2020)).

1 more than 2,400 at-risk persons.

2 Further, in assessing numerosity or “impracticability,” the Court considers
3 factors other than just the number of individuals harmed or at risk. Factors such as
4 “the geographical diversity of class members, the ability of individual claimants to
5 institute separate suits, and whether injunctive or declaratory relief is sought,
6 should be considered in determining impracticability of joinder.” *Jordan v. County*
7 *of Los Angeles.*, 669 F.2d 1311, 1319 (9th Cir. 1982), *vacated on other grounds*,
8 459 U.S. 810 (1982) (citing 3B Moore’s Federal Practice ¶ 23.05(1) (2d ed. 1974)
9 and 1 H. Newberg, *Class Actions* § 1105 (1977)).

10 Joinder is particularly impractical here due the characteristics of the
11 population in ICE custody and the extraordinary current circumstances. The
12 members of the subclasses are, by definition, held in custody around the country
13 with limited access to information at the best of times, and are currently unable to
14 meet with anyone outside the facility except for attorneys in certain narrow
15 circumstances. *See, e.g.*, Declaration of Anne Rios, ¶¶ 10-12, 19-21; Conlin Decl.,
16 ¶¶ 4-5. Many putative subclass members are not currently represented. Previously,
17 the Ninth Circuit has found numerosity satisfied for a class of individuals in
18 immigrant detention based on “the severe practical concerns that would likely
19 attend [class members] were they forced to proceed alone.” *Rodriguez v. Hayes*,
20 591 F.3d 1105, 1123 (9th Cir. 2010).

21 2. The proposed subclass representatives present issues of fact and
22 law in common with the class.

23 To satisfy commonality under Federal Rule 23(a)(2), plaintiffs must present
24 a “common question of law or fact that can be litigated in one stroke.” *B.K. by next*
25 *friend Tinsley v. Snyder*, 922 F.3d 957, 969 (9th Cir. 2019) (quoting *Wal-Mart*
26 *Stores, Inc. v. Dukes*, 564 U.S. 338, 350 (2011)), *cert. denied sub nom. Faust v.*
27 *B.K. et al.*, No. 19-765 (S. Ct. March 23, 2020). “What matters to class
28 certification . . . is not the raising of common ‘questions’—even in droves—but

1 rather, the capacity of a class-wide proceeding to generate common answers apt to
2 drive the resolution of the litigation.” *Wal-Mart*, 564 U.S. at 350 (internal
3 quotations and citations omitted). For the purposes of commonality, “even a single
4 common question will do.” *Id.* at 359 (internal quotations and citations omitted).

5 In civil rights lawsuits challenging conditions of detention, commonality is
6 satisfied where the lawsuit challenges “systemic policies and practices that
7 allegedly expose inmates to a substantial risk of harm,” even where there are
8 “individual factual differences among class members.” *Parsons v. Ryan*, 754 F.3d
9 657, 681-682 (9th Cir. 2014) (collecting cases); *Hernandez v. Lynch*, Case No.
10 EDCV 16-00620-JGB (KKx), 2016 WL 7116611, at *17 (C.D. Cal. Nov. 10,
11 2016), *aff’d sub nom. Hernandez v. Sessions*, 872 F.3d 976 (9th Cir. 2017); *see*
12 *also Inland Empire-Immigrant Youth Collective*, 2018 WL 1061408, at *8. “The
13 existence of shared legal issues with divergent factual predicates is sufficient, as is
14 a common core of salient facts coupled with disparate legal remedies within the
15 class.” *Arroyo*, 2019 WL 2912848, at *9 (*quoting Staton v. Boeing Co.*, 327 F.3d
16 938, 953 (9th Cir. 2003)).

17 The Ninth Circuit’s *Parsons* decision provides a roadmap to assessing
18 commonality, particularly with respect to the High Risk Subclass in this case.
19 Crucially, one of the central legal claims at issue in *Parsons* was identical to one of
20 the claims of the High Risk Subclass here: That system-wide policies governing
21 (among other things) medical care “expose[d] [the class] to a substantial risk of
22 serious harm to which the defendants are deliberately indifferent.” *Parsons*, 754
23 F.3d at 662. The Ninth Circuit held that this satisfied the commonality
24 requirement:

25 What all members of the putative class and subclass have in common is their
26 alleged exposure, as a result of specified statewide . . . policies and practices
27 that govern the overall conditions of health care services and confinement, to
28 a substantial risk of serious future harm to which the defendants are
allegedly deliberately indifferent.

1
2 *Id.* at 678. The same is true of the members of the High Risk Subclass. *See*
3 *also Lyon v. U.S. Immigration & Customs Enf't*, 171 F. Supp. 3d 961, 983 n.16
4 (N.D. Cal. 2016) (“[I]f a prison hospital had a policy of not sterilizing its
5 equipment, resulting in significantly increased risk of infection or spread of a
6 disease (such as HIV), the fact that not every class member or even the named
7 plaintiff contracted the disease would not preclude an injunction.”)

8 Further, both subclasses are subject to ICE’s failure to take appropriate
9 preventative measures on a system-wide basis. Affidavits addressing ICE’s
10 planning and preventative measures at detention facilities across the country tell
11 the same alarming story. Detention centers by nature are a breeding ground for
12 spread of the disease. Franco-Paredes Decl. at 1, 7-8. And ICE has not taken
13 sufficient preventative measures to address the needs of persons at heightened risk
14 of illness and death if exposed to the virus. Declaration of Homer Venters, ¶¶ 14,
15 20-21. Thus, similar to the class members in *Lyon*, all people in detention who
16 have the identified Risk Factors (e.g. the members of subclass one) face potential
17 imminent harm due to this system-wide failure. Similarly, every person whose
18 disabilities make them vulnerable to severe illness or death if exposed to COVID-
19 19 face imminent risks—even if all of them do not end up contracting the disease.

20 Moreover, Plaintiffs and the proposed subclasses’ challenge to these failures
21 present common legal questions that can be addressed by common answers without
22 any inquiry into the individual circumstances of Plaintiffs or proposed subclass
23 members. Such common questions include, among others:

- 24 1. Whether Defendants’ policies in response to the COVID-19 pandemic
25 place members of the subclasses at a substantial risk of harm;
26 2. Whether Defendants have been deliberately indifferent to that risk;
27
28

- 1 3. Whether Defendants have abdicated their oversight obligations to
- 2 ensure adequate medical responses have been taken to address the risk
- 3 of harm to the subclass;
- 4 4. Whether Defendants' policies in response to the COVID-19 pandemic
- 5 subject subclass members to conditions at least as harsh as those to
- 6 which convicted prisoners are subjected, particularly in light of the
- 7 fact that several prison and jail facilities nationwide have released
- 8 non-violent offenders in light of the COVID-10 risk;¹⁰
- 9 5. Whether Defendants' policies in response to the COVID-19
- 10 demonstrate a failure to comply with their affirmative obligations
- 11 under Section 504 of the Rehabilitation Act to identify, track, and
- 12

13 ¹⁰ See, e.g. *US jails begin releasing prisoners to stem Covid-19 infections*, BBC
14 News (March 19, 2020), <https://www.bbc.com/news/world-us-canada-51947802>;
15 *Salvador Hernandez, Los Angeles Is Releasing Inmates Early And Arresting Fewer*
16 *People Over Fears Of The Coronavirus In Jails*, BuzzFeed News (March 16, 2020
17), [https://www.buzzfeednews.com/article/salvadorhernandez/los-angeles-](https://www.buzzfeednews.com/article/salvadorhernandez/los-angeles-coronavirus-inmates-early-release)
18 [coronavirus-inmates-early-release](https://www.buzzfeednews.com/article/salvadorhernandez/los-angeles-coronavirus-inmates-early-release); Julia Marsh et al., *NYC to release 40*
19 *coronavirus-prone inmates from Rikers as early as today*, New York Post (March
20 19, 2020), [https://nypost.com/2020/03/19/nyc-to-release-40-coronavirus-prone-](https://nypost.com/2020/03/19/nyc-to-release-40-coronavirus-prone-inmates-from-rikers-as-early-as-today/)
21 [inmates-from-rikers-as-early-as-today/](https://nypost.com/2020/03/19/nyc-to-release-40-coronavirus-prone-inmates-from-rikers-as-early-as-today/); Ryan Autullo, *Travis County judges*
22 *releasing inmates to limit coronavirus spread*, Statesman (March 16, 2020),
23 [https://www.statesman.com/news/20200316/travis-county-judges-releasing-](https://www.statesman.com/news/20200316/travis-county-judges-releasing-inmates-to-limit-coronavirus-spread?fbclid=IwAR3VKawwn3bwSLSO9jXBxXNRuaWd1DRLsCBFc-ZkPN1INWW8xnzLPvZYNO4)
24 [inmates-to-limit-coronavirus-](https://www.statesman.com/news/20200316/travis-county-judges-releasing-inmates-to-limit-coronavirus-spread?fbclid=IwAR3VKawwn3bwSLSO9jXBxXNRuaWd1DRLsCBFc-ZkPN1INWW8xnzLPvZYNO4)
25 [spread?fbclid=IwAR3VKawwn3bwSLSO9jXBxXNRuaWd1DRLsCBFc-](https://www.statesman.com/news/20200316/travis-county-judges-releasing-inmates-to-limit-coronavirus-spread?fbclid=IwAR3VKawwn3bwSLSO9jXBxXNRuaWd1DRLsCBFc-ZkPN1INWW8xnzLPvZYNO4)
26 [ZkPN1INWW8xnzLPvZYNO4](https://www.statesman.com/news/20200316/travis-county-judges-releasing-inmates-to-limit-coronavirus-spread?fbclid=IwAR3VKawwn3bwSLSO9jXBxXNRuaWd1DRLsCBFc-ZkPN1INWW8xnzLPvZYNO4); *San Diego DA & Sheriff to release inmates to*
27 *reduce vulnerable jail population*, CBS News 8 (March 21, 2020),
28 [https://www.cbs8.com/article/news/health/coronavirus/san-diego-da-sheriff-to-](https://www.cbs8.com/article/news/health/coronavirus/san-diego-da-sheriff-to-release-inmates-to-reduce-vulnerable-jail-population/509-75730ca5-445a-4811-9024-6aeb1d9c2777)
[release-inmates-to-reduce-vulnerable-jail-population/509-75730ca5-445a-4811-](https://www.cbs8.com/article/news/health/coronavirus/san-diego-da-sheriff-to-release-inmates-to-reduce-vulnerable-jail-population/509-75730ca5-445a-4811-9024-6aeb1d9c2777)
[9024-6aeb1d9c2777](https://www.cbs8.com/article/news/health/coronavirus/san-diego-da-sheriff-to-release-inmates-to-reduce-vulnerable-jail-population/509-75730ca5-445a-4811-9024-6aeb1d9c2777); Mike McGrath, *Letter to Montana Courts of Limited*
Jurisdiction Judges re COVID-19, The Supreme Court of Montana (March 20,
2020),
[https://courts.mt.gov/Portals/189/virus/Ltr%20to%20COLJ%20Judges%20re%20C](https://courts.mt.gov/Portals/189/virus/Ltr%20to%20COLJ%20Judges%20re%20COVID-19%20032020.pdf?ver=2020-03-20-115517-333)
[OVID-19%20032020.pdf?ver=2020-03-20-115517-333](https://courts.mt.gov/Portals/189/virus/Ltr%20to%20COLJ%20Judges%20re%20COVID-19%20032020.pdf?ver=2020-03-20-115517-333); Ryan Deto et al.,
Allegheny County Jail plans to release some medically vulnerable inmates, but
advocacy groups say it's not enough, Pittsburgh City Paper (March 19, 2020),
[https://www.pghcitypaper.com/pittsburgh/allegheny-county-jail-plans-to-release-](https://www.pghcitypaper.com/pittsburgh/allegheny-county-jail-plans-to-release-some-medically-vulnerable-inmates-but-advocacy-groups-say-its-not-enough/Content?oid=16978582)
[some-medically-vulnerable-inmates-but-advocacy-groups-say-its-not-](https://www.pghcitypaper.com/pittsburgh/allegheny-county-jail-plans-to-release-some-medically-vulnerable-inmates-but-advocacy-groups-say-its-not-enough/Content?oid=16978582)
[enough/Content?oid=16978582](https://www.pghcitypaper.com/pittsburgh/allegheny-county-jail-plans-to-release-some-medically-vulnerable-inmates-but-advocacy-groups-say-its-not-enough/Content?oid=16978582); *Cook County Jail Releases Detainees 'Highly*
Vulnerable' to Coronavirus, NBC Chicago (March 17, 2020),
[https://www.nbcchicago.com/news/local/cook-county-jail-releases-detainees-](https://www.nbcchicago.com/news/local/cook-county-jail-releases-detainees-highly-vulnerable-to-coronavirus/2238813/)
[highly-vulnerable-to-coronavirus/2238813/](https://www.nbcchicago.com/news/local/cook-county-jail-releases-detainees-highly-vulnerable-to-coronavirus/2238813/)

1 accommodate disability-related needs so that persons with disabilities
2 have meaningful access to the benefits of their programs and services;
3 and

4 6. Whether Defendants' failure to implement affirmative evaluation and
5 assessment tools to determine the most appropriate setting for persons
6 with disabilities at increased risk violates the integration mandate of
7 Section 504 of the Rehabilitation Act.

8 Any one of these common issues, standing alone, is enough to satisfy Rule
9 23(a)(2)'s permissive standard. *Abdullah v. U.S. Sec. Assocs.*, 731 F.3d 952, 957
10 (9th.Cir. 2013); *Perez-Olano v. Gonzalez*, 248 F.R.D. 248, 257 (C.D. Cal. 2008)
11 ("Courts have found that a single common issue of law or fact is sufficient")
12 (citation omitted); *see also Sweet v. Pfizer*, 232 F.R.D. 360, 367 (C.D. Cal. 2005)
13 ("there must only be one single issue common to the proposed class") (quotation
14 and citation omitted).

15 3. The proposed subclass representatives' claims are typical of
16 those of the subclass.

17 Rule 23(a)(3) requires that the putative class representatives' claims are
18 typical of those of the class. Fed. R. Civ. P. 23(a)(3). "The purpose of the
19 typicality requirement is to assure that the interest of the named representative
20 aligns with the interests of the class." *Hanon v. Dataproducts Corp.*, 976 F.2d
21 497, 508 (9th Cir. 1992). "Under the rule's permissive standards, representative
22 claims are 'typical' if they are reasonably coextensive with those of absent class
23 members; they need not be substantially identical." *Parsons*, 754 F.3d at 685
24 (internal citation omitted); *see also Arroyo*, 2019 WL 2912848, at *10 (same).

25 Here, the named Plaintiffs have the same claims and face the same harms as
26 members of the proposed subclasses. Named Plaintiffs, similar to members of
27 subclass one, all have Risk Factors that place them in danger of severe illness or
28 death if they are exposed to COVID-19. All challenge ICE's failure to take

adequate preventive measures—a failure that places them in substantial risk of serious harm and in conditions that are at least as harsh at those in prison and jail facilities, in violation of the 5th Amendment.

Named Plaintiffs also have the same claims and face the same harms as members of proposed subclass two (the disability subclass). All have disabilities that place them at substantial risk of they are exposed to COVID-19 and all challenge ICE’s failure to comply with its affirmative obligations to identify, track, and accommodate this category of disability-related needs and ICE’s failure to assess such persons for more appropriate placement options. Named Plaintiffs’ claims are therefore sufficiently coextensive with those of the subclasses to satisfy typicality. *See, e.g., Kuang v. United States Dep’t of Def.*, 340 F. Supp. 3d 873, 892 (N.D. Cal. 2018), *vacated and remanded on other grounds*, 778 Fed. App’x. 418 (9th Cir. 2019) (finding typicality requirement met when “named Plaintiffs and putative class members have all suffered, and continue to suffer, the same general injury”).

4. The proposed class representatives and class counsel can adequately represent the class.

Rule 23(a)(4) requires that “the representative parties will fairly and adequately protect the interests of the class.” *Hanlon v. Chrysler Corp.*, 150 F.3d 1011, 1020 (9th Cir. 1998), *overruled on other grounds by Wal-Mart*, 564 U.S. 338. “Resolution of two questions determines legal adequacy: (1) do the named plaintiffs and their counsel have any conflicts of interest with other class members, and (2) will the named plaintiffs and their counsel prosecute the action vigorously on behalf of the class?” *Hanlon*, 150 F.3d at 1020 (9th Cir. 1998). Adequate representation is usually presumed absent contrary evidence. *See* 1 Newberg on Class Actions § 3:72 (5th ed. 2019).

First, there is no conflict between the named Plaintiffs and the members of the subclasses. As described above, the named Plaintiffs and subclass members

1 have the same injury and seek the same relief. Further, the proposed class
2 representatives have already committed significant time and energy to prosecuting
3 this class action and have placed themselves at risk of potential retaliation through
4 their participation in this suit. Fraihat Decl., ¶¶ 12-14; Sudney Decl., ¶¶ 15-17;
5 Sanchez Martinez Decl., ¶¶ 21-23; Hernandez Decl. ¶¶ 9-10; Munoz Decl. ¶¶ 13-
6 14.

7 In addition, Plaintiffs' counsel meet Rule 23(g)'s requirements and should
8 therefore be appointed class counsel. Counsel have substantial experience
9 handling class actions and complex litigation, and they have done extensive work
10 investigating and prosecuting this action. Counsel are exceptionally well versed in
11 disability and constitutional law, and they have more than sufficient resources to
12 vigorously prosecute this case. See Declaration of Timothy P. Fox, ¶¶ 3-11;
13 Declaration of Stuart Seaborn, ¶¶ 3-14; Declaration of Bill Alderman, ¶¶ 1-6;
14 Declaration of Lisa Graybill, ¶¶ 3-8; Declaration of Mike Johnson, ¶¶ 2-6.

15 **B. The proposed subclasses are appropriate under Rule 23(b)(2).**

16 Certification under Rule 23(b)(2) is appropriate where, as here, defendants
17 "acted or refused to act on grounds that apply generally to the class" Fed. R.
18 Civ. P. 23(b)(2). A court may certify a Rule 23(b)(2) class where "a single
19 injunction or declaratory judgment would provide relief to each member of the
20 class." *Jennings v. Rodriguez*, 138 S. Ct. 830, 851-52 (2018) (internal citation and
21 quotation omitted). When conducting a Rule 23(b)(2) inquiry, courts do not
22 "examine the viability or bases of class members' claims for declaratory and
23 injunctive relief, but only to look at whether class members seek uniform relief
24 from a practice applicable to all of them." *Rodriguez v. Hayes*, 591 F.3d at 1125.

25 The claims raised and relief sought by Plaintiffs in this action are precisely
26 the sort that Rule 23(b)(2) was designed to facilitate: The "primary role of [the
27 rule] has always been the certification of civil rights class actions" *Parsons*,
28

1 754 F.3d at 686; *see also Amchem Prods., Inc. v. Windsor*, 521 U.S. 591, 614
2 (1997) (noting that “[c]ivil rights cases against parties charged with unlawful,
3 class-based discrimination are prime examples” of proper (b)(2) actions). In their
4 motion for preliminary injunction Plaintiffs seek a declaration of liability and that
5 the Court order ICE to implement *single, system-wide process* to:

6 (i) identify all people in ICE custody with one or more Risk Factors;¹¹

7 (ii) conduct a comprehensive, evidence-based assessment of medically
8 necessary precautions that should be implemented to ensure the health and
9 safety of such persons during the COVID-19 pandemic, including assurance
10 that all such persons have access to competent, sufficient, and appropriately
11 qualified staffing, medical care, screening, social distancing measures,
12 access to necessary medical equipment;

13 (iii) promptly (within 48 hours) effectuate the release of individuals with one
14 or more Risk Factors if medically necessary safeguards cannot be
15 immediately (within 24 hours) provided to ensure health and safety, and
16 absent an individualized finding of dangerousness to community;

17 (iv) modify its existing COVID-19 protocols to remediate all Protocol
18 Deficiencies;¹² and

19 (v) Plaintiffs also seek appointment of a Special Master to oversee this
20 process.

21
22 ¹¹ Risk Factors include: people who are over the age of 55; people who are
23 pregnant; and people who have one or more of the following underlying chronic
24 conditions: cardiovascular disease (congestive heart failure, history of myocardial
25 infarction, history of cardiac surgery); high blood pressure; chronic respiratory
26 disease (asthma, chronic obstructive pulmonary disease including chronic
27 bronchitis or emphysema, or other pulmonary diseases); diabetes; cancer; liver
28 disease; kidney disease; autoimmune diseases (psoriasis, rheumatoid arthritis,
systemic lupus erythematosus); severe psychiatric illness; history of
transplantation; or HIV/AIDS.

¹² The Protocol Deficiencies are set forth in paragraph 14 of the Declaration of
Homer Venters in Support of Motion for Preliminary Injunction and Class
Certification. Those deficiencies may change as the ICE Protocols are modified.

1 This system-wide, process-based relief is exactly the type of single
2 injunction that would benefit all members of the proposed subclasses—and falls
3 squarely within the purview of Rule 23(b)(2) as a result. *See Parsons*, 754 F.3d at
4 689 (finding declaratory and injunctive relief proper as to class where “every
5 [member] . . . is allegedly suffering the same (or at least a similar) injury and that
6 injury can be alleviated for every class member by uniform changes in . . . policy
7 and practice”).

8 **IV. CONCLUSION**

9 Plaintiffs respectfully request the Court to move quickly to provisionally
10 certify two subclasses of medically vulnerable detained people for purposes of
11 providing them with the preliminary relief necessary to prevent them suffering
12 catastrophic harm.

1 DATED: March 24, 2020

2
3 Respectfully Submitted,

4 /s/ Timothy P. Fox

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15 Attorneys for Plaintiffs (continued on next page)

16 **UNITED STATES DISTRICT COURT**
17 **CENTRAL DISTRICT OF CALIFORNIA**
18 **EASTERN DIVISION – RIVERSIDE**

19 FAOUR ABDALLAH FRAIHAT, *et al.*,
20 Plaintiffs,
21 v.
22 U.S. IMMIGRATION AND CUSTOMS
23 ENFORCEMENT, *et al.*,
24 Defendants.

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

**DECLARATION OF WILLIAM F.
ALDERMAN IN SUPPORT OF
PLAINTIFF'S EMERGENCY
MOTION FOR CLASS
CERTIFICATION**

DATE: March 24, 2020

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Attorneys for Plaintiffs (continued from previous page)

*Admitted Pro Hac Vice

**Pro Hac Vice Application Forthcoming

1 I, William F. Alderman, declare as follows:

2 1. I am Senior Counsel in the San Francisco office of Orrick, Herrington and
3 Sutcliffe LLP ("Orrick") and make this declaration in support of Orrick's application to be
4 named as co-counsel for the Plaintiff Class in the above action. I have personal knowledge of
5 the facts stated in this declaration, and I could and would testify competently to those facts if
6 called as a witness.

7 2. I received my undergraduate degree summa cum laude from Miami University in
8 Oxford, Ohio in 1967. I received a J.D. degree from Yale Law School in 1970. I then became
9 an associate at Orrick in 1970, became a partner at the firm in 1978, and became Senior Counsel
10 when I retired as a partner in 2018.

11 3. I am admitted to practice in California and before numerous federal courts,
12 including the United States Supreme Court; courts of appeals in the Second, Fifth, Seventh,
13 Eighth, Ninth, and Tenth Circuits; district courts in Wisconsin, Texas, Missouri, Colorado and
14 California; and the United States Tax Court. I have also been admitted to appear pro hac vice in
15 specific cases by numerous other district courts throughout the country.

16 4. My practice throughout my 50 years at Orrick has been focused on litigation and
17 dispute resolution. A substantial part of my work has been devoted to class action litigation
18 involving securities, ERISA and antitrust claims, some of which are referenced in my biography
19 on Orrick's website, a true and correct copy of which is attached as Exhibit A hereto. While my
20 class action experience on behalf of business clients has been primarily on the defense side, I
21 have also represented plaintiffs in numerous pro bono matters, including class actions.

22 5. My colleagues at Orrick also have extensive experience representing plaintiffs in
23 class actions. These include matters involving immigration issues, such as recent class actions in
24 this district (obtaining order from Judge Gee enforcing the Flores consent decree relating to the
25 confinement of children in immigration detention; currently on appeal); in the Northern District
26 of California (successful due process challenge to ICE's failure to provide detained immigrants
27 with telephone access to attorneys); and in the Ninth Circuit (amicus brief on behalf of American
28

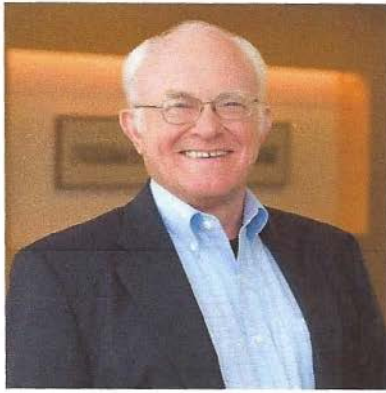
1 Medical Association to affirm injunction barring enforcement of presidential proclamation
2 suspending entry of immigrants who cannot prove adequate health care insurance). In addition,
3 the firm has regularly handled, and continues to handle, a substantial volume of matters on
4 behalf of individual detainees, asylum applicants and other immigrants.

5 6. I and Orrick are committed to vigorously representing the Plaintiff Class and
6 subclasses and to working collaboratively and efficiently with other class counsel. Orrick has no
7 conflicts of interest that would prevent us from providing zealous representation to the named
8 plaintiffs and the Plaintiff Class.

9 I declare under penalty of perjury that the foregoing is true and correct and that this
10 declaration was executed at Santa Cruz, California on March 23, 2020.

11 

12 _____
13 William F. Alderman
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William Alderman

Senior Counsel

San Francisco

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Practice Areas

- White Collar, Investigations, Securities Litigation & Compliance
- Complex Litigation & Dispute Resolution
- Trials

Education

- A.B., Miami University, 1967, summa cum laude
- J.D., Yale Law School, 1970

Bill Alderman, a Senior Counsel in the San Francisco office, concentrates his practice on business litigation and dispute resolution. He has broad experience in matters involving federal and state securities, corporate governance, technology, trade secrets, business torts and international disputes.

Bill is additionally recognized for the results he has obtained in insurance coverage, employee benefits, and federal and state antitrust disputes. He commits a substantial part of his time to pro bono representation and to representation of the firm.

Representing clients in class and derivative actions, Bill's approach is to minimize his clients' overall cost through careful strategic planning, dispositive motions and aggressive negotiation. Only three of the many securities class actions he has defended have resulted in any settlement payment by his client or its carrier. Of his nearly 100 motions to dismiss securities class, mass or derivative actions since 1996, more than 90 percent were granted in their entirety (most with prejudice), while others were granted in part or led to a successful motion for summary judgment.

Representative Engagements

The following are some of Bill's more notable securities class, derivative and individual actions.

- **Deckers Outdoor Corp. Securities Litigation.** (C.D. Cal., D. Del., Santa Barbara Superior, Cal. Ct. App. 2012-2014). Bill represented the company and its three top executives in defending two class actions and two derivative actions. All four actions were dismissed with prejudice on initial motions; on appeal in the derivative actions, dismissal was affirmed.
- **FHFA v. Novation Companies, Inc.** (N.Y. Supreme, 2012-19). Bill represented an RMBS sponsor in the defense of an action by the trustee on behalf of FHFA seeking repurchase of loans in the trust; action settled.

- **Woori Bank v. RBS Securities** (S.D.N.Y. 2012). Bill represented a CDO issuer in defense of an action by an institutional buyer; obtained dismissal with prejudice.
- **National Credit Union Administration Board v. RBS Securities, Inc. et al.** (D. Kan., 10th Cir., U.S. Supreme Court 2011-present). Bill represents an MBS issuer in an action by the liquidation agent for a failed credit union/buyer.
- **Cambridge Place Inv. Mgmt., Inc. v. Morgan Stanley, et al.** (D. Mass, MA state court 2010-12). Bill represented a sponsor of MBS offerings in two actions brought by an MBS investor; obtained dismissal on initial motion.
- **In re 2007 NovaStar Financial, Inc. Sec. Litig.** (W.D. Mo. 2007-08; 8th Cir. 2009). Bill represented the company and three officers in defense of class actions alleging accounting errors in connection with subprime lending. Obtained dismissal with prejudice on initial motion; dismissal affirmed on appeal; related derivative actions settled without cost to client.
- **New Jersey Carpenters Health Fund v. NovaStar Mortgage, Inc., et al.** (S.D.N.Y., 2d Cir. 2009-present). Bill represents a subprime mortgage lender and four of its officers in defense of a class action brought by buyers of interests in securitized mortgage pools against the lender, bond underwriters, and rating agencies. Obtained dismissal with leave to amend on initial motion and subsequent dismissal with prejudice; dismissal reversed on appeal. Settlement currently on appeal.
- **In re McKesson HBOC Securities Litigation; U.S. v. Hawkins; SEC v. Hawkins** (N.D. Cal., S.F. Superior 1999-2005). Bill represented the former CFO in defense of multiple civil, criminal and regulatory actions arising out of a US\$9 billion one-day loss of market capitalization following restatement of earnings of an acquired company. He obtained an acquittal following a criminal trial, voluntary dismissal of an SEC action, and dismissal of various state and federal claims, with prejudice. Additional actions were settled without cost to client.
- **In re Hewlett-Packard Company Consolidated Derivative Litigation** (Santa Clara Superior 2006-08). Bill represented the former general counsel in defense of derivative litigation relating to use of alleged pretexting to obtain confidential telephone records; settled without cost to client.
- **In re: Gap Inc. Derivative Litigation** (San Francisco Superior 2006-07). Bill represented 34 present and former officers and directors in obtaining voluntary dismissal of derivative actions alleging stock option backdating.
- **Gillam v. PG&E Corp.** (N.D. Cal., 9th Cir. 2001-03). Bill represented the parent of a major utility and its principal officers in obtaining dismissal, with prejudice, of a class action claiming multibillion-dollar overstatements of revenues and earnings in connection with California energy crisis. Dismissal of the case was affirmed on appeal.
- **In re NovaStar Financial Sec. Litig.** (W.D. Mo., Missouri and Maryland State Courts 2004-08). Bill represented the company and various officers and directors in the defense of class and derivative actions brought by open market purchasers. All matters settled without cost to clients.
- **In re Levi Strauss Sec. Litig.** (N.D. Cal. 2004-08). Bill represented the CEO, CFO and controller in defense of a class

action on behalf of purchasers of more than US\$1 billion in corporate bonds; case settled without cost to clients.

- **Landau v. Bechtle** (S.F. Superior 2004-2006). Bill represented the directors of Charles Schwab Corporation in obtaining the voluntary dismissal of derivative actions relating to alleged market timing and late trading in mutual funds managed by a company subsidiary.
- **In re Callidus Software Sec. Litig.** (N.D. Cal. 2004-2006). Bill represented the company, officers and directors in obtaining dismissal of class action alleging misleading projections.
- **Operating Engineers v. IMPAC Medical Systems** (N.D. Cal. 2004-05). Bill represented the company and principal officers in obtaining voluntary dismissal of class action.
- **Khader v. Affymetrix Corp.** (N.D. Cal. 2003-04). Bill represented issuer, directors and officers in obtaining dismissal of class action claiming misleading projections.
- **In re Onyx Software Corp. Securities Litigation.** (W.D. Wash. 2001-03). Bill represented the company, directors and officers in the defense of class and derivative actions claiming improper revenue recognition in connection with restatement. Obtained dismissal of 10b-5 claim balance settled without payment by clients.
- **In re Metricom Sec. Litig.** (N.D. Cal., 9th Cir. 2001-2006). Bill represented underwriters in obtaining dismissal, with prejudice, of class and individual actions for IPO and open-market purchasers; dismissal affirmed on appeal.
- **In re Clarent Corp. Sec. Litig.; Ahlstrom v. Clarent** (N.D. Cal., D. Minn. 2002-05). Bill represented former CFO in defense of class and mass actions claiming improper revenue recognition in connection with restated financial statements. Obtained dismissal of 10b-5 claim; balance settled without payment by client.
- **Herman v. Salomon Smith Barney** (S.D. Cal. 2002-03). Bill represented broker-dealer in obtaining dismissal, with prejudice, of a class action challenging alleged practices in sale of municipal bonds.
- **Olson v. Salomon Smith Barney** (N.D. Cal. 2002). Bill obtained voluntary dismissal of class action challenging alleged practices in sale of municipal bonds.
- **Behrens v. Cygnus Inc.** (N.D. Cal. 2002). Bill obtained voluntary dismissal on behalf of company, officers, and directors of class action claiming non-disclosure of material information.
- **Autodesk Securities Litigation** (N.D. Cal. 2000). Bill represented the underwriter/analyst in obtaining dismissal of a class action involving open market trading.
- **Lippitt v. Raymond James Financial** (S.F. Superior, N.D. Cal., 9th Cir. 2001-04). Bill represented broker-dealer in class action claiming that marketing of callable CDs is an unfair business practice. Following the denial of a motion to remand, Bill obtained voluntary dismissal. The case settled after prior denial of remand was reversed on appeal.
- **FPA Securities Litigation** (S.D. Cal., 9th Cir. 1999-2005). In *Madden v. Deloitte & Touche* and *Amin v. S.G. Cowen*, Bill represented the financial advisor in obtaining a dismissal, with prejudice, of mass actions arising out of acquisition of managed

care medical corporations. Dismissal of the case was affirmed on appeal.

- ***Bergen Capital Trust I Securities Litigation*** (C.D. Cal. 1999-2002). Bill represented the managing underwriters in defense of a class action involving a \$300 million debt offering and open market trading, which was settled without payment by clients.
- ***Myers v. Merrill Lynch*** (N.D. Cal., 9th Cir. 1998-2001). Bill represented the investment banking firm in defense of class action claiming that "penalty bids" imposed by underwriters to discourage flipping by IPO purchasers violate California unfair competition law and other laws. He obtained dismissal, with prejudice, on his initial motion which was affirmed on appeal.
- ***In re Fritz Companies Securities Litigation*** (N.D. Cal., 9th Cir., S.F. Superior, California Court of Appeal and Supreme Court 1996-2003). Bill represented the company and its directors in defense of class actions involving open market trading. Federal and state actions were dismissed with prejudice on initial motion. He also obtained a judgment from the California Supreme Court reinstating the dismissal of another state case on behalf of holders.
- ***In re Triteal Corp. Securities Litigation*** (S.D. Cal. 1997-99). Bill represented the lead underwriters in the defense of class actions involving secondary offering and open market trading. The case settled without payment by clients.
- ***Chan v. Orthologic Corp.*** (D. Ariz. 1997-98). Bill represented the lead underwriters in defense of a class action involving open market trading and obtained dismissal with prejudice on the initial motion.
- ***Steckman v. Hart Brewing***, 143 F.3d 1293 (S.D. Cal., 9th Cir., San Diego Superior 1996-98). Bill represented the lead underwriters in defense of a class action arising out of a US\$50 million IPO and open market trading. He obtained dismissal, with prejudice, of the federal action on the initial motion and voluntary dismissal of state court actions. The dismissal was affirmed on appeal.
- ***In re KENETECH Securities Litigation*** (N.D. Cal. 1995-99). Bill represented lead underwriters in defense of class actions arising out of a US\$100 million IPO of common stock, US\$100 million offering of preferred depositary shares and open market trading. He obtained dismissal of Section 11 claims by open market purchasers and summary judgment on remaining claims.
- ***In re Software Toolworks, Inc. Securities Litigation***, 50 F.3d 615 (9th Cir. 1994), cert. denied, 516 U.S. 907 (1995). Bill represented the Securities Industry Association as amicus curiae in support of the affirmance of summary judgment for underwriters on due diligence defense.
- ***In re Worlds of Wonder Securities Litigation***, 814 F. Supp. 850 (N.D. Cal. 1993), aff'd in part, rev'd in part, 35 F.2d 1407 (9th Cir. 1994), cert. denied, 516 U.S. 868 (1995). Bill represented the lead underwriters in defense of class actions alleging federal securities claims and common law claims arising out of a US\$120 million IPO. He represented the sole underwriter in defense of a similar class action arising out of an US\$80 million public offering of convertible debentures. In both

cases, he defended against open market trading claims. Summary judgment for the underwriters was affirmed on appeal.

The following cases illustrate some of Bill's other areas of expertise in securities matters.

- **Unfair Competition Litigation.** Bill has won more than 20 recent class and private attorney general actions under Section 17200 of the California Business & Professions Code on behalf of such clients as Citigroup, Salomon Smith Barney, Morgan Stanley and Verizon.
- **Private Finance Litigation.** In *Z Auction v. Salomon Smith Barney* (Los Angeles County Superior Court 1999-2001), Bill represented the investment banker in defense of a US\$1 billion claim for damages arising out of a private financing engagement and obtained dismissal of entire case with prejudice on demurrer.
- **Merger and Acquisition Litigation.** In *Medtronic v. Dieck* (Arbitration 1998-99), Bill represented 10 former shareholders of an acquired company in defending a demand by the acquirer for rescission of US\$72 million merger. He obtained summary judgment and an award of attorney's fees from an arbitration panel.
- **Customer Litigation.** In *Estate of Joslyn v. Estate of Cash* (NASD arbitration 1999 - 2001). Bill represented a broker-dealer in defense and favorable settlement of a claim that the customer suffered US\$16 million in damages from unsuitable investments.
- **Fiduciary Litigation.** In *Rutledge v. Smith Barney* (D. Haw. 1998-99), Bill represented the financial advisor in obtaining a dismissal with prejudice of ERISA and common law claims based on services to union trust funds.
- **Intra-company Disputes.** Bill has represented numerous companies and/or shareholders in resolving disputes between majority and minority shareholders.
- **Partnership Disputes.** Bill has represented numerous partnerships and their constituencies in disputes over partnership or general partner action.
- **Tender Offer Litigation.** Bill has represented both offerors and offerees in federal and state litigation relating to corporate or partnership tender offers.
- **Regulatory Investigations.** Bill has represented clients in numerous public and non-public investigations and informal inquiries by the SEC, NASD, NYSE, AMEX, PCX and FINRA: In 2004 and 2005, he represented clients in producing documents and/or testimony to the SEC in nine separate matters, without any having resulted in enforcement action.
- **Advisory Litigation.** In *Nicolino v. Automated Security (Holdings) plc* (Contra Costa Superior Court; Court of Appeal 1997-98), Bill represented the financial advisor in obtaining the dismissal of a claim for alleged breach of acquisition agreement. Dismissal of the case was affirmed on appeal.
- **Internal Investigations.** Bill has conducted internal investigations and represented special committees or audit committees for clients such as Salomon Smith Barney, Gap Inc.,

Restoration Hardware, Walt Disney Co., Onyx Software, Calypte Biomedical, Harper Group and Wells Fargo Bank.

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16 **UNITED STATES DISTRICT COURT**
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19 FAOUR ABDALLAH FRAIHAT, *et al.*,
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ENFORCEMENT, *et al.*,

23 Defendants.

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

DECLARATION OF MICHAEL W.
JOHNSON IN SUPPORT OF PLAINTIFF'S
EMERGENCY MOTION FOR CLASS
CERTIFICATION

Date: March 24, 2020

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 **Pro Hac Vice Application Forthcoming

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DECLARATION OF MICHAEL W. JOHNSON

I, Michael W. Johnson, declare as follows:

1. I am a partner in the New York office of Willkie Farr & Gallagher LLP (“Willkie”) and make this declaration in support of Willkie’s application to be named as co-counsel for the Plaintiff Class in the above action. This declaration is based upon my personal knowledge and is true to the best of my knowledge and belief.

2. I received my undergraduate degree from Rensselaer Polytechnic Institute in 1998 and graduated from the University of Notre Dame Law School in 2001.

3. I am admitted to practice law in the state of New York, the United States District Court for the Southern District of New York, and the United States Court of Appeals for the Federal Circuit. I have also been admitted to appear *pro hac vice* in specific cases by numerous other district courts throughout the country.

4. My principle area of practice focuses on complex civil litigation with an emphasis on intellectual property litigation and a particular focus on patent litigation in the pharmaceutical and biotechnology industries. I have nearly twenty years of experience working on complex legal and scientific issues in some of the most significant pharmaceutical patent litigations. Additionally, I have considerable experience working with some of the leading scientific and medical experts in most of these litigations.

5. My colleagues at Willkie also have extensive experience representing plaintiffs in class actions. These include (i) *Ciaramella et al v. Zucker*, No. 1:18-cv-06945 (S.D.N.Y. 2018), a class action on behalf of a class of thousands of Medicaid-eligible individuals whose expenses associated with certain medically necessary dental care are not reimbursable by New York’s Medicaid program; (ii) *Diamond v. New York City Housing*, No. 153312/2018 (N.Y. Sup. Ct.), a class action on behalf of a putative class of current and former residents of public

1 housing developments operated by the New York City Housing Authority ("NYCHA")
2 challenging NYCHA's failure to supply adequate heat and hot water to residents during the
3 Winter of 2017-2018; and (iii) *Alcantara v. Annucci*, No. 2534/2016 (N.Y. Sup. Ct.), a class
4 action against New York City and New York State challenging the interpretation of a state law
5 setting forth where sex offenders can live after being released from prison. In addition, the
6 firm has regularly handled, and continues to handle, a substantial volume of immigration
7 matters.
8

9 6. Willkie is a multinational law firm. Our litigators have experience in various
10 types of litigation, including complex class actions. Willkie and I are committed to vigorously
11 representing the Plaintiff Class and subclasses and to working collaboratively and efficiently
12 with other class counsel. Willkie has no conflicts of interest that would prevent us from
13 providing zealous representation to the named plaintiffs and the Plaintiff Class.
14

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

17 Executed on March 23, 2020.

18
19 By:


Michael W. Johnson

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23 ENFORCEMENT, *et al.*,
24 Defendants.

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

**Declaration of Stuart Seaborn in
Support of Plaintiffs' Motion for
Class Certification and Emergency
Motion for Preliminary Injunction**

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GALLAGHER LLP
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SOUTHERN POVERTY LAW
CENTER
106 East College Avenue
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Maria del Pilar Gonzalez Morales
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pgonzalez@creeclaw.org
CIVIL RIGHTS EDUCATION
AND ENFORCEMENT CENTER
1825 N. Vermont Avenue, #27916
Los Angeles, CA 90027
Tel: (805) 813-8896
Fax: (303) 872-9072

26 Attorneys for Plaintiffs (continued from previous page)

27 *Admitted Pro Hac Vice

28 **Pro Hac Vice Application Forthcoming

1 I, Stuart Seaborn, declare as follows:

2 1. I am an attorney duly licensed to practice law in the State of
3 California and am counsel of record for Plaintiffs in the above-captioned case.
4 This declaration is based upon my personal knowledge. If called to testify, I could
5 testify competently to the facts described in this declaration.

6 2. I submit this declaration in support of Plaintiffs' Motion for Class
7 Certification.

8 **PROPOSED CLASS COUNSEL'S QUALIFICATIONS**

9 3. I am a Managing Director of Litigation at Disability Rights Advocates
10 ("DRA"), proposed class counsel in this case. I oversee DRA's litigation team on
11 this matter.

12 4. DRA is a 501(c)(3) non-profit public interest organization exclusively
13 dedicated to advancing the civil rights of people with disabilities. DRA engages in
14 class action and impact litigation on behalf of clients who face discrimination or
15 other violations of civil rights or federal statutory protections. DRA is generally
16 acknowledged to be one of the leading public interest disability rights legal
17 organizations in the country. Attorneys in the firm regularly lecture to local, state,
18 and national legal and professional organizations on the law applicable to persons
19 with disabilities.

20 5. DRA has served as lead counsel in dozens of civil rights class actions
21 across the Country and has specialized expertise in class actions involving the
22 Americans with Disabilities Act, the Rehabilitation Act and state disability rights
23 laws.

24 6. I have specialized in the use of litigation to advance the public interest
25 for the past twenty years and, over the last sixteen years, I have focused almost
26 exclusively on cases impacting the rights of persons with disabilities. I have also
27 taught courses on disability law and litigation at UC Davis King Hall School of
28

1 Law and am currently an adjunct professor at UC Hastings School of Law in San
2 Francisco, where I teach disability rights law.

3 7. I have served as lead counsel on variety of disability-rights class
4 actions and other systemic litigation on behalf of persons with disabilities.
5 Representative cases where I have served as class counsel or lead counsel include
6 the following:

7 a) *Ochoa v. City of Long Beach*, (Case No. 2-14-CV-04307-DSF-FFM), class-
8 action litigation challenging the failure of the City of Long Beach to
9 improve the accessibility of its sidewalks, crosswalks, curb ramps and other
10 pedestrian routes for persons with mobility disabilities. The case resulted in
11 a settlement agreement that will provide approximately \$200 million in
12 accessibility improvements to the City's pedestrian routes as well as policy
13 changes to ensure that the City complies with its new construction and
14 maintenance obligations regarding the accessibility of its sidewalks and
15 other pedestrian routes for the next thirty years.

16 b) *United Spinal Ass'n v. Bd. of Elections of the City of New York*, 882 F. Supp.
17 2d 615 (S.D.N.Y. 2012), *aff'd sub nom. Disabled in Action v. Bd. of*
18 *Elections of the City of New York*, 752 F.3d 189 (2d Cir. 2014), a city-wide
19 challenge to the inaccessibility of polling sites for persons with mobility and
20 vision disabilities. The case resulted in the first decision by a circuit court to
21 hold that the Americans with Disabilities Act ("ADA") requires public
22 entities to affirmatively provide the same private and independent voting
23 experience to disabled voters that they provide to the general population of
24 non-disabled voters.

25 c) *Lighthouse for the Blind and Visually Impaired v. Redbox Automated Retail,*
26 *LLC* (Case No. 4:12-cv-00195 PJH), a statewide class-action on behalf of
27 blind Californians resulting in a settlement agreement requiring accessibility
28

1 improvements to all of the roughly 4000 Redbox video-rental kiosks in
2 California.

3 d) *California Council of the Blind v. County of Alameda*, (985 F. Supp. 2d
4 1229), County-wide litigation challenging Alameda County's failure to
5 provide functioning accessible voting machines to blind voters on election
6 day; the case resulted in the first district court decision to find that the
7 Americans with Disabilities Act requires a secret ballot for blind voters
8 where provided to sighted voters.

9 e) *Gray v. Golden Gate National Recreation Area* (Case Nos. 3:14-cv-00511
10 EDL and 3:08-cv-00722 EDL), class action resulting in a comprehensive
11 settlement agreement and access improvements to one of the Nation's
12 largest national parks.

13 f) *Phillips et al. v City of New York et al.*, 1:11-cv-06685 (KPF)(S.D.N.Y.),
14 litigation challenging the New York City Police Department's blanket ban
15 on the use of hearing aids by uniformed police officers. The case resulted in
16 a settlement agreement requiring the NYPD to review its hearing aid policy
17 for incumbent officers and consider evaluating officers using hearing aids on
18 a case-by-case basis.

19 g) *Legal Services for Prisoners with Children et al. v. Gregory Ahern et al.*,
20 (Case No. RG1265266; Alameda County Superior Court), systemic
21 litigation challenging the inaccessibility of the services, programs and
22 facilities at the third largest jail in California. The litigation resulted in a
23 settlement agreement that included system-wide architectural improvements
24 and updated disability identification, tracking and accommodations policies.

25 h) *Mental Health & Wellness Coalition et al. v Stanford University*, Case No.
26 5:18-cv-02895-NC (N.D. Cal), a challenge to leave of absence and
27 reasonable accommodation policies at Stanford University on behalf of
28

1 students with mental health disabilities. The case resulted in a settlement
2 agreement requiring significant changes to Stanford's leave of absence
3 policies and practices, all of which will help ensure that students
4 experiencing mental health crises have access to appropriate
5 accommodations and services and are not unnecessarily excluded from
6 campus and housing.

7 i) *Napper v. Cnty. of Sacramento*, No. 2:10-cv-0119 JAM-EFM (E.D. Cal), a
8 class action challenging county-wide cuts to outpatient mental health
9 services. The case resulted in a consent decree maintaining funding for
10 outpatient services throughout Sacramento County.

11 8. Prior to joining DRA, I had a solo civil rights practice, and worked as
12 a litigator at Disability Rights California. I started my career as a trial attorney at
13 the San Francisco Regional Office of the Antitrust Division of the U.S. Department
14 of Justice, after earning my J.D. from the UCLA School of Law in 1998 and my
15 B.A. from the University of California, Berkeley in 1995. A true and correct copy
16 of my resume is attached as **Exhibit A**.

17 9. Also working on this case for DRA are managing attorney Christina
18 Brandt-Young, staff attorney Melissa Riess and Justice Catalyst Fellow Rosa Lee
19 Bichell.

20 10. Ms. Brandt-Young joined DRA in 2015 and became a managing
21 attorney in 2019. She specializes in cases involving elections and health care, and
22 works with legal services and shelter providers serving victims of domestic
23 violence with disabilities. Prior to her work with DRA, Ms. Brandt-Young was a
24 senior staff attorney at Legal Momentum evaluating and litigating sex, race, and
25 disability discrimination in class and impact employment and education cases. She
26 also formerly was a staff attorney with the New York Legal Assistance Group
27 where she represented domestic violence victims, and was a member of an
28

1 appointed counsel panel for child abuse, neglect, custody, and family offense cases
2 on review from Family Court to the New York Appellate Division. She obtained
3 her BM and MM from Northwestern University, a Master of Arts in Musicology
4 from University of North Carolina at Chapel Hill, and her JD cum laude from the
5 University of Michigan Law School. Following law school, Ms. Brandt-Young
6 clerked for the Honorable Walter Carpeneti of the Supreme Court of the State of
7 Alaska. Attached as **Exhibit B** is a true and correct copy of Ms. Brandt-Young's
8 resume.

9 11. Ms. Riess joined DRA in 2017 and has worked on class action cases
10 challenging discrimination against people with disabilities in the transportation and
11 education sectors. Before joining DRA, she represented plaintiffs in class action
12 and complex litigation involving consumer fraud and financial products. Ms. Riess
13 received an LLM in International Human Rights Law from the University of
14 London (SOAS), a JD from Hastings College of Law, and an AB in Political
15 Science from Brown University. Attached as **Exhibit C** is a true and correct copy
16 of Ms. Riess's resume.

17 12. Ms. Bichell joined DRA in 2019 as a Justice Catalyst Fellow. Ms.
18 Bichell received her J.D. from Harvard Law School in 2019 and her B.S. magna
19 cum laude from the Georgetown University School of Foreign Service in 2015.
20 During law school, she represented people seeking asylum and other forms of
21 immigration relief as a legal intern at both the New York Legal Assistance
22 Program and the Legal Aid Society of New York, as well as in the Harvard
23 Immigration and Refugee Clinic. She also created an independent clinical
24 placement at the Disability Law Center in Boston, where she researched and
25 monitored the undue isolation of adults with intellectual and/or developmental
26 disabilities in day programs. Ms. Bichell was also involved in research and
27 advocacy projects in the Harvard Project on Disability, the Harvard Immigration
28

1 Project, the Tenant Advocacy Project, and the Health Law and Policy Clinic.

2 Attached as **Exhibit D** is a true and correct copy of Ms. Bichell's resume.

3 13. DRA is committed to litigating this case vigorously on behalf of the
4 Plaintiff class. DRA has the resources required to litigate this matter in a cost-
5 effective, efficient and thorough manner.

6 14. To my knowledge, DRA has no conflicts of interest that would
7 prevent the firm from providing zealous representation of the named plaintiffs and
8 the class.

9 **EXHIBITS IN SUPPORT OF CLASS CERTIFICATION**

10 15. Attached as **Exhibit E** is a true and correct copy of a letter from Dr.
11 Scott Allen and Dr. Josiah Rich to Congressman Bennie Thompson et al. (Mar. 19,
12 2020), [https://assets.documentcloud.org/documents/6816336/032020-Letter-From-](https://assets.documentcloud.org/documents/6816336/032020-Letter-From-Drs-Allen-Rich-to-Congress-Re.pdf)
13 [Drs-Allen-Rich-to-Congress-Re.pdf](https://assets.documentcloud.org/documents/6816336/032020-Letter-From-Drs-Allen-Rich-to-Congress-Re.pdf) (last visited 3/24/2020).

14 16. Attached as **Exhibit F** is a true and correct copy of information
15 available at U.S. Immigration and Customs Enforcement, Detention Management –
16 Detention Statistics,” “ICE Average Daily Population (ADP) as of 03/14/2020,”
17 <https://www.ice.gov/detention-management> (last visited 3/24/2020).

18 17. Attached as **Exhibit G** is a true and correct copy of an Order filed by
19 the Ninth Circuit Court of Appeals in *Xochihua-Jaimes v. William P. Barr*, Case
20 No. 18-71460 (9th Cir. March 23, 2020).

21 18. Attached as **Exhibit H** is a true and correct copy of ICE's "Guidance
22 on COVID-19," <https://www.ice.gov/covid19> (Last visited 3/23/2020).

23 19. Attached as **Exhibit I** is a true and correct copy of ICE Health Service
24 Corps, "Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)," dated
25 March 6, 2020.

26 20. Attached as **Exhibit J** is a true and correct copy of "Open Letter to
27 ICE from Medical Professionals Regarding COVID-19," <https://nylpi.org/wp->
28

1 [content/uploads/2020/03/FINAL-LETTER-Open-Letter-to-ICE-From-Medical-](content/uploads/2020/03/FINAL-LETTER-Open-Letter-to-ICE-From-Medical-Professionals-Regarding-COVID-19.pdf)
2 [Professionals-Regarding-COVID-19.pdf](content/uploads/2020/03/FINAL-LETTER-Open-Letter-to-ICE-From-Medical-Professionals-Regarding-COVID-19.pdf) (last visited 3/24/2020).

3
4 I declare under penalty of perjury that the foregoing is true and correct.

5 Executed on March 24, 2020 in Alameda, California.

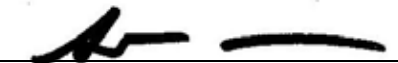
6
7 
8 Stuart Seaborn

EXHIBIT A

Stuart Seaborn

2001 Center Street, 4th Floor, Berkeley, CA 94704, sseaborn@dralegal.org (510) 665-8644

EMPLOYMENT EXPERIENCE

Disability Rights Advocates, September 2011—July 2016 and April 2018—present

Managing Director, Litigation. Served as lead counsel on systemic disability rights cases of national significance, including multiple cases resulting in published opinions at the district court and appellate levels; conducted successful oral arguments in the Second Circuit Court of Appeals, district courts throughout California and in the Southern District of New York; negotiated multiple class-action settlements on behalf of persons with disabilities and community-based disability rights organizations; supervised and mentored junior attorneys.

Disability Rights California, March 2002—January 2006, February 2007—September 2011, and August 2017—March 2018

Litigation Counsel. Managed disability-rights litigation in state and federal courts, focused on Americans with Disabilities Act and Fair Housing Act cases; supervised team of attorneys, advocates and support staff; drafted and presented position statements at the state and county level on policies and regulations affecting the rights of persons with disabilities.

Seaborn Legal, Alameda, CA July 2016—September 2016

Attorney; Principal in a solo and contract-based civil rights litigation practice; conducted systemic and individual litigation on behalf of persons with disabilities in the areas of access to education, discrimination at places of public accommodations and access to public entities' programs and services.

U.S. Dept. of Health & Human Services, Office for Civil Rights, January 2006—March 2007

Equal Opportunity Specialist. Managed large case-load of health-care privacy and civil rights investigations; analyzed health care providers' policies and procedures for compliance with federal regulations; drafted formal letters of findings; staffed Spanish-language civil rights telephone information line; volunteered as a co-mediator in the EEOC's mediation program.

Holguin & Garfield, APLC, March 2002—November 2002

Associate Attorney. Represented union members and labor organizations in state court actions and National Labor Relations Board proceedings; drafted hearing briefs; conducted oral argument and depositions.

U.S. Department of Justice, Antitrust Division, October 1998—November 2001

Honors Program Trial Attorney. Engaged in all aspects of pre-trial litigation related to price-fixing, bid-rigging, and merger investigations; conducted plea negotiations; drafted pre-trial motions, plea agreements, and indictments; represented the Department at plea and sentencing hearings.

EDUCATION

UCLA School of Law, JD 1998

Moot Court Honors Program: Best Brief Award Fall 1996; state team brief writer

Central American Resource Center Asylum Project: Volunteer

First AME Church Legal Clinic: Volunteer; service award winner

University of California, Berkeley, BA 1995

UC Berkeley Honor Students Society

REPRESENTATIVE CASES

Disabled in Action v. Board of Elections, 752 F.3d 189 (2d Cir. 2014); 882 F.Supp. 2d. 615 (SDNY 2012). Systemic litigation challenging the City of New York's failure to provide accessible poll sites to voters with disabilities on election day. Prevailed at district court level and on appeal, resulting in the first opinion by a circuit court to hold that the Americans with Disabilities Act requires public entities to provide the same private and independent vote to persons with disabilities that they provide to the general population of registered voters.

California Council of the Blind v. County of Alameda, 985 F.Supp. 2d 1229 (ND Cal. 2013); Systemic litigation challenging Alameda County's failure to provide functioning accessible voting machines to blind voters on election day. Case resulted in the first district court opinion to find that the Americans with Disabilities Act requires counties to provide blind voters with a secret ballot where they provide a secret ballot to sighted voters.

Legal Services for Prisoners with Children et al. v. Gregory Ahern et al., (Case No. RG1265266; Alameda County Superior Court). A case challenging the inaccessibility of the services, programs and facilities at the third largest jail in California. The litigation resulted in a settlement agreement that included system-wide architectural improvements and updated disability identification, tracking and accommodations policies.

Phillips et al. v. City of New York et al., (Case No. 11-CV-6685 (KPF)). A case challenging the New York City Police Department's blanket ban on the use of hearing aids by uniformed police officers. The case resulted in a settlement agreement that included a reevaluation of the NYPD's hearing aid policy including consideration of a case-by-case evaluation of officers who use hearing aids. (*See* Dkt. No. 162).

Ochoa v. City of Long Beach, (Case No. 2-14-CV-04307-DSF-FFM). Class-action litigation challenging the failure of the City of Long Beach to improve the accessibility of its sidewalks, crosswalks, curb ramps and other pedestrian routes for persons with mobility disabilities. The case resulted in a class action settlement agreement that will provide approximately \$200 million in accessibility improvements to the City's pedestrian routes as well as policy changes to ensure that the City complies with its new construction and maintenance obligations regarding the accessibility of its sidewalks and other pedestrian routes for the next thirty years.

Lighthouse for the Blind and Visually Impaired v. Redbox Automated Retail, LLC, (Case No. 4:12-cv-00195 PJH). Statewide class action on behalf of blind Californians resulting in settlement agreement requiring accessibility improvements to all of the roughly 4000 Redbox video-rental kiosks in California.

Gray v. Golden Gate National Recreation Area, (Case Nos. 3:14-cv-00511 EDL and 3:08-cv-00722 EDL). Class action resulting in first park-wide settlement to improve the accessibility of a national park system for persons with mobility and vision impairments.

Napper v. County of Sacramento, (Case No. 2:10-cv-0119 JAM-EFB); Class action resulting in preliminary injunction to prevent County-wide cuts to outpatient mental health services that would have put persons with mental illness at risk of being institutionalized due to a lack of community-based services.

Greater Napa Fair Housing v. Harvest Redwood Retirement, (Case No. C-07-3652 PJH), Fair Housing litigation resulting in system-wide settlement agreement and updated reasonable accommodations policies for residents with disabilities.

PROFESSIONAL ACTIVITIES

Adjunct Professor at UC Hastings School of Law; Former Visiting/Adjunct Professor at King Hall UC Davis School of Law 2009-2011: Taught Disability Civil Rights Law and Litigation

Volunteer Attorney for Tenants Together--Richmond Housing Clinic

Member of Policy and Planning Subcommittee of the Governor's Committee on Employment of Persons with Disabilities (2009-2011)

Advisory Committee Consultant and Presenter for the California Department of Mental Health's California Strategic Plan on Reducing Mental Health Stigma and Discrimination

Member: Disability Rights Bar Association (2011-present)

SKILLS/INTERESTS/AWARDS

Bilingual in English and Spanish

EEOC-trained mediator

Volunteer Legal Services Program (Bar Association of San Francisco): Probono Hero Award

EXHIBIT B

Christina Brandt-Young
61 Grand St. #2H
Jersey City, NJ 07302
646.785.7352 chrisbrz@umich.edu

Experience

Disability Rights Advocates New York, NY 2015-

Managing Attorney (2019-): Develop and litigate class and impact cases nationwide regarding multiple disabilities under the Americans with Disabilities Act, including landmark cases on access to public sidewalks (against the City of Chicago) and mass transit (New York). Coordinate outreach for NYC office with partner organizations, pro bono counsel, and amici; hire and supervise all fellows, paralegals, and interns; ensure smooth running of office. Appear in television and print interviews; assist in grantwriting and development.

Senior Staff Attorney (2015-2018): Developed and litigated class and impact cases under the Americans with Disabilities Act, including cases on voting rights (against New York State) and the right to use public sidewalks (against New York City). Oversaw implementation of multi-year injunctions against major hospital system and large municipal board of elections. Appeared in television and print interviews; assisted in grantwriting; hired and supervised fellows and interns.

Legal Momentum New York, NY 2013-2015

Senior Staff Attorney: Litigated employment and education discrimination cases regarding sex, race, and disability. Initiated project on Title IX rights of students to avoid pregnancy discrimination and sexual harassment. Negotiated EEOC charge that caused New York City to change its policy regarding job application accommodations for pregnant candidates. Drafted and commented on relevant legislation and prepared legislative testimony; responded to press inquiries (television, radio, print); drafted know-your-rights materials; provided technical assistance to policymakers, attorneys, and students. Assisted in grantwriting and fundraising. Hired and supervised interns, fellows, and volunteer attorneys.

Appointed Counsel, New York Appellate Division New York, NY 2008-2016

Briefed and argued more than twenty cases as member of appointed counsel panels for child abuse and neglect, custody, and family offense cases on review from Family Court to New York Appellate Division, First and Second Departments.

American Civil Liberties Union Women's Rights Project New York, NY 2012

Temporary Attorney: Litigated employment and education discrimination cases regarding sex, religion, race, and disability. Obtained the first published court ruling on the consent standard required to enroll students in a single-sex class in a coeducational public school under 34 C.F.R. § 106.34(b) (*Doe v. Wood County Bd. of Educ.*, 888 F. Supp. 2d 771 (S.D. W. Va. 2012)). Coauthored and presented report to federal Education Department Office for Civil Rights about sex-stereotyped instruction in public schools, "Preliminary Findings of ACLU 'Teach Kids, Not Stereotypes' Campaign."

New York Legal Assistance Group New York, NY 2007-2013
Staff Attorney: Conducted trials, evidentiary hearings, and appeals on behalf of domestic violence victims in family offense, custody, visitation, child abuse/neglect, and divorce actions. Initiated Domestic Violence Appellate Representation Project. Supervised volunteers and junior staff attorneys in trials and routine court appearances, including law students for Domestic Violence Clinical Center and Courtroom Advocates Project. On sabbatical June-December 2012.

Orans, Elsen & Lupert New York, NY 2005-2006
Litigation Associate: Assessed witnesses and documentary evidence, and researched and drafted memoranda, briefs, and pleadings in trial- and appellate-level litigation.

Legal Momentum New York, NY 2003-2005
Equal Justice Works Fellow: Initiated project increasing participation of women in rebuilding of Lower Manhattan for former NOW Legal Defense & Education Fund.

Hon. Walter Carpeneti, Supreme Court of the State of Alaska Juneau, AK 2002-2003
Judicial Clerk: Researched and drafted memoranda of law and opinions for state's highest court.

Education

University of Michigan Law School Ann Arbor, MI 2002
Juris Doctor, *cum laude*

- Merit Award for Employment Discrimination class, Winter 2002; honorary membership in Scribes for outstanding contribution to the *Michigan Journal of International Law*; National Association of Women Lawyers Award

University of North Carolina at Chapel Hill Chapel Hill, NC 1999
Master of Arts in Musicology

- Andrew Mellon Fellowship in Humanistic Studies, awarded by the Woodrow Wilson National Fellowship Foundation

Northwestern University Evanston, IL 1997
Bachelor of Music and Master of Music in Musicology, *summa cum laude*

Publications

Contributing Author, *Lawyer's Manual on Domestic Violence: Representing the Victim* (6th ed. 2016).

Contributing Editor, Melissa L. Breger et al., *The New York Law of Domestic Violence* (3rd ed. 2014).

Book Note, "Multicultural Jurisdictions" at the International and National Levels, 24 MICH J. INT'L L. 241 (2002).

Bar Admissions

- Bar admissions: State of New York (2003), Southern District of New York (2004), Eastern District of New York (2006), United States Supreme Court (2006), Second Circuit (2016), State of New Jersey (2018), District of New Jersey (2018)

EXHIBIT C

(510) 665-8644

Melissa Riess

mriess@dralegal.org

LEGAL EXPERIENCE

Disability Rights Advocates, Berkeley, California. *Staff Attorney*, September 2017 to present
Representing individuals and organizations in disability access cases under Titles II and III of the Americans with Disabilities Act, the Rehabilitation Act of 1973, IDEA, and state civil rights and disability access statutes. Researching, drafting, and arguing motion briefing; preparing and responding to discovery. Monitoring implementation of class settlements.

The Meade Firm P.C., Berkeley, California. *Associate*, May 2015 to August 2017
Researching and drafting motions and briefing at a small firm specializing in complex civil and class action litigation; conducting discovery; taking and defending depositions; trial preparation; managing electronic discovery disclosures and document review.

Berwin Leighton Paisner LLP, London. *Lawyer*, April 2014 to March 2015
Reviewed sales of consumer finance products in a mis-selling investigation by the UK financial services regulator. Assessed whether sales complied with regulatory requirements; conducted forensic analysis of sales files and lending documents; took customer testimony; drafted customer correspondence; evaluated consequential loss claims.

Norwegian Refugee Council, London/NYC. *Legal/Administrative Officer*, August 2012-April 2013
Coordinated strategic litigation to improve living conditions for refugees, drafted briefs; researched memos assessing litigation forums; identified test case fact patterns; managed files; communicated with counsel, clients, media and litigation partners.

California Supreme Court, San Francisco. *Assistant Clerk – Criminal & Habeas Corpus*, 2006-2008
Processed and managed filings, assembled materials and researched for legal staff on death penalty and *habeas corpus* petitions. Wrote speeches for Associate Justice Carlos Moreno.

EDUCATION/QUALIFICATIONS

Bar admission: State of California, Member Number 295959

University of London, School of Oriental and African Studies, London, United Kingdom
LLM (International Human Rights Law - Distinction), December 2012
International Human Rights Clinic

University of California, Hastings College of the Law, San Francisco, California
JD, December 2012
Hastings Law Journal, Senior Technology Editor, 2011-2012

Brown University, Providence, Rhode Island
BA, *magna cum laude*, Political Science, Public Policy and American Institutions, May 2006

VOLUNTEERING

East Bay Community Law Center, Berkeley
Neighborhood Justice Clinic Volunteer, April 2015 to present

EXHIBIT D

ROSA LEE V. BICHELL

13 Sumner Rd. #2, Cambridge, MA 02138
(615) 336-4338 | rbichell@jd19.law.harvard.edu

EDUCATION HARVARD LAW SCHOOL, Cambridge, MA

J.D., May 2019

Activities: Journal on Law and Gender, Technical Editor 2017 – 2018

1L Reading Group: *Disability Law*

GEORGETOWN UNIVERSITY EDMUND WALSH SCHOOL OF FOREIGN SERVICE, Washington, DC

B.S. *magna cum laude* in Foreign Service (Major: Culture & Politics of Human Rights & Migration), May 2015

Activities: French Club, President

Georgetown Institute for Women, Peace & Security, Student Contributor

EXPERIENCE DISABILITY RIGHTS ADVOCATES, Berkeley, CA

Justice Catalyst Fellow

Sept. 2019 – Present

Representing organizations of and people with disabilities in complex, system-change litigation, with a focus on the intersection of disability and immigrants' rights. Working with a coalition to represent detained immigrants with disabilities in a systemic class action seeking to improve access to medical care, reasonable accommodations, and detention conditions generally. Participating in mediation to reach settlement in class-action suits, as well as monitoring of settlements.

HARVARD HEALTH LAW AND POLICY CLINIC, Cambridge, MA

Clinical Policy Student

Fall 2018

Worked on federal and state healthcare advocacy issues on themes addressing changes to Title X funding for family planning services and changes in Medicaid policy that reduce access to healthcare for low-income communities.

HARVARD IMMIGRATION PROJECT, Cambridge, MA

Student Advocate, Speakers/Events & Symposium Chair

2017 – 2018

Provided follow-up immigration services for current and former clients of the Harvard Immigration and Refugee Clinic, such as petitioning for the client's family members to come to the U.S. or applying for the client's green card, or adjustment of status. Organized speaking events throughout the semester and the yearly HIP Symposium.

HARVARD LAW SCHOOL TENANT ADVOCACY PROJECT, Cambridge, MA

Student Representative, Team Leader

2016 – 2019

Represented public housing and Section 8 tenants facing eviction and other housing issues, such as application denials, transfers, and reasonable accommodations requests in Housing Authority grievance hearings. Advise tenants of legal rights by telephone. Train new Student Representatives.

THE LEGAL AID SOCIETY OF NEW YORK, New York, NY

Legal Intern, Immigration Law Unit

Summer 2018

Provided direct legal services at the intersections of criminal and immigration law to low-income immigrant populations in removal proceedings in New York City, including through petitions for asylum, withholding of removal, withholding/cancellation of removal under the Convention Against Torture, and re-registration for Temporary Protected Status. Researched and drafted memoranda on legal issues pertaining to claims of asylum based on disability, including mental illness, as well as whether certain convictions constituted Particularly Serious Crimes barring immigration relief.

PROF. ARLENE KANTER, SYRACUSE LAW SCHOOL DISABILITY LAW & POLICY PROGRAM, Cambridge, MA

Research Assistant

2017 – 2018

Researched the intersections of disability and immigration law. Identified provisions of the Immigration and Nationality Act pertaining to disability, as well as disability as a Particular Social Group in the context of U.S. asylum law.

DISABILITY LAW CENTER, Boston, MA

Legal Intern/Independent Clinical Student

Spring 2018

Researched and advocated in disability law, particularly pertaining to the undue isolation of adults with intellectual and/or developmental disabilities. Drafted memoranda, objections, and other legal documents. Conducted investigations and monitoring visits of Greater Boston area day habilitation facilities for adults with disabilities under the DLC capacity as Massachusetts' federally-designated Protection and Advocacy organization. Drafted policy memo for Centers for Medicare and Medicaid Service regarding states' compliance with the Home and Community-Based Settings Rule and their responsibilities to provide opportunities to integrate people with disabilities into greater society.

VANDERBILT KENNEDY CENTER, Nashville, TN

Visiting Researcher

Winter 2018

Researched issues pertaining to Supported Decision-Making, particularly in the healthcare and medical context. Provided recommendations on how to train healthcare professionals and families on addressing people with disabilities in a manner that respects their agency.

HARVARD IMMIGRATION AND REFUGEE CLINIC, Cambridge, MA

Fall 2017

Clinical Policy Student

Worked on policy advocacy & litigation projects regarding immigration issues and immigration as a form of relief, including drafting a brief for the First Circuit on jurisdictional issues pertaining to Special Immigrant Juvenile Status adjudication.

NEW YORK LEGAL ASSISTANCE GROUP, New York, NY

Legal Intern, Immigrant Protection Unit

Summer 2017

Provided direct legal services to low-income immigrant populations in New York, including completing applications for naturalization, U visas, and Temporary Protected Status. Researched and drafted memoranda on legal issues pertaining to asylum, U visas, and automatic acquisition of citizenship at birth. Drafted legal motions to terminate removal proceedings.

HARVARD PRISON LEGAL ASSISTANCE PROJECT, Cambridge, MA

Student Attorney

Fall 2016

Conducted intake for inmates facing disciplinary and parole hearings in Massachusetts correctional prisons.

GIBNEY, ANTHONY & FLAHERTY LLP, New York, NY

Immigration Paralegal

2015 – 2016

Drafted applications for employment, education, and family-based immigration, as well as petitions for adjustment of status. Carried out various administrative tasks for immigration attorneys.

NY CARES ADULT LITERACY PROGRAM, New York, NY

2015 – 2016

Volunteer Tutor

Taught illiterate and low-literacy adults basics of reading.

WILLIAMS IMMIGRATION & NATIONALITY LAW, Nashville, TN

Legal Intern

Summer 2015

Drafted memoranda, letters of support, and forms for employment-based immigrant petitions.

HUMAN RIGHTS FIRST, New York, NY and Washington, DC

Refugee Representation Intern

2014 – 2015

Screened asylum-seekers for eligibility, drafted intake and country conditions reports, and monitored clients' asylum process in immigration court. Responded to mail from detention centers, referring cases to appropriate organizations. Served as a French interpreter for intake interviews.

NASHVILLE INTERNATIONAL CENTER FOR EMPOWERMENT, Nashville, TN

Health Program Intern

Summer 2012

Worked at refugee resettlement organization. Helped establish the Wellness Partners Program, teaching incoming refugees how to navigate the American healthcare system.

LANGUAGES French (fluent), Portuguese (intermediate), Spanish (intermediate)

EXHIBIT E

Scott A. Allen, MD, FACP
Professor Emeritus, Clinical Medicine
University of California Riverside School of Medicine
Medical Education Building
900 University Avenue
Riverside, CA 92521

Josiah “Jody” Rich, MD, MPH
Professor of Medicine and Epidemiology, Brown University
Director of the Center for Prisoner Health and Human Rights
Attending Physician, The Miriam Hospital,
164 Summit Ave.
Providence, RI 02906

March 19, 2020

The Honorable Bennie Thompson
Chairman
House Committee on Homeland Security
310 Cannon House Office Building
Washington, D.C. 20515

The Honorable Ron Johnson
Chairman
Senate Committee on Homeland Security
and Governmental Affairs
340 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Mike Rogers
Ranking Member
House Committee on Homeland Security
310 Cannon House Office Building
Washington, D.C. 20515

The Honorable Gary Peters
Ranking Member
Senate Committee on Homeland Security
and Governmental Affairs
340 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Carolyn Maloney
Chairwoman
House Committee on Oversight and Reform
2157 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Jim Jordan
Ranking Member
House Committee on Oversight and Reform
2157 Rayburn House Office Building
Washington, D.C. 20515

Dear Committee Chairpersons and Ranking Members:

We are physicians—an internist and an infectious disease specialist—with unique expertise in medical care in detention settings.¹ We currently serve as medical subject matter experts for the

¹ I, Dr. Scott Allen, MD, FACP, am a Professor Emeritus of Medicine, a former Associate Dean of Academic Affairs and former Chair of the Department of Internal Medicine at the University of California Riverside School of Medicine. From 1997 to 2004, I was a full-time correctional physician for the Rhode Island Department of Corrections; for the final three years, I served as the State Medical Program. I have published over 25 peer-reviewed papers in academic journals related to prison health care and am a former Associate Editor of the International Journal of Prisoner Health Care. I am the court appointed monitor for the consent decree in litigation involving

Department of Homeland Security's Office of Civil Rights and Civil Liberties (CRCL). One of us (Dr. Allen) has conducted numerous investigations of immigration detention facilities on CRCL's behalf over the past five years. We both are clinicians and continue to see patients, with one of us (Dr. Rich) currently providing care to coronavirus infected patients in an ICU setting.

As experts in the field of detention health, infectious disease, and public health, we are gravely concerned about the need to implement immediate and effective mitigation strategies to slow the spread of the coronavirus and resulting infections of COVID-19. In recent weeks, attention has rightly turned to the public health response in congregate settings such as nursing homes, college campuses, jails, prisons and immigration detention facilities (clusters have already been identified in Chinese and Iranian prisons according to news reports² and an inmate and an officer have reportedly just tested positive at New York's Rikers Island).³ Reporting in recent days reveals that immigrant detainees at ICE's Aurora facility are in isolation for possible exposure to coronavirus.⁴ And a member of ICE's medical staff at a private detention center in New Jersey has now been reported to have tested positive for coronavirus.⁵

We have shared our concerns about the serious medical risks from specific public health and safety threats associated with immigration detention with CRCL's Officer Cameron Quinn in an initial letter dated February 25, 2020, and a subsequent letter of March 13, 2020. We offered to

medical care at Riverside County Jails. I have consulted on detention health issues both domestically and internationally for the Open Society Institute and the International Committee of the Red Cross, among others. I have worked with the Institute of Medicine on several workshops related to detainee healthcare and serve as a medical advisor to Physicians for Human Rights. I am the co-founder and co-director of the Center for Prisoner Health and Human Rights at Brown University (www.prisonerhealth.org), and a former Co-Investigator of the University of California Criminal Justice and Health Consortium. I am also the founder and medical director of the Access Clinic, a primary care medical home to adults with developmental disabilities.

I, Dr. Josiah (Jody) Rich, MD, MPH, am a Professor of Medicine and Epidemiology at The Warren Alpert Medical School of Brown University, and a practicing Infectious Disease Specialist since 1994 at The Miriam Hospital Immunology Center providing clinical care for over 22 years, and at the Rhode Island Department of Corrections caring for prisoners with HIV infection and working in the correctional setting doing research. I have published close to 190 peer-reviewed publications, predominantly in the overlap between infectious diseases, addictions and incarceration. I am the Director and Co-founder of The Center for Prisoner Health and Human Rights at The Miriam Hospital (www.prisonerhealth.org), and a Co-Founder of the nationwide Centers for AIDS Research (CFAR) collaboration in HIV in corrections (CFAR/CHIC) initiative. I am Principal Investigator of three R01 grants and a K24 grant all focused on incarcerated populations. My primary field and area of specialization and expertise is in the overlap between infectious diseases and illicit substance use, the treatment and prevention of HIV infection, and the care and prevention of disease in addicted and incarcerated individuals. I have served as an expert for the National Academy of Sciences, the Institute of Medicine and others.

² Erin Mendel, "Coronavirus Outbreaks at China Prisons Spark Worries About Unknown Clusters," *Wall Street Journal*, February 21, 2020, available at: <https://www.wsj.com/articles/coronavirus-outbreaks-at-china-prisons-spark-worries-about-unknown-clusters-11582286150>; Center for Human Rights in Iran, "Grave Concerns for Prisoners in Iran Amid Coronavirus Outbreak," February 28, 2020, available at <https://iranhumanrights.org/2020/02/grave-concerns-for-prisoners-in-iran-amid-coronavirus-outbreak/>.

³ Joseph Konig and Ben Feuerherd, "First Rikers Inmate Tests Positive for Coronavirus" *New York Post*, March 18, 2020, available at: <https://nypost.com/2020/03/18/first-rikers-island-inmate-tests-positive-for-coronavirus/>

⁴ Sam Tabachnik, "Ten detainees at Aurora's ICE detention facility isolated for possible exposure to coronavirus," *The Denver Post*, March 17, 2020, available at <https://www.denverpost.com/2020/03/17/coronavirus-ice-detention-geo-group-aurora-colorado/>.

⁵ Emily Kassie, "First ICE Employees Test Positive for Coronavirus," *The Marshall Project*, March 19, 2020, available at <https://www.themarshallproject.org/2020/03/19/first-ice-employees-test-positive-for-coronavirus>

work with DHS in light of our shared obligation to protect the health, safety, and civil rights of detainees under DHS's care. Additionally, on March 17, 2020 we published an opinion piece in the *Washington Post* warning of the need to act immediately to stem the spread of the coronavirus in jails and prisons in order to protect not only the health of prisoners and corrections workers, but the public at large.⁶

In the piece we noted the parallel risks in immigration detention. We are writing now to formally share our concerns about the imminent risk to the health and safety of immigrant detainees, as well as to the public at large, that is a direct consequence of detaining populations in congregate settings. We also offer to Congress, as we have to CRCL, our support and assistance in addressing the public health challenges that must be confronted as proactively as possible to mitigate the spread of the coronavirus both in, and through, immigration detention and congregate settings.

Nature of the Risk in Immigration Detention and Congregate Settings

One of the risks of detention of immigrants in congregant settings is the rapid spread of infectious diseases. Although much is still unknown, the case-fatality rate (number of infected patients who will die from the disease) and rate of spread for COVID-19 appears to be as high or higher than that for influenza or varicella (chicken pox).

In addition to spread within detention facilities, the **extensive transfer of individuals** (who are often without symptoms) throughout the detention system, which occurs with great frequency in the immigration context, could rapidly disseminate the virus throughout the entire system with devastating consequences to public health.⁷

Anyone can get a coronavirus infection. While healthy children appear to suffer mildly if they contract COVID-19, they still pose risk as carriers of infection, particularly so because they may not display symptoms of illness.⁸ Family detention continues to struggle with managing outbreaks of influenza and varicella.⁹ Notably, seven children who have died in and around

⁶ Josiah Rich, Scott Allen, and Mavis Nimoh, "We must release prisoners to lessen the spread of coronavirus," *Washington Post*, March 17, 2020, available at <https://www.washingtonpost.com/opinions/2020/03/17/we-must-release-prisoners-lessen-spread-coronavirus/>.

⁷ See Hamed Aleaziz, "A Local Sheriff Said No To More Immigrant Detainees Because of Coronavirus Fears. So ICE Transferred Them All To New Facilities," *BuzzFeed News*, March 18, 2020 (ICE recently transferred 170 immigrant detainees from Wisconsin to facilities in Texas and Illinois. "In order to accommodate various operational demands, ICE routinely transfers detainees within its detention network based on available resources and the needs of the agency..." an ICE official said in a statement.), available at <https://www.buzzfeednews.com/article/hamedaleaziz/wisconsin-sheriff-ice-detainees-coronavirus>

⁸ Interview with Jay C. Butler, MD, Deputy Director for Infectious Diseases, Centers for Disease Control and Prevention, "Coronavirus (COVID-19) Testing," *JAMA Network*, March 16, 2020, available at <https://youtu.be/oGiOi7eV05g> (min 19:00).

⁹ Indeed, I (Dr. Allen) raised concerns to CRCL, the DHS Office of Inspector General, and to Congress in July 2018, along with my colleague Dr. Pamela McPherson, about the risks if harm to immigrant children in family detention centers because of specific systemic weaknesses at those facilities in their ability to provide for the medical and mental health needs of children in detention. See, e.g., July 17, 2018 [Letter to Senate Whistleblower Caucus Chairs](#) from Drs. Scott Allen and Pamela McPherson, available at <https://www.wyden.senate.gov/imo/media/doc/Doctors%20Congressional%20Disclosure%20SWC.pdf>. Those concerns, including but not limited to inadequate medical staffing, a lack of translation services, and the risk of

immigration detention, according to press reports, six died of infectious disease, including three deaths from influenza.¹⁰ Containing the spread of an infection in a congregate facility housing families creates the conditions where many of those infected children who do not manifest symptoms will unavoidably spread the virus to older family members who may be a higher risk of serious illness.

Finally, as you well know, social distancing is essential to slow the spread of the coronavirus to minimize the risk of infection and to try to reduce the number of those needing medical treatment from the already-overwhelmed and inadequately prepared health care providers and facilities. However, social distancing is an oxymoron in congregate settings, which because of the concentration of people in a close area with limited options for creating distance between detainees, are at very high risk for an outbreak of infectious disease. This then creates an enormous public health risk, not only because disease can spread so quickly, but because those who contract COVID-19 with symptoms that require medical intervention will need to be treated at local hospitals, thus increasing the risk of infection to the public at large and overwhelming treatment facilities.

As local hospital systems become overwhelmed by the patient flow from detention center outbreaks, precious health resources will be less available for people in the community. To be more explicit, a detention center with a rapid outbreak could result in multiple detainees—five, ten or more—being sent to the local community hospital where there may only be six or eight ventilators over a very short period. As they fill up and overwhelm the ventilator resources, those ventilators are unavailable when the infection inevitably is carried by staff to the community and are also unavailable for all the usual critical illnesses (heart attacks, trauma, etc). In the alternate scenario where detainees are released from high risk congregate settings, the tinderbox scenario of a large cohort of people getting sick all at once is less likely to occur, and the peak volume of patients hitting the community hospital would level out. In the first scenario, many people from the detention center *and the community* die unnecessarily for want of a ventilator. In the latter, survival is maximized as the local mass outbreak scenario is averted.

It is additionally concerning that dozens of immigration detention centers are in remote areas with limited access to health care facilities. Many facilities, because of the rural locations, have only one on-site medical provider. If that provider gets sick and requires being quarantined for at least fourteen days, the entire facility could be without any medical providers at all during a foreseeable outbreak of a rapidly infectious disease. We simply can't afford a drain on resources/medical personnel from any preventable cases.

communication breakdowns and confusion that results from different lines of authority needing to coordinate between various agencies and partners from different government programs and departments responsible for detention programs with rapid turnover, all continue to contribute to heightened risks to meeting the medical challenges posed by the spread of the coronavirus.

¹⁰ Nicole Acevedo, "Why are children dying in U.S. custody?," *NBC News*, May 29, 2019, available at <https://www.nbcnews.com/news/latino/why-are-migrant-children-dying-u-s-custody-n1010316>

Proactive Approaches Required

Before coronavirus spreads through immigration detention, proactivity is required in three primary areas: 1) Processes for screening, testing, isolation and quarantine; 2) Limiting transport and transfer of immigrant detainees; and 3) Implementing alternatives to detention to facilitate as much social distancing as possible.

Protocols for early screening, testing, isolation and quarantine exist in detention settings to address infectious diseases such as influenza, chicken pox and measles. However, the track record of ICE facilities implementing these protocols historically has been inconsistent. In the current scenario, with widespread reporting about the lack of available tests for COVID-19 and challenges for screening given the late-onset display of symptoms for what is now a community-spread illness, detention facilities, like the rest of country, are already behind the curve for this stage of mitigation.

Detention facilities will need to rapidly identify cases and develop plans to isolate exposed cohorts to limit the spread, as well as transfer ill patients to appropriate facilities. Screening should occur as early as possible after apprehension (including at border holding facilities) to prevent introduction of the virus into detention centers. We strongly recommend ongoing consultation with CDC and public health officials to forge optimal infection prevention and control strategies to mitigate the health risks to detained patient populations and correctional workers. Any outbreak in a facility could rapidly overwhelm the capacity of healthcare programs. Partnerships with local public health agencies, hospitals and clinics, including joint planning exercises and preparedness drills, will be necessary.

Transferring detainees between facilities should be kept to an absolute minimum. The transfer process puts the immigrants being transferred, populations in the new facilities, and personnel all at increased risk of exposure. The nationwide network of detention centers, where frequent and routine inter-facility transfers occur, represents a frighteningly efficient mechanism for rapid spread of the virus to otherwise remote areas of the country where many detention centers are housed.

Finally, regarding the need to implement immediate social distancing to reduce the likelihood of exposure to detainees, facility personnel, and the general public, ***it is essential to consider releasing all detainees who do not pose an immediate risk to public safety.***

Congregant settings have a high risk of rapid spread of infectious diseases, and wherever possible, public health mitigation efforts involve moving people out of congregate settings (as we are seeing with colleges and universities and K-12 schools).¹¹ Minimally, DHS should consider releasing all detainees in high risk medical groups such as older people and those with

¹¹ Madeline Holcombe, "Some schools closed for coronavirus in US are not going back for the rest of the academic year," *CNN*, March 18, 2020, available at <https://www.cnn.com/2020/03/18/us/coronavirus-schools-not-going-back-year/index.html>; Eric Levenson, Chris Boyette and Janine Mack, "Colleges and universities across the US are canceling in-person classes due to coronavirus," *CNN*, March 12, 2020, available at <https://www.cnn.com/2020/03/09/us/coronavirus-university-college-classes/index.html>.

chronic diseases. COVID-19 infection among these groups will require many to be transferred to local hospitals for intensive medical and ventilator care—highly expensive interventions that may soon be in short supply.

Given the already established risks of adverse health consequences associated with the detention of children and their families,¹² the policy of detention of children and their families in should be reconsidered in light of these new infectious disease threats so that children would only be placed in congregate detention settings when lower risk community settings are not available and then for as brief a time as possible.

In addition, given the low risk of releasing detainees who do not pose a threat to public safety—i.e., those only charged with immigration violations—releasing *all* immigration detainees who do not pose a security risk should be seriously considered in the national effort to stop the spread of the coronavirus.

Similarly, the practice of forcing asylum seekers to remain in Mexico has created a *de facto* congregate setting for immigrants, since large groups of people are concentrated on the US southern border as a result of the MPP program in the worst of hygienic conditions without any basic public health infrastructure or access to medical facilities or the ability to engage in social distancing as they await asylum hearings, which are currently on hold as a consequence of the government's response to stop the spread of the coronavirus.¹³ This is a tinderbox that cannot be ignored in the national strategy to slow the spread of infection.

ICE recently announced that in response to the coronavirus pandemic, it will delay arresting immigrants who do not pose public safety threats, and will also stop detaining immigrants who fall outside of mandatory detention guidelines.¹⁴ But with reporting that immigrant detainees at ICE facilities are already being isolated for possible exposure to coronavirus, it is not enough to simply stop adding to the existing population of immigrant detainees. Social distancing through release is necessary to slow transmission of infection.¹⁵

Reassessing the security and public health risks, and acting immediately, will save lives of not only those detained, but also detention staff and their families, and the community-at-large.

¹² Report of the DHS Advisory Committee on Family Residential Centers, September 30, 2016, available at <https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc16093.pdf>

¹³ See Rick Jervis, "Migrants waiting at US-Mexico border at risk of coronavirus, health experts warn," *USA Today*, March 17, 2020, available at <https://www.usatoday.com/story/news/nation/2020/03/17/us-border-could-hit-hard-coronavirus-migrants-wait-mexico/5062446002/>.

¹⁴ ICE website, Guidance on COVID-19, Immigration and Enforcement Check-Ins, Updated March 18, 2020, 7:45 pm, available at <https://www.ice.gov/covid19>.

¹⁵ Release of immigrants from detention to control the coronavirus outbreak has been recommended by John Sandweg, former acting head of ICE during the Obama administration, who further noted, "'The overwhelming majority of people in ICE detention don't pose a threat to public safety and are not an unmanageable flight risk.'... 'Unlike the Federal Bureau of Prisons, ICE has complete control over the release of individuals. ICE is not carrying out the sentence imposed by a federal judge.... It has 100% discretion.'" See Camilo Montoya-Galvez, "'Powder kegs': Calls grow for ICE to release immigrants to avoid coronavirus outbreak," *CBS News*, March 19, 2020, available at <https://www.cbsnews.com/news/coronavirus-ice-release-immigrants-detention-outbreak/>.

Our legal counsel, Dana Gold of the Government Accountability Project, is supporting and coordinating our efforts to share our concerns with Congress and other oversight entities about the substantial and specific threats to public health and safety the coronavirus poses by congregate settings for immigrants. As we similarly offered to DHS, we stand ready to aid you in any way to mitigate this crisis and prevent its escalation in light of our unique expertise in detention health and experience with ICE detention specifically. Please contact our attorney, Dana Gold, at danag@whistleblower.org, or her colleague, Irvin McCullough, at irvinm@whistleblower.org, with any questions.

Sincerely,

/s/

Scott A. Allen, MD, FACP
Professor Emeritus, University of California, School of Medicine
Medical Subject Matter Expert, CRCL, DHS

/s/

Josiah D. Rich, MD, MPH
Professor of Medicine and Epidemiology
The Warren Alpert Medical School of Brown University
Medical Subject Matter Expert, CRCL, DHS

Cc: Dana Gold, Esq. and Irvin McCullough, Government Accountability Project
Senate Committee on the Judiciary
House Committee on the Judiciary
White House Coronavirus Task Force

EXHIBIT F

ICE Average Daily Population (ADP) and ICE Average Length of Stay (ALOS) – FY2020 YTD

[Expand All](#) [Collapse All](#)

ADP by Arresting Agency and Month as of 03/14/2020

Agency	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	FY Overall
CBP Average	31,171	27,554	24,470	22,626	20,361	19,020	-	-	-	-	-	-	24,757
<i>Convicted Criminal</i>	4,416	3,631	3,121	2,826	2,489	2,293	-	-	-	-	-	-	3,219
<i>Pending Criminal Charges</i>	885	755	678	690	618	543	-	-	-	-	-	-	711
<i>Other Immigration Violator</i>	25,871	23,168	20,672	19,110	17,254	16,185	-	-	-	-	-	-	20,827
ICE Average	19,073	18,647	18,312	18,520	18,983	19,303	-	-	-	-	-	-	18,754
<i>Convicted Criminal</i>	13,090	12,647	12,358	12,328	12,386	12,461	-	-	-	-	-	-	12,555
<i>Pending Criminal Charges</i>	3,977	3,980	4,037	4,284	4,526	4,725	-	-	-	-	-	-	4,205
<i>Other Immigration Violator</i>	2,005	2,019	1,918	1,908	2,072	2,117	-	-	-	-	-	-	1,994
Average	50,244	46,201	42,783	41,147	39,345	38,323	-	-	-	-	-	-	43,512
<i>Convicted Criminal</i>	17,506	16,278	15,479	15,154	14,875	14,754	-	-	-	-	-	-	15,774
<i>Pending Criminal Charges</i>	4,863	4,735	4,715	4,975	5,144	5,268	-	-	-	-	-	-	4,916
<i>Other Immigration Violator</i>	27,876	25,187	22,589	21,018	19,326	18,302	-	-	-	-	-	-	22,821

EXHIBIT G

FOR PUBLICATION

FILED

UNITED STATES COURT OF APPEALS

MAR 23 2020

FOR THE NINTH CIRCUIT

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

LUCERO XOCHIHUA-JAIMES,

No. 18-71460

Petitioner,

Agency No. A206-105-249

v.

ORDER

WILLIAM P. BARR, Attorney General,

Respondent.

Before: SILER,* WARDLAW, and M. SMITH, Circuit Judges.

In light of the rapidly escalating public health crisis, which public health authorities predict will especially impact immigration detention centers, the court sua sponte orders that Petitioner be immediately released from detention and that removal of Petitioner be stayed pending final disposition by this court. *See* 8 U.S.C. § 1252(b)(3)(B); 28 U.S.C. § 1651(a).

The matter is remanded to the BIA for the limited purpose of securing Petitioner's immediate release.

IT IS SO ORDERED.

* The Honorable Eugene E. Siler, United States Circuit Judge for the U.S. Court of Appeals for the Sixth Circuit, sitting by designation.

EXHIBIT H



ICE

Report Crimes: [Email](#) or Call 1-866-DHS-2-ICE

NOTICE

[Click here for the latest ICE guidance on COVID-19](#)

ICE Guidance on COVID-19

Introduction

U.S. Immigration and Customs Enforcement (ICE) is working closely with the Department of Homeland Security (DHS) and other federal, state, and local agencies to facilitate a speedy, whole-of-government response in confronting Coronavirus Disease 2019 (COVID-19), keeping everyone safe, and helping detect and slow the spread of the virus. We know that during this time there are a lot of questions about how interactions with ICE officers are being impacted during this public health crisis. The public, media, family members with those in custody, and all other stakeholders are encouraged to revisit this site as often as possible for any updates to this extremely fluid situation.

[Expand All](#) [Collapse All](#)

GENERAL

What is ICE doing to safeguard its employees/personnel during this crisis?

The ICE Occupational Safety and Health (OSH) Unit continues to work diligently to ensure employees are operating under the safest and most practical conditions to reduce the risk of exposure and prevent further spreading of COVID-19 during the course of ongoing daily operations. The OSH Unit regularly provides guidance regarding integrating administrative controls such as social distancing in law enforcement settings, and the appropriate choice and use of personal protective equipment when administrative controls cannot be implemented. Besides providing information through an employee website, OSH officials have held conference calls, responded to emails, and spoken personally with employees who have safety questions. At all levels, ICE employees have access to the most current CDC and DHS guidance and assistance in this rapidly changing environment.

ICE is reviewing CDC guidance daily and will continue to update protocols to remain consistent with CDC guidance.

Updated 03/18/2020 4:28pm

What is ICE doing in response to the COVID-19 virus?

Law enforcement agencies across the country, to include ICE, are paying close attention to this pandemic. While our law enforcement officers and agents continue daily enforcement operations to make criminal and civil arrests, prioritizing individuals who threaten our national security and public safety, we remain committed to the health and safety of our employees and the general public. It is important for the public to know that ICE does not conduct operations at medical facilities, except under extraordinary circumstances. ICE policy directs our officers to avoid making arrests at sensitive locations – to include schools, places of worship, and health care facilities, such as hospitals, doctors' offices, accredited health clinics, and emergent or urgent care facilities – without prior approval for an exemption, or in exigent circumstances. See our FAQ for more.

Consistent with federal partners, ICE is taking important steps to further safeguard those in our care. As a precautionary measure, ICE has temporarily suspended social visitation in all detention facilities.

The health, welfare and safety of U.S. Immigration and Customs Enforcement (ICE) detainees is one of the agency's highest priorities. Since the onset of reports of Coronavirus Disease 2019 (COVID-19), ICE epidemiologists have been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance to ICE Health Service Corps (IHSC) staff for the screening and management of potential exposure among detainees.

ICE continues to incorporate CDC's COVID-19 guidance, which is built upon the already established infectious disease monitoring and management protocols currently in use by the agency. In addition, ICE is actively working with state and local health partners to determine if any detainee requires additional testing or monitoring to combat the spread of the virus.

Updated 03/15/2020 2:38pm

IMMIGRATION ENFORCEMENT and CHECK-INS

I have a scheduled check-in, what should I do?

Individuals should contact their local field office for additional guidance prior to their scheduled appointment.

EXHIBIT H

Has ICE modified enforcement efforts during COVID-19?

To ensure the welfare and safety of the general public as well as officers and agents in light of the ongoing COVID-19 pandemic response, U.S. Immigration and Customs Enforcement (ICE) will temporarily adjust its enforcement posture beginning today, March 18, 2020. ICE's highest priorities are to promote life-saving and public safety activities.

ICE Enforcement and Removal Operations (ERO) will focus enforcement on public safety risks and individuals subject to mandatory detention based on criminal grounds. For those individuals who do not fall into those categories, ERO will exercise discretion to delay enforcement actions until after the crisis or utilize alternatives to detention, as appropriate.

Homeland Security Investigations will continue to carry out mission critical criminal investigations and enforcement operations as determined necessary to maintain public safety and national security. Examples include investigations into child exploitation, gangs, narcotics trafficking, human trafficking, human smuggling, and continued participation on the Joint Terrorism Task Force. This work will be conducted based on ability to coordinate and work with prosecutors from the Department of Justice and intake at both the U.S. Marshals Service and Bureau of Prisons.

Consistent with its sensitive locations policy, during the COVID-19 crisis, ICE will not carry out enforcement operations at or near health care facilities, such as hospitals, doctors' offices, accredited health clinics, and emergent or urgent care facilities, except in the most extraordinary of circumstances. Individuals should not avoid seeking medical care because they fear civil immigration enforcement.

Updated 03/18/2020 7:45pm

Is ICE making arrests at hospitals?

ICE does not conduct enforcement operations at medical facilities, except under extraordinary circumstances. Claims to the contrary are false and create unnecessary fear within communities. Individuals should continue to seek medical care.

Updated 03/15/2020 2:38pm

Has ICE revised the process for filing the Form I-246, "Application for Stay of Deportation of Removal?"

ICE will temporarily permit the filing of Form I-246, "Application for Stay of Deportation or Removal," through the mail accompanied by money orders, certified funds, or requests for fee waivers only.

Updated 03/18/2020 5:18pm

Has ICE revised the timeline for aliens to report for their initial check-in with a local field office?

Aliens released from the Southwest Border will now be scheduled for initial reporting to a local field office 60 days after release, versus the current practice of scheduling such reporting in 30 days or less. Individuals should contact their local field office for additional guidance prior to their scheduled appointment.

Updated 03/18/2020 10:39am

BONDS

I need to pay a bond, has ICE made any adjustments to its payment process?

ICE will limit the acceptance of bonds to locations with "bond windows" or other appropriate barriers that will limit exposure to staff. Generally, only the individual appearing to post the bonds will be permitted to enter the office. Anyone accompanying such individuals, including children accompanied by another adult, will be asked by security not to enter the building.

Updated 03/18/2020 10:39am

DETENTION

Are there any confirmed cases of COVID-19 in ICE detention facilities?

As of March 17, 2020, there are no confirmed cases of COVID-19 in ICE detention facilities.

Updated 03/18/2020 9:15am

What is ICE doing to ensure detainees in custody are well-cared for during this crisis?

Currently, the CDC advises self-monitoring at home for people in the community who meet epidemiologic risk criteria, and who do not have fever or symptoms of respiratory illness. In detention settings, cohorting serves as an alternative to self-monitoring at home.

Comprehensive protocols are in place for the protection of staff and patients, including the appropriate use of personal protective equipment (PPE), in accordance with CDC guidance. ICE has maintained a pandemic workforce protection plan since February 2014, which was last

updated in May 2017. This plan provides specific guidance for biological threats such as COVID-19. ICE instituted applicable parts of the plan in January 2020 upon the discovery of the potential threat of COVID-19. The ICE Occupational Safety and Health Office is in contact with relevant offices within the Department of Homeland Security, and in January 2020, the DHS Workforce Safety and Health Division provided DHS components additional guidance to address assumed risks and interim workplace controls. This includes the use of N95 masks, available respirators, and additional personal protective equipment.

ICE testing for COVID-19 complies with CDC guidance. IHSC updates and shares its COVID-19 guidance with field units on a real-time basis. Subjects selected for testing follow CDC's definition of a person under investigation.

Updated 03/15/2020 2:38pm

How does ICE screen new detainees for COVID-19?

ICE instituted screening guidance for new detainees who arrive at facilities to identify those who meet CDC's criteria for epidemiologic risk of exposure to COVID-19. IHSC isolates detainees with fever and/or respiratory symptoms who meet these criteria and observe them for a specified time period. IHSC staff consult with the local health department, as appropriate, to assess the need for testing. Detainees without fever or respiratory symptoms who meet epidemiologic risk criteria are monitored for 14 days.

Updated 03/15/2020 2:38pm

Can detainees attend medical appointments?

Asymptomatic detainees in isolation can attend all appointments. Symptomatic detainees in isolation must wear a tight-fitting surgical mask to attend essential medical appointments. ICE also notifies the medical provider about the detainee's status ahead of the appointment to coordinate care and protect staff and other patients.

Updated 03/15/2020 2:38pm

How does ICE mitigate the spread of COVID-19 within its detention facilities?

Detainees who meet CDC criteria for epidemiologic risk of exposure to COVID-19 are housed separately from the general population. ICE places detainees with fever and/or respiratory symptoms in a single medical housing room, or in a medical airborne infection isolation room specifically designed to contain biological agents, such as COVID-19. This prevents the spread of the agent to other individuals and the general public. ICE transports individuals with moderate to severe symptoms, or those who require higher levels of care or monitoring, to appropriate hospitals with expertise in high risk care. Detainees who do not have fever or symptoms, but meet CDC criteria for epidemiologic risk, are housed separately in a single cell, or as a group, depending on available space.

ICE reviews CDC guidance daily and continues to update protocols to remain consistent with CDC guidance

Updated 03/15/2020 2:38pm

Will someone who presents symptoms or tests positive for COVID-19 be released from immigration custody?

ICE only has authority to detain individuals for immigration purposes. ICE cannot hold any detainee ordered released by a judge. If ICE must release an ill or isolated detainee, health staff immediately notify the local public health agencies to coordinate further monitoring, if required.

Updated 03/15/2020 2:38pm

VISITATION AT DETENTION FACILITIES

My family member or friend is currently in ICE custody, will visitation to the facility still be allowed?

ICE, like other law enforcement agencies with a detained population, is taking important steps to further safeguard those in our care and as a precautionary measure, ICE has temporarily suspended social visitation in all of its detention facilities. ICE will continue to collaborate with the CDC, IHSC, and its network of care providers to provide updates and revise procedures as necessary.

Updated 03/15/2020 2:38pm

How will family member communicate with their family members?

ICE recognizes the substantial impact of temporarily curtailing personal visitation, but the agency has determined it necessary in order to maintain the safety and security of the facility, the detainees and those who work at the facility. ICE will take steps to facilitate such communication with families, in the absence of visitation, through extended access to telephones and other reasonable means. ICE will continue to collaborate with the CDC, IHSC, and its network of care providers to provide updates and revise procedures as necessary.

Updated 03/15/2020 2:38pm

Will individuals in ICE custody be able to meet with their legal representatives?

Non-contact legal visitation, to include the Legal Orientation Program, will continue to be permitted. In order to safeguard visitors, detainees, and ICE and facility staff, official visitors may be subject to special screening and procedures. ICE may impose additional requirements, such

as mandating that visitors wear protective equipment. ICE will continue to collaborate with the CDC, IHSC, and its network of care providers to provide updates and revise procedures as necessary.

Updated 03/15/2020 2:38pm

Will members of Congress be able to visit ICE detention facilities?

Members of Congress, Congressional member delegations and Congressional staff delegations will continue to have access to the facility for the purpose of conducting oversight. In order to safeguard visitors, detainees, and ICE and facility staff, official visitors may be subject to special screening and procedures. ICE/ERO now requires all legal visitors, CODELs, and STAFFDELs to provide and wear personal protective equipment (PPE) (disposable vinyl gloves, N-95 or surgical masks, and eye protection) while visiting any detention facility. ICE will continue to collaborate with the CDC, IHSC, and its network of care providers to provide updates and revise procedures as necessary.

Updated 03/21/2020 4:15pm

REMOVALS

Does ICE medically screen detainees before they board a removal flight to their home country?

The ICE Air flight medical provider conducts a visual screening consistent with current ICE policy and procedures on those detainees lacking medical summary information (new apprehensions) who are delivered to the aircraft. Those detainees who are not "new apprehensions" are brought to the aircraft with medical clearance. Any ICE detainee who fails to pass screening by a flight medical provider and/or is suspected of having a health-risk condition potentially contagious to other detainees, staff and/or third parties, will be denied boarding and referred to an ICE approved facility for screening.

In addition to recently issued IHSC guidance, for ICE Air charter removals, there will be a temperature screening at the flight line, prior to boarding. In accordance with IHSC guidance, any detainee with a temperature of 100.4 degrees or higher will be immediately referred to a medical provider for further evaluation and observation.

Updated 03/15/2020 2:38pm

STAKEHOLDER ENGAGEMENT

Is ICE continuing to hold in-person stakeholder meetings?

ICE will eliminate non-mission critical meetings with the public and use video-teleconferencing and other technology to conduct stakeholder meetings, to the extent practicable. ERO case officers will notify attorneys and those with upcoming scheduled appointments of the temporary change in procedures.

Updated 03/18/2020 10:39am

NONIMMIGRANT STUDENTS AND SEVP-CERTIFIED SCHOOLS

[Expand All](#) [Collapse All](#)

Guidance Documents

Frequently Asked Questions

Last Reviewed/Updated: 03/21/2020

EXHIBIT I



Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

Version 6.0, March 6, 2020

WHAT'S NEW

Version 6.0

- Information added to convey that revised CDC guidance expands testing to a wider group of symptomatic patients. Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
- Information added to convey that testing is now available through LabCorp and other commercial laboratories.

Version 5.1

- Information added to emphasize that medical staff should educate detainees to include hygiene, covering coughs, and requesting sick call if ill.
- Add a link to [Illness Prevention and Patient Education](#) resources in multiple languages on SharePoint, including signage.
- Added a link to [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses.
- Added a link to a [2019 Novel Coronavirus Resource Page](#) on SharePoint.

Version 5.0

- Updates have been made for screening to identify detainees with revised CDC criteria for epidemiologic risk of COVID-19 exposure and to specify the start of the 14-day monitoring period from the date of initial DHS apprehension.
- Epidemiologic travel risk now includes travel from or through geographic areas with widespread or sustained community transmission.

Situation Summary

The CDC is closely monitoring an outbreak caused by a novel (new) coronavirus (COVID-19). The situation is evolving and expanding with community transmission occurring in multiple countries. For the most current information, check the CDC information pages at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

CDC interim guidance for health care professionals, including clinical criteria, is available at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

ICE Health Service Corps Recommendations

Note: recommendations will be updated if and as necessary to address the evolving public health situation.

1. During intake medical screening:

- a. Ask all detainees if they have had close contact¹ with a person with laboratory-confirmed COVID-19 in the past 14 days
- b. Ask all detainees what countries they have traveled from or through in the past two weeks
 - i. Check whether these countries include geographic area(s) with widespread or sustained community transmission.*
 - ii. *Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.
 - iii. If the detainee responded yes to 1a and/or the detainee traveled from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days (1b), assess for fever and symptoms of respiratory illness.
 - a. If the detainee has a fever and/or symptoms of respiratory illness, refer to #4 ISOLATION below.
 - b. If the detainee does not have fever or respiratory illness, refer to #2 MONITORING, below.
 - c. For IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, “Epidemiologic risk of possible COVID-19 exposure. The last reported date of possible exposure was mm/dd/yyyy.”” Click [here](#) for the eCW guide for adding a Global Alert.
- c. If the detainee has fever and/or symptoms or respiratory illness and has not traveled from or through area(s) with sustained community transmission* in the past 14 days and if they have not had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days → refer to a medical provider (see #3 ENCOUNTER below).

- d. Educate all detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
- i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).

2. MONITORING of detainees with exposure risk who do not present with fever or symptoms:

- a. See also [IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page](#).
- b. For detainees with travel history from or through geographic area(s) with sustained community transmission* in the past 14 days and/or detainees who have had close contact¹ with a person with laboratory-confirmed COVID-19 in the past 14 days who do not present with fever or symptoms of respiratory illness → monitor for 14 days after initial DHS apprehension and observe daily for fever and/or symptoms of respiratory illness.
 - i. ***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
- c. House detainees under monitoring in a single cell room if available or as a cohort for 14 days after initial DHS apprehension.
- d. Refer also to appendix A, Intake Screening Questions and [Intake Screening and Early Management Algorithm](#) on the [2019 Novel Coronavirus Resource Page](#).
- e. If detainee is housed in a facility without IHSC medical staffing, medical staff should notify their assigned IHSC Field Medical Coordinator.
- f. Request a medical alert in following usual protocols stating that “the detainee is under observation through mm/dd/yyyy due to recent travel from or through geographic area(s) with widespread or sustained community transmission” Release the medical alert at the completion of the 14-day monitoring period.
- g. During the 14-day monitoring period, if an asymptomatic detainee under monitoring must be released in the U.S., notify the local health department and provide information on the detainee including the intended address and telephone number of the detainee’s intended destination.
- h. Document any asymptomatic detainee under monitoring on the [Lower Respiratory Illness Tracking Tool](#).
- i. For monitoring of asymptomatic detainees, it is not necessary to contact the local health department.

3. ***ENCOUNTER. During sick call, health assessment, or other clinical encounter in which a detainee presents with or complains of fever and/or respiratory illness, or is observed with signs of fever and/or respiratory illness:***
- a. Ask all detainees what countries they have traveled from or through in the past two weeks.
 - i. Check whether these countries include international area(s) with sustained transmission.*
 - ii. ***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
 - b. **If the detainee has traveled from or through area(s) with sustained community transmission* in the past 14 days, or if they have had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days**
 - i. → refer to #4 ISOLATION below.
 - c. If the detainee has not traveled from or through area(s) with sustained community transmission* in the past 14 days and if they have not had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days then
 - i. → Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
 - ii. See #5 SPECIMEN COLLECTION AND LABORATORY TESTING below.
 - d. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).
4. ***ISOLATION and management of detainees with fever and/or symptoms of respiratory illness and who have traveled from or through geographic area(s) with widespread or sustained community transmission at in the past 14 days or have had close contact¹ with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days:***
- a. See [IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page](#).
 - b. Place a tight-fitting surgical mask on the detainee.
 - c. Promptly consult with a medical provider, preferably the Clinical Director or designee.

- d. Place the detainee in a private medical housing room, ideally in an airborne infection isolation room if available. If no single occupancy medical housing unit room is available, placement in other areas of the facility may be utilized to house the ill detainee separately from the general detention population.
- e. **Implement strict hand hygiene and standard, airborne and contact precautions, including use of eye protection.**
 - i. **Increase hand hygiene and routine cleaning of surfaces.**
 - ii. **Appropriate personal protective equipment includes gloves, gowns, N95 respirators, and goggles or face shields.**
- f. Call the local and/or state health department for notification and guidance.
- g. Laboratory testing for COVID-19 is now available through commercial laboratories including LabCorp and through local and/or state health departments.
 - i. See #5 SPECIMEN COLLECTION AND LABORTORY TESTING below.
- h. If the detainee has underlying illness or is acutely ill, or symptoms do not resolve, consult with the Regional Clinical Director, and/or Infectious Disease program.
- i. If the detainee is referred to a local hospital, call the hospital in advance to notify of the recent relevant travel history and respiratory symptoms and to coordinate how manage the detainee safely.
- j. Promptly notify the facility's staff responsible for infection prevention and control (e.g., in IHSC facilities, notify the Infection Prevention Officer, or the Facility Healthcare Program Manager (if the facility does not have an Infection Prevention Officer position); if the Infection Prevention Officer or Facility Healthcare Program Manager is not available, IHSC staff should notify the Infection Prevention Group at #IHSC_PHSP_IPO@ice.dhs.gov.
- k. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator.
- l. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
- m. Detainees isolated for respiratory illness and who have epidemiologic risk for COVID-19 exposure should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions.
- n. Document any ill detainee who is suspected of having COVID-19 on the [Lower Respiratory Illness Tracking Tool](#).
- o. The contagious period for COVID-19 is still undetermined.
 - i. If the detainee tests positive for COVID-19 and fever and symptoms have resolved, consult with the Infectious Disease Program and/or local health department regarding appropriate release from isolation.
 - ii. If the detainee tests negative for COVID-19, had high or medium exposure risk, and fever and symptoms have resolved, release from isolation after completion of the 14-day monitoring period after initial DHS apprehension.

- iii. See also [IHSC Interim COVID-19 Risk Assessment](#) on the [2019 Novel Coronavirus Resource Page](#).
 - iv. If the detainee tests negative for COVID-19 and fever and/or symptoms persist, consult with the Regional Clinical Director and/or Infectious Disease Program
 - p. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).
- 5. SPECIMEN COLLECTION AND LABORATORY TESTING for COVID-19**
- a. Laboratory testing for COVID-19 is available through commercial laboratories including LabCorp and through local and/or state health departments.
 - b. See **Specimen Collection instructions on the [2019 Novel Coronavirus Resource Page](#)**.
 - i. LabCorp ordering codes are 2019 Novel Coronavirus (COVID-19), NAA; TEST: 139900.
- 6. Infectious disease public health actions:**
- a. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
 - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
 - b. See also [05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms](#).
 - c. **Known exposure to a person with confirmed COVID-19**
 - i. Implement cohorting with restricted movement for detainees housed with the ill detainee or who have been in close contact¹ with the ill detainee for the duration of the most recent incubation period (14 days after most recent exposure to an ill detainee).
 - ii. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness.
 - iii. Refer exposed detainees with new onset fever and/or respiratory illness to a medical provider for evaluation.
 - iv. Discontinue cohorting when 14-day incubation period completes with no new cases.
 - d. **Exposure to a person with fever or symptoms being evaluated or under investigation for COVID-19 but not confirmed to have COVID-19**
 - i. Implement cohorting with restricted movement for detainees housed with the ill detainee or who have been in close contact¹ with the ill detainee for the duration of the most recent incubation period.

- ii. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness.
- iii. Refer exposed detainees with new onset fever and/or respiratory illness to a medical provider for evaluation.
- iv. If the index patient is subsequently confirmed to have COVID-19, see section 5.b above.
- v. Discontinue cohorting if the index patient receives an alternate diagnosis that excludes COVID-19.
- vi. Any of the cohorted detainees with exposure risk should complete their initial 14-day monitoring period (i.e., for asymptomatic monitoring).
- e. Report cohorting through routine IHSC cohort reporting protocols.
- f. Document any asymptomatic and afebrile detainees under monitoring for COVID-19 on the [Lower Respiratory Illness Tracking Tool](#).
- g. Recommend to Field Office Director or designee that detainees cohorted due to high or medium exposure risk or known exposure to an ill person not be transferred or transported.
- i. See [IHSC Interim COVID-19 Risk Assessment](#) on the [2019 Novel Coronavirus Resource Page](#).
- h. If a cohorted detainee must be released in the U.S., notify the local health department including the intended address and telephone numbers of the detainee's intended destination.

¹**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

— or —

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Resources and references

- [2019 Novel Coronavirus Resource Page](#) on SharePoint
- [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
- [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses

IHSC Official Guidance

Guidance number	Guidance name	Type
05-02	Occupational Health Directive	Policy
05-02 G-04	Occupational Health Guide: Workforce Health	Guide
05-02 G-1	Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials	Guide
05-02 G-2	Occupational Health Guide: Personal Protective Equipment Program	Guide
05-02-G-03	Occupational Health Guide: Respiratory Protection Program	Guide
05-04	Environmental Health Directive	Policy
05-04 G-01	IHSC Environmental Health Guide	Guide
05-06	Infectious Disease Public Health Actions Directive	Policy
05-06 G-01	Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide	Guide
05-06 G-02	Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms	Guide
05-06 G-03	Infectious Disease Public Health Actions Guide: Surveillance and Reporting	Guide

- [Infection Control: Novel Coronavirus 2019 \(COVID-19\) | CDC](#)
- [Interim Guidance: Healthcare Professionals 2019-nCoV | CDC](#) (including CDC website listing of geographic area(s) with widespread or sustained community transmission)
- [CDC | Coronavirus Disease 2019 \(COVID-19\)](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | TDSHS](#)
- [nCOV2019 | CDPH](#)
- [Novel Coronavirus Outbreak 2020 | Washington State Department of Health](#)

- [ADHS - Highlighted Infectious Diseases for Arizona - Coronavirus Disease 2019 \(COVID-19\)](#)
- [Coronavirus | NYC Health](#)
- [2019 Novel \(New\) Coronavirus | NYDOH](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | Florida Department of Health](#)
- [NJ Department of Health | Communicable Disease Service | COVID-2019 \(Novel Coronavirus\)](#)
- [Pennsylvania Department of Health | Coronavirus](#)
- [2019 Novel Coronavirus \(2019 nCoV\) | Frequently Asked Questions | IDPH](#)

Points of contact for questions

- IHSC Staff: [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses
 - Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- Facilities without IHSC Medical Staffing: Assigned Field Medical Coordinators
- Public health agencies: IHSC_InfectionPrevention@ice.dhs.gov

Appendix A: Intake Screening Questions

Updated February 28, 2020

1. **Have you been in close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?**
 - Last date you had contact with that person: mm/dd/yyyy**OR**
2. **What countries have you traveled from or through in the past two weeks?**
 - Check whether the detainee traveled from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days?
 - ***Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
3. If yes to #1 **or** the detainee traveled from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days? (#2):
 - **Have you had fever and/or respiratory illness with onset in the past 14 days?**
 - **If yes, what date did you first notice symptoms?: mm/dd/yyyy**
 - **If yes, implement standard, airborne, and contact precautions including eye protection**, isolate and refer to a medical provider, add Medical Hold, notify FHPM, IPO, or designee.
 - **If no, implement MONITORING**; house in single room (preferred) if available, implement daily checks for 14 days after initial DHS apprehension, add Medical Hold, notify FHPM, IPO, or designee.
4. If no travel from or through geographic area(s) with widespread or sustained community transmission* in the past 14 days AND no close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?
 - ***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
 - Routine intake
 - If the initial DHS apprehension date (i.e., initial CBP or ICE encounter) documented in ENFORCE is ≥ 14 days prior, the detainee is outside the 14 day window and does not require monitoring for the epidemiologic risk of COVID-19 exposure
 - Facility Infection Prevention Officers and/or PHSP Unit staff can help confirm the date of initial DHS apprehension in ENFORCE

***Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**

EXHIBIT J

Open Letter to ICE from Medical Professionals Regarding COVID-19

Acting Director Matthew T. Albence
U.S. Immigration and Customs Enforcement
500 12th St. SW
Washington, D.C. 20536

Dear Acting Director Albence,

As concerned clinicians, we are writing this letter to urge U.S. Immigration and Customs Enforcement (ICE) officials to release individuals and families from immigration detention while their legal cases are being processed to prevent the spread of COVID-19 and mitigate the harm of an outbreak.

In light of the rapid global outbreak of the coronavirus disease 2019 (COVID-19), we want to bring attention to the serious harms facing individuals in immigration detention facilities under the custody of ICE. Health and Human Services Secretary Azar declared a public health emergency on January 31, 2020. As of March 13, 2020, there have been over 132,000 confirmed cases worldwide with nearly 5,000 deaths.

Conditions of Detention Facilities

Detention facilities, like the jails and prisons in which they are housed, are designed to maximize control of the incarcerated population, not to minimize disease transmission or to efficiently deliver health care. This fact is compounded by often crowded and unsanitary conditions, poor ventilation, lack of adequate access to hygienic materials such as soap and water or hand sanitizers, poor nutrition, and failure to adhere to recognized standards for prevention, screening, and containment. The frequent transfer of individuals from one detention facility to another, and intake of newly detained individuals from the community further complicates the prevention and detection of infectious disease outbreaks. A timely response to reported and observed symptoms is needed to interrupt viral transmission yet delays in testing, diagnosis and access to care are systemic in ICE custody. Further, given the patchwork regulatory system, it is unclear whether ICE or the county and state health departments are responsible for ensuring public health oversight of facilities.

For these reasons, transmission of infectious diseases in jails and prisons is incredibly common, especially those transmitted by respiratory droplets. It is estimated that up to a quarter of the US prison population has been infected with tuberculosis^[1], with a rate of active TB infection that is 6-10 times higher than the general population.^[2] Flu outbreaks are regular occurrences in jails and prisons across the United States.^{[3],[4]} Recent outbreaks of vaccine-preventable illnesses including mumps, influenza, and varicella have similarly spread throughout immigration detention facilities. From September of 2018 to August 2019, 5 cases of mumps ballooned to nearly 900 cases among staff and individuals detained in 57 facilities across 19 states, a number that represents about one third of the total cases in the entire US in that time frame.^[5] With a mortality rate 10 times greater than the seasonal flu and a higher R0 (the

average number of individuals who can contract the disease from a single infected person)^[6] than Ebola, an outbreak of COVID-19 in immigration detention facilities would be devastating.

Risks of a COVID-19 Outbreak in Detention

Emerging evidence about COVID-19 indicates that spread is mostly via respiratory droplets among close contacts^[7] and through contact with contaminated surfaces or objects. Reports that the virus may be viable for hours in the air are particularly concerning.^[8] Though people are most contagious when they are symptomatic, transmission has been documented in absence of symptoms. We have reached the point where community spread is occurring in the United States. The number of cases is growing exponentially, and health systems are already starting to be strained. Social distancing measures recommended by the Centers for Disease Control (CDC)^[9] are nearly impossible in immigration detention and testing remains largely unavailable. In facilities that are already at maximum capacity large-scale quarantines may not be feasible. Isolation may be misused and place individuals at higher risk of neglect and death. COVID-19 threatens the well-being of detained individuals, as well as the corrections staff who shuttle between the community and detention facilities.

Given these facts, it is only a matter of time before we become aware of COVID-19 cases in an immigration detention system in which detainees live in close quarters, with subpar infection control measures in place, and whose population represents some of the most vulnerable. In this setting, we can expect spread of COVID-19 in a manner similar to that at the Life Care Center of Kirkland, Washington, at which over 50% of residents have tested positive for the virus and over 20% have died in the past month. Such an outbreak would further strain the community's health care system. Considering the extreme risk presented by these conditions in light of the global COVID-19 epidemic, it is impossible to ensure that detainees will be in a "safe, secure and humane environment," as ICE's own National Detention Standards state.

In about 16% of cases of COVID-19 illness is severe including pneumonia with respiratory failure, septic shock, multi organ failure, and even death. Some people are at higher risk of getting severely sick from this illness. This includes **older adults over 60** and people who have **serious chronic medical conditions like heart disease, liver disease, diabetes, lung disease, and who are immunocompromised**. There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration (FDA) to treat COVID-19, or post-exposure prophylaxis to prevent infection once exposed.

As such, we strongly recommend that ICE implement community-based alternatives to detention to alleviate the mass overcrowding in detention facilities. Individuals and families, particularly the most vulnerable—the elderly, pregnant women, people with serious mental illness, and those at higher risk of complications— should be released while their legal cases are being processed to avoid preventable deaths and mitigate the harm from a COVID-19 outbreak.

*This letter was written by physician members of the New York Lawyers for the Public Interest Medical Providers Network and Doctors for Camp Closure.

[1] Hammett TM, Harmon MP, Rhodes W. The burden of infectious disease among inmates of and releases from US correctional facilities, 1997, *Am J Public Health*, 2002, vol. 92 (pg. 1789-94)

[2] Centers for Disease Control and Prevention (CDC). Prevention and control of tuberculosis in correctional and detention facilities: recommendations from CDC, *MMWR Morb Mortal Wkly Rep*, 2006, vol. 55 (pg. 1-48)

[3] Dober, G. Influenza Season Hits Nation's Prisons and Jails. *Prison Legal News*, June, 2018 (pg. 36)
<https://www.prisonlegalnews.org/news/2018/jun/5/influenza-season-hits-nations-prisons-and-jails/>

[4] Pandemic influenza and jail facilities and populations, Laura Maruschak, et. al., *American Journal of Public Health*, September 2009

[5] Leung J, Elson D, Sanders K, et al. *Notes from the Field: Mumps in Detention Facilities that House Detained Migrants — United States*, September 2018–August 2019. *MMWR Morb Mortal Wkly Rep* 2019;68:749–750.
https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a4.htm?s_cid=mm6834a4_x

[6] The R0 is the reproduction number, defined as the expected number of cases directly generated by one case in a population where all individuals are susceptible to infection.

[7] Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

[8] <https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v1.full.pdf>

[9] <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

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Nadine Grace, MD, MD, California
Emily Heydemann, LMSW, Medical student, San Antonio, Texas
Madelyn Peterson, RN, CNM/WHNP Student, Richmond, CA
Lucy Chie, MD, MPH, OBGYN, Boston, MA
Winona Gbedey, MD, First year medical student, San Antonio, TX
Kuang-Ning Huang, MD MPH, Family Medicine, Palliative Medicine, Seattle, WA
Jennifer Kasper, MD, MPH, Pediatrics, Global Health, Boston, MA
Andrew Hultgren, MSN, Child and Adolescent Psychiatric Mental Health NP, San Francisco, CA
Kathryn McClellan, MD, Family Physician, Oakland, CA
Sandra Freiwald, MD, FACS, General Surgery, San Diego, CA

Carmen Fortuno, MD, Pediatric Neurology, Orlando, Florida
Miguel C Gomez, MD, Family Medicine, Albuquerque
Rebecca Small, RN, Adult and Gerontology Primary Care NP Student, San Francisco, CA
Laura Hanks, MS, PA, Milwaukee
Allan Omete, Medical Student, Minneapolis, MN
Nida Naushad, BA, MD candidate, New Haven, CT
Sara Kass-Gergi, MD, Internal Medicine, NY, NY
Kara Cicero, MD, MPH, Internal Medicine, New York, NY
Molly, MPH, RN, Public Health Nurse, Baltimore, MD
Signy Toquinto, MSN, MA, CNM, WHNP, San Francisco, CA
Emilia Hermann, MD MPH, Internal Medicine, Bronx, NY
Cindy Quale, Physician Assistant, Cardiology, Portland, OR
Annemarie Stone, BA, RN, SFNP, MSN and Family Nurse Practitioner Candidate, San Francisco, CA
Robin Goldman, MD, MPH, Internal Medicine-Pediatrics, San Francisco, CA
Angelina Molina, RN, Family Nurse Practitioner Student, San Francisco, CA
J Jane Dewey, PhD, Licensed Psychologist, Buffalo, NY
Emily Rosenberg, DDS, Pediatric Dentist, Arlington, VA
Deborah Gallegos, RN, San Francisco, CA
Natalie Plasencia, RN, NP intern, PMHNP, Oakland CA
Dylan Hanami, MD, Family Medicine, Orange, CA
Malia D Alexander, Masters in Nursing, PMHNP, Seattle, WA
Sheneka Horne, MD, MPH, Pediatrics, Brooklyn, NY
Andrea Riordan, MA Ed., Santa Cruz, CA
Chelsea K Jones, MD, Medical Student, San Diego
Alexandria Kristensen, Medical Student, Minneapolis, Minnesota
Jacob Houser, BS, First Year Medical Student (MS1), San Antonio, TX
Satsuki Ina, Ph.D., Trauma/Mental Health, Oakland, CA
Susan Sampson, MA. Ed., Educator, Santa Cruz, Ca
Anna Askari, MD, Family medicine resident physician, Palm Desert, CA
Jyesha Wren, Certified Nurse Midwife, San Mateo CA
Ana Contreras, Adult Gerontology Primary Care NP, RN, Sacramento, CA
Katherine Schaff, DrPH, MPH, DrPH, San Francisco, CA
Laura Todaro, CNM, Midwife, Oakland, CA
Shelene Stine, MD, Internal Medicine, Berkeley, CA
Jessica Bonilla, BS Nursing, Registered Nurse, Portland OR
Gary Kauft, MD, Internal Medicine-Pediatrics, Chicago, Il
Marium Husain, MD, MPH, Hematology/Oncology, Columbus, OH
Audra Lehman, MD, Family Medicine, Santa Rosa, CA
Michelle D Baird, BA, BS, MS, Certified Nurse-Midwife, Oakland, CA
Asmara Gebre, MS, Midwife, San Francisco, CA
Criatina, MSN, RN, San Francisco, CA
Sally H. N. Wright, BS, IBCLC, Ogden, UT
Phoebe Miller, MS/MD student, Medical student, San Francisco, CA
Jalmeen Dhaliwal, RN, AGPCNP Student, San Francisco, CA
Magdalena Ruiz, FNP, MPH, Family Practice, Watsonville, CA
Cory Johnson, MD, MPH, Family & Community Medicine, San Francisco, CA

Nhi Tran, MD MPH, Family medicine, San Francisco, CA
Emily Hunter-adamson, MD, Family medicine, San Francisco, CA
Gary Richmond, RN, Nurse Practitioner student, San Francisco, CA
Monique Biega, RN, Oakland, CA
Ana Rebeca Delgado, BA. MS, Midwifery, San Francisco, CA
Anabel Albano, MSN, CNM, Santa Cruz, CA
Sivan Sadeh, RN, FNP student, Oakland, CA
Alexy Andrade, RN, Student Nurse Practitioner, San Francisco, CA
Britt Urban, RN, NP student, Berkeley, CA
Talia Eisenstein, MD, Family Medicine, San Francisco, CA
Consuelo Reyes, BSN, RNC OB, Oakland, Ca
Carolina Noya, FNP, PHD, Associate Professor, Santa Cruz, Ca
Chloe Olson, MD, Psychiatry, Sioux Falls, SD
Anna Ayal, MD, Student, Portland, OR
Amy Wolfe, FNP, Burlingame, CA
Natalie Pellitier, BS, Medical Student, Portland, OR
Nathaniel Uchtmann, MD, JD, MS, Internal Medicine & Pediatrics, Salinas, CA
Thomas Luong, MD, Family Medicine, Los Angeles, CA
Ashraf Samhan, BS, Medical Student, Portland, OR
Denisse Porter, MS, RN, FNP, Nurse Practitioner, San Francisco, CA
Noshene Ranjbar, MD, Psychiatry, Tucson AZ
Shari Kovner, RN FNP, Family practice, Adolescent Health, CA
Lilly Chavez, Nurse practitioner, Family, San Francisco, CA
Jade young, Bachelor of Science, Medical Student, Portland OR
Stephannie Furtak, RN, Student Nurse Midwife, Oakland, CA
Alison Young, CNM, Nurse Midwife, Vallejo, CA
Jessie Wallace, MD, Student, Portland, OR
Linh Vo, MD, Family Medicine, San Francisco, CA
Lisa Shwartz, MSN, PMHNP-BC, San Francisco, CA
Eleanor Thaler, BS, Medical Student, Portland, OR
Spencer Lewis, MD, PGY2 Resident, Radiology, Seattle, WA
A. Domnica Fotino, MD, MPH, Internal Medicine, New Orleans, LA
Yen Tran, MS, NP, San Jose, CA
Ashley Wirth, BA, Medical Student, Portland, OR
Pooja Vyas, MD/MPH, Medical Student, Portland, Oregon
Nathan Kim, B.A., Senior Medical Student, UCSF School of Medicine, San Francisco, California
Mica Mallory, Bachelor of Science, Denver, CO
Caitlin Felder-Heim, MD, Family Medicine Resident, San Francisco, CA
Ann Bogan, MD, Psychiatry, private practice, Palo Alto, CA
Amanda Stratton, MD, OHSU Class of 2023, Student, Portland, OR
Sarah Levitan, CNM, Santa Cruz CA
Elizabeth Faber, RN, FNP, San Francisco, CA
Karen Merzenich, Registered Nurse, Student Nurse Midwife, San Francisco
Aravind Addepalli, MD Candidate, Medical Student, Bronx
Michelle Erazo, BS, Nursing Student, Redwood City, CA
Tara González, MD, MS, Family Medicine, San Francisco, CA

Erin Kinmont, MSN, CNM, Oakland, CA
Karolyn R. Mauro, MD, Family Medicine, San Diego, CA
Betsy Zucker, MSN, FNP-C, Nurse Practitioner, Portland
Sylvia Kihara, DO Candidate, Medical Student, Phoenix, AZ
Luan The Nguyen, BS Molecular Cell Biology & Physiology, MD Candidate 2023, Portland, OR
Raul Gutierrez, MD, Pediatrician, San Francisco, CA
Angel C Fabian, MNA, MD, General Practice/Health Policy, Oakland, CA
Claudia Barrera, Master's, Primary Care Nurse Practitioner,
Megan Dunning, MD, Internal Medicine, Anchorage, AK
Shawn Smith, MD, Pediatrics, Chicago, IL
Caitlin F Rippey, MD PhD, Psychiatrist, genome scientist, Randle, WA
Dana Walker, MD, Resident Physician, New Orleans, LA
Skyler Kanegi, BA, BBA, Medical Student, San Antonio, TX
New Latthivongskorn, MD, MPH, Family and Community Medicine, San Francisco, CA
R. Ruth Linden, Ph.D., Independent Health Advocate and Bioethicist, San Francisco, CA
Kayla McGarvey, BSN, RN, MD
Sheryl Kern-Jones, Ph.D., Clinical Psychologist, Santa Cruz, CA
Omar Abbas, Medical Student, Riverside, CA
Alexandra Zimmer, Master of Public Health, Baltimore, MD
Andrew Telzak, MD, Family Medicine, Bronx, NY
Sarah Walleit, MD MPH, ObGyn, Ann Arbor, MI
Erin Flattery, MD, PGY3, Resident, Internal Medicine, New York, NY
Katherine Huynh, MS PAC, Physician assistant, Philadelphia PA
Leila Khan, Md, Physician, Cleveland OH
Jose Luis Nunez, MD, Family Medicine, Washington, DC
Kathryn Kline, MD, MPH, Internal Medicine, Baltimore, MD
Yuliana Noah, MD, Medical Student, Bronx, NY
Ellen Einterz, MD, MPH, Family Medicine Physician, Indianapolis, IN
Angel Reyes, Medical Student, Boston, MA
Kathi Kemper, MD, MPH, Pediatrics, Columbus, OH
Leah Shaw, MPH, Epidemiology & Biostatistics, Boston, MA
Aixin Chen, MD, Medical student (graduating in 2 months), New York, NY
Stephen B. Kern, Ph.D, Professor and Director Master of Science in OT, Philadelphia, PA
Cheryl Aguilar, LICSW, LCSW-C, Social Work, Clinical Social Worker, Washington, DC
Mary Jo Baisch, RN, PhD, Associate Professor Emerita, Milwaukee, WI
John Edwards, MD, PHD
Rhianna Hibbler, MD Candidate, 2022, Student, Philadelphia, PA
Howard Waitzkin, MD, PhD, internal medicine, Albuquerque, NM
Andrea Gordon, MD, Family Medicine, Melrose, MA
Dale Stark, M.D., Pediatrics, Sacramento, Ca
Dominique E Earland, MD/PhD student, Health professional student, Minneapolis, MN
Thomas Marcroft, Medical Student, Minneapolis, MN
Nikki Skrinak, RN, CNM, El Paso, Texas
Andrew Lyman-Buttler, M.Ed., MS-1, Minneapolis, MN
Melissa Wong, MD, Obstetrics and Gynecology, El Paso, TX
Justin Mehl, MD, Student, San Antonio, TX

Emily Kilen, Medical Student, Minneapolis, MN
Emily Bryson, BSN, RN, Baltimore, MD
Daniel Ly, Biology, Medical Student, Minneapolis, MN
Mariel Bryden, MD, Family medicine, CO
Ben Simpson, Medical student, Minneapolis, MN
Sara Gale, RN, BSN, Portland, OR
Sebastián Gualy, MS, Medical Student, Philadelphia PA
Marcia Silver, MD, Emeritus Professor of Medicine, Cleveland, OH
Emily Kruse, BS, Medical Student, Minneapolis, MN
Fabian Fernandez, MD/PhD, Health Professional Student, Oakland, CA
Mallika Govindan, BA, Medical Student, Bronx, NY
Arnold H. Matlin, MD, Pediatrician, Linwood, NY
McKenzie Tolan, BS, Health professional student, Minneapolis, MN
Jodi Abbott, MD MHCM, Maternal Fetal Medicine, Boston MA
Trisha Chau, H.B.S., Medical Student, Portland, OR
Kristen Kent, MD, FAAEM, Weehawken
Ruta Nene, MD, Psychiatry, Fairfax, VA
Maya Protter, Nurse Practitioner, Masters of Science in Nursing, San Francisco, CA
Mackenzie Maki, Medical Student, Minneapolis, Minnesota
David Vinson, RRT, Respiratory Care Practitioner, San Francisco, CA
Perry Sheffield, MD, MPH, Pediatrics, New York
Amy Zeidan, MD, Emergency Medicine, Atlanta, GA
Stephanie Tillman, MSN, Certified Nurse-Midwife, Chicago, IL
Claire Jensen, M.D., Physician, Detroit, MI
Ifeolu Akinola, B.S., Biochemistry & Mol. Biology, MD/PhD Student, Minneapolis, MN
Erin Marten, Doctor of Nursing Practice, Certified Nurse Midwife, Maumee, OH
Leslie Solomonian, Doctor of Naturopathic Medicine, Pediatrics, Toronto
Amanda Bilski, MD, NY, NY
Leslie Solomonian, Doctor of Naturopathic Medicine, Toronto
Hannah Mulder, MS, Certified Nurse-Midwife, Women's Health Nurse Practitioner, Berkeley, CA
Harrison Goodall, MD student, GA
Meghan Eagen-Torkko, PhD, CNM, ARNP, Nurse-Midwifery, Seattle, WA
Fedelma Mckenna, RN MSN CNM, Midwifery, Manchester
Sabrina Zionts, MSN, Certified Nurse-Midwife, Waterloo, IA
Em Rabelais, PhD, MBE, MS, MA, RN, Health Ethics, Chicago, IL
Jordan Taitel, BSN, RN, Labor and Delivery, Chicago, IL
Andrea Gersh, Family Nurse Practitioner, Los Angeles, CA
Pratima Gupta, MD MPH, OBSTETRICS/GYNECOLOGY, San Diego, CA
Grant Simonson, MA, Medical Student, Minneapolis, MN
Paul J. Strain, Medical Student, Minneapolis, Minnesota
Simone Denne, Social work, Social worker, Chicago, IL
Kate Freeman, MD candidate, 2023, Medical student, Portland, OR
Patanjali de la Rocha, MSWc MPHc, Policy & Administration; Global Health, Seattle, WA
Barbara Lopes Cardozo, MD, MPH, Psychiatrist, Atlanta, GA
Kerry zimdars, Md mph student, Student, Madison, WI
Kimberly Cullen, MD, MD, Family Medicine physician, Denver, CO

Ellen Owens, M.Ed., Hearing Impaired Teacher, Cincinnati, OH
Caitlin, Raasch, Medical Student, Minneapolis, Minnesota
Courtney Steer-Massaró, CNM, FNP-C, RN, MPF, Certified Nurse-Midwife, Hlotse, Lesotho
Lauren Nadkarni, MD
Jessica Dillard-Wright, MA, MSN, RN, CNM, PhD(c), Critical Care Nursing, Augusta, GA
Samantha Lorentz, Medical student, Minneapolis, MN
Sara Sanchez, LM, CPM, Health Professional, Las Cruces, NM
Kriti Prasad, BA, Medical Student, Minneapolis, MN
Bethany Sasaki, NP, CNM, Women's Health, Sacramento, CA
Nathan Rinehouse, Medical Student, New Orleans, LA
Komal Shah, MD, Pediatrician, Bellingham
Raissa Mutuyimana, Master of Science in Nursing, Psychiatric Nurse Practitioner, Philadelphia, PA
Lisa, Midwifery, Mesilla, NM
Maya Herzig, BA, Medical Student, Portland, OR
Ash Draper, CNM, WHNP-BC, CNM, WHNP-BC, New haven CT
Eli Paden, Working on BSW, Health Professional Student, Rochester, MI
Eleanor E Friedman, PhD, MS, Epidemiology of Infectious disease, Chicago, IL
Amber Bell, MSN, CNM, Oakland, CA
Angela G Alvarez, FNP, Nurse Practitioner, Family Health / Oncology, California
Jaime Estrada, MD, Pediatric Hematology and Oncology, San Antonio, Texas
Sara Culver, BA, RN, Student Nurse Midwife, New Haven, CT
Robin D'Aversa, RN, DNP Student, Illinois
Lindsey Sipos, RN, Portland
Camille Williams, RN, CNM, Certified Nurse-Midwife, Providence, RI
Chaitanya Chittineni, BS, MD/MBA Student, Minneapolis, MN
Kat Donnelly, MS, FNP, Minneapolis, MN
Emilee Lazo, MSN, Certified Nurse-Midwife, Chicago, IL
Ada Breitenbucher, Medicine, Student, Minneapolis, MN
Sam Renier, MD, 4th year medical student, Minneapolis, MN
Roya Yavari, MD, Resident Physician, New York NY
Anna Rahríck, Medical student, St. Paul, MN
Nellie Trenga-Schein, Medical Student, Portland
Jason Hernandez, Bachelor of Science, Medical Student, Portland, OR
Katharine Hutchinson, DrPH, CNM, Obstetrics, Boston, MA
Stephanie Rogers, MD, MS, MPH, Medical Director, Age-Friendly Health System, San Francisco, CA
Adam Knappe, MD, Pediatrician, Gallup, NM
Lauren Topor, BS, Medical Student, Minneapolis, MN
Jocelyn Ramirez, Nursing, Registered Nurse, Boston, MA
Talita Oseguera, CNM, WHNP-BC, Oakland, CA
Luke Morrey, Medical Student, Minneapolis, MN
Kristin Wiley, MSN, RN, Certified Nurse Midwife, New Haven, CT
Jessica Imai, Masters of Science in Nursing (MSN), Nurse-Midwife, El Paso, TX
Lisa Davis, MSN, CNM/RN, Oakland, CA
Andrea Santos, MSN, Nurse Practitioner, Oakland, Va
Rebecca Worley Olvera, RN, MSN, CNL, CCRN, Cardiovascular ICU, Atlanta, GA
Hannah Cressy, BA, BS, MN, Certified Nurse-Midwife, Brattleboro, VT

Angel Rosario, MD, Medical Student, San Francisco
Susannah Wright, BSN, RN. CNM student, Portland
Dania Baraka, D.O, OMS-II, Las Cruces, NM
Sierra Shaffer, RN, New Haven, CT
Jen Johnson, MS, CNM, Cambridge MA
Ted Fox, Masters in Healthcare Administration, Hospital/Health System CEO (Ret), San Antonio
Valeria St. Laurent, MSN, AG-ACNP, New Haven, CT
Jessica Weyer, MD, Obstetrics and gynecology, Bow, NH
Pooja Podugu, Medical student, Cleveland, Ohio
Shruti Bala, MD, Ob/Gyn, Tucson, AZ
Geena, Master of Arts in counseling psychology, Therapist, Columbus oh
Katherine Bryden, MSN, Certified Nurse-Midwife, Cedar Falls, IA
Sarah Sohlberg, BS, Global Health Metrics MPH Student, Seattle, WA
Emily Martyn, MSN, CNM, Brattleboro, VT
Nathaniel Schwartz, MD Candidate - 2023, Medical Student, Chicago, IL
Gloria Campise, CPM, Certified Professional Midwife, Ukiah, CA
Lisa Mihaly, FNP, San Francisco, CA
Tiffany Lu, MD, Internal Medicine, Bronx, NY
Sarah Stetina, MSN, APRN,CNM, Hinsdale, IL
Marco Ramos, MD PhD, Psychiatry Resident, New Haven, CT
Rayna Sobieski, MD, Family Medicine, Bronx, NY
Mina krenz, MD, 1st year medical student, Minneapolis, MN
Lauren E. Delmastro, B.S., Medical Student; Rush Medical College, Chicago, IL
Bin Huang, MD Candidate, Medical Student, Minneapolis, MN
Kristen Vandling, BSN, RN, San Francisco, CA
Todd Cowdery, MD, Family Medicine, New York, NY
Olivia Bennett, MSN, CNM, ARNP, Certified nurse-midwife, Seattle, WA
Emily Kintzer, MD, Resident, OBGYN, NY
Nell W Baldwin, MD, Family Medicine, New York City
Monica Ngo, Bachelor of Science, Medical Student, Minneapolis, MN
Maria Gentile, MSW, DV child counselor, North River Side, IL
Carolina Miranda, MD, Family Medicine Physician, New York, NY
Alison Palm, ADN, Registered Nurse, Belfast, Maine
Thomas Thomson, RN, APRN student, MSN (pending), New Haven, CT
Adee Heiman, MD, Surgery, Albany, NY
Julie Ososke, RN, MS, FNP, Family Nurse Practitioner, San Francisco, CA
Mariela Nevárez, B.A., Medical Student, Year 4, Los Angeles, CA
Morit Segui, MD, OBGYN, Bronx, NY
Alexandra Douglas, MD-MPH, Bronx, NY
Gladys Carrillo, Social Worker, Counselor, Chicago, IL
Katherine Tougas, BS, Medical Student (MS2), Portland, OR
Fiorella Castillo, MD, MSPH, Pediatrics, Brooklyn, NY
Daniel Tshala, BS, Medical student, Portland, OR
Sage Bearman, MA, Midwife and Nurse, San Francisco, Ca
Megan Dawson,CNM, MSN, Midwife, Chicago, IL
Sasha Susman, RN, Adult Gerontology Primary Care Nurse Practitioner Student, New Haven, CT

Cesylee Nguyen, MSN, CNM, Boston, MA
Mackenzie Ní Flainn, Pre-med Student, Eugene, Or
Rachel Lockard, MPH, Medical Student, Portland, OR
Adithya Sivakumar, Bachelors in Engineering, First-Year Medical Student, Chicago, IL
Jen Hastings, MD, UCSF Dept of Family and Community Medicine, Santa Cruz, CA
Juhi Varshney, MD '21, Medical student (MS3), San Francisco, CA
Maria Openshaw, MS, CNM, WHNP, Nurse-Midwife, EAST BOSTON
Rupa Marya, MD, Associate Professor of Medicine, UCSF, San Francisco, CA
Amy Isabelle, RN, Nurse Practitioner Student, New Haven, CT
Katya Schoenberg, BSN, SF State Nursing Student, Berkeley, CA
Lucy Ehrenfeld, RN, Family Nurse Practitioner Student, New Haven, CT
Linda Corey, MSN, ARNP, Lake Forest Park, WA
Grace Ann Marrinan, BA, Medical student, Portland, OR
Anna Landau, MD, MPH, DTM&H, Family Medicine, Tucson, AZ
Kimberly Fisher, MSN, RN, San Francisco, CA
Carmen Estrada, MD Candidate 2022, Medical student, Sacramento, CA
Lisa Kopp, DO, MPH, Pediatric Oncology, Tucson, AZ
Aja Aviles-Soto, MSN, CNM, APNP, Milwaukee, WI
Nechama Sammet Moring, CPM, MA, PhD(c), Midwife, Health Services Researcher, Chelsea, MA
Patricia Lebensohn, MD, Medical Doctor, Family Medicine, Tucson AZ
Rachel Berman, MD, MPH, Pediatrics, Bronx, NY
Kelvin Ramirez, PhD, ATR-BC, LCST, Mental Health Professional, Clearwater
Sophie Desnoyers, MA in Counseling for Mental Health and Wellness, Bronx, NY
Elliot Ruggles, PhD, LICSW, MSW, Clinical License, Social Worker, Trauma Specialist, Providence RI
Claire Lamneck, MD, MPH, Tucson, AZ
Harold C Smith, MD, Emergency Medicine, Homer Alaska
Meera Nagarsheth, BS, MA, Medical Student, Miami, FL
Katherine Ketz, MSN, WHNP-BC, Stockton, CA
Joel Dunlap, MD, Medical Doctor, Adult and Pediatric Radiology, San Antonio, TX
Zainab Ahmed, MD, New York, NY
Lisa Blumenfeld, BSN, MA, RN, CSN, Ridgewood, NJ
Stephanie K. Betts, D.O., D.O., Family Medicine Physician, Madison, WI
Rebecca Neuwirth, MS, WHNP-C, ANP-BC, Nurse Practitioner, San Francisco, CA
Jennifer Martinez-Contreras, MSW, Domestic Violence Children's Counselor, Chicago, IL
Elizabeth Steinfield, MSN, Nurse Practitioner, San Francisco CA
Ayala Danzig, MD, Psychiatry, New Haven
Chris Garcia-Wilde, BS, Medical Student, Miami, FL
Katherine Mullins, MD, Internal Medicine Resident, Bronx, NY
Elisabeth Larson, Masters in nursing, Registered nurse, Chicago, IL
Lauren Bacon, MPhil Conflict Resolution and Reconciliation, Student, Phoenix, AZ
Safa Abdulkadir, BA, Medical Student, Minneapolis, MN
Erica Lipschultz, FNP, Family, San Francisco, CA
Giuliana Repetti, BA, Medical student, Tucson, AZ
Amanda Heffernan, MSN, CNM (certified nurse-midwife), Tucson, AZ
Zach Lerner, Medical student, New Orleans, LA
Sasha Parra, BS BA, Medical Student, Los Angeles, Ca

Paul Cho, BA, Medical Student, Minneapolis, MN
Daisy Bugarin, MD, MPH, Brooklyn
Kate Kollars, MD, Family Medicine Student, Ann Arbor, MI
Emily K Stallings, MID, BA, RN, WHNP and CNM graduate student, Columbus, OH
Noriko Brubeck, BSN, RN, Seattle, WA
Christian Felix, BA, Medical student, Los Angeles, CA
Emily Tixier, Medical student, New York, NY
Shannon Prescott, MS Nursing, Psych NP student, Springfield, OH
Maahika Srinivasan, M.S., Medical School Student, Boston, Massachusetts
Symone Magsombol, MSN, RN, sPNP, Pediatric Nurse Practitioner Student, San Francisco, CA
Siera Bazan, Nursing sciences, Nurse, Alice, TX
Charles M Strom, MD PhD, Pediatrics and Genetics, San Clemente CA
Mackenzie, MSN, Certified Nurse Midwife, Sacramento, California
Melissa Gramajo, Master of Science in Nursing, Nurse Practitioner student, Columbus, OH
Molly Pappas, Women's Health, Reproductive Health, Detroit, Michigan
Cody Fowler, B.S., Medical Student, Philadelphia, PA
Elisabeth Kay, MSN student, Health Professional Student - PMHNP, Columbus, OH
Claudia Hentschel, Medical Student, Philadelphia, PA
Mariana Contreras, BSW, Legal/medical advocate, Chicago, IL
Emily Ager, MD, MPH, Emergency Medicine, Portland, OR
Blanca Morales, Medical Student Class of 2020, Jamaica Plain, MA
Rajet Vatsa, Bachelor of Arts, MD-PhD Student, Boston, MA
Laura Ucik, MD, Family Medicine, Bronx, NY
Danielle Nahal, MD, Pediatrics, San Francisco, CA
Olivia Plana, MD expected 2022, Harvard Medical Student, Boston, MA
Alma Onate, BS in Chemistry, Medical Student, Boston, MA
Sarai Santos, BA, Medical Student, Los Angeles, CA
Megan Grant, RN, Oakland, CA
Andrew Foley, BA, MPH, Medical Student, Boston, MA
Linnea Russell, DO, Fourth year medical student (matched), Cambridge, MA
Clara Warden, BA, MD Student, Philadelphia, PA
Shoshana Arai, PhD, Critical Care, Albany
Carrie Schiff, MS, RN, FNP-C, BC-ADM, San Francisco, CA
Miriam Ly Paclibon, Family Nurse Practitioner Student, Seattle, WA
Danika Barry, MPH, MD/MPP Candidate '20, Medical Student, Boston, MA
Aakash Goyal, DO, Physician, Washington DC
Sara Jeevanjee, MD, Internal Medicine, San Jose, CA
Leah Fraimow-Wong, Medical Student, San Francisco, CA
Cazandra Zaragoza, MPH, Medical Student, year 4, Tucson, AZ
Ashley Victor, HBS, MD Student, Portland, OR
Sarah Abboud, PhD, Assistant Professor, Nursing, Chicago
Hannah Lichtsinn, MD, Internal Medicine, Saint Paul, MN
Caitlin Esparza, Medical Student, Sacramento, California
Christina Berlett, BSN, RN, Baltimore md
Albertina Prins, Family Nurse Practitioner, Oakland, CA
Payel Gupta, MD, MD - immunology and allergy, Brooklyn, NY

Sheetal Khedkar Rao, MD, IM, Hinsdale, IL
Yumi Jarris, MD, Professor, Associate Dean for Population Health and Prevention, Washington, DC
Matthew Gibson, MD, Family Medicine & Psychiatry, Sacramento, CA
Judith Goldberger, RN, BSN, Maternal/Child Health, Boston, MA
Andrew Rosales, MS3, Medical Student, Montebello, CA
Paulina Ramirez, MD, Obstetrics and Gynecology, El Paso, TX
Alexander Alvarez, BS, MD/PhD Candidate, Tucson, Arizona
Elisabeth Hansen, Medical Student, Boston, Massachusetts
Adam Strassberg, M.D., Psychiatry, Palo Alto, CA
Katie Xu, BSPS, PharmD student, Worthington, OH
Kendra Verga, M.D. candidate, Medical Student, Sacramento, CA
Ian Joseph, Medicine, MS1, Sacramento, CA
Robinson Reed, MSN, CNM, ARNP, IBCLC, Certified Nurse Midwife, Seattle, WA
Jennifer Daza, Medical Student - MS3, Sacramento, CA
Leah Mawhinn, RN, MSN, Nurse Midwife, New Haven, CT
Evan Klein, MD, Medical student, Chicago, IL
Mario Giovacchini, MSc, MD Candidate 2020, Medical Student, Washington, DC
Kathryn Lee, Medical student, Washington, DC
Morgan Leighton, MD, Pediatrics, Washington, DC
Ellen Asselin, BS, 3rd Year Medical Student, Sacramento, CA
Martha Sola-Visner, MD, Pediatrician, Boston
Sire Sow, MD, Internal Medicine, NEW YORK, NY
Jocelyn Streid, MD Student, Boston, MA
Alana Ju, MD, Pediatrician, Los Angeles, CA
Cristina Castro, MD, PhD Candidate, NYC, NY
Margarita Cabaral, MD Candidate 2020,
Teresa M. Kohlenberg, MD, Pediatrics and Child and Adolescent Psychiatry, Watertown, MA
Nasim Azizgolshani, MD Candidate 2021, Medical student, New Hampshire
Lindsey Weber, BA, Medical Student, Sacramento, CA
Aislinn McMillan, BA, Medical Student, San Diego, CA
John Chard, RN, Oncology Clinical Nurse, San Francisco, CA
Rebecca Howe, MD, Family Medicine Resident, Sacramento, CA
Ande O'Neill, BSN, RN, Columbus, OH
Jaime Francisco Matorras, LMHC, Licensed Mental Health Counselor, Boston, MA
Christine Steele, ARNP, Family Medicine, Tacoma, WA
Sonni Mun, MD, Internal Medicine, New York
Mimi Yen Li, BA, Medical Student, Boston, MA
Anisa Cott, M.D., Psychiatrist, Fulton, MD
Jennifer Valenzuela, MSW, MPH, Social Worker, Boston
Keren Osman, MD, Associate Professor of Medicine, New York
Sandra f penn, MD, Family Medicine, Albuquerque, NM
Erin Gilmer, CNM, ARNP, Yakima, WA
Jordana Laks, MD, MPH, Internal Medicine, Boston, MA
Kate Woeber, PhD, MSN, MPH, certified nurse-midwife, Atlanta, Georgia
Heather McCrea, MD, PhD, Neurosurgery, Miami, FL
Anna Ayers Looby, MPH, medical student, Minneapolis, MN

Jocelyn Moreno, Bachelors, Community Health Worker, Chicago, IL
Ren Bruguera, MD Candidate, Medical Student, Sacramento, CA
Cristal Suarez, BS, Medical Student, Sacramento, CA
Sara Grayson, Nurse, Nurse practitioner, Columbus Ohio
Brittany von Hausch, BSN, RN, Philadelphia, PA
Raquel Selcer, MS2, UC Davis School of Medicine, Medical Student, CA
Rachel Oldfather, MS3, Minneapolis, MN
Mithi del Rosario, Medical Student, Los Angeles
Michelle Telfer, DNP, CNM, MPH, Certified Nurse Midwife, Hamden, CT
Angela Sardo, MS2, Sacramento, CA
Sara Torres, BS, Medical Student, Washington DC
Kathleen Cordes, MD, Family Practice, Eugene, OR
Ruth Gordon, MD, MS4, Sacramento, CA
Jim Recht, MD, Psychiatry, Cambridge, MA
Shruthi Rajashekara, MD, MMSc, Internal Medicine, Seattle, WA
Robert Newman, MS, Nurse Practitioner, New York, NY
Selena Hudson MSN, RN, FNP-BC, Masters of Nursing, Nurse Practitioner, Santa Cruz, CA
Sam J Miller, PharmD, Student, Seattle, WA
tom silverman, MD, pediatrics, SANTA CRUZ CA
Travis Roberts, MPH, Washington, DC
Kayla Gurley, EMT, Medical Student, Sacramento, CA
Joyce Wang, BA, Medical Student, Boston, MA
Carol Pengshung, MD Student, Portland, Oregon
Sara Balla, MS3 - 3rd year Medical Student, Sacramento, CA
Ellen Landsberger, MD MS, Obstetrics & Gynecology, Maternal-Fetal Medicine, New York, NY
Mary O'Brien, MD, Internal Medicine, NY, NY
Sonaz Safari, FNP-C
Daryl Dichek, MPH, CHES, Health Education, Soquel, California
Rosanne Hebert, Registered Nurse, Rosanne Hebert, RN, St Johnsbury, VT
Thea Patterson, BSN, RN, Boston, MA
Caroline Massarelli, MD, Pediatric Resident Physician, NY, NY
Lea Vugic, LICSW, Director of Wellness Services, Boston, MA
Andy Koltun, MS, Medical Student, Washington, DC
Laura Petras, MD, Family Medicine, Virginia Beach VA
Lillian Jin, MD MPH, Pediatrics, Philadelphia, PA
Lily Ostrer, MD, Internal Medicine-Pediatrics, Miami, FL
Michael A Stoto, PhD, Epidemiology and public health policy, Bethesda
Josie Chiba, Bachelor's Degree, Philadelphia, PA
Mary Kathryn Dean,, Philadelphia, PA
Elizabeth Babkin, MD, Health professional student, Minneapolis MN
Leslie Pereira, RCIS, Cardiology, Miami, FL
Kathy, CNM, Midwife, Takoma Park, MD
Santana Sanchez, Medical Student, Saint Paul
Kathy Chu, MD, Internal Medicine, Bronx, NY
Dani Meza, MD, Pediatrician, Miami, FL
Jessica Fleischer-Black, MD, Emergency Medicine, New York, NY

Catherine Bergmann, PhD, MPH, Licensed Psychologist, Riverdale Park, MD
Jasmine Barber, MSc, Medical student, Miami, FL
Sandhira Wijayarathne, BA, MD candidate, Boston, MA
Dale Davis, M.A., Medical Student, Portland, OR
Kelsey Priest, PhD, MPH, MD/PhD Student, Portland, OR
Caitlin Mahoney, medical student., Family Medicine, Washington, DC
Andrea Zengion, ND, MS, MS, CNM, OB/Gyn, Seattle, WA
Daniela Kantorova, PsyD, Clinical Psychologist, Oakland
Carolina González Schlenker, MD, MPH, Family and Community Medicine, San Antonio, TX
Rebecca George, MD Candidate, UC Davis School of Medicine, Sacramento, CA
James Deng, S.B, Medical Student, San Diego, CA
Sharat Vallurupalli, MD, Psychiatry, Atlanta, GA
Zoe Teton, B.S., Medical Student, Portland, OR
Rose Chuong, B.S., Medical student, Portland, OR
Sahaj Patel, Medical Student, DC
Abigail Reese, PhD, CNM, Nurse-Midwife Albuquerque, NM
Jamie Gay, BA Business, Medical laboratory specialist, Burlington, VT
Daniel Albrecht, MS2, Medical Student, Philadelphia PA
Cynthia Luo, MD Student, New York, NY
Genevieve Preer, MD, Pediatrics, Boston, MA
Katherine Blunk, MSN, Emergency Services RN, Louisville, KY
Sarah Newhall, BA, Medical Student, Portland, OR
Brendan McCreath, BS, Medical Student, Philadelphia, PA
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Nicole Barney, BS, Medical Student, Portland, OR
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SONIA LIPSON, MSN, Family Nurse Practitioner, SOMERVILLE
Pedro Abdala, MD, MS4, Portland, OR
Rachel Gougian, DO, Family Physician, Washington, DC
Larissa Jursich, BA and HCA, Certified Postpartum Doula, Seattle, WA
Meera Kuntawala, MD, Student, Augusta, GA
Mitszell Hill, CST, Certified Surgical Technologist, Florida
Anne Jacobson, MD, MPH, Family Medicine, Chicago, IL
Jacob Mearse, DNP, CNM, PMHNP, Certified Nurse Midwife, Tacoma, WA
Jennifer Dewaard, Licensed Midwife, Grand Rapids, MI
Elena Hirsch, OMS-I, osteopathic medical student, New York, NY
Jill Frankel, RN, Hospice RN,
Jennifer Janssen, MD, MSc, OBGYN Resident Physician, Illinois
Yolanda H Avellaneda, Bachelor Social Communication, D.V Counselor, Addison
Tori Singer, OMS-1, Osteopathic Medical Student year 1, New York, NY
Julia Waldman, B.S., Medical student, New York, NY
Ellen McLaughlin, Ed.D, Occupational therapist, Dallas PA
Jasper Perry-Anderson, pre-med undergraduate, Philadelphia, PA
Abaigeal Doherty, MSW (2020), Clinical Mental health, Boston
Jocelyn Ho, RN, sFNP, San Francisco, CA
Hannah Bender, Medical Student, Boston, MA

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Sophia, MSW May 2020, Clinical social work intern, Boston, MA
Ursula Parlin, MD, expected May 2020, Pediatrics, Philadelphia, PA
Connie Trujillo, CNM, Nurse-Midwife, Las Vegas, NM
Candra Kennedy, MS, COMS, Philadelphia PA
Maigan Brusko, PhD, Immunology, Gainesville, FL
Jacqueline Mayorga, BA; Masters of Social Work Student, MSW student, Boston, Ma
Danika Severino Wynn, MSN, CNM, IBCLC, Providence, RI
Erynn Beeson, MD (Candidate), Medical Student, Portland, Oregon
Carolina Reyes, BA, LM, CPM, Midwife, San Antonio, Texas
Amanda Foster, PhD, Psychologist, Atlanta, GA
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Marissa Swyer, MSW, Social work student, Boston, MA
Melanie Noyes, Business Owner, Asheville, North Carolina
Libby Wetterer, Expected MD 2020, Medical Student, Washington DC
Emily Retzlaff, Bachelors, Birth doula, Grand Rapids, mi
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Cristy Ragland, MA in Family Psychology, Therapist, Austin, TX
Fatima Aslam, EMT, Pittsburgh, PA
Paul Pelavin, MSc, MD, Pediatric endocrinologist, Paramus, NJ
Leah jo Carnine, MPAS, PA-C (physician assistant), Albuquerque, NM
Jessica Chaffkin, MD, Psychiatry, New Haven, CT
Kathryn Laughon, PhD RN, Associate Professor, Charlottesville VA
Elizabeth Waller, MD, Neuro-ophthalmology, Charlotte, NC
Michael Chang, MD, Emergency Medicine, New York, NY
Sarah Livingston, nursing student, clinical research coordinator, Portland, OR
Courtney Moore, RN, Tumwater WA
Leah Rethy, MD, MS4, Philadelphia, PA
Kevin Velez, BSN, Registered Nurse, Woodside, NY
Robin Gallagher, BA-Geography, Chicago, IL
Javier Sethness, MSN, FNP-BC, Los Angeles, CA
Abbi Abshire, Psychology, Therapy, Sacramento, California
Leigh Bowie, MScN, RN, Phoenix, Arizona
Dalia Klausner, PA-C, Critical care, Brooklyn, NY
David Chapin, APRN, Psychiatric/Mental Health, Columbus, Ohio
Jasper Moon, BS, CPM, LMT, Midwife, massage therapist, Portland OR
Rachel Feliciano, Medical Student, Minneapolis, MN
Meagan Maddock, Masters of social work, New York, New York
Mary Ann Doyle, Ph.D., Teacher Educator, Lafayette, LA
Madeline Bracamontes, BSN, Registered Nurse, New York, New York
Alexandra Kugler, RN (M.S.), Family Nurse Practitioner doctoral candidate, Brooklyn, NY
Chandni Shroff, MSW, Clinician, Boston, MA
Michael Green, BA, Medical Student, Boston, MA
Jennifer McArthur, DO, Pediatric Critical Care Medicine, Memphis. TN
Alma Prins, MSW, LCSW, Oakland, CA

Denisse Guillen Broadbent, M.D., Pediatrics, El Paso, TX
Jenai Longstaff, B.S. Earth Systems; EMT license; enrolled in MSN program, EMT, MSN Student, Tucson
Tatum Sohlberg, MD MPH, Pediatric Resident, Stanford, CA
Charlotte Badler, BSN, RN, Boston
Shoshana Waskow, MD, Pediatrics, Evanston, IL
Janet Jaffe, PhD, Psychologist, Syracuse NY
Lindsey Gohd, MSc plant biology and conservation, Chicago, IL
Melissa Garfinkel, MSW, Cherry Hill, NJ
Michael Chang, MD, Emergency Medicine, New York, NY
Stanley N Shikuma, RN, Bachelor of Science in Nursing (BSN), Registered Nurse / RN, Seattle, WA
Viola Kaci, Criminology, Government, Boston, MA
Gemma Lurie, Bachelors of Arts, Los Angeles CA
Mark Morales, MD, Resident Physician, Philadelphia, PA
Ashley DeNegre, PhD, Infectious disease epidemiology, MARTINSVILLE
Mia DiMeo, Student, Bryn Mawr, PA
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Samantha Mayer, Registered Nurse, associates, Registered Nurse, BSN student, Philadelphia, PA
Julie Lerman, MD, Salt Lake City, UT
Michael Khoury, MD, Neurology, Atlanta, GA
Ross Patten, Bachelors, Hanover, NH
Jenna Hepner, MSW, Healthcare, Licensed Clinical Social Worker, Fitchburg, MA
Jessica Piziali, Masters in counseling psychology, Mental health therapist, Washington
Alison Vasa, MD, MD student, Portland, OR
Alice Wei, Medical Student (MS4), Milwaukee, WI
Amity Calvin, BA, Medical Student, Portland, OR
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Rebecca Olveda, MD, Pediatrics, San Francisco, CA
Leah Crosta, Bachelor of Science Resource Economics, Quincy, Ma
Stephen Kane, MS, Student Doctor, Washington, DC
Eve, Western clinical herbalism associates, Minnesota
Sara Rogerson, MD, Medical student, Philadelphia, PA
Caitlin Rife, MSW, Health Social Work Student, Baltimore, MD
breeanna little, CERT, kansas city missouri
Patrick Shea, Sociology, Yale College 2020, New Haven
Kathryn Himmelstein, MD, MEd, Internal Medicine, Boston, MA
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Brooke Raidmae, Certified Nurse Midwife, MSN, CNM, Tucson, AZ
Taman Hoang, MD, Resident, Redding, CA
Austin Witt, MD, Family Medicine, Johnson City, TN
Myrka Castellanos, Highschool, Health Professional Student, Eastvale, CA
Hoai-nam Hoang, MD, Family Medicine, China, Maine
Kim Tranquada, MD, FACEP, Emergency Medicine, Tucson, AZ
Jennifer Almanza, DNP, APRN, CNM, Midwife, St. Paul, MN

Mara Levy, OTR/L, CDRS, CLT-LANA, Silver Spring, MD
Rachel Wagner-Gilchrist, MSW, Early Childhood Mental Health Specialist, Syracuse, New York
Matthew Hughes, BS, Medical Student at UW-Madison School of Medicine and Public Health, Milwaukee, WI
Rachael Sirianni, PhD, Assistant Professor, Houston, TX
Kathy Howell, BS, Interpreter/Translator, Ellicott City
Naaman Mehta, BS, health professional student, providence, RI
Thomas C. Page, Licensed EMR, Emergency Medical Provider, Los Angeles, CA
James P Curran, MA, Hospital Administrator (Retired), Littleton
Sara, Social work, Master's in social work candidate, Boston, MA
Steven Murphy, MD, Family Medicine, Milwaukee, Wisconsin
Amelia Gurley, Medical Student, Providence, RI
Charlotte Austin, MD, Surgery Resident, Jersey City, NJ
Vanessa Van Doren, MD, Internal Medicine, Atlanta, GA
Erica Kaye, MD, MPH, Pediatrician, Memphis
Eloho Akpovi, MS, Medical student, Providence, RI
Charlotte Lee, MD-ScM candidate, Medical student at Brown University, Norwood, MA
Connie Pantan, MPH, Medical student, Providence, RI
Alexandria Straaik, MA, MS, PMHNP, Columbus, Ohio
Rodin Molina, RN, BSN, Registered Nurse & Advance Practice Nursing Student, Tucson, AZ
Jason Odhner, RN, BSN, CCRN, Phoenix Arizona
Kristyn Kirkland, BSN, RN, Intermediate Care, Rhode Island
Kayla Holston, MPH, Medical Student, Hampton, VA
Victor Lewis, MD, Primary Care Internist, Boston, MA
Hilaria Barajas, Education, Masters Student: Student Teacher, Berkeley
Rachel Cruz, MPH, Public Health Administration and Policy student, Minneapolis, MN
Julian Drix, MPH, Certified in Environmental and Occupational Health, Providence, RI
Eleanor Schmidt, BA, medical student, Portland, OR
Roz Leiser, BA, RN, San Francisco, CA
Amy Landolt, LAc, Licensed acupuncturist, Evanston, IL
L'Oreal Kennedy, DNP, First Year Medical Student, CNM, ARNP, Auburn, WA
Katie Boudreaux, BA, BSN, RN, SNM, Lakeville, MN
Andrew Needleman, Medical doctor candidate, Camden, NJ
Hali Sherman, MD, Pediatrician, Santa Rosa, CA
Mary Lynn O'Brien, MD, Pediatrician, Portland Or
Kelsie Barta, FNP-C, Richmond, Texas
Mary Ann Kopydlowski, RN Homeless HealthCare Boston, MA, RN, Boston, MA
Natasha Warikoo, BA, MD/PhD Student, Portland, OR
Sarah Fahey, Bachelor, Manassas, VA
Gregory Fahey, Masters, Manassas, VA
Rhesa Napoli, N.D., Portland, OR
Shrina Patel, Bachelor of Arts, Health Professional Student, Camden, NJ
Ellen Tattelma, MD, Family Medicine, Bronx, New York
Melissa L Gory, RN, BA, BSN, MSN/Ed., Registered Nurse, Santa Rosa, CA
Elana Perlow, BA, Medical Student, M2, Camden, NJ
Matthew Perry, MD, ScM, Family Medicine PGY1, Providence, RI
Ruth Dieleman-Levine, DDS, Dentist, NY

Jennifer Jensen, MD (in progress), Medical student, Seattle, wa
Jan M Steckel, MD, Retired pediatrician, Oakland
Brian Schonewald, MD, Student, Camden, NJ
Catherine Irwin, M.S.Ed., Kansas City, MO
Malavika Suresh, Medical Student, Minneapolis, Minnesota
Shrina Patel, Bachelor of Arts, Health Professional Student, Camden, NJ
Katherine Dyer, First year medical student, Seattle, WA
Margaret Gao, MD candidate, MS2, Medical Student, Camden, NJ
Angelina Fazio, BSN, RN, Flagstaff, Arizona
Peter Theodore Hetzler, MD, MHS, Plastic & Reconstructive Surgery, Arlington
Maaz Khan, BS, Medical student, Oklahoma City, OK
Nuha Fariha, DO, Student, Philadelphia, PA
Dena Zilber, Bachelors, Seattle, WA
Natalie kachur, BSN, RN, seattle, wa
Julie Heger, BA, health professional student, Miami, FL
Crystal Hawkins, RN, Student Midwife, Philadelphia
Diana Jimenez Sahagun, MD, Medical Student, Seattle, WA
Ieyen, B.A., n/a, Minneapolis, MN
Amy Fisher, BA Psychology and Child Advocacy, El Paso, TX
Kelsey Millar, 4th Year Medical Student, Sacramento, CA
Aaron Herzog, MD, Pediatrics, Brooklyn, NY
Leslie Hoyos, Masters of Public Health, Health Professional Student, Little Falls, NJ
Krissia M Rivera Perla, MD/ScM Candidate, Medical Student, Providence, RI
Reshma Ramachandran, MD, MPP, Family Medicine, Los Angeles, CA
Uzma Rezvi, MD; Anesthesiology and Interventional Pain Medicine, Chicago, IL
Leslie Hoyos, Masters of Public Health, Health Professional Student, Little Falls, NJ
Elaine Chan, BA, Medical Student, Los Angeles, CA
Kaia Barth, Medical Student, Seattle, WA
Emily Murphy, BS, Medical Student, Class of 2020, Washington, DC
Erika Spangler, MAT, M.Ed, Teacher, Lynn, Ma
Holly Pranaat, MS, CNM, Rochester, NY
Katherine Cicoello, MD, Psychiatry Resident, Somerville, MA
Amy Peters, RN, Case management; nurse practitioner student, Allentown, PA
Caitlin Clever, MOT, OTR/L, Home Healthcare Occupational Therapist, Pittsburgh, PA
Emily Anderson, MS, Nurse practitioner, Buffalo, NY
Samantha Nguyen, Medical Student, Sacramento, CA
Polly T. Young, M.D, Family Medicine, Berkeley CA
Ligia Fragoso, MA, Medical Student, Alpert Medical School, Providence, RI
Roopa Nalam, MD, PhD, Internal Medicine, Houston
Angela Wulbrecht, Nursing, RN, Santa Rosa Ca
Allyn Walker, Ph.D., Criminal Justice, Norfolk, VA
Catherine Gannage, Medical Student, Providence, RI
Dina Kravtsov FNP, Family Nurse Practitioner, Kingston NY
Katie Sullivan, BA, MD-ScM candidate, 2021, Providence, RI
Rekha Chandrabose, MD, Anesthesiology, San Diego, CA
Kayla Hogan, MD, Student, Seattle, Wa

Celina Bridges, MD, Medical student, Seattle, WA
Laura D, BSN, RN, Charlottesville, VA
Yury Parra, MD/AAHIVM, Family Medicine/HIV Medicine, New York, NY
Virginia Benally, RN BSN, Tuba City, AZ
Nichole Roxas, MD MPH, Psychiatry, New Haven, CT
Natalie Ferraiolo, MD, Family Medicine, San Diego, CA
Megan Deyarmond, MD Candidate, Medical student, District of Columbia
Natalie Kost Watson, BA, Community Midwife, Pittsburgh, PA
Kyrie Larcher, Master of Social Welfare, Licensed Clinical Social Worker, Los Angeles, CA
Heidi Rogers, FNP-cDNP, Family nurse practitioner, Los Alamos NM
Bradley Heinz, MD, 2nd year Medical Student, San Francisco, CA
Noah Gorelick, MD, Baltimore, MD
Enock Adjei, M.D., Medical student, Seattle, WA
Joanna Davis, CPM, Certified Professional Midwife, Marietta, Ohio
Melanie Brown, MSc, Medical student, Providence, RI
Katie Mayer, BSN, RN, PA
Elizabeth Gilbert, Associate of Applied Science Nursing, Registered Nurse - Acute Inpatient Care, Tillamook
Rebecca Joseph, MD, MPH, Family Medicine, Boston, MA
Rasagnya Kota, BS, Medical Student, Camden, NJ
Pranati Panuganti, BS, Medical Student, Providence RI
Prisca gloor, Ph.D, Psychology, Los Angeles
Frankie Valdez, M.D., Family Medicine, Sacramento, CA
Priscilla Lowell, BAS, Santa Rosa, CA
Raul Salazar, BS, Medical Student, Los Angeles, CA
Rhannon Fenstermacher-Price, LPN, Albuquerque, NM
Stephannie Ratcliff, M.S., Medical Student, San Francisco, CA
Elise Fogel, CNM, ARNP, Midwifery, Seattle WA
Daisy A Cruz, Medical Doctorate, Medical Student- Year 4, Sacramento, CA
Linda bennett, Midwife, retired, Salem Oregon
Brenly Rowland, MS, MD candidate 2022, Medical student, Oakland, CA
Kim Bui, MD, Family Medicine, New York City, NY
Erik Klumpp, MS in Civil Engineering, Technical Sales Engineer, Littleton
Chan Young Park, Expected MD 2020, Medical Student, San Francisco, CA
Nick Henry, Electrical Engineering AS, Minneapolis, MN
Elena Roberts, M.S., MD in progress, MD student, Greenville, South Carolina
Emily Maraschky, MD, Family Medicine Resident, Cleveland, OH
Angela Zhang, BA, MD'21, Providence, RI
Blair Dozois, Medical Student, Portland, OR
Luke Silverman-Lloyd, BA, Medical Student, Berkeley, CA
Holly L White, CNM, Nurse Midwife OB/GYN, New York, New York
Victor Kucherov, MD, Urology, Philadelphia, PA
Catherine Cai, PhD, medical student, Bethesda MD
Dan O'Connell, MD, Family Medicine, Bronx NY
Pearl Nguyen, MSc, Medical student, Renton, WA
Jennifer Vogt, RN, BSN, RN, East Northport, NY
Elizabeth Perelli, RN, MS, APRN, Community College Health Services Director, Retired, San Carlos, CA

Nia Graziano, CNM, Certified Nurse Midwife, Obstetrics and gynecology, Pittsburgh, PA
Noa Gelb, Classical Civilizations, Standardized Patient., Washington, Dc
Shira Cohen, B.A., J.D. (expected 2022), Boulder, Colorado
Avik Chatterjee, MD. MPH, Internal Medicine and Pediatrics, CAMBRIDGE, MA
Savannah King, MSW, LSW, Chicago, IL
Ellen Tattelma, MD, Family Medicine, Bronx, New York
Victoria Stone-Cadena, Ph.D., Anthropology, New York, NY
Elizabeth Elmschig, MD MPH, Psychiatry, San Francisco, CA
Michael Nair-Collins, PhD, Associate Professor of Medicine and Bioethics, Tallahassee, FL
Pam Benvenue, Certified Nurse Midwife, OB GYN, Oakland, California
Tom Watson, MS chemistry, Chemist, Pittsburgh, PA
Megan Aitro, APRN student, Pediatrics, New Haven
Laura Janneck, MD, MPH, emergency physician, Boston, MA
Katherine Shaffer, MD/MPH Candidate, Cambridge, MA
willow Frye, Medical Student, Berkeley, CA
Siyu Xiao, MD, Housestaff OBGYN, Bronx
Michael Alpert, M.D., Psychiatry, Boston, MA
Israa Al Haiani, Bachelor, Programmer, Portland, Oregon
Kathryn Borgenicht, MD, Palliative medicine physician, Bozeman Montana
Ellen Bedenko, ADN, RN, CCRC, Bryn Mawr, PA
Kara Murdock, Social Work, Hopkinton, MA
Alison Aronstam, MS, Medical Student, San Francisco, CA
Wayne Anderson, Registered Nurse, Progressive Cardiac, Eugene Oregon
Nicole Kim, Bachelor in the Arts (Undergraduate), Medical Student, Providence, RI
Jeffrey freilich, MD, Internal Medicine, Port Washington
Shreya Thatai, BA, Medical Student, BERKELEY, CALIFORNIA
Hilary Serbin, Microbiology and Chemistry, Pre-medical student, Pittsburgh, PA
Rebecca Ruf, MD, Internal Medicine and Pediatrics, Durham, NC
Ginette Friesen, Nursing, Student, St. Paul, MN
C. Jane Coffee, MSW, BSN, Yale School of Nursing, New Haven, CT
Noor Chadha, BA, Medical Student, Berkeley, California
Christina Marea, MSN, Nurse midwife, Washington DC
Bryanna Lee, Midwifery BA, DEM, Tooele, UT
Tina Dunn, ADN, Registered Nurse, Salt Lake City, UT
Silvia Hutchins, Bilingual Teacher, Camarillo, CA
Jessica Boland, MSW, LCSW, Director of Behavioral Health, Chicago
Mary L Zupanc, MD, Pediatric Neurology, Co-Medical Director., CHOC Neuroscience Institute, Orange CA
Meredith Wideman, RN, MSN, BSN, State College, PA
Johanna Lynch, Anticipated MSW, Social Worker, Boston, MA
Laura Pennington, MSN, APN,
Meg Novak, CPM LM, Licensed Midwife, Winona, MN
Erin Eagles, Master of Social Service, LCSW, Outpatient Psychotherapist, Perkasi, PA
Joanna Mandell, MD, MS, family physician, Oakland CA
Lisa-Qiao MacDonald, MD, Medical Student, Class of 2021, Philadelphia
Stasha O'Callaghan, MD, New York, NY
Rhina Acevedo, MD, Family Medicine, Edison, NJ

Eugene Uphoff, M.D, Family Physician, Portland
Fransia Samantha De Leon, MD, Medical Student, Sacramento, CA
Maggie S., Paramedic, El Paso, TX
Susan Way, RN, CNM, WHNP-BC, Certified Nurse-Midwife, Ann Arbor, MI
Maureen McGrath, Masters in Nursng, PNP, Oakland, CA
Dennis Dentoni-Lasofsky, RN BSN, Infectious disease, San Francisco, CA
Chloe Martin, RN, BSN, RN and NP student, Turner, Maine
Sarah Stone, M. Phil., MFA, Clinical Social Work Intern, Boston, MA
marianne mauldin, Physical Therapist Asst., Physical Therapist Asst., portland, OR.
Chrislene DeJean, Master's in Social Work, Clinical social work graduate student, Boston, MA
Yasi Vafai, Medical Degree, Student, Berkeley
Rachael Cohen, B.S.*, Global Health (*to be awarded 5/9/20), Pittsburgh, PA
Kristen Riley, PhD, Clinical Psychology, Cranford, NJ
Randi Millerman, MD/MPH, Student, Milwaukee, WI
Beth Hirschfield, MD, Hospice Medical Director, Portland, Oregon
Gina Chang, BA, MD/MPH Student, Philadelphia, PA
Allison Lawrence, CNM, Nurse midwife, Vancouver, WA
Eleanor Proctor, MA, Educator, North Attleboro, MA
Dr. Susan Maxwell, PsyD, Psychologist, San Francisco
Jen Brown, MSW, LICSW, Therapist, specializing in behavioral health, Somerville, MA
Sydney H. Russell Leed, MD, MPH Student,
Mackenzi Wakley, herbalist, Seattle, Washington
Emily Romano, 3rd Year Medical Student, Philadelphia, PA
Janet Perlman, MD, MPH, Pediatrician, Berkeley, Ca
Kate Blumenthal, Bachelor of Science in Nursing, Registered Nurse, Philadelphia, PA
Aminta Kouyate, MD/MS expected, Medical Student, BERKELEY
Marji Gold, MD, Bronx, NY
Nina Sreshta, MD, Psychiatrist, Cambridge, MA
Susan L. Ivey, MD, MHSA, Family Medicine, Emergency Medicine, Danville, CA
Sharon Marlowe, BSN, Pediatric Nurse, West Chester, PA
Marianna Kaufman, MD, Internal Medicine, Syracuse
Anamika Saha, MPH, Medical student, Astoria, NY
Rachel Baldwin, MD MPH, Physician, WILMINGTON, NC
Anya Platt, MD, Pediatrics, Philadelphia, PA
Tatianne Velo, MD, MPH, Family Physician, Santa Ana, CA
Andrew Epstein, MD, Medical Oncology and Palliative Medicine, New York, NY
Stacie Walker, MSN, CNM, ARNP, Kirkland, WA
Keyanna Jackson, BA, Medical student (MD), New York, NY
Stephanie Ekey, MD Candidate, San Francisco, CA
Jessica Reiff, MSW, Seattle
Jess Irish, MFA, New York, NY
Aiden Shapiro, MD, Emergency Medicine, New York, New York
Joanna Dubinsky, PA-C, New Orleans
Michelle Berlin, MD, MPH, Public Health and Obstetrics & Gynecology, Portland, OR
Nicole Fordey, MSW, LICSW/MLADC, Manchester, NH
May Lam, Health Science, Clinical Social Worker student, Boston, Massachusetts

Elissa Hamlin, BSN, Registered Nurse, Southfield, Mi
Martha L. Castro, MD, Emergency Medicine, New York, NY
Katrina Monta, B.A., Medical student, Camden, NJ
Cameron Hicks, B.A., MD Candidate, Medical Student, San Francisco, CA
Dr. Tehea Robie, DAOM, Doctor of Chinese medicine and acupuncture, Oakland, CA
Michaela Barry, MD, Student, Rochester, NY
Kelsey Wilson-Henjum, MD, Family Medicine, New York, New York
Megan Byers, RN, FNP Student, Belmont, CA
Neha Bakhai, MD, Doctor - Family Medicine, Seattle, WA
Matty Whyte, Registered Nurse, Seattle, WA
Willow LeTellier, BSN, Lactation Consultant, RN, Seattle, WA
Faith Galderisi, DO, Pediatric Hematology Oncology, Portland, Oregon
Heather Baskind, MD, Internal Medicine-Pediatrics, primary care, Oakland, CA
John Mark, BS, Medical Student, Year 2, Sacramento, California
Robertha Barnes, MS, MS1, Syracuse, NY
Sharmaine Collier, Registered Nurse, Petaluma, CA
Cheryl Robinson-Atwood, RN, RN, retired., Cloverport
Katie Batchelder, BSN, Hospice RN, Providence
Daniel Wallach, MD, Internal Medicine, Washington, DC
Marcia M. Zorrilla, DrPH, Public Health Specialist, San Francisco, CA
Yvette Chalom, irrelevant, none, Berkeley, CA
Randall Burson, BA, MD-PhD Student, University of Pennsylvania, Philadelphia, PA
Diana Ko, MS, Medical Student, Portland, OR
Diane Guta, UCSF / MSN, Family Nurse practitioner, Portland, oregon
Lucy Doxon, RN, BSN, RNC, Jersey City, NJ
Sara Jones, BA, MD/MPH Student, Miami, FL
MaryEllen Rieck, Political Science, Phd, Michigan
Katie McDevitt, MSN, CNM, Washington, DC
Douglas Black, MD, Physician, Manchester, NH
Michael Mintz, PsyD, Psychologist, WASHINGTON
Megan Stalheim, MBA, St. Paul, Minnesota
Kelly Bach, BA, Medical Student, Philadelphia, PA
Harrison Alter, MD, MS, Emergency Medicine, Berkeley, CA
Azarin Shoghi, MD candidate, MD candidate, Sacramento, CA
Tiziana Lohnes, Clinical Mental Health Counseling, Licensed Clinical Professional Counselor, Cheverly MD
KAREN CHIU, MPA, RN, Cupertino, CA
Rikki Kelley, BSN, RN, Ann Arbor, MI
Rebecca Fino-Fugate, MSN, ARNP, CNM, Seattle, WA
Kimberly Medina, J.D. Anticipated May 2020, Law Student, Minneapolis, MN
Margot Hedlin, MD, Internal Medicine, New York, NY
Kathy Kojimoto, BA, Former UCSF Medical Education Coordinator, Oakland, CA
Kevin Newhall, Medical Student, Cleveland, Ohio
Dr. Lupin DeMuth, ND, Portland, OR
Sumanth Kaja, MD, Emergency Medicine, New York, NY
Sarah Eppley, MS, MD Candidate, medical student, San Francisco, CA
Karen Chung, MD student, Seattle, WA

Tung Nguyen, MD, Internal Medicine, San Francisco, CA
Emma Mohr, MD PhD, Infectious diseases, Madison, WI
Haruna Aridomi, MD/MS (candidate), Medical Student, Berkeley, CA
Amy Legros, BS, Medical student, Miami, FL
James R Wilson, MD, Emergency Medicine and Internal Medicine, recently retired, Redlands, California
Dulcie Schippa, DNP, CRNA, Anesthesia, Illinois
Kyle Kim, MD candidate, Medical Student, Sacramento, CA
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Lucy Colville, MD candidate 2022, Medical Student, New York, NY
Deanne Dworski-Riggs, LICSW, Cambridge
Lara Karaaslan, BA, Medical Student, New York, NY
Daniel Gonzalez, MD Candidate, Boston, MA
Rachel Allison, B.S., Health Professional Student, San Francisco, CA

Andrea Yeguez, BS, Medical Student, Philadelphia, PA
Anna Hankins, BSN, RN, Philadelphia, PA
Naomi A. Schapiro, RN, PhD, CPNP-PC, Professor Emer., UCSF Family Health Care Nursing, San Francisco, CA
Daniel Neghassi, MD, Family Physician, New York
Helen Joyce, Medical Student, Irvine, CA
Samta Amin, Medical student, Philadelphia, PA
Ann Webster, RN, BSN, OCN, Oncology RN, Grand Rapids, Michigan
Sandra Selikson, M.D., Family physician, Geriatrician, Hastings on Hudson
Nancy Suarez-Tipton, M.S., Medical Student, Philadelphia, PA
Kelton Mock, BS/BA, Medical Student, Garden Grove, CA
Courtney Bancroft, PsyD, Health Psychologist, New York, NY
Loretta Capeheart, PhD, Sociology, San Antonio TX
Elizabeth Cavic, BS, Psychiatric Research Coordinator, Chicago, IL
Raissa Anstett, M.D., Student, Philadelphia, PA
Heather Kohser, RN, Pediatrics, Isle La Motte, VT
Jack Finnegan, D.O., Emergency Medicine, Chicago
Kate Eiseman, Medical Student, Columbia University, New York, NY
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Robert Graffin, BS Biology, First year medical student, Sayreville New Jersey
Descartes Li, MD, Psychiatry, San Francisco, CA
Carol Blenning, MD, Family Medicine, Portland, OR
Shela Sridhar, MD, Internal Medicine/Pediatrics and Global Health, Boston, MA
Hayoung Youn, MD Candidate, Medical Student, M3, Philadelphia, PA
Yusra Ahmedin, BS, Biology, UCLA Medical Student, Class of 2023, Los Angeles, CA
Scott Landman, BS, DO student, Mineola, NY
Meghan Swyryn, First year medical student, Philadelphia, PA
Kate Frometa, MS CNM, Nurse-midwife, San Francisco, CA
Shanta Ramsaran, MBS, DO student, Old Westbury, NY
Preethi Venkat, MPH, MD candidate, future Internal Medicine resident physician, Washington, DC
Elisabeth Frankini, BA, MPH, Medical Student Year 1, Long Island, New York
Laura Salvatierra, Master's in Nursing, Family Nurse Practitioner, Bronx, NY
Isabel Genecin, Medical student, New York, NY
Forum Patel, Doctor of Osteopathic Medicine, Student, Chicago, IL
Marbella Chavez, B. S. Microbiology, Patient Care Administrator, Goshen, Indiana
Megan Patton, BS, Medical Student, Philadelphia, PA
Nikkole Turgeon, Medical Doctor, Medical student, Norwalk, CT
Madeleine Kane, MS2, Oakland, CA
Laura Cuevas, BS, Medical Student, Irvine, CA
Mariam Wanees, MD Candidate, Medical Student, Queens, New York
Sarah Minney, BA, Medical Student, Pittsburgh PA
John Gaipa, Medical Student, New York, New York
Elizabeth Wilkinson, MSW, Mental Health Professional, Jacksonville, FL
Laura Morissette, Bachelor of Science in Nursing, RN, Hot Sulphur Springs, Colorado
Nikhil "Sunny" Patel, MD, MPH, MS, Child and Adolescent Psychiatry, New York, NY
Brooke Rody, MA, RN, PHN, SNM, Student, Master's of Nurse Midwifery, St Paul
Avery Hum, DO, Medical Student, Brooklyn, NY

Tejasvi Gowda, Medical Student, Pittsburgh, PA
Brianna Casey, MD Candidate, MS, Philadelphia
Karla Garcia, Masters in Social work, Licensed independent clinical social worker, Wa
Liz Kroboth, MPH, Oakland, CA
Kikelomo Ogun-Semore, BS, MS1, Augusta, GA
Zoheret Memmert-Miller, Registered Nurse, Massachusetts
Melissa Herring, MS, EdM, MBBS Candidate 2021, Philadelphia, PA
Ezequiel Ramos, BA, Medical Student, Mesa, AZ
Emily Stroobant, BS, MS 3, Philadelphia, PA
Emily Papai, Medicine, Medical student, Philadelphia, PA
Ryan Dorey, MD, Medical student, Philadelphia, PA
Inanna Carter, MD Candidate, Maui, Hawaii
Nesreen Suwan, MD, Neurology, OAkbrook IL
David X. Marquez, PhD, Applied Health Sciences, Chicago, IL
Kathryn Paparella, BA, Medical student, Philadelphia, PA
Jennifer Herman, FNP, Santa Rosa, CA
Hez Wollin, MSW, Licensed Clinical Social Worker, San Francisco, CA
Diana Varenik, Student, New York
Susanah, Agree, CNA, Milton New York
Ziad Rifi, B.A. Molecular & Cell Biology, MD Candidate, Los Angeles, CA
Linda Green, Md, Internal medicine physician, Mount Rainier
Luis A Aguilar Montalvan, Medical Degree, Medical Student 4th year, Philadelphia, PA
Victoria Nguyen, BS, Medical student, Philadelphia, PA
Alanna Ticali, Medical Student, Year 3, Philadelphia, PA
Sandi Tenfelde, PhD, APRN, WHNP-BC, Women's Health Nurse Practitioner, Chicago IL
Amalia Pallares, PhD, Professor, Oak Park, IL
Vanessa Auritt, BA, Research Assistant, Community Health Opioid Use Disorder Project, Cambridge, MA
Howard A Wishnie, MD -, MD, Psychiatrist psychoanalyst, Cambridge/ Newton, MA
Helen Bermudez, BS in Biology, MD candidate, Medical student, Hialeah, FL
Crista Bishop, PhD, Psychology, Gilbert, Arizona
Alex Hanesworth, BA, Brown University, Providence, RI
Karen Aguirre, Master of Public Health, Health Program Manager, Chicago
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Hannah Sagin, Medical Student, LKSOM Class of 2022, Bethlehem, PA
Nathan Davis, D.O., Student, New York, New York
Charlie Dunkin, MSW, San Francisco, CA
Francisca Chou, BA, MD candidate, NY, NY
Yao-Chieh Cheng, Future MD, Medical Student, Philadelphia, PA
Amy Morton, BFA, Teacher, Caver, Austin, TX
Karla Prodigue, B.A., MD Candidate, Los Angeles, CA
Samuel S Cohen, DO, Medical Student, new york
Rebecca, MD, medical student, Philadelphia, PA
Rachel Wheeler, MD, Family Medicine, Cambridge, MA
Esther Dane, BSN, Nursing student, Stockton, CA
Chris Tarrant, MSW, LCSW, Oakland, California
Tricia Wendt, MA in Social Work and Public Administration, Associate Social Worker, San Francisco, CA

Danielle Marcano-Buckler, BA in Biology, MD candidate, Medical student, Easton, PA
Sherry Choi, Bachelors, Registered Nurse, Somerville, MA
Laya Manoj, MD student, Philadelphia, PA
Leeallie Carter, MD, MS4 UNC SOM, Chapel Hill, NC
Anna Longo, RN, New York, NY
Jonathan Tiao, Medical Student, New York, NY
Veronica Avery, Master of Traditional Chinese Medicine, Licensed Acupuncturist, Paso Robles, CA
Emma Farrell, Ph.D, Biochemistry, Oak Park, IL
Lily Black, Medical student, Philadelphia, PA
RANDY GRIMSHAW, Master of Science, Physician Assistant (PA-C), Rhinebeck, NY
Samuel Lashof, Medicine,
Michelle Chen, DO, Medical student, New Hyde Park, NY
Jonah Fleisher, MD, MPH, Obstetrics and Gynecology, Chicago, IL
Dahlia Norry, MD, Family medicine, Martinez, CA
Ann Pineles, RN, Mental Health, St. Paul, MN
Jennifer Jolivet, BS, Medical Student, Philadelphia, PA
Fatuma Saho, medical doctor, FAMILY medicine, Vallejo California
Carla Castillo, MD, Martinez, CA
Carol's Montes Castellón, MD, Family Medicine, Martinez, CA
Nancy Henly, MD, Pediatrician, Morehead, KY
Claire Hartung, MD, Family Medicine, Martinez, CA
Norhan Elsayed, Bachelor of Science, health professional student, Orland Park, IL
Elizabeth Joncas,, Minneapolis
Wendy Gelbard, MD, Emergency Medicine, Rochester, NY
Laura DeGrush, Future healthcare community services provider, Community Engagement, Austin
Abbey Morris, BS, MD Candidate, Class of 2023, Augusta, Georgia
Adaah Sayyeed, BS, Medical Student, Washington, DC
Natalie Gallo, B.S. in Sociology, MSW Graduate Student, Boston, Massachusetts
Cesar Soria, Doctor of Medicine, Family Medicine, CA, US
Benjamin Meza, MD, MS, MHS, Internal Medicine and Pediatrics Physician, Baltimore, MD
Tanya Shah, MD, Family Medicine, Ventura, CA
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Tomas Salinas, BA in Liberal Studies, Teacher, Santa Rosa California
Isabella Ochoa, Associates, Community Organizer, West Jordan, UT
Angelica Rivera, Ph.D, Chicago
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Jane Kwon, Medical Student, Pittsburgh, PA
Kim Tran, BS, Medical Student, Sacramento, CA
Catherine Sendaydiego, MD, Family Medicine Physician, Global Health Fellow, Ventura, CA
Kanika Ramchandani, MD, 4th year medical student, Philadelphia, PA
Janette Tang, MS, Medical Student, San Francisco, CA
Eliza Gibson, LCSW, Los Angeles, CA
Jerome Murray, MD Candidate, MD Candidate, Washington, DC
Francisco Carlos Mendoza, M.D., Physician, Los Angeles
Regina Yu, B.S. Applied Psychology, Brooklyn, NY
Martha Young-Kennison, Operations management BA, Massachusetts

Angela Bi, MD candidate, Los Angeles, CA
Tejasvi Peesay, MSc, Medical student, Washington, DC
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Howard Wishnie, MD, Psychiatrist/psychoanalyst, Cambridge and Newton
Rachel, MD, Emergency Medicine, New York, New York
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Sruveera Sathi, Medical Degree (MD), Medical Student, Washington DC,
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Loren Krane, Ph.D, Clinical Professor, Department of Psychiatry, San Francisco, CA
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Chelsea Strandberg, MPH, Public Health, San Diego, CA
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Molly McLay, MSW, LCSW, Therapist and Doctoral Student, Champaign, IL / St. Louis, MO
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Radhika Rajan, BA, MS4, Providence, Rhode Island
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Luke Higgins, MD Student, Burlington, VT
Jessica Leuchtenburg, BS, MD/MPH student, Durham, North Carolina
Chantal Hildebrand, MPH and MCP, Oakland, California
Ulysses Diaz, Master of Social Work, Bilingual Counselor, Aurora, Illinois
Rose Paneno, MD Candidate 2023, Santa Rosa, CA
JoAnn Stark,, Ventura, California
Randi Abramson, MD, Internal Medicine, Washington, DC
Alhan Sayyed, BS, Undergraduate Student, St. Louis, MO
Mena McCarthy, Veterinary Student, Queens, NY
Evangelia Murray, MD, Emergency Medicine, Denver, Colorado
Sophia Joseph, BA of Science (currently getting an M.D.), Indianapolis, Indiana
Katherine Eisler, Bachelors, Crisis line/ Follow Up Supervisor, California
Lavan Rajan, BA, Medical Student, Washington, DC
Hannah Zobair, none, Middle Eastern Studies Student, Vienna, Virginia
Christina Schmidt, B.S., Third-Year Medical Student, San Francisco
Naghma Sayyed, MD, Primary Care, St. Louis, MO
Hillary Roland, ND, EVERGREEN, CO
Afzal Sayyed, BS, Engineer, St. Louis, MO

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Fiona Miller, Medical Student, San Francisco, CA
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Vishalli Loomba, MPH, Medical (MD) Student, San Francisco, CA
Rachel Gilman, MD, Wintersville, OH
Michael Calavano, MD, Student, Ny, ny
Jason Ziplow, MD, Pediatric Neurology, New York, NY
Chloe Gorga, MD, Family medicine, Brooklyn New York
Nicole Lesnett, MS RN, Nurse, FNP DNP candidate, New York, New York
Hannah Burford, BSW, Social work student, Boston, MA
Heather Kohser, RN, Pediatrics, Isle La Motte, VT
Emeka Iloegbu, MPH, MSc, MLS(ASCP), Clinical Laboratory Scientist, New York NY
Erin McBrady, Masters, Social Work, Brighton, MA
Emma Graham, MD student (M1), Madison, WI
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Greta Tamkus, MD Candidate, Medical Student, Los Angeles, California
Martha Gordon, BSN, IBCLC, Seattle, WA
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Deborah Forster, PhD in Cognitive Science, Researcher, San Diego, California
Elizabeth Corcoran, MPH, Washington, DC
Basseera Jamal, PhD, Wheaton, IL
Raquel Sofia Sandoval, BA/BS, Medical Student, Boston, MA
Allison Rooney, B.S., Medical Student, Washington, D.C.
Wendy Luc, MSN candidate, Nursing Student, Sacramento, CA
C. Finley Baba, MPH, OB/GYN-Reproductive Sciences Research, Oakland, CA
Maria Marquez, B.S, Medical Student, Washington, DC
Sindhura, BS, medical student, washington dc
Sarah Schumacher, BS in Biology, Medical Student, Washington, DC
Paul Thompson, MD, Ophthalmology, Langley, WA
Vittoria Boni, MD, Health Professional Student, Philadelphia, PA
Megan Gaydos, MPH, Oakland, CA
Harris A. Gelbard, MD, PhD, Director, Center for Neurotherapeutics Discovery, Rochester, New York
Karyn Pomerantz, Public health educator, retired, College Park, MD
Anna Benvenue, J.D., Director of Immigration Legal Services, Walnut Creek, CA
Tits McGee, Gendered studies (useless degree), Knower of everything, SJWs ville
Ryan Pryor, MSN, Family Nurse Practitioner, Certified Nurse Midwife, Northampton, MA
Jessica Gonzalez, Medical Assistant, Santa Rosa, California
Monica Madrigal, CPHW, Santa Rosa Ca
Rosalinda Zaragoza, Medical Assistant, Santa Rosa, California
Daniela Vargas, Medical Assistant, Santa Rosa, California
Sophia L Ahmad, M.P.H., Student, Student, Old Wesbtury
Ian Maynor, Medical student, San Francisco, CA
Vinay Srinivasan, MPH, Medical Student, Los Angeles, CA

Patricia, NP, Family, San Diego, CA
Lara Crystal-Ornelas, MD, Family Physician, Santa Rosa, CA
Danny Toub, MD, Family Medicine, Santa Rosa, CA
Sam Epstein, BS, MD candidate, Burlington, VT
Juan Montanez, Medical Assistant, Santa Rosa, California
Natalie Virell, MD, Physician, Portland, Oregon
Guadalupe Arreola, MD, Family Medicine, Salinas, CA
Harshini Malapati, Medical Student, Los Angeles, CA
Amina Kureshi, OMS3, Medical student, NYC, NY
Abby, MPH, MURP, Health & Built Environment Consultant, DENVER
Julius McDonald, Nursing Student, Waterford, MICHIGAN
Pauline Roth, BA in Psychology and History, Chicago, IL
Diana Love, BSN, Public Health Nurse, Madison
Mia Jenkins, M.S., M.D. Candidate, Nashville, TN
Sarah Doe-Williams, BS, Health professional student, Seattle, Washington
Amanda Worst, LMSW, Clinical Social Worker, Grand Rapids, MI
Anne Malkoff, M.S., Clinical Psychology Ph.D. student, Milwaukee, WI
Dr. Jasmine Garcha, DO, Family Medicine, SALINAS, CA
Scott Kivitz, MS, DO student, Westbury, NY
Philip Ramirez, RN BSN, MPH, Psychiatry, Chemical Dependence, New York, NY
Brienne Huber, MD, MPH, Salinas, CA
Jim Powell, M.D., Pediatrics, Portland, Oregon
Amanda Wang, MD Candidate, Medical Student, New York, NY
Alexis, BSN, Nursing student, Chicago, Illinois
Irum Arshad, MD, Student, St. Louis Missouri
Anju Varghese, Bachelors of Science, Medical Student, Old Westbury, New York
Linda Rossetti, MD, Resident Physician, Houston, TX
Brittany Zosche, MPH student, Little Falls, NJ
Hannah Chung, BS, MD Candidate, Los Angeles, CA
Rachael Maynard, Medical Student, Washington, DC
Rhonda Rios Kravitz, DPA, CEO Alianza, Sacramento CA
Robin A Fink, MPH, Maternal and Child Health, Population Health, Berkeley
Marlene Palomar, BA, MA candidate, Graduate research assistant, Louisville, CO
Jasleena Sahni, MD, MD Candidate, Sacramento, CA
Jeffin, Associate, Health professional student, Des Plaines, IL
Christie Allen, MSN, RNC-NIC, Women's Health Professional, Rockville, MD
Suhaira Ahmad, Bachelors in liberal arts, Medical student, Kansas City, MO
Jessica Stanton, MD, Berkeley, CA
Emerald Mann, MPH, Clinical Research Coordinator, San Francisco, CA
Syed haseeb, M.B.B.S, Surgery, Naperville, Illinois
Melinda S. Bender, PhD, RN, Certified Pediatric Nurse Practitioner, San Francisco, CA
Judy Y. Tan, PhD, Assistant Professor, San Francisco, CA
Susmita Paul, MS in Health Informatics, MS student in Health Informatics at Hofstra University, Queens, NY
Barbara Ogur, M.D., Internal Medicine, Cambridge, MA
Hilary Seligman, MD, MAS, Internal Medicine, San Francisco, CA
Tessa Scoble, BA, Seattle, WA

Marianna Kong, MD, Family Medicine Physician, San Francisco, CA
Tuong Pham, Medical, Medical student, Sacramento, CA
Madeline Lessing, Social Work, Jamaica Plain, MA
Gabriela Bloomer Poole, BA, CMA, Minneapolis, Minnesota
Michelle Guan, MD Candidate, Los Angeles, California
Colin Huang, BA, UCSF Medical Student, San Francisco, CA
June Futterman, Medical student, Washington, DC
Lizet Bazan, pharmacy technician - and health professional student, Aurora, Illinois
Michelle Alexandra Benassai, MD Candidate 2021, Medical Student, Rochester, NY
Mari Cordes, BS, RN, Cardiology, Burlington, VT
Kelsey Capron, MD, Resident Physician in Family Medicine, Salinas, CA
Alan Shu, BA, MD Student, Seattle, WA
Nancy Allen, Master of Science in Acupuncture and Oriental Medicine, Acupuncturist, New York, NY
Alex Galvez, Law, Cicero IL
Lauren Bellhouse, MPH, Global Health Professional, NY, NY
Meg Calvert, Bachelor of Science in Nursing (BSN), Registered Nurse, Kansas City, KS
Stephanie Torrez, B.S. Public Health Sciences, Medical student, Rochester, New York
Rev. Colleen Vahey, M.Div., Minister, Chicago, IL
Gustavo Valbuena, MD PhD, UC Berkeley-UCSF Joint Medical Program, Berkeley, California
Tara Budinger, PhD, Health Psychologist, Santa Rosa, CA
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Karin Wachter, PhD, Professor, Phoenix, AZ
Teresa Romero Ortiz, Public Health, Environmental Prevention Specialist, Los Angeles
Sally Oh, MD, Medical Student, San Francisco, CA
Amanda Koonce, Medical Student- MD, Health professional student, Portland, OR
Gabrielle Pollack, Medical Student Degree Expected 2023, Medical Student, Hempstead, New York
Zola D Golub, M.Ed, Registered Nurse, New York, NY
James Salazar, MD MAS, Resident Physician, San Francisco, California
Christopher Ponce, B.S., Medical Student, Portland, OR
Eleni Zimiles, Masters in Social Work, Trauma, New York, NY
Hannah Forsberg, MPH, Community Health Education, Berkeley, CA
Diane Moya, Bachelor of Science, MS 3, New York, NY
Frances T Zakusilo, BA, Medical Student, ROCHESTER
Melissa Baker, MD, Student, Washington, DC
Ashley Villalon, MSN, Nursing student, Dixon, CA
Walaa Abdelfadeel, Medical student, Philadelphia PA
Elizabeth Eichmann, Medical Assistant, San Francisco
Bianca Aibuedefe, BS, M1, Philadelphia, PA
Siyong Song, BA, Medical student, SF, CA
Amna Nawaz, medical student, health professional student, Washington DC
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Amanda Hayden, MSW, Certified Doula, New York, NY
Emmeline, BS, MSW, Licensed Clinical Social Worker, Behavioral Health Supervisor, San Francisco, CA
Melissa Rivera,, Portland, Oregon
Daniela Lin, Bachelor of Science, Osteopathic Medical Student, Old Westbury, NY

Katharine Norris, MD Candidate, Medical student, Rochester, NY
Arun Burra, BA, Medical Student, San Francisco, CA
Zain Talukdar, BA, Medical Student, Rochester, NY
Mark Ninomiya, Health professional student, Rochester, NY
Megan Betancourt, BS, Medical student, New York
Roberta Ryan, MD Candidate, MD student, Rochester, NY
Kavya Banq, MS1, Rochester, NY
Christina Lozada, MD, Santa Rosa, CA
Johanna Kelly, MD, MD, Reading Pennsylvania
Camille Corre, Medical Student, Rochester, NY
Shea Kelly-Buckley, MD Candidate, medical student, Rochester, NY
Tara Cicic, MD, Student, Rochester, NY
Dana Stuehling, MD candidate, 2023, Medical Student, Rochester, NY
Veena Mehta, BS, Medical student (MD), Charleston, SC
Francklyne Panou, Undergraduate Degree, Counselor, Rochester, NY
Emily Shea, BA, Biology and Public Health, MD-PhD Student, Philadelphia, PA
Kate MacNeil, CNM, Certified nurse midwife, Tucson, AZ
Karina Kreider, Student of Physical Therapy, Portland, OR
Omonivie H. Agboghidi, Medical Student, National President SNMA, Washington, DC
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Rafael Cisneros, B.S., Medical Student, Rochester
Nihil Abraham, BS, Health professional student, Overland Park, Kansas
Arunima Kohli, MD, Family Medicine, Sacramento, CA
Molly Brazil, BS, Medical Student, PORTLAND
Ray Mueller, M. A. in Media Studies, Video communications, Stanhope, NJ
Yvonne Roca, Medical Student, Los Angeles, CA
Roseann Day, MD, Family medicine physician, Santa Rosa, CA
Nathanael Morales, Medical Student, Irvine, CA
Alexandria Dyer, MD Candidate, Medical Student, Portland, Oregon
Karan Modi, Public Health, Schaumburg IL
Marisa Strobridge, MA, DO Student, Glendale, AZ
Maria Handley, BSN, BSN, CEN, ECRN, RN, Chicago, IL
Froma Burack, PhD, Clinical Psychology, Los Angeles, CA
Rebecca Nachman, Public health student, Watertown, MA
Norma Gonzalez, Associates Degree in Legal Studies, Houston, Texas
Deborah Yip, BA, Medical Student, San Francisco, CA
Brian Limes, MSW, LCSW, Charlotte, NC
Magdalena Reinsvold, MD, MPH, Family Medicine, Ventura, CA
Nida Bajwa, Medical Student, Philadelphia, PA
Celine Sparrow, MD, Pediatrician, Oakland
Barbara Stern, LMSW, family mental health, New York, NY
Ryan D Gillum, MD, Family Medicine, Grand Junction
Chris Klene, BA, Center for Health Progress, Denver, CO
Meha Patel, second year studying Neuroscience, Schaumburg, IL
Kathryn R Crofton, MS3, Rochester, NY

Katherine Casty, MS, Medical Student, Minneapolis, MN
Julian Gal, Medical Student, Rochester, New York
Elaina Earl, Psychology and Sociology, Psychiatric Technician, Grand Rapids, MI
Mary Buswell, BA, Medical Student, Rochester, NY
Carley Haft, BA, Medical Student, Rochester, NY
Ching Wong, BS, Community Health Educator-Health Researcher, San Francisco, CA
Reni Axelrod, MPH, Public Health Student, Bronx, NY
Susan G Stewart, BSN, RN, Huntsville, AL
Cynthia Cristofani, MD, Retired pediatric intensive care specialist, Portland, Oregon
Gabi Benisti, psychology, Seattle, Washington
Julia Labban, BSN, Student, Rochester, MI
Taylor Lipo Zovic, Master of Education, Teacher, Minneapolis, MN
Vanessa Silva, Social work, Student, Boston, Ma
Christopher Hasslinger, MD, Emergency Medicine, Portland, ME
Sikai Song, BA, MS4, San Francisco, CA
Hannah Abbott, Bachelor's of Science in Nursing, Registered Nurse, Rochester, MN
Brooke Bacigal, BA Public Policy, Ann Arbor, MI
Sydney Bennett, CNA, Maywood, IL
Shoshana Finkel, BA, Public Health, Research Fellow, Disability Policy, Waltham, MA
Merylin Castelan, MSWc, Seattle, WA
Claire Porterfield, BS, Medical Student, Rochester, NY
Elizabeth Scheuer, MSW Student, Mental Behavioral Health Student Intern, Milwaukee, Wisconsin
Don C. Ng, MD, Internal Medicine, San Francisco, CA,
Angela Sy, DrPH, John A Burns School of Medicine, University of Hawaii, Honolulu, HI
Kiru Motanya, DPM, resident, Philadelphia PA
Sulma, Health professional student, Minneapolis, Minnesota
Julianne North, MD MPH, San Diego
Amanda Gong, BS, MD Candidate, Los Angeles, CA
Rachel Schenkel, Medical Student, New York City, NY
Kathryn Bannantine, RN, BSN, Graduate Student in Public Health, Washington DC
Danielle Bettio, Anthropology, Writing, Gender and Sexuality Studies, Boston, Massachusetts
Hoyas For Immigrants Rights,, Washington, DC
Rachel Klingenstein, MSW Student, Brookline, MA
Rosa Campos, M.S. Literacy Education, Teacher, Naperville, IL
Daisy Brambila, BA, Medical Student (entering class of 2024), Los Angeles, CA
Kai Aprill-Tomlin, MSW, Seattle, WA
Linda Roche, retired, educated, concerned, Centerville MA
Olga Alvarez, B.S., Medical Student, Rochester, NY
Kevin Durgun, MD, Emergency Medicine, Sacramento, California
Lyolya Hovhannisyan, Master of Science in Global Health, MD Candidate, Los Angeles, California
Caroline Picker, Masters of Science in Acupuncture, Community Acupuncturist, Providence, RI
Jonathan Diaz, MD, Medicine, Los Angeles, CA
James Sledd, MD, Emergency Medicine Resident, Portland, ME
Amrita Ayer, MD candidate, Medical Student, Los Angeles, CA
Oluwasegun Emenogu, Doctor of Medicine, Medical student, Toledo
Frances Tao, MPH, Student Doctor, Riverside, CA

Andrea Medina, BSW, Community Support Counselor, Chicago, IL
Dr. Emily Muns, MD, Physician, Portland, ME
Isabel del Canto, MD Candidate, Los Angeles, CA
Liz Payonk, MD, Resident physician, Portland, ME
Vidya Ramanathan, MD, Pediatrician, Ann Arbor, MI
Stephanie Furlong, Medical Student, Class of 2021, Washington, DC
Bret Robinson, MD, Internal Medicine, Charlotte, NC
Paul Wallace, MD, Psychiatry, San Francisco, CA
Richard Beaulieu, RN, PNP, PhD, Pediatric primary care, Oakland, CA
Alissa Der Sarkissian, Clinical counseling and school psychology, Goleta ca
Elin Guevara, Associate Degree in Medical Imaging, RT, Austin, TX
Marilyn Ramirez, Masters, Therapist, Rockford, IL
Amy Vele, B.A. Political Science & Journalism, Peekskill, NY
Sophia McGregor, MD student, Kelowna, British Columbia
Jamie, Associates, EEG Technologist, Minneapolis, MN
Briah Fischer, BSPH, Medical student, Los Angeles, CA
Brian Mohlenhoff, MD, San Francisco, CA
Betty Situ, Medical Student, Los Angeles, California
Sofia Medina Pardo, Medical Student, Piscataway, NJ
Tess Carley, MD, Family Medicine, Providence, RI
Cindy Zamudio, Medical Doctorate, Internal Medicine, Los Angeles, CA
Victoria Kopke, MD, Internal Medicine, New York, NY
Constance JK, masters, Infant Mental Health, Larkspur, CA
Anna Frattolillo, Masters Counseling Psychology, Mental Health Clinician, Occidental, California
Sophia Taleghani, BS, medical student at David Geffen School of Medicine, Los Angeles, CA
Lauren Taylor, MEd, Teacher, juvenile justice system, Oakland, CA
Audrey Torrest, B.S, Medical Student, Los Angeles, CA
Justin Hurzeler, AAS-EMS, Paramedic, Tactical Medic, Austin TX
Dennis Pocekay, MD, MPH, Retired, Petaluma
Rebecca Bernhardt, J.D., Attorney, Austin, TX
Sarah Lucas, BS biomedical engineering, MD candidate, Medical Student, Knoxville, TN
Gretchen Gordon, Registered Nurse B.S., Registered Nurse, San Diego
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17 **CENTRAL DISTRICT OF CALIFORNIA**
18 **EASTERN DIVISION – RIVERSIDE**

19 FAOUR ABDALLAH FRAIHAT, *et al.*,
20 Plaintiffs,

21 v.

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

24 Defendants.

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

**Declaration of Lisa Graybill on
Behalf of Southern Poverty Law
Center**

Date: March 24, 2020

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**Pro Hac Vice Application Forthcoming

**DECLARATION OF LISA GRAYBILL ON BEHALF OF SOUTHERN
POVERTY LAW CENTER**

I, Lisa Graybill, declare as follows:

1. I am an attorney duly licensed to practice law in the State of Texas and am one of the counsel of record for Plaintiffs in the above-captioned case. This declaration is based upon my personal knowledge and is true to the best of my knowledge and belief.
2. I submit this declaration in support of Plaintiffs' Emergency Motion for Provisional Class Certification.

Qualifications of Proposed Class Counsel

3. I am Deputy Legal Director of the Southern Poverty Law Center ("SPLC"). I oversee SPLC's litigation team on this matter. Prior to my job at SPLC, I was a Visiting Professor and then Assistant Professor of the Practice of Law at the University of Denver Sturm College of Law. Prior to that, I was Legal Director of the American Civil Liberties Union (ACLU) of Texas and a Trial Attorney in the Special Litigation Section of the Civil Rights Division at the United States Department of Justice. I clerked for Stephen M. Orlofsky, U.S. District Court for the District of New Jersey.
4. I received my undergraduate degree with highest honors from Smith College in 1991, and graduated from the University of Texas School of Law with honors in 1999. I am a member of the State Bar of Texas and retired (inactive) from the State Bar of Massachusetts. I am admitted to practice in multiple U.S. district courts and in the U.S. Court of Appeals for the Fifth Circuit Court.
5. In addition to myself, SPLC's litigation team in this matter consists of several members. Shalini Goel Agarwal is a Senior Supervising Attorney at SPLC with extensive litigation experience, including class actions. Ms. Agarwal graduated from UC Berkeley Law School in 2006, was a member of the Order of the Coif, and previously clerked for Judge David Tatel, U.S.

1 Court of Appeals for the District of Columbia. Jared Davidson is a Senior
2 Staff Attorney at SPLC. Mr. Davidson also holds extensive litigation
3 experience, including class actions. Mr. Davidson graduated with honors
4 from NYU School of Law in 2013 and previously clerked on the U.S. Court
5 of Appeals for the Fifth Circuit. Maia Fleischman is a Law Fellow with
6 SPLC and graduated from the University of Miami School of Law in 2018
7 with honors.

- 8 6. SPLC has served as class counsel in more than 30 cases, many of which
9 include challenges to conditions of confinement. Some of the cases in which
10 SPLC has served as class counsel include: *Alexander v. Sandoval*, 532 U.S.
11 275 (2001); *Paradise v. Allen*, 480 U.S. 149 (1987); *Dothard v. Rawlinson*,
12 433 U.S. 321 (1977); *Pugh v. Locke*, 559 F.2d 283 (11th Cir. 1977); *Smith*
13 *v. YMCA*, 462 F.2d 634 (5th Cir. 1972); *Braggs v. Dunn*, 2:14cv601-MHT
14 (M.D. Ala.); *Dockery v. Fischer*, No. 3:13-cv-326, 2015 WL 5737608 (S.D.
15 Miss. Sept. 29, 2015); *Moodie v. Kfowah Island Inn Co.*, 309 F.R.D. 370
16 (D.S.C. 2015); *P B. v. Pastorek*, No. 2: 10-cv-04049 (E.D. La.); *Wilson v.*
17 *Gordon*, No. 3-14- 1492, 2014 WL 4347585 (M.D. Tenn. Sept. 2, 2014);
18 *Hughes v. Judd*, No. 8:12-CV-568, 2013 WL 1810808 (M.D. Fla. Apr. 30,
19 2013); *J W. v. Binningham Bd. of Educ.*, No. 2:10-CV-033140-AKK, 2012
20 WL 3849032 (Aug. 31, 2012); *J H. v. Hinds Cty., Miss.*, No. 3:11-cv-00327
21 (S.D. Miss.); *DePriest v. Epps*, No. 3:10-cv-00663 (S.D. Miss.); *Nunag-*
22 *Tanedo v. E. Baton Rouge Parish Sch. Bd.*, No. LA CV 10-01172-JAK
23 (MLGx), 2011 WL 7095434 (C.D. Cal. Dec. 12, 2011); *Perez-Benites v.*
24 *Candy Brand, LLC*, 267 F.R.D. 242, 248 (W.D. Ark. 2010); *Troupe v.*
25 *Barbour*, No. 3: 10-cv-153 HTW-LRA (S.D. Miss.); *D. W. v. Harrison*
26 *County*, No. 1:09-cv-267 LG-RHN (S.D. Miss.); *Rosiles-Perez v. Superior*
27 *Forestry Service, Inc.*, 250 F.R.D. 332, 344 (M.D. Tenn. 2008); *Recinos*
28 *Recinos v. Express Forestry*, 233 F.R.D. 472 (E.D. La. 2006); *De Leon*
Granados v. Eller and Sons Trees, Inc., No. 1:05-CV-1473-CC , 2006 U.S.

1 Dist. LEXIS 73781, at *43 (N.D. Ga. Sept. 28, 2006); Gaddis v. Campbell,
2 No. 03-T-390-N (M.D. Ala. 2003); Baker v. Campbell, No. CV-03-1114-M
3 (N.D. Ala. 2003); Brown v. James, No. 98-T-663-N (M.D. Ala. 1998);
4 Austin v. James, 15 F. Supp. 2d 1220 (M.D. Ala. 1998); Harris v. Janies,
5 No. 94- 1422-N (M.D. Ala. 1994); Southern Christian Leadership
6 Conference v. Evans, 785 F. Supp. 1469 (M.D. Ala. 1992); Bradley v.
7 Haley, No. 92-A-70-N (M.D. Ala. 1992); R.C. v. Fuller, No. 88-D-1170-N
8 (M.D. Ala. 1988); Nowak v. Foster, No. 84-0057-P (W.D. Ky. 1984); Wyatt
9 v. Sawyer, No. CV-70-3195 (M.D. Ala. 1970), and Nixon v. Brewer, No.
10 CV-3017-N (M.D. Ala. 1970).

11 7. SPLC is committed to advocate vigorously on behalf of the Plaintiff class
12 and subclass. SPLC has the resources required to litigate this matter in a
13 zealous and thorough manner. SPLC is also committed to working
14 zealously, effectively, and collaboratively with the other proposed class
15 counsel.

16 8. To my knowledge, SPLC has no conflicts of interests that would prevent the
17 organization from providing zealous representation of the named Plaintiffs
18 and the class.

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

21 Signature:



Lisa Graybill

Date: 3/22/2020

Location: San Antonio, Texas

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15 Attorneys for Plaintiffs (continued on next page)

16 **UNITED STATES DISTRICT COURT**
17 **CENTRAL DISTRICT OF CALIFORNIA**
18 **EASTERN DIVISION – RIVERSIDE**

19 FAOUR ABDALLAH FRAIHAT, *et al.*,
20 Plaintiffs,
21 v.
22 U.S. IMMIGRATION AND CUSTOMS
23 ENFORCEMENT, *et al.*,
24 Defendants.

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

**Declaration of Timothy P. Fox in
Support of Plaintiffs' Motion for
Class Certification**

Date: March 24, 2020

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Attorneys for Plaintiffs (continued from previous page)

*Admitted Pro Hac Vice

**Pro Hac Vice Application Forthcoming

1 I, Timothy P. Fox, declare as follows:

2 1. I am an attorney duly licensed to practice law in the State of
3 California and am counsel of record for Plaintiffs in the above-captioned case. This
4 declaration is based upon my personal knowledge. If called to testify, I could
5 testify competently to the facts described in this declaration.

6 2. I submit this declaration in support of Plaintiffs' Motion for Class
7 Certification.

8 3. I am a Co-Executive Director of the Civil Rights Education and
9 Enforcement Center ("CREEC"), proposed class counsel in this case. I oversee
10 CREEC's litigation team on this matter.

11 4. CREEC is a civil rights non-profit headquartered in Denver,
12 Colorado, with offices in Berkeley and Los Angeles, California, and Nashville,
13 Tennessee. I co-founded CREEC in 2013, after co-managing the law firm Fox &
14 Robertson, P.C. ("F&R") from 1996 to 2013. Both as F&R and as CREEC, our
15 practice has been devoted to civil rights, with a focus on disability rights and class
16 action litigation.

17 5. I received a B.A. from the University of Denver in 1988 and a J.D.
18 from Stanford Law School in 1991, where I was a member of the Stanford Law
19 Review. In 2018, my co-founder and I received the ACLU of Colorado's Carle
20 Whitehead Memorial award, recognizing lifetime commitment to protecting and
21 extending civil rights and civil liberties. CREEC has also be recognized by The
22 Center on Colfax, Colorado's largest LGBTQ community center, and the Denver
23 Metro Fair Housing Center. In 2013, I was elected to the Board of Directors of the
24 ACLU – National and was recently elected to that body's Executive Committee.
25 My co-founder and I jointly received the 2012 Award of Excellence from the
26 Colorado Chapter of the American College of Trial Lawyers. In 2008, I received
27 The Colorado Bar Association Award of Merit. In addition, our law firm, Fox &
28

1 Robertson, was recognized with the 2007 Impact Fund Award, and the Colorado
2 Trial Lawyers Association Case of the Year award in 2006. I have been honored as
3 Fellows of the Colorado Bar Foundation, a designation bestowed upon no more
4 than five percent of the lawyers in Colorado for “outstanding dedication to the
5 welfare of the community, the traditions of the profession and the maintenance and
6 advancement of the objectives of the Colorado Bar Association.”

7 6. CREEC Attorneys Elizabeth Jordan and Maria del Pilar Gonzalez
8 Morales are also working with me on this case.

9 7. Ms. Jordan is the Director of CREEC’s Immigration Detention
10 Accountability Project. She received a B.A. *cum laude* with distinction from Yale
11 University in 2006 and a J.D. *summa cum laude* from the New York University
12 School of Law in 2013, where she was awarded the Order of the Coif and an
13 Arthur Garfield Hayes Civil Liberties Fellow. Ms. Jordan was a Fulbright Scholar
14 to Spain in 2009-2010 studying international human rights law. For two years prior
15 to joining CREEC as its first CREEC Fellow, Ms. Jordan represented
16 unaccompanied minors in their removal proceedings and applications for relief in
17 New York Immigration Court. She has also interned with the Legal Aid Society's
18 Immigration Law Unit working on the detained docket.

19 8. Ms. Gonzalez Morales is a Senior Staff Attorney at CREEC. She
20 received a B.A. in Political Science and Developmental Studies from the
21 University of California, Berkeley and a J.D. and L.L.M. in International Law from
22 Duke University School of Law. Prior to joining CREEC, Ms. Gonzalez Morales
23 worked as a disability rights attorney for five years, representing people with
24 disabilities in administrative proceedings, state and federal court. Ms. Gonzalez
25 Morales also investigated conditions at several ICE detention centers and Office of
26 Refugee Resettlement (ORR) facilities in California. Prior to that, Ms. Gonzalez
27
28

1 Morales worked in the private sector for three years as a foreign attorney in Costa
2 Rica.

3 9. CREEC (and before it Fox & Robertson) have litigated many class
4 action civil rights cases, and have been appointed class counsel in the following
5 (among others):

6 a) *King v. City of Colorado Springs*, 19-cv-00829-JLK (D. Colo), *Hines*
7 *v. City of Portland*, 18-cv-00869-HZ (D. Or.), *Reynoldson v. City of*
8 *Seattle*, 15-cv-01608-BJR (W.D. Wash); and *Denny v. City and*
9 *County of Denver*, 2016CV030247 (Denver Dist. Ct.) (all class action
10 cases on behalf of individuals who use wheelchairs challenging
11 noncompliant curb ramps in city sidewalks under Title II of the
12 Americans with Disabilities Act, 42 U.S.C. § 12131 et seq. (“Title
13 II”) and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §
14 794 (“Section 504”); all resulted in settlements requiring full
15 compliance and monitoring);

16 b) *Lucas v. City and County of Denver*, 16-cv-02565-WYD-MJW, 16-
17 cv-02931-WYD-MJW (D. Colo.) (class of patrons who use
18 wheelchairs challenging seating policies and accommodations at a
19 city-owned entertainment venue under Title II and Section 504;
20 resulted in settlement reforming policies to prevent scalping of tickets
21 for accessible seats);

22 c) *Kurlander v. Kroenke Arena Co.*, 276 F. Supp. 3d 1077 (D. Colo.
23 2017) (class of Deaf patrons of a hockey/basketball arena challenging
24 the lack of open captioning under Title III of the Americans with
25 Disabilities Act, 42 U.S.C. § 12181 et seq. (“Title III”); resulted in
26 settlement requiring open captioning);
27
28

- 1 d) *Civil Rights Education and Enforcement Center v. RLJ Lodging*
2 *Trust*, 15-cv-0224-YGR (N.D. Cal) and *Civil Rights Education and*
3 *Enforcement Center v. Ashford Hospitality Trust*, 15-cv-00216-DMR
4 (both class action cases challenging, under Title III, the failure of
5 hotels to provide accessible transportation to patrons who use
6 wheelchairs; both resulting in settlements requiring such
7 transportation);
- 8 e) *Decoteau v. Raemisch*, 304 F.R.D. 683 (D. Colo. 2014) (class action
9 on behalf of inmates at the Colorado State Penitentiary seeking
10 access to outdoor exercise; resulted in settlement that required
11 construction of and access to outdoor exercise yards at the facility);
- 12 f) *Colorado Cross-Disability Coalition v. Abercrombie & Fitch Co.*,
13 765 F.3d 1205 (10th Cir. 2014) (nationwide class action under Title
14 III; ultimately resulted in settlement requiring removal of barriers at a
15 subset of the defendant's stores nationwide);
- 16 g) *Moeller v. Taco Bell*, 2012 WL 3070863 (N.D. Cal. July 26, 2012)
17 (statewide injunctive class action under Title III and California law;
18 resulted in settlement requiring removal of barriers and maintenance
19 of access at corporate restaurants statewide);
- 20 h) *Castaneda v. Burger King Corp.*, 08-cv-4262-WHA (N.D. Cal.) and
21 *Vallabhapurapu v. Burger King Corp.*, 11-cv-00667-WHA (N.D.
22 Cal.) (companion statewide class actions under Title III and
23 California law resulting in injunctions to bring restaurants into
24 compliance with Title III and over \$15 million in damages to the
25 class);
- 26 i) *Lucas v. Kmart*, 2005 WL 1648182 (D. Colo. Jul. 13, 2005) & 2006
27 WL 722163 (D. Colo. Mar. 22, 2006) (class action under Title III and
28

1 state law resulting in nationwide injunction to bring stores into
 2 compliance with Title III and over \$13 million in damages to the
 3 class);

4 j) *Colorado Cross Disability Coalition v. City and County of Denver*,
 5 06-cv-00865-MSK-BNB (D. Colo.) (class action under Title II and
 6 Section 504 for accessibility barriers in the Ellie Caulkins Opera
 7 House; settlement required installation of new elevator and other
 8 alterations);

9 k) *Commonwealth of Mass. v. E*TRADE Access, Inc.*, 03-11206-MEL
 10 (D. Mass. Dec. 7, 2007) (nationwide class action under Title III
 11 seeking to make defendant's automatic teller machines accessible to
 12 blind people; settlement required roll-out of accessible machines);

13 l) *Colorado Cross-Disability Coalition v. Taco Bell Corp.*, 184 F.R.D.
 14 354 (D. Colo. 1999) (statewide class action under Title III; settlement
 15 required removal of queue line barriers to counter); and

16 10. CREEC is committed to litigating this case vigorously on behalf of
 17 the Plaintiff class. CREEC has the resources required to litigate this matter in a
 18 cost-effective, efficient and thorough manner.

19 11. To my knowledge, CREEC has no conflicts of interest that would
 20 prevent the firm from providing zealous representation of the named plaintiffs and
 21 the class.

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

23 Executed on March 24, 2020 in Denver, Colorado.

24
 25 /s/ Timothy P. Fox
 26 Timothy P. Fox
 27
 28

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15 Attorneys for Plaintiffs (continued on next page)

16 **UNITED STATES DISTRICT COURT**
17 **CENTRAL DISTRICT OF CALIFORNIA**
18 **EASTERN DIVISION – RIVERSIDE**

19 FAOUR ABDALLAH FRAIHAT, *et al.*,
20 Plaintiffs,

21 v.

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

24 Defendants.

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

**Declaration of Alex Hernandez in
Support of Motion for Preliminary
Injunction and Class Certification**

Date: March 24, 2020

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28 **Pro Hac Vice Application Forthcoming

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DECLARATION OF ALEX HERNANDEZ

I, Alex Hernandez, declare the following is true to the best of my knowledge:

1. I am at least 18 years of age and am competent to sign this declaration. I am originally from Honduras. I am currently detained in ICE custody at the Etowah County Detention Center (Etowah) in Gadsden, Alabama. I have been in ICE custody since approximately October 2016.
2. I am 49 years old and have several medical conditions that I worry make me vulnerable to COVID-19. I have hypertension, which puts me at a higher risk for contracting COVID-19. I also have Barrett's esophagus, which puts me at a higher risk for cancer. I have not had an endoscopy or biopsy since being in ICE custody, which is meant to be conducted yearly to monitor my Barrett's esophagus and detect potentially cancerous cells. I am also recovering from a recent surgery. I am still experiencing pain, weakness, and inflammation from the surgery.
3. I have not received any formal education about COVID-19 from any ICE officers or Etowah officers. In my dorm, there is one informative flyer that has been posted by the elevator. The informative flyer is only in English, even though a large number of individuals in the unit do not speak English. Most of the education about COVID-19 I have received has been from the television news, and I do not know how to identify the symptoms myself. I have not had my body temperature checked, nor have I seen other detained individuals get their temperature taken.
4. To my understanding and knowledge, there has been no change in protocols or procedures in place in light of COVID-19 at Etowah. To my knowledge, there has not been an increase in cleaning supplies or access to hand sanitizer since the outbreak of COVID-19. There is no access to soap beside the soap available for purchase in the commissary. I have not seen any officers wearing gloves or masks. I have not witnessed any changes in the medical staff at Etowah County Detention Center in light of COVID-19, such as increased staffing.
5. People continue to come into Etowah regularly—both guards and new detained people. I am scared that they may be introducing COVID-19 here.
6. On Friday, March 20, 2020, three new transfers arrived at Etowah. The three men were not given anything beyond a cursory screening. One of those men told me he was not feeling sick and asked for medical attention. He went to

1 medical, where the medical staff asked him a few questions, and then he
 2 returned to our unit. Medical staff did not take the individual's temperature
 3 or provide any other health care. The individual was quarantined into his cell
 4 when he returned to the unit. These events created despair and fear among
 5 the individuals in our unit (Unit 9). Individuals in the unit were begging
 6 Etowah staff not to accept the transfers. When the staff did not comply, two
 7 individuals tied nooses around their neck and stepped on the railings of the
 8 second floor, threatening to jump off and commit suicide unless the new
 9 transfers were removed from Etowah. Finally, the three new transfers were
 10 removed. After this incident, all detained individuals in the unit were
 11 provided one surgical mask each.

- 12 7. Since the March 20th incident, my housing unit has been on lockdown. Our
 13 unit is not allowed to participate in programs, and we are only allowed two
 14 half-hour increments daily to shower and make phone calls. I do not believe
 15 the unit is under quarantine because medical has not evaluated anyone in the
 16 unit, including taking our body temperatures.
- 17 8. Despite my vulnerabilities to COVID-19, no member of the medical staff
 18 has evaluated my conditions or well-being to determine whether any
 19 additional precautionary measures are necessary to protect me from the
 20 illness. I am scared for my life.
- 21 9. As a named plaintiff, to the best of my ability, I have been working with my
 22 lawyers to help them prepare and work on this case. I will continue to do so.
 23 I am available to them to assist with the case, and they are available to me to
 24 answer questions and to explain and keep me updated on the litigation. I
 25 regularly speak with my attorneys and their staff to provide them information
 26 in support of this lawsuit. I have responded and will continue to respond to
 27 the lawyers' requests for information about adequate health care and other
 28 conditions of confinement to the best of my ability. I intend to continue
 working zealously with my attorneys on behalf of other individuals detained
 in ICE custody nationwide as long as I am a named plaintiff.
10. I seek only declaratory and injunctive relief on behalf of the subclass I am
 not seeking monetary damages, and I understand that this civil case will not
 result in the dismissal of my civil immigration proceedings against me or
 others.
11. I have authorized my attorney to sign on my behalf, given the difficulty of
 arranging visitation and travel in light of the current COVID-19 pandemic. If
 required to do so, I will provide a signature when I am able to do so.

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

3
4 

5 _____
6 Maia Fleischman Signed on
7 Behalf of Alex Hernandez
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1 I, Maia Fleischman, declare the following under penalty of perjury pursuant to 28
2 U.S.C. § 1746 as follows:

- 3 1. My name is Maia Fleischman. I am a licensed attorney in good standing in
4 the state of Florida. I am an attorney of record in *Fraihat v. ICE*, Case 5:19-
5 cv-01546 (C.D. Cal.).
- 6 2. I represent the declarant, Alex Hernandez. Out of necessity in light of the
7 COVID-19 pandemic, I signed Alex Hernandez's declaration on his behalf
8 with his express consent.
- 9 3. ICE is now requiring legal visitors to provide and wear personal protective
10 equipment, including disposable vinyl gloves, surgical masks, and eye
11 protection while visiting any detention facility. These supplies are not easily
12 accessible, given the increase in demand. Any available supplies are
13 prioritized to hospitals and other medical facilities that are experiencing
14 dangerous shortages.
- 15 4. There are documented cases of COVID-19 in all fifty U.S. states and most
16 inhabited U.S. territories. The Center for Disease Control and Protection
17 (CDC) issued statements warning that individuals are at a higher risk of
18 infection when traveling. I have Immunoglobulin A Deficiency, an immune
19 system disorder, and asthma, which put me at a higher-risk for COVID-19
20 complications.
- 21 5. In light of the above, to protect public health, I am not able to travel to
22 Gadsden, Alabama, to obtain my clients' signatures.
- 23 6. I spoke with Alex Hernandez over the phone and read the declarations to
24 him and confirmed the accuracy of the information therein. Alex Hernandez
25 has confirmed that I can sign on his behalf, as reflected in his declaration.

26 I declare under penalty of perjury that the statements above are true and correct to
27 the best of my knowledge and that this declaration was executed on March 23,
28 2020 in Miami, Florida.

Maia Fleischman

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Attorneys for Plaintiffs (continued on next page)

**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)

**DECLARATION OF
ARISTOTELES SANCHEZ
MARTINEZ**

Date: March 24, 2020

33870051.1

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**Pro Hac Vice Application Forthcoming

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DECLARATION OF ARISTOTELES SANCHEZ MARTINEZ

I, Aristoteles Sanchez Martinez, declare the following is true to the best of my knowledge:

1. I am at least 18 years of age and am competent to sign this declaration. I am originally from Venezuela. I have been in ICE custody since approximately September 2018. I was transferred to Stewart Detention Center in Lumpkin, Georgia, on March 23, 2020, from the Houston Contract Detention Facility ("HCDF") in Houston, Texas. I had been at HCDF since about January 10, 2020. Before HCDF, I was at Stewart Detention Center ("Stewart"). Previously, I was at Folkston ICE Processing Center in Folkston, Georgia.

Medical Vulnerability

2. I am 47 years old and have several medical conditions that make me vulnerable to COVID-19. I have Type II diabetes and hypertension, which both put me at a higher risk for contracting COVID-19. Since I have been in ICE custody, my hemoglobin A1C levels and sugar levels have been dangerously high, at times at 9.7 and 345, respectively.
3. I am recovering from a hernia repair surgery that occurred on or around March 11, 2020. The surgeon removed a large right flank hernia on my abdomen, which had grown substantially since being in ICE custody. Despite instructions from a surgeon that I would have to remain in intensive care after the surgery, I was brought back to the ICE facility within one day of the surgery. I am still experiencing pain, weakness, and inflammation from the surgery. I also have neuropathy, a bone spur on my left foot, Charcot foot, avascular necrosis, non-palpable pulses in lower extremities, and venous insufficiency. I am currently in a wheelchair due to my conditions.
4. I worry that each of these conditions puts me at a higher risk for contracting COVID-19.

Houston Contract Detention Facility

5. While I was detained at HCDF, no member of the medical staff evaluated my conditions or well-being to determine whether any additional precautionary measures are necessary to protect me from COVID-19.

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- 1 6. I did not receive any formal education about COVID-19 from any ICE
2 officers or HCDF officers. I learned about COVID-19 prevention and
3 detection mostly from my teenage daughter and the news. Because of the
4 lack of information provided to us, I did not know how widespread and
5 dangerous this virus has become. Until recently, I had thought that within
6 the United States, the disease existed only in New York City and in Miami.
- 7 7. To my understanding and knowledge, there had been no change in HCDF's
8 protocols or procedures in light of COVID-19. To my knowledge, there was
9 no increase in cleaning supplies since the outbreak of COVID-19 necessary
10 to follow the hand-washing techniques. We were not provided with
11 additional cleaning supplies or extra soap. Hand sanitizer was recently
12 placed outside of my unit but was only available when I exited to go to
13 medical. Individuals with work assignments that involve cleaning were not
14 given additional cleaning supplies or provided additional protection. They
15 continued to mop and sweep the units without wearing gloves or other
16 protective equipment. I did not see any officers wearing gloves or masks.
- 17 8. I did not witness any changes in the medical staff at HCDF in light of
18 COVID-19, such as increased staffing.
- 19 9. Concerning educational materials, I had seen only two flyers in my dorm
20 about COVID-19. The information was only available in English and
21 Spanish. The first flyer provided advice on washing our hands for at least
22 twenty seconds. The second flyer was about staying away from people who
23 exhibit symptoms of the virus, but it did not say what those symptoms are.
- 24 10. Social distancing was not possible at HCDF. I slept in an "open dorm,"
25 where there are many other detainees in adjacent bunk beds. In total, there
26 were about 40 detainees in my dorm. The distance between the bunkbeds
27 was approximately four feet, just enough to fit my wheelchair.
- 28 11. Last week, a number of detainees were transferred into HCDF from an ICE
facility in Otay Mesa. This added to my fear of contracting COVID-19.

Stewart Detention Facility

12. Despite my vulnerabilities to COVID-19, I was placed in a van to be
transferred back to Stewart Detention Facility on or about Sunday, March
22, 2020. I was not given any reason for my transfer.
13. My hands and feet were shackled. I was not provided with any protective

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1 gear, such as gloves or a surgical mask, cleaning products, or hand sanitizer.
2 I did not see the officers wiping down the seats of the van with any
3 disinfectant.

4 14. I was not provided with my prescribed pain medication. Because of my
5 recent surgery, the shackles, and not having access to my wheelchair, I was
6 in so much pain during the trip.

7 15. We made a stop at an ICE facility in Louisiana, where I used the bathroom.
8 The bathroom did not have soap, so I had to wash my hands with water.
9 From there, I was placed on a bus and handcuffed.

10 16. When I arrived at Stewart, I went through intake with approximately fifty
11 other new transfers. From my understanding, the new transfers were arriving
12 from different detention facilities in the country. While we were waiting for
13 our cursory screening, we had very little space to move around and practice
14 social distancing.

15 17. Many of the new transfers were ultimately placed in the same housing unit
16 as me. I am very nervous that I was exposed to COVID-19 since people
17 were transferred from many facilities, and we were not properly screened by
18 medical staff.

19 18. Since I have returned to Stewart, no member of the medical staff has
20 evaluated my medical vulnerabilities to determine whether any additional
21 precautionary measures are necessary to protect me from COVID-19. Nor
22 have they asked me about any potential symptoms or possible exposure to
23 COVID-19.

24 19. I do not know how to identify the symptoms of COVID-19. I am scared for
25 my life.

26 **Named Plaintiff**

27 20. As a named plaintiff, to the best of my ability, I have been working with my
28 lawyers to help them prepare and work on this case. I will continue to do so.
I am available to them to assist with the case, and they are available to me to
answer questions and to explain and keep me updated on the litigation. I
regularly speak with my attorneys and their staff to provide them information
in support of this lawsuit. I have responded and will continue to respond to
the lawyers' requests for information about adequate health care and other
conditions of confinement to the best of my ability. I intend to continue

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1 working zealously with my attorneys on behalf of other individuals detained
2 in ICE custody nationwide as long as I am a named plaintiff.

3 21. I seek only declaratory and injunctive relief on behalf of the subclass. I am
4 not seeking monetary damages, and I understand that this civil case will not
5 result in the dismissal of my civil immigration proceedings against me or
6 others.

7 22. I have authorized my attorney to sign on my behalf given the difficulty of
8 arranging visitation and travel in light of the current COVID-19 pandemic. If
9 required to do so, I will provide a signature when I am able to do so.

10 I declare under penalty of perjury that the statements above are true and correct to
11 the best of my knowledge.
12
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14
15
16

17 

18 _____
19 Maia Fleischman Signed on
20 Behalf of Aristoteles Sanchez
21 Martinez
22
23

24 I, Maia Fleischman, declare the following under penalty of perjury pursuant to 28
25 U.S.C. § 1746 as follows:

26 1. My name is Maia Fleischman. I am a licensed attorney in good standing in
27 the state of Florida. I am an attorney of record in *Fraihat v. ICE*, Case 5:19-
28 cv-01546 (C.D. Cal.).

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2. I represent the declarant, Aristoteles Sanchez Martinez. Out of necessity in light of the COVID-19 pandemic, I signed Aristoteles Sanchez Martinez's declaration on his behalf with his express consent.
3. ICE is now requiring legal visitors to provide and wear personal protective equipment, including disposable vinyl gloves, surgical masks, and eye protection while visiting any detention facility. These supplies are not easily accessible, given the increase in demand. Any available supplies are prioritized to hospitals and other medical facilities that are experiencing dangerous shortages.
4. There are documented cases of COVID-19 in all fifty U.S. states and most inhabited U.S. territories. The Center for Disease Control and Protection (CDC) issued statements warning that individuals are at a higher risk of infection when traveling. I have Immunoglobulin A Deficiency, an immune system disorder, and asthma, which put me at a higher-risk for COVID-19 complications.
5. In light of the above, to protect public health, I am not able to travel to Lumpkin, Georgia, to obtain my clients' signatures.
6. I spoke with Aristoteles Sanchez Martinez over the phone and read the declarations to him and confirmed the accuracy of the information therein. Aristoteles Sanchez Martinez has confirmed that I can sign on his behalf, as reflected in his declaration.

I declare under penalty of perjury that the statements above are true and correct to the best of my knowledge and that this declaration was executed on March 24, 2020 in Miami, Florida.

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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)

**Declaration of Faour Abdallah
 Fraihat in Support of Motion for
 Preliminary Injunction and Class
 Certification**

Date: March 24, 2020

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**Pro Hac Vice Application Forthcoming

DECLARATION OF FAOUR FRAIHAT

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

1. I am over 18 years of age and am competent to make this Declaration. I make this Declaration on personal knowledge. I read and write in English.

2. I am in the custody of Immigration and Customs Enforcement (“ICE”) and am currently being detained at Adelanto ICE Processing Center. I have been in ICE custody at Adelanto since approximately December 2016. I was previously detained by ICE in three other facilities from 2004 to 2009. The whole time I have been in ICE custody since around December 2016, excluding when I have been in the hospital, I have been detained at Adelanto ICE Processing Center.

Medical Vulnerability

3. I have several medical conditions that make me vulnerable to COVID-19.

4. I am 58 years old and have asthma. I also have a history of heart attacks. Since I have been at Adelanto, I have been hospitalized twice after experiencing emergency episodes including sharp chest pain, difficulty breathing, and an elevated heart rate. Both times, I heard an Adelanto physician assistant call a “code blue” and call for an ambulance, and I did not see a doctor at Adelanto before going to the hospital. Both times I was admitted to the hospital for several weeks. Recently, I have been experiencing chest pain more frequently. I ran out of my medication for my chest pain and requested a refill for weeks but did not get it until a few days ago.

5. I am worried that my asthma, heart conditions, and age put me at higher risk for contracting COVID-19.

Lack of Adequate Response to COVID-19 at Adelanto ICE Processing

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1 **Center**

2 6. I have not received any information about COVID-19 from any ICE
3 or Adelanto staff. I have seen information on television about the spread of the
4 virus for weeks already, and I have also seen information about washing hands
5 and social distancing, but I have not seen any more soap available for detained
6 people here than there was before the outbreak of the virus. Regardless, it is not
7 possible to socially distance in the facility because of the close quarters with
8 other detained people. I have seen a few bottles of hand sanitizer in the
9 hallways, but they have been empty every time I have tried to get some. To my
10 knowledge, there are no educational materials around the facility on how to limit
11 the spread of the virus. I also haven't heard from any ICE or Adelanto staff
12 about hygiene or other ways to prevent the spread of the virus, not even from the
13 medical staff.

14 7. I have seen newly detained people arrive at Adelanto regularly. I have
15 not had my body temperature checked, nor have I seen other detained people
16 having their temperatures taken. I have not heard of any new screening
17 procedures that are being taken for people coming into the facility. When I
18 asked a guard how they know that the newly detained people are not bringing
19 the virus in, he said that they do not know. I am scared that new people coming
20 into the facility may be introducing the virus here.

21 8. To my understanding and knowledge, there has been no change in
22 protocol in response to COVID-19 at Adelanto. The only thing I have heard
23 changing from an ICE officer is that they have transferred older detained people
24 to a different unit. A guard told me that the unit where they have moved the
25 older people is right next to and shares a door with a unit that has people
26 exhibiting symptoms of COVID-19.

27 9. To my understanding and knowledge, there has been no change in
28 protocols or procedures in place in light of COVID-19 at Adelanto. To my
knowledge, there has not been an increase in cleaning supplies since the

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1 outbreak of COVID-19. I have seen the same detainees that did the cleaning
2 before the outbreak continue to do the cleaning now since the virus began to
3 spread. The only thing I have seen them change about how they clean since the
4 virus started to spread is that they are diluting the cleaning solution less, and it is
5 hard for me to breathe when I am near it. I have seen some guards wearing
6 masks and gloves, but none have been offered to me and I am not aware of them
7 being offered to other detained people. I have not witnessed any changes in the
8 medical staff at Adelanto in light of COVID-19, such as increased staffing. To
9 my knowledge, people are still allowed to go to the library and outside to the
10 yard. I haven't heard of any changes in programming since the virus began to
11 spread.

12 10. Despite my vulnerabilities for COVID-19, no member of the medical
13 staff has evaluated my conditions or well-being to determine whether any
14 additional precautionary measures are necessary to protect me from the illness.
15 When I asked Adelanto medical staff what I should do to protect myself because
16 of my higher risk of infection, they just told me to "get a tissue." I am scared for
17 my life because of this.

18 11. In the last week, I heard that at least three units in Adelanto had been
19 quarantined. I have since heard from a sergeant that at least one detained person
20 was taken to the hospital with symptoms of COVID-19, but he was brought back
21 to the facility shortly after. A guard told me that they have continued to go
22 between the quarantined and non-quarantined units to do count. I also have seen
23 the same detained people who delivered meals before continuing to deliver
24 meals between the different units. I am worried that the virus could spread inside
25 the facility from people going between the units.

26 **Why I Am A Named Plaintiff**

27 12. I am a named plaintiff in this case because I want to do what is right.
28 A lot of detainees' voices are not heard and I want to elevate their voices. A lot

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1 of people are vulnerable and it is getting more and more dangerous in here as the
2 infection spreads. A lot of people here have already spent years in prison or
3 detention, and they want to be with their families. We are all human and we
4 need protection.

5 13. I will continue to do so. I am available to them to assist with the case,
6 and they are available to me to answer questions and to explain and keep me
7 updated on the litigation. I regularly speak with my attorneys and their staff to
8 provide them with information in support of this lawsuit. I have responded and
9 will continue to respond to the lawyers' requests for information about adequate
10 health care and other conditions of confinement to the best of my ability. I
11 intend to continue working zealously with my attorneys on behalf of other
12 individuals detained in ICE custody nationwide as long as I am a named
13 plaintiff.

14 14. I seek only declaratory and injunctive relief on behalf of the subclass,
15 I am not seeking monetary damages, and I understand that this civil case will not
16 result in the dismissal of my civil immigration proceedings against me or others.

17 15. My attorney read me this declaration over the phone and everything in
18 it is true. I have authorized my attorney to sign on my behalf given the difficulty
19 of arranging visitation and travel in light of the current COVID-19 pandemic. If
20 required to do so, I will provide a signature when I am able to do so.

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

23
24 Signature:  _____

25 Melissa Riess on Behalf of Faour Abdallah Fraihat

26
27 Date: 3/23/20

33870051.1

1 I, Melissa Riess, declare the following under penalty of perjury pursuant to 28
2 U.S.C. § 1746 as follows:

3 1. My name is Melissa Riess. I am a licensed attorney in good standing
4 in the state of California. I am an attorney of record in *Fraihat v. ICE*, Case
5 5:19-cv-01546 (C.D. Cal.).

6 2. I represent the declarant Faour Abdallah Fraihat. Out of necessity in
7 light of the COVID-19 pandemic, I signed Mr. Fraihat's declaration on his
8 behalf with his express consent.

9 3. ICE is now requiring legal visitors to provide and wear personal
10 protective equipment, including disposable vinyl gloves, surgical masks, and eye
11 protection while visiting any detention facility. These supplies are not easily
12 accessible, given the increase in demand. Any available supplies are prioritized
13 to hospitals and other medical facilities that are experiencing dangerous
14 shortages. As such, it is nearly impossible to arrange an in-person legal visit
15 while this policy is in effect.

16 4. There are documented cases of COVID-19 in all fifty U.S. states and
17 most inhabited U.S. territories. The Center for Disease Control and Protection
18 (CDC) issued statements warning that individuals are at a higher risk of
19 infection when traveling. Mr. Fraihat is detained at Adelanto Detention Facility
20 in Adelanto, California, while I live in Richmond, California. California has
21 been under a state of emergency since March 4 and recommends avoiding non-
22 essential travel.

23 5. In light of the above, to protect public health, I am not able to travel to
24 Adelanto ICE Processing Center to obtain my clients' signatures.

25 6. Under my supervision, my colleague, Rosa Lee Bichell, spoke with
26 Mr. Fraihat over the phone, read the declarations to him, and confirmed the
27 accuracy of the information therein. Mr. Fraihat has confirmed that I can sign on
28 his behalf as reflected in his declaration.

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1 I declare under penalty of perjury that the statements above are true and correct to
2 the best of my knowledge and that this declaration was executed on March 23,
3 2020 in Richmond, California.

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7 Signature: _____



8 Melissa Riess

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10 Date: 3/23/20
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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)

**Declaration of Jimmy Sudney in
Support of Motion for Preliminary
Injunction and Class Certification**

Date: March 24, 2020

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Attorneys for Plaintiffs (continued from previous page)

*Admitted Pro Hac Vice

**Pro Hac Vice Application Forthcoming

DECLARATION OF JIMMY SUDNEY

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

1. I am over 18 years of age and am competent to make this Declaration. I make this Declaration on personal knowledge. I read and write in English. I am originally from Haiti.

2. I am in the custody of Immigration and Customs Enforcement ("ICE") and am currently being detained at Adelanto ICE Processing Center. I have been in ICE custody at Adelanto since on or around May 11, 2018. I have also been detained at Maricopa County Jail in Phoenix, Arizona, and state prison in Tucson, Arizona.

Medical Vulnerability

3. I have several medical conditions that make me vulnerable to COVID-19.

4. I have hypertension and I have needed to take medicine to control it for years. Even with medicine it is hard to control. I am also prediabetic.

5. I also have a heart murmur and chest pain and have to take medicine to control the pain. I ran out of my medicine about three weeks ago and submitted multiple requests for refills but did not get a refill. About a ten days ago, I had chest pain all night, so I went to medical in the morning and they told me that I had an abnormal EKG and sent me to the Emergency Room. I received a refill of my medicine that day. I have been taking my medicine but still experience chest pain almost every other day.

6. I am worried that each of these conditions puts me at higher risk for contracting COVID-19.

7. I have Post-Traumatic Stress Disorder ("PTSD") and anxiety and both have been getting worse as I get more and more worried about the virus.

**Lack of Adequate Response to COVID-19 at Adelanto ICE Processing
Center**

8. I have not received any formal education about COVID-19 from any ICE officers or Adelanto ICE Processing Center staff, including the medical staff. Everything I have learned about COVID-19 has been from the news on the television. I have seen information on television about washing hands and staying away from others, but we don't even have enough soap and hygiene products available here. Even if they did tell us to stay away from others, it is impossible to do so in detention because there are so many people who share one dorm. I have not seen any educational materials around the facility on how to limit the spread of the virus. I also haven't heard any announcements about hygiene or distancing.

9. I have seen that people are still coming into Adelanto regularly—both guards and newly detained people. I have not had my body temperature checked, nor have I seen or heard about other detained people having their temperatures taken. I have not seen them undertake other screening measures for people coming into the facility. I am scared that new people coming into the facility may be introducing the virus here.

10. To my understanding and knowledge, the only change in protocol in response to COVID-19 at Adelanto is what a guard told me: that staff have started to keep newly detained people arrested at the border in quarantine for 14 days, but that they are not keeping newly detained people who have been in the United States for more than 14 days separate from the general population. This doesn't make sense to me since the virus is already all over the United States. I have seen newly detained people added to my dorm in the last few days and I am scared that some of them could have brought the virus in from their communities.

11. To my understanding and knowledge, there has been no change in

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1 protocols or procedures in place in light of COVID-19 at Adelanto. To my
2 knowledge, there has not been an increase in cleaning supplies or access to hand
3 sanitizer since the outbreak of COVID-19. I have seen the same detainees that
4 did the cleaning before the outbreak continue to do the cleaning now. I haven't
5 seen them changing anything about how they clean since the virus started to
6 spread. I have seen some guards wearing masks and gloves, but none have been
7 offered to me and I am not aware of them being offered to other detained people.
8 I have not witnessed any changes in the medical staff at Adelanto in light of
9 COVID-19, such as increased staffing. To my knowledge, people are still
10 allowed to go to the library and outside to the yard. I haven't heard of any
11 changes in programming from Adelanto staff since the virus began to spread.

12 12. Despite my vulnerabilities for COVID-19, the only contact I have had
13 from medical staff since the outbreak was a visit from a doctor who told me to
14 "stay calm" to protect myself from contracting the illness. I don't know what the
15 medical staff would do if someone tells them they have a fever because to my
16 knowledge there is no change in the policy requiring us to submit a kite, which
17 may take 24 hours to review. That kind of delay is not safe for others because
18 the virus could spread. I am scared for my life because of this.

19 13. Within the last few days, a guard told me that at least four units in
20 Adelanto have been quarantined. A guard also told me that the guards have
21 continued to go between the quarantined and non-quarantined units to do count.
22 I am worried that the guards could spread the virus inside the facility by going
23 between the units.

24 14. I recently learned that my daughter had to go to the hospital with
25 asthma, and my grandmother was admitted to the hospital for a heart attack and
26 related kidney issues. I want to be with both of them and the rest of my family
27 during this time, so I could socially distance with them, and so they could help
28 ensure my health and I theirs during this very scary time.

Why I Am A Named Plaintiff

15. I am a named plaintiff in this case because I want to see that ICE takes proper steps to protect people. Our lives matter as human beings but I feel that they just bring people here without giving proper care or protection. This inadequacy in care is especially bad with coronavirus.

16. As a named plaintiff, to the best of my ability, I have been working with my lawyers to help them prepare and work on this case. I will continue to do so. I am available to them to assist with the case, and they are available to me to answer questions and to explain and keep me updated on the litigation. I regularly speak with my attorneys and their staff to provide them with information in support of this lawsuit. I have responded and will continue to respond to the lawyers' requests for information about adequate health care and other conditions of confinement to the best of my ability. I intend to continue working zealously with my attorneys on behalf of other individuals detained in ICE custody nationwide as long as I am a named plaintiff.

17. I seek only declaratory and injunctive relief on behalf of the subclass. I am not seeking monetary damages, and I understand that this civil case will not result in the dismissal of my civil immigration proceedings against me or others.

18. My attorney read me this declaration over the phone and everything in it is true. I have authorized my attorney to sign on my behalf given the difficulty of arranging visitation and travel in light of the current COVID-19 pandemic. If required to do so, I will provide a signature when I am able to do so.

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

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Signature:  _____

Melissa Riess on Behalf of Jimmy Sudney

Date: 3/23/20 _____

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1 I, Melissa Riess, declare the following under penalty of perjury pursuant to 28
2 U.S.C. § 1746 as follows:

3 1. My name is Melissa Riess. I am a licensed attorney in good standing
4 in the state of California. I am an attorney of record in *Frailhat v. ICE*, Case
5 5:19-cv-01546 (C.D. Cal.).

6 2. I represent the declarant Jimmy Sudney. Out of necessity in light of
7 the COVID-19 pandemic, I signed Mr. Sudney's declaration on his behalf with
8 his express consent.

9 3. ICE is now requiring legal visitors to provide and wear personal
10 protective equipment, including disposable vinyl gloves, surgical masks, and eye
11 protection while visiting any detention facility. These supplies are not easily
12 accessible, given the increase in demand. Any available supplies are prioritized
13 to hospitals and other medical facilities that are experiencing dangerous
14 shortages. As such, it is nearly impossible to arrange an in-person legal visit
15 while this policy is in effect.

16 4. There are documented cases of COVID-19 in all fifty U.S. states and
17 most inhabited U.S. territories. The Center for Disease Control and Protection
18 (CDC) issued statements warning that individuals are at a higher risk of
19 infection when traveling. Mr. Frailhat is detained at Adelanto Detention Facility
20 in Adelanto, California, while I live in Richmond, California. California has
21 been under a state of emergency since March 4 and recommends avoiding non-
22 essential travel.

23 5. In light of the above, to protect public health, I am not able to travel to
24 Adelanto ICE Processing Center to obtain my clients' signatures.

25 6. Under my supervision, my colleague, Rosa Lee Bichell, spoke with
26 Mr. Sudney over the phone, read the declarations to him, and confirmed the
27 accuracy of the information therein. Mr. Sudney has confirmed that I can sign
28 on his behalf as reflected in his declaration.

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1 I declare under penalty of perjury that the statements above are true and correct to
2 the best of my knowledge and that this declaration was executed on March 23,
3 2020 in Richmond, California.

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6 Signature: _____



7 Melissa Riess

8 Date: 3/23/20
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13
14
15 Attorneys for Plaintiffs (continued on next page)

16 **UNITED STATES DISTRICT COURT**
17 **CENTRAL DISTRICT OF CALIFORNIA**
18 **EASTERN DIVISION – RIVERSIDE**

18 FAOUR ABDALLAH FRAIHAT, *et al.*,
19 Plaintiffs,
20 v.
21 U.S. IMMIGRATION AND CUSTOMS
22 ENFORCEMENT, *et al.*,
23 Defendants.

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

**Declaration of Martin Munoz in
Support of Motion for Preliminary
Injunction and Class Certification**

Date: March 24, 2020

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28 **Pro Hac Vice Application Forthcoming

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DECLARATION OF MARTIN MUÑOZ

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

1. I am at least 18 years of age and am competent to make this declaration. I am originally from Mexico but have lived in California for more than 30 years. I am currently detained in ICE custody at the Adelanto ICE Processing Center (Adelanto) in Adelanto, California. I read and write in Spanish.

2. I am 60 years old and am diagnosed with insulin-dependent Type 2 diabetes, high cholesterol, high blood pressure, depression, and anxiety.

3. At Adelanto, I recently switched dorms. I have received very little information about COVID-19 from ICE officers or GEO officers. I have also not received information from medical staff. In my old dorm, there was a flyer about hand-washing. The flyer is only in English. Most of the education about COVID-19 I have received has been from the news on the television. I do not know how to identify symptoms. I have not had my body temperature checked, nor have I seen other detained people get their temperature taken. I have never been given a test.

4. Newly detained people arrived to my old dorm in the last week. The dorm was nearly full and we were four people in each cell.

5. On March 20, I was moved from the dorm where I had lived for nearly three years into a new dorm. In my old dorm, there were 72 people. We were not told why we were moving. In the new one, there are 22 of us, and the youngest is 59 years old. We are two people per cell and we are less than six feet apart. I have heard that they are going to put 30 of us into this dorm. They did not take our temperature, check any other symptoms, or give us any test for COVID-19 before moving us.

6. The cleaning crews of detained people continue to clean in the same ways as before. No one is wearing masks while they clean. Detained people and guards are wearing gloves to clean.

1 7. Some officers wear masks or gloves, but many do not. None of the
2 other detained people have masks, even if we have asked for them. I have not
3 witnessed any changes in the medical staff at Adelanto during COVID-19, such as
4 increased staffing. A nurse comes by to pass out medicine in the morning and at
5 night. I have not seen pill pass nurses wearing masks. They are not coming more
6 frequently.

7 8. I recently have started feeling a bit sick. I have been coughing and
8 have a throat ache. I feel like I have the flu. I recently woke up at 4 a.m. because I
9 was coughing so much and could not go back to sleep.

10 9. I told the pill pass nurse about my symptoms. He told me to send a
11 request for a medical appointment. He did not write down anything about what I
12 reported. I sent the kite asking for an appointment and telling them about my
13 symptoms. I still have not had an appointment.

14 10. Several weeks ago, I asked an ICE official what the plan was for me
15 because I am older and at risk for a bad COVID-19 infection. He laughed at me
16 and told me I did not qualify for anything.

17 11. Despite my various vulnerabilities to COVID-19, no member of the
18 medical staff has evaluated me to determine whether any additional precautionary
19 measures are necessary to protect me from the illness. I have not seen them
20 evaluate anyone else who is at risk either. I am scared for my life.

21 12. I would prefer to be home with my wife, resting and staying away
22 from other people. It would be much easier to be safe and isolated if I were at
23 home.

24 13. As a named plaintiff, to the best of my ability, I have been working
25 with my lawyers to help them prepare and work on this case. I will continue to do
26 so. I am available to them to assist with the case, and they are available to me to
27 answer questions and to explain and keep me updated on the litigation. I regularly
28 speak with my attorneys and their staff to provide them information in support of this
lawsuit. I have responded and will continue to respond to the lawyers' requests for

1 information about adequate health care and other conditions of confinement to the
2 best of my ability. I intend to continue working zealously with my attorneys on
3 behalf of other individuals detained in ICE custody nationwide as long as I am a
4 named plaintiff.

5 14. I seek only declaratory and injunctive relief on behalf of the subclass.
6 I am not seeking monetary damages, and I understand this this civil case will not
7 result in the dismissal of my civil immigration proceedings against me or others.

8 15. I have authorized my attorney to sign on my behalf given the
9 difficulty of arranging visitation and travel due to the current COVID-19
10 pandemic. If required to do so, I will provide a signature when I am able to do so.

11 16. This declaration was read to me in Spanish and I was able to make
12 changes.

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

15
16 Signature



Elizabeth Jordan on behalf of Martin Muñoz

Date: 3/22/2020

Location: Adelanto, California

1
2 I, Elizabeth Jordan, declare the following under penalty of perjury pursuant to 28
3 U.S.C. § 1746 as follows:

- 4
5 1. I am a licensed attorney in good standing in Louisiana and New York. I am
6 an attorney of record in *Frailhat v. ICE*, Case 5:19-cv-01546 (C.D. Cal.).
- 7 2. I represent the declarant Martin Munoz. Out of necessity in light of the
8 COVID-19 pandemic, I signed the attached declaration on Martin Munoz's
9 behalf with his express consent.
- 10 3. ICE is now requiring legal visitors to provide and wear personal protective
11 equipment, including disposable vinyl gloves, surgical masks, and eye
12 protection while visiting any detention facility. These supplies are not easily
13 accessible, given the increase in demand. Any available supplies are
14 prioritized to hospitals and other medical facilities that are experiencing
15 dangerous shortages. As such, it is nearly impossible to arrange an in-person
16 legal visit while this policy is in effect.
- 17 4. There are documented cases of COVID-19 in all fifty U.S. states and most
18 inhabited U.S. territories. The Center for Disease Control and Protection
19 (CDC) issued statements warning that individuals are at a higher risk of
20 infection when traveling. Mr. Munoz is detained at Adelanto Detention
21 Facility in Adelanto, California, while I live in Denver, Colorado. Colorado
22 has been under a state of emergency since March 10 and recommends
23 avoiding non-essential travel.
- 24 5. In light of the above, to protect public health, I am not able to travel to
25 Adelanto to obtain Mr. Munoz's signature.
- 26 6. I spoke with Mr. Munoz over the phone. While we were speaking, I
27 simultaneously translated the declaration into Spanish for Mr. Munoz's
28

1 review for accuracy, confirmation of the contents, and approval. I am a non-
2 native fluent Spanish speaker. Mr. Munoz has confirmed that I can sign on
3 his behalf as reflected in his declaration.
4

5 I declare under penalty of perjury that the statements above are true and correct to
6 the best of my knowledge and that this declaration was executed on March 22,
7 2020 in Denver, Colorado.

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11 Elizabeth Jordan
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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
EASTERN DIVISION – RIVERSIDE**

11 FAOUR ABDALLAH FRAIHAT, *et al.*,

12 Plaintiffs,

13 v.

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

16 Defendants.

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

**[Proposed] Order Certifying
Subclasses**

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1 Plaintiffs Faour Fraihat, Jimmy Sudney, Aristoteles Sanchez Martinez, Alex
2 Hernandez, and Martin Munoz, on behalf of themselves and a class of those
3 similarly situated, have moved for an order (1) certifying two subclasses pursuant
4 to Federal Rule of Civil Procedure 23 for purposes of preliminary injunctive relief
5 in the above-titled action; (2) appointing Faour Fraihat, Jimmy Sudney, Aristoteles
6 Sanchez Martinez, Alex Hernandez, and Martin Munoz, as representatives of both
7 subclasses; and (3) appointing Civil Rights Education and Enforcement Center,
8 Disability Rights Advocates, Orrick, Herrington & Sutcliffe LLP, Southern
9 Poverty Law Center, and Willkie Farr & Gallagher LLP as class counsel.

10 Having considered the parties' papers and argument and the evidence
11 presented, the Court finds that Plaintiffs have satisfied the requirements of Federal
12 Rules of Civil Procedure 23(a) and 23(b)(2), and that class certification is
13 warranted in this action. The Court further finds that proposed subclass
14 representatives will fairly and adequately protect the interests of the class. Finally,
15 the Court finds that class counsel are experienced and qualified to represent the
16 interests of Plaintiffs and the plaintiff subclasses under Federal Rule of Civil
17 Procedure 23(g).

18 Therefore, IT IS HEREBY ORDERED as follows:

19 This action is hereby certified as a class under Rule 23(b)(2) of the Federal
20 Rules of Civil Procedure.

21 1. The subclasses shall be defined as follows:

22 **Subclass One:** All people who are detained in ICE custody who have
23 one of the Risk Factors placing them at heightened risk of severe
24 illness and death upon contracting the COVID-19 virus. The Risk
25 Factors are defined as being over the age of 55; being are pregnant; or
26 having chronic health conditions, including: cardiovascular disease
27 (congestive heart failure, history of myocardial infarction, history of
28

cardiac surgery); high blood pressure; chronic respiratory disease (asthma, chronic obstructive pulmonary disease including chronic bronchitis or emphysema, or other pulmonary diseases); diabetes; cancer; liver disease; kidney disease; autoimmune diseases (psoriasis, rheumatoid arthritis, systemic lupus erythematosus); severe psychiatric illness; history of transplantation; and HIV/AIDS.

Subclass Two: All people who are detained in ICE custody whose disabilities place them at heightened risk of severed illness and death upon contacting the COVID-19 virus. Covered disabilities include: cardiovascular disease (congestive heart failure, history of myocardial infarction, history of cardiac surgery); high blood pressure; chronic respiratory disease (asthma, chronic obstructive pulmonary disease including chronic bronchitis or emphysema, or other pulmonary diseases); diabetes; cancer; liver disease; kidney disease; autoimmune diseases (psoriasis, rheumatoid arthritis, systemic lupus erythematosus); severe psychiatric illness; history of transplantation; and HIV/AIDS.

2. Named Plaintiffs Faour Fraihat, Jimmy Sudney, Aristoteles Sanchez Martinez, Alex Hernandez, and Martin Munoz are hereby appointed as class representatives pursuant to Federal Rule of Procedure 23(a); and
3. Plaintiffs' counsel Civil Rights Education and Enforcement Center, Disability Rights Advocates, Orrick Herrington & Sutcliffe LLP, Southern Poverty Law Center, and Willkie Farr & Gallagher LLP are hereby designated as counsel for the class pursuant to Federal Rule of Procedure 23(g).

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IT IS SO ORDERED.

DATED: _____

The Honorable Jesus Bernal
UNITED STATES DISTRICT JUDGE