IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

BHARATKUMAR G. THAKKER, et al.,

Petitioners-Plaintiffs,

vs.

CLAIR DOLL, in his official capacity as Warden of York County Prison, et al.,

Respondents-Defendants.

Case No. 1:20-cv-00480-JEJ

Judge John E. Jones III

REPLY BRIEF IN FURTHER SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER AND/OR PRELIMINARY INJUNCTION

Defendants' factual response is a mix of irrelevant, disingenuous and outright false assertions. Only the declaration of Captain Jennifer Moon merits any attention. The only other declaration, from Ada Rivera, is stale and irrelevant. It was prepared on March 18 for the lawsuit in Washington, *Dawson v. Asher,* and relates exclusively to ICE facilities in Tacoma, Washington. *See* Dkt. 35-1 at 10-14.

Captain Moon has been the Deputy Assistant Director for Healthcare Compliance with ICE Health Service Corps (IHSC) since November 2018. Dkt. 35-1 at 3, ¶ 1. She oversees Field Medical Coordinators (FMCs) in each of the ICE regions, but acknowledges that neither she nor the FMC's are responsible for direct care in the facilities, which are provided by medical staff at each contract facility. *Id.* at 3-4, ¶¶ 2-3. Notably, Defendants have failed to dispute Plaintiffs' claims about actual conditions at York, Clinton and Pike.

Captain Moon's most disturbing claim is that as of Friday morning, March 27, the three detention facilities had "zero suspected cases of COVID-19" and had "zero confirmed cases of COVID-19." *Id*. at ¶ 12. This is patently untrue. A press release issued by the Pike County Commissioners on March 29 states, in relevant part, as follows:

> A staff member at the Pike County Correctional Facility (PCCF) tested positive for coronavirus (COVID-19) on March 24. The staff member has been quarantined at home since March 18.
> Inmates that had direct contact with the individual are now under quarantine. Other staff who had contact with the individual were sent home to self-quarantine. Ex. 30.

Captain Moon should have known a correctional officer tested positive three days before she signed her declaration, especially because the officer had contact with detainees and other staff. Moreover, she fails to deny the quarantine at York (Baranowsky Decl. ¶ 12 (Dkt. 2-18)) or mention that new quarantines are now in effect at Pike. Ex. 29, Stine Decl. ¶¶ 4-6. The imposition of quarantines entails a suspicion of infection, which Captain Moon denies. It makes little difference whether Captain Moon does not actually know what is happening at the three facilities or whether she is deliberately misleading the Court; the Court should discount her claims.

Even if the Court were to credit Captain Moon's claims about ICE protocols and screening measures, Defendants fail to acknowledge, much less address, social distancing, which is the primary means of preventing COVID-19 transmission. Amon Supp. Decl. ¶ 3. The inescapable conclusion is that ICE has failed to take even tentative steps to implement social distancing at any of the facilities.

CDC guidance recognizes that social distancing is a "***cornerstone of reducing transmission"*** in detention facilities. Amon Supp. Decl. ¶ 3. Indeed, governmental recognition of the necessity of social distancing to prevent the spread of COVID-19 has led to drastic measures across the county, including stay-at-home orders for over 200 million people. Yet Defendants continue to detain Plaintiffs in facilities that force individuals there into close quarters where they cannot maintain 6 feet of

distance. *Id.* Nowhere do Respondents assert that they have taken measures to mitigate these conditions, nor can they, given the institutional design of the facilities.

Defendants' heavy reliance on the alleged screening procedures to argue the virus will not be introduced to the facilities is unavailing because these screening procedures are inadequate. Because of high levels of community spread ICE would need to monitor every newly arrived person for 14 days. Amon Supp. Decl. ¶ 4(b); see also Greifinger Decl. ¶ 10. Nowhere do the Defendants address how the three Pennsylvania facilities will be able to dramatically expand medical facilities and staffing to conduct this daily monitoring. Nor do they indicate where they will house these individuals while monitoring them for symptoms. Defendants also disregard the fact that staff who enter and leave every day are likely vectors for the virus while asymptomatic. *See* Amon Supp. Decl. ¶ 4(b); *see also id.* at ¶1 (documenting exponential rise in cases in Pennsylvania). Given asymptomatic transmission, to effectively screen staff, the facilities would have to conduct frequent (daily) tests, taken multiple times a day as staff and detainees entered the facility. Defendants do not claim to be implementing such widespread testing, nor could they honestly so allege, given the shortage of testing kits even at front-line hospitals. Amon Supp. Decl. ¶ 4(a). Thus, it is well beyond speculative that individuals will bring the virus into the facilities. And it has already entered Pike's facility.

Defendants also fail to confront the reality that the detention centers are fundamentally ill-equipped to handle large numbers of cases once people begin getting sick. The protocol imagines that individuals who test positive will be isolated in individual rooms. However, the rate of infectious spread will overrun the physical capacities of the facilities, which have limited space to isolate detainees. Greifinger Decl. ¶ 10. Nor will cohorting, as Defendants apply that term, solve the problems. Defendants' version of cohorting is to house people potentially infected together, in one space. Dkt. 35 at 5-6. For cohorting to be effective, people must be quarantined separately. Amon Supp. Decl. ¶ 5(a). The protocol also fails to account for the surge capacity needs as the level of medical encounters increases, and the number of available staff decreases, due to illness. Amon Supp. Decl. ¶ 4(f) (the protocol "lacks anticipation of what has already started elsewhere and will soon impact these facilities, including widespread infection of both detainees and staff with a massive impact on the level of staffing and capacity for clinical care.")

Finally, Defendants' suggestion that Plaintiffs are not suitable for release does not withstand scrutiny. Dkt. 35 at 25-27. Defendants' case summaries allege dangerousness for only four of the thirteen plaintiffs, but even those claims are incorrect.[1] Moreover, ICE has now released three of the thirteen – Mansyur, Prajoga

[1] Plaintiffs Gomez-Lopez, Idowu, and Thakker were convicted of non-violent offenses, and Plaintiff Gomez Hernandez has a misdemeanor simple assault conviction, for which he was granted immigration relief, which requires a finding of

and Meiling—despite opposing release in their brief. Defendants' failure to appreciate the gravity and magnitude of the problem, and denial of operational realities at the three facilities, may be the strongest evidence that plaintiffs are at imminent risk to health and life.

ARGUMENT

I. Plaintiffs Have Standing

Plaintiffs must make allegations to show that (a) the harm for which they seek redress is an "injury in fact", i.e., is particularized, concrete, and actual or imminent; (b) the harm is fairly traceable to the defendant; and (c) the harm is likely to be redressed by a favorable judgment. *Dep't of Commerce v. New York*, 139 S. Ct. 2551, 2565 (2019). Here, Plaintiffs have met all three requirements.

First, Plaintiffs plead the ultimate "particularized" harm: exposure to a lethal virus with no vaccine or cure. Plaintiffs must show only that the injury is "certainly impending" or "there is a substantial risk that the harm will occur." *Susan B. Anthony List v. Driehaus*, 573 U.S. 149, 158 (2014) (internal quotation marks omitted). "A future injury need not be 'literally certain,'" *Clapper v. Amnesty Int'l*

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good moral character and considers past criminal conduct. Additionally, while Defendants assert some Plaintiffs are a flight risk, they fail to explain why their supervision tools, including ankle monitors and regular ICE check-ins, would not be sufficient. *See* Schriro Decl. ¶¶ 24, 26-27.

USA, 568 U.S. 398, 432 (2013). Likely results that are "predictable" are sufficient. *Dep't of Commerce*, 139 S. Ct. at 2565–66.

Plaintiffs' harm is neither "hypothetical" nor "speculative." Defendants want this Court to ignore the crisis that is rapidly unfolding, and which is quickly impacting the ICE Facilities, Defendants' employees, and those in custody across the country. *See* Dkt. 8-1 at 15 n.6. Plaintiffs offered evidence that they are older or have pre-existing conditions, either of which puts them at heightened risk of infection, serious injury, and death from COVID-19. Dkt. 2-1, Ex. 1, Amon Decl. ¶¶ 11-22, 29-30, 42-48. This virus spreads fast, as does the rate at which it progresses once a person is sick. Dkt. 2-2, Ex. 2, Golob Decl. ¶ 6; Amon Decl. ¶¶ 11-22, 29-30; *see also* Dkt. 33-8, Schriro Decl. ¶¶ 14-23; Dkt. 33-7, Greifinger Decl. ¶¶ 3-13. The Court need only look to Rikers Island as a preview of what is to pass at these detention facilities.[2] Such a higher likelihood of serious injury and death is more than enough to meet the "injury in fact" prong of the standing analysis. *See New York*, 139 S. Ct. at 2566 (finding injury not speculative when a "predictable" effect of government action).

[2] Ex. 33, Andrew Denney, *Number of NYC inmate with coronavirus soars as jail population dwindles*, New York Post (Mar. 27, 2020), https://nypost.com/2020/03/27/number-of-nyc-inmates-with-coronavirus-soars-as-jail-population-dwindles/ (noting that 103 inmates and 80 corrections officers had tested positive for COVID-19).

Plaintiffs have not claimed that "detention *per se* poses an increased risk of health complications or death from [the virus]." (Opp'n at 12.) Plaintiffs instead offer expert evidence that their continued detention in the ICE Facilities places them at an increased chance of developing COVID-19 and suffering serious or fatal complications because of their vulnerable status. While detained, they have no ability to the necessary measures to avoid exposure—they cannot isolate themselves from others, practice the level of vigorous personal hygiene recommended by experts, and cannot have access to the testing and medical care needed should coronavirus strike. Plaintiffs accordingly have shown "injury in fact."

Second, the wrong at issue is "fairly traceable" to the defendants. There is no credible dispute that Defendants are detaining Plaintiffs, and as Plaintiffs have shown, Defendants could release Plaintiffs at any time, but Defendants' inactions are causing Plaintiffs' continued confinement and their dire jeopardy. Defendants mischaracterize the risk of harm as controlled by factors completely beyond Defendants' control: Plaintiffs' medical history and/or age. Opp'n at 17-18. Defendants are wrong. It is their refusal to provide conditions that allow for the CDC-recommended social distancing, increasing the risk that Plaintiffs will become infected. The "measures" that Defendants have taken, such as "cohorting" to prevent spread (Opp'n at 6), are ineffective. Amon Decl. ¶¶ 44-45; Amon Supp. Decl. ¶ 5(a).

In short, there can be no doubt that Plaintiffs' continued detention is "traceable" directly to Defendants.

Third, plaintiffs have shown "redressability" because release is the only remedy that will protect Plaintiffs' rights. Plaintiffs' immediate release is a remedy that is both within the power of this Court and the only remedy that would adequately address the constitutional violation at hand. *See Hutto v. Finney*, 437 U.S. 678, 687 n.9 (1978). The problem is Defendants' failure to establish conditions that would allow for social distancing. If Plaintiffs are immediately released, the opportunities for social distancing are much greater outside of detention. Courts and public authorities in multiple jurisdictions across the country have recognized this and are responding to the threat of COVID-19 by issuing orders releasing individuals or delaying the start of their confinement due to the extraordinary circumstances the pandemic presents. *See* Dkt. 12, TRO Mem. at 16-17; Dkt. 27, Notice of Suppl. Auth. Only release can adequately address their right to reasonable protection from this lethal contagious disease.

II. Habeas is an Appropriate Vehicle for Relief

Defendants assert that a habeas petition is not the appropriate vehicle for Plaintiffs' constitutional claims and requested relief of temporary release amidst this

pandemic and national crisis. *See* Opp'n at 19-21. But twice *this week* courts issued writs of habeas corpus to protect detainees from the imminent threat of COVID-19.[3]

As Defendants acknowledge, "Section 2241 provides an avenue of relief for inmates who allege violations of the Constitution . . . which make the place, the conditions, or the duration of confinement illegal" and "directly implicate the fact or duration of an inmate's confinement." Opp'n at 20. These are precisely the claims Plaintiffs advance. The fact of Plaintiffs' confinement during this pandemic in less-than-hygienic conditions that preclude social distancing violates their due process rights. *See Leamer v. Fauver*, 288 F.3d 532, 540 (3d Cir. 2002). Put differently, the challenge to the conditions of Plaintiffs' confinement are related to the fact and duration of their continued detention in the face of the COVID-19 pandemic.

Consistent with the writ of habeas corpus, Plaintiffs seek immediate (temporary) release—not liability or damages as contemplated by a 42 U.S.C. § 1983 claim. *Leamer*, 288 F.3d at 540; *see United States v. Doe*, 810 F.3d 132, 149 (3d Cir. 2015) (noting habeas courts are typically limited to the remedies of "release or vacating a conviction or sentence, or some combination of"). Accordingly, Plaintiffs' constitutional claims properly fall "within the 'core of habeas' and require

[3] *See* Dkt. 27, Notice of Suppl. Auth. (citing *Coronel v. Thomas*, No. 20-2472, 2020 WL 1487274 (S.D.N.Y. Mar. 27, 2020); *Basank v. Thomas*, No. 20-2518, 2020 WL 1481503 (S.D.N.Y. Mar. 26, 2020)).

sooner release if resolved in [their] favor." *Leamer*, 288 F.3d at 544. In sum, Plaintiffs here do "seek speedier or immediate release from custody," making them distinguishable from the plaintiff in *Compton v. Ebbert*, No. 1:18-cv-2115, 2020 WL 564795, at *2 (M.D. Pa. Feb. 5, 2020), a case recently decided by this Court.

III. Nothing in the Government's Opposition Brief Warrants Denying a TRO and Leaving Plaintiffs in Harm's Way

A. Plaintiffs are likely to succeed on the merits.

1. The government mischaracterizes Plaintiffs' brief as seeking discretionary release.

Plaintiffs' argument on the merits is straightforward and supported by extensive case law: the conditions of confinement at the ICE Facilities make it impossible for these vulnerable Plaintiffs to protect themselves from the onslaught of coronavirus and the threat of COVID-19. These unsafe conditions violate Plaintiffs' due process rights, as are they conditions in which Defendants are deliberately indifferent to Plaintiffs' serious medical needs. TRO Mem. at 27–37.

In response, Defendants hide behind a strawman argument. Defendants argue that the due process claim has "nothing to do with conditions of Petitioners' confinement," and is instead about whether Defendants should exercise "discretion to release" under ICE regulations. Opp'n Br. at 21–24. Plaintiffs do not ask ICE to exercise discretion; that time has passed for the ten Plaintiffs who remain in custody. Simply put, Defendants failed to meet their constitutional obligation. This Court must now step in to end this ongoing constitutional violation and protect Plaintiffs.

For the same reason, the circumstances surrounding why particular Plaintiffs were granted or denied discretionary release under ICE regulations, Opp'n at 25–27, are beside the point. What matters here is the need for this Court to safeguard the constitutional rights of detainees when Defendants have failed.

2. Plaintiffs have established a likelihood of establishing a constitution violation.

Plaintiffs established that deliberate indifference to a serious medical need violates the constitutional rights of civil detainees. Defendants have offered two defenses: first, that the risk of COVID-19 is not sufficiently "serious," and second, that Defendants are not deliberately indifferent because ICE has taken some (inadequate) steps to address COVID-19. Neither argument holds water.

First, Defendants argue that the risk of COVID-19 is not sufficiently "serious," based on the fact that Plaintiffs have not yet been "unequivocally exposed to COVID-19 in York, Pike, or Clinton County." (Opp'n at 29.) They argue that the risk of COVID-19 does not rise to the level of an inmate's cellmate smoking cigarettes, which the Supreme Court found sufficiently serious. (Opp'n at 28 (citing *Helling v. McKinney*, 509 U.S. 25 (1993)). Defendants are wrong on both the facts and the law. There is evidence that Plaintiffs ***have*** been exposed to coronavirus. *See supra* at pp. 1-2. Moreover, the law is clear that Plaintiffs need not wait to get sick and die before bringing constitutional claims. As the Supreme Court explained, "a

prison inmate also could successfully complain about demonstrably unsafe drinking water without waiting for an attack of dysentery." *Helling*, 509 U.S. 25 at 33.

Second, Defendants argue that Plaintiffs cannot show deliberate indifference because of the measures ICE has purportedly taken to address COVID-19. But these measures are inadequate according to public health experts. Plaintiffs' expert Dr. Joseph Amon has explained that "none of the ICE facilities are following CDC guidance in relation to social distancing putting all detainees, and especially those at high risk of severe disease and death, in jeopardy." *See* Amon Decl., Dkt. No. 2-1 at 12. Social distancing, self-isolation, and improved hygiene can make a difference in protecting from the spread of COVID-19. Plaintiffs offered evidence that this is not happening at the ICE Facilities. *See generally* TRO Mem. at 11–14.

Finally, Defendants argue that Plaintiffs' conditions of confinement are not "excessive" relative to the government's interest in "preventing detained aliens from absconding and ensuring that they appear for removal proceedings." (Opp'n Br. at 31–33.) In support, Defendants point to other courts' refusal to release detainees due to COVID-19 concerns. (Opp'n Br. at 32–33.) Those decisions, however, do not relate to the facts on the ground at the ICE Facilities in this case. For example, in *Dawson v. Asher*, the court made its decision in part because there had not yet been evidence of a COVID-19 outbreak. No. 20-0409, 2020 WL 1304557, at *3 (W.D. Wash. Mar. 19, 2020). Here, there is evidence that COVID-19 has spread to

at least one of the ICE facilities. Moreover, every day counts in the context of COVID-19. When *Dawson* was decided on March 19, there were about 15,000 reported cases of COVID-19 in the country; as of yesterday that number is over 140,000 and there have now been more than 2,400 COVID-19 deaths reported.[4] The inexorable march of COVID-19 requires immediate action to protect the Plaintiffs.

B. Leaving Plaintiffs in COVID-19's Path Creates a Likelihood of Irreparable Harm

Plaintiffs have submitted extensive evidence that they are at risk of COVID-19 because of conditions at the ICE Facilities. TRO Mem. at 9-23. It is beyond dispute that COVID-19 can lead to serious complications and death, even when the patient receives medical care. It is hard to imagine a more "irreparable harm." Defendants, however, argue that the risk to Plaintiffs is "not only speculative, but unlikely" and that "[i]f Petitioners continue to receive adequate medical care and shelter from COVID-19 in immigration detention, their harm is non-existent much less irreparable." (Opp'n at 34). The assertion that the risk of harm to detainees from COVID-19 is "non-existent" beggars belief. As discussed above, ***there are***

[4] *See* Ex. 31, *Coronavirus Disease 2019 (COVID-19)*, Center for Disease Control and Prevention, https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html (last visited Mar. 30, 2020).

already reported cases of COVID-19 at the ICE Facilities. *See supra* pp. 1-2. In detention facilities around the country, COVID-19 is exploding.[5]

Defendants argue that "ICE's procedures for COVID-19 are identical to those recommended by the CDC and designated experts on infectious disease and detention facilities." (Opp'n at 36). But as noted above, the evidence shows that the government is not adequately responding. ICE's litany of half measures—restricting visitors, "educat[ing] detainees," intake screenings, etc. (Dkt. No. 35-1 at 10–11)—simply fail to address the once-in-a-generation risk that COVID-19 poses to detainees. Indeed, the ICE Guidance does not even mention social distancing, improved personal hygiene, and increased testing and medical care, and its specific Guidance on detention was last updated on March 15. *See* ICE Guidance, available at https://www.ice.gov/coronavirus.

C. The Public Interest Clearly Weighs in Favor of Releasing Plaintiffs

Defendants do not contest the public health evidence that both the public generally and ICE specifically have a strong interest in minimizing the spread of COVID-19. TRO Mem. at 39-42. Instead, Defendants gesture vaguely to a

[5] *See, e.g.*, Ex. 32, Sam Kelly, *101 Inmates at Cook County Jail confirmed positive for COVID-19*, Chicago Sun Times (Mar. 30, 2020), https://chicago.suntimes.com/coronavirus/2020/3/29/21199171/cook-county-jail-coronavirus-positive-101-cases-covid-19 (explaining that Cook County Jail in Illinois went from two cases to more than a hundred in less than a week).

"significant" public interest in "enforcement of United States immigration laws." Opp'n at 36. That argument is a red herring, and beside the point. Plaintiffs do not ask Defendants to suspend enforcement of U.S. immigration laws. Undisputed evidence in the record shows that ICE has a variety of tools to track individuals subject to immigration proceedings without detaining them. TRO Mem. at 24. Temporarily releasing Plaintiffs under these exigent circumstances does not preclude ICE from pursuing its goals or enforcing the immigration laws.

CONCLUSION

Time is running out to act. The Court should enter a TRO and/or preliminary injunction releasing Plaintiffs who remain in custody.

Dated: March 30, 2020

Respectfully Submitted,

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UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA

BHARATKUMAR G. THAKKER, et al.,

Petitioners-Plaintiffs,

vs.

CLAIR DOLL, in his official capacity as Warden of York County Prison, et al.,

Respondents-Defendants.

Case No. 1:20-cv-00480
Judge John E. Jones III

DECLARATION OF WITOLD J. WALCZAK

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the following is true and correct to the best of my knowledge and belief:

1. My name is Witold J. Walczak. I am the Legal Director for the American Civil Liberties Union of Pennsylvania and am counsel for Petitioners-Plaintiffs. I make this declaration in support of Petitioners'/Plaintiffs' Verified Writ of Habeas Corpus and Complaint for Declaratory and Injunctive Relief and Motion for TRO and/or PI.
2. Attached hereto are true and correct copies of the following materials, identified by the following exhibit designations in Plaintiffs' reply brief in

support of Petitioners'/Plaintiffs' Verified Writ of Habeas Corpus and Complaint for Declaratory and Injunctive Relief and Motion for TRO and/or PI:

Ex. 28 Supplemental Declaration of Joseph J. Amon, Ph.D. MSPH

Ex. 29 Declaration of Vanessa L. Stine, Immigrants' Rights Attorney, ACLU of Pennsylvania

Ex. 30 Update from Pike County Correctional Facility on COVID-19 (posted March 29, 2020).

Ex. 31 Center for Disease Control and Protection website page entitled, *Cases in U.S.*, accessed on March 30, 2020.

Ex. 32 Article by Sam Kelly published in the Chicago Sun-Times on March 30, 2020, entitled *101 Inmates at Cook County Jail Confirmed Positive for COVID-19*.

Ex. 33 Pennsylvania Department of Health website page entitled, *COVID-19 Cases in Pennsylvania*, accessed on March 30, 2020.

Ex. 34 Article by Andrew Denney published in the New York Post on March 27, 2020, entitled *Number of NYC Inmates with Coronavirus Soars as Jail Population Dwindles*.

Dated: March 30, 2020

/s/ Witold J. Walczak
Witold J. Walczak

Exhibit 28

Declaration of Joseph J. Amon, Ph.D. MSPH

I, Joseph J. Amon, declare as follows:

1. I have reviewed the declarations of Moon and Rivera, ICE guidance on its website on COVID-19[1], and ICE's protocol for a clinical response ("Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)" version 6.0 issued March 6, 2020).[2] Based on my training and decades of professional experience in public health, the procedures described therein are entirely inadequate to prevent or mitigate the rapid transmission of COVID-19 in York, Clinton and Pike County Prisons. I am unaware of any epidemiologist or any public health expert who would consider these procedures to be sufficient preventive measures.

2. In paragraph 5, Captain Moon states in her declaration that, "Since the onset of Coronavirus Disease 2019 (COVID-19) reports, ICE epidemiologists have been tracking the outbreak, regularly updating infection prevention and control protocols, and issuing guidance to field staff on screening and management of potential exposure among detainees." Much has occurred with this fast-spreading virus since Captain Moon signed her declaration on Friday morning, March 27:
    a. As of March 30 (8 am) ICE guidance available online, last updated on March 28, indicates that there were 2 confirmed cases of COVID-19 among ICE detainees, 5 ICE detention facility employees, as well as 19 ICE employees not currently assigned to detention facilities. On March 30 around 2 pm, the Bergen County Sheriff announced that there was another confirmed case of an ICE detainee infected with COVID-19 in Bergen County Jail.[3]
    b. In paragraph 12 of the declaration, Moon states that there are zero suspected or confirmed cases of COVID-19 at Pike. However, the Pike County government's website posted information on March 29th sharing information from the Pike County Commissioners that, "A staff member at the Pike County Correctional Facility (PCCF) tested positive for coronavirus (COVID-19) on March 24. The staff member has been quarantined at home since March 18." The statement goes on to say that "Other staff who had contact with the individual were sent home to self-quarantine."[4]
    c. In total, Pike County, so far, has reported 33 cases and 1 death due to COVID-19. These are likely underestimates. It is reasonable to expect this kind of introduction of COVID-19 into Pike County Correctional Facility from staff exposed in the community given the current local transmission of COVID-19 in Pike County and in Pennsylvania, reflecting the continued movement of people between specific locales.

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[1] https://www.ice.gov/coronavirus accessed March 30, 2020.
[2] https://www.aila.org/infonet/ice-interim-reference-sheet-coronavirus accessed March 30, 2020
[3] https://www.insidernj.com/sheriff-cureton-confirms-two-additional-positive-covid-19-cases-among-bergen-jail-population/ accessed March 30, 3030.
[4] https://www.wnep.com/article/news/health/coronavirus/pike-county-prison-employee-tests-positive-for-covid19/523-661786bf-46ed-42b2-96fa-c5e563fbbcda accessed March 30, 2020.

d. There has been an exponential increase in cases and deaths in Pennsylvania over the past two weeks, and the pace has accelerated since March 27:[5]

Date	Cases (cumulative)	Deaths (cumulative)
12-Mar	28	0
13-Mar	41	0
14-Mar	58	0
15-Mar	63	0
16-Mar	76	0
17-Mar	96	0
18-Mar	133	1
19-Mar	185	1
20-Mar	268	1
21-Mar	371	2
22-Mar	479	3
23-Mar	644	6
24-Mar	851	7
25-Mar	1127	11
26-Mar	1687	16
27-Mar	2218	22
28-Mar	2751	34
29-Mar	3394	38
30-Mar	4,087	48

3. Social distancing is the primary way to mitigate risk of COVID-19 infection and spread. The CDC guidance for detention facilities states: "Although social distancing is challenging to practice in correctional and detention environments, it is ***a cornerstone of reducing transmission*** [emphasis added] of respiratory diseases such as COVID-19". Social distancing, simply understood in the context of COVID-19 is keeping individuals six feet away (in all directions) from one another. It is also the basis for the extraordinary measures being taken nationwide to restrict movement and contact from individuals in the community. Yet, the declarations of Moon and Rivera make zero reference to social distancing, leading to the assumption that it is not being implemented in the detention facilities. The CDC outlines the following social distancing steps for detention facilities, which include reassigning sleeping arrangements to provide 6 feet or more of space in all directions, spacing seating in the dining areas so that people remain 6 feet apart while eating, and designating rooms near each housing unit to evaluate individuals with COVID-19 symptoms so

[5] See https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Situation%20Reports/20200325nCoVSituationReportExt.pdf; accessed March 26, 2019 see also: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx accessed March 30, 2020.

that they do not walk through the facility for medical evaluation.[6] While neither of the declarations I reviewed from the government experts addressed how, if at all, these measures can and are being implemented at the three facilities in Pennsylvania, the declarations I previously reviewed from the individuals housed in each of these facilities identify multiple violations of the CDC guidance on social distancing. I previously outlined the problems with crowding in the facility in my original declaration. Given the population sizes in the facilities, the limited amounts of physical space, increasingly limited staffing as staff are in self-quarantine, and the security measures that require staff and detained individuals to come into contact, it is my belief that it will not be possible to implement the CDC-recommended measures at the detention facilities in Pennsylvania.

4. In respect to ICE guidance on its website on COVID-19 as well as its protocol for a clinical response ("Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)" version 6.0 issued March 6, 2020), the screening procedures described will not protect Plaintiffs from COVID-19. The protocols do not address widespread community infection, imminent shortages of medical supplies and staffing or education of detained people and staff about the virus, amongst other critical issues.
   a. Screening measures will not be sufficient to identify infected individuals who come in because of asymptomatic transmission and community spread that makes asking about past contacts insufficient. Given the nationwide shortage of testing equipment and laboratories, ICE's screening inquiry regarding whether a detainee has had close contact with a person with laboratory- confirmed COVID-19 in the past 14 days is inadequate to properly assess the detainee's potential exposure to the virus. This inquiry is particularly egregious given known wealth disparities in access to testing. Asking about travel through areas with sustained community transmission is also insufficient: given community spread, it is likely that almost everyone in the general public who is not practicing social distancing is in contact with the COVID-19 virus.
   b. The protocol does not address how the facilities will account for the large number of people who will have potentially been exposed to COVID-19. The protocol states that people with suspected COVID-19 contact will be monitored for 14 days with symptom checks. The protocol is written as if this is a rare occurrence, reflecting smaller outbreak management, but the prevalence of COVID-19 is now growing to such an extent that a large share of newly arrived people will have recent contact with someone who is infected. ICE would need to use this level of monitoring for every person arriving in detention. Accordingly, ICE would need to dramatically expand its medical facilities and staffing to conduct this daily monitoring of every newly arrived person for 14 days. It would also need the physical infrastructure in which to isolate these individuals. The protocol fails to contemplate these necessary changes.
   c. The protocol also does not account for the fact that staff are coming into the facility daily from affected communities, making them an especially important vector in this outbreak. Given asymptomatic transmission, to effectively screen

[6] https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html accessed March 30, 2020.

staff, the facilities would have to conduct frequent (daily) tests, implemented at multiple times a day as staff and detainees entered the facility. In addition to the cost and labor required to implement this approach, the United States is currently facing a shortage of COVID-19 tests that make such a solution impracticable: In a survey of U.S. cities (that included Philadelphia, Pittsburgh, Erie, and Easton), 92.1% of cities reported that they do not have an adequate supply of test kits.[7] Shortages are likely to become more severe over the next three to four weeks when there will be a major shortage of chemical reagents for COVID-19 testing and enormous increases in demand.[8] Given the shortage of COVID-19 testing in the United States, it is likely that jails are and will continue to be unable to conduct aggressive, widespread testing to identify all positive cases of COVID-19.

d. The protocol fails to include guidance for health staff or administrators regarding how to plan their surge capacity needs as the level of medical encounters increases, and the number of available staff decreases, due to illness. This is a critical component of the CDC guidance on long term care response and is a critical omission in this protocol. There is no guidance for clinical staff on when to test patients for COVID- 19, which leaves detained patients at a significant disadvantage. While the guidelines for testing may evolve over time, the protocol should create a structure for daily dissemination of testing criteria from ICE leadership, and time for daily briefings among all health staff at the start of every shift, to review this and other elements of the COVID-19 response. This briefing must include participation by epidemiologists tasked to COVID- 19 response who are also coordinating with local and federal COVID-19 activities. Although the protocol states that "In other cases, including when a detainee requires a higher level of care, they are sent to a local hospital…" for testing, in practice the transfer of suspected COVID-19 positive patients, under strict isolation conditions, at the anticipated number of cases in need of testing would potentially put detention staff at risk and overburden available detention facility staff.

e. The ICE protocol provides no guidance about identification of high-risk patients at the time of entry or any special precautions that will be enacted to protect them. The protocol also fails to address the identification of high-risk patients who have already been admitted. Because the ICE response fails to create increased protections for people with risk factors for serious illness and death from COVID-19, they are unlikely to detect illness in these patients until many of them are critically ill. As with the lack of guidance on testing, this lack of clear guidance on how to determine who meets criteria for hospital transfer may prove deadly for detained people.

f. It is my view that the protocol is crafted to address a relatively small and time-limited outbreak and lacks anticipation of what has already started elsewhere and will soon impact these facilities, including widespread infection of both detainees

[7] https://www.usmayors.org/issues/covid-19/equipment-survey/ accessed March 28, 2020.
[8] https://www.nytimes.com/2020/03/27/opinion/coronavirus-trump-testing-shortages.html accessed March 28, 2020.

and staff with a massive impact on the level of staffing and capacity for clinical care. The current outbreaks across the country should be a cautionary example of infectious spread in these congretive environments: In Cook County Jail, Chicago with 89 inmates and 12 staff members have confirmed cases of the virus[9], up from 38 inmates two days prior.[10] At Rikers Island in New York, on Saturday March 21, a jail oversight agency indicated that 21 inmates and 17 employees tested positive.[11] As of Saturday, March 28, 104 staff and 132 individuals in custody had tested positive at Rikers and city jails in New York City.[12] **The Legal Aid Society in New York recently reported that the infection rate for COVID-19 at local jails is more than seven times higher than the rate citywide and 87 times higher than the country at large.[13]**

5. ICE's procedures upon identification of a positive test case also do not address key components of the CDC's guidance aimed at limiting spread within detention facilities.
    a. The Moon declaration states that individuals who have had contact with a person who tests positive for COVID-19 will be placed in cohorts. However, the CDC guidance states specifically that "Cohorting should only be practiced if there are no other available options" and exhorts correctional officials: "**Do not cohort confirmed cases with suspected cases or case contacts."** [emphasis in original]. Individuals who are close contacts of different cases should also not be kept together. Moon's declaration does not differentiate between confirmed cases and suspected cases. Some individuals identified as "close contacts" will likely be infected while others will not. "Cohorting" of **all contacts** together without strict attention to masking and proper hygiene and adequate distancing could mean disease transmission will be facilitated rather than prevented. In large cohorts, this will man transmission to many individuals.
    b. The procedures for isolation state: "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." These procedures would be sufficient to address a limited number of infected individuals. However, many facilities only have 1-4 of these medical rooms available in the facility. Given the rate of spread in detention facilities, there will be many more than 1-4 people with COVID-19 in the detention centers. This limited physical infrastructure will mean that ICE cannot comply with this protocol.

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[9] https://www.politico.com/news/2020/03/29/federal-prison-first-coronavirus-death-153387 accessed March 29, 2020.

[10] https://www.nbcchicago.com/news/local/cook-county-jail-says-17-inmates-have-tested-positive-for-coronavirus/2244652/ accessed March 26, 2020.

[11] https://www.nbcnewyork.com/news/coronavirus/21-inmates-17-employees-test-positive-for-covid-19-on-rikers-island-officials/2338242/ accessed March 23, 2020.

[12] https://apnews.com/4e1e4ffaeb6bf9a9fabcc566fe5b110d accessed March 29, 2020.

[13] See: https://newyork.cbslocal.com/2020/03/26/coronavirus-rikers-island/ accessed March 26, 2020

6. I believe that ICE has taken some steps in response to COVID-19. ICE guidance and the declarations by Moon and Rivera mention such steps as suspending inmate visits, increasing sanitization of certain areas, and the provision of hand sanitizer to inmates. **However, none of these steps are adequate to mitigate the transmission of the virus in the absence of social distancing measures and without vastly better monitoring and isolation procedures of detainees and screening of staff.** Even in the best scenario, given the physical infrastructure of facilities, the challenges of providing security without close contact, and the lack of proper equipment (such as masks) to prevent transmission, I do not believe detention facilities are equipped to ensure the safety of those in their custody. While there are risks to individuals in the community, releasing individuals at highest risk who can then self-isolate – either in their homes or in facilities arranged by the local department of health – provides a significantly better likelihood of preventing infection, disease spread and death, both in the facility and in the community at large.

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

Executed this 30th day in March 2020 in Princeton, New Jersey.

Joseph J. Amon, PhD MSPH

Exhibit 29

Declaration of Vanessa Stine

1. My name is Vanessa L. Stine. I am an Immigrants' Rights Attorney with the American Civil Liberties Union (ACLU) of Pennsylvania.

2. I make this declaration in support of Petitioners'/Plaintiffs' Petition for Writ of Habeas Corpus and Injunctive and Declaratory Relief and Motion for TRO and/or PI.

3. I have communicated – by telephone, text and email – with our clients, their family members and several lawyers. Based on these communications, I have now been advised by multiple people that a quarantine, at least for some units and possibly the entire jail, has been instituted at Pike County Correctional Facility.

4. One of my communications was a telephone call on Sunday, March 29, 2020 at 5:21 p.m. with our client, Mr. Thakker. He told me that his cell and another one on his block have been placed on quarantine. His entire block is locked in their cells. The two quarantine cells are let out at the same time to use the showers and make phone calls. He said that the other cells are let out at a different time.

5. On Sunday, March 29, 2020 at approximately 10:10 a.m. my colleague, attorney Muneeba Talukder, was told by a Pike County Correctional Facility staff person that the whole jail is on quarantine, so it will take a few hours to have the detainee return her call.

6. On Monday, March 30, 2020 at 9:49 a.m., I contacted Pike County Correctional Facility and spoke with the Shift Commander, a Sergeant Schwartz. I explained to him that I was trying to get in touch with my client, Mr. Thakker, and asked if he could tell me more about what is going on at the facility. He told me that they are on lockdown due to the pandemic and potential to spread in the facility. He said that Mr. Thakker's ability to contact me will be varied, but that he would call down to the block and tell them to tell him to call me when he can. As of 4:13pm this afternoon, I have not received a call from Mr. Thakker.

I, Vanessa L. Stine, certify that the foregoing is based upon information and belief from my conversations with clients, their family members, my colleague, and staff at Pike County Correctional Facility.

/s/ Vanessa L. Stine

Vanessa L. Stine (PA 319569)
American Civil Liberties Union of Pennsylvania
P.O. Box 60173
Philadelphia, PA 19102
(215) 592-1513
vstine@aclupa.org

Exhibit 30

Coronavirus COVID-19 Updates

News-from-the-Pike-County-Commissioners Mar 09, 2020 Court of Common Please, Pike County Commissioners, Area Agency on Aging, Coronavirus COVID-19, Department of Public Safety, Economic Development Authority, Pike County Training Center, Transportation Department, Pike County Correctional Facility

share

The following updates are the latest local information from the Pike County Commissioners Office regarding Coronavirus (COVID-19).

March 29, 2020

Pike County Correctional Facility Update on COVID-19

Based on recent requests for information regarding the status of individuals at the Pike County Correctional Facility in relation to the coronavirus (COVID-19) pandemic, the Pike County Commissioners share the following update.

A staff member at the Pike County Correctional Facility (PCCF) tested positive for coronavirus (COVID-19) on March 24. The staff member has been quarantined at home since March 18.

Inmates that had direct contact with the individual are now under quarantine. Other staff who had contact with the individual were sent home to self-quarantine.

Elevated cleaning and sanitizing protocols which had been in place will continue. Inmates and staff are reminded to frequently wash their hands, and to cover their coughs and sneezes. Staff have been advised to immediately report any illnesses, of either staff or inmates, to a supervisor.

There are no positive COVID-19 cases among PCCF inmates or detainees. The Correctional Facility is following all of the proper COVID-19 protocols of the Center for Disease Control and the Pennsylvania Department of Health.

March 27, 2020

Pennsylvania Governor Tom Wolf Expands Stay at Home Order to Include Pike County

Today, to mitigate the spread of Coronavirus (COVID-19), Pennsylvania Governor Tom Wolf and Secretary of Health Dr. Rachel Levine revised the recently issued "Stay at Home" order to include Pike County. The amended order takes effect at 8:00 PM Friday, March 27, 2020, and will continue until April 6, 2020.

The Pike County Commissioners are urging municipal officials and homeowner associations to help get this information to their residents, along with a reminder to them to be ever more vigilant about social distancing.

"The Stay at Home Order is a more urgent request for people to remain at home during this public health crisis," says Pike County Commissioner Chairman Matthew Osterberg. "For example, try to get groceries once per week instead of daily, and refrain from all non-essential travel. With the warm weather and beautiful days we have been experiencing, take the opportunity to be outside in your yard or enjoy a walk along one of Pike County's many trails while practicing social distancing."

Essential Pike County Government services continue to operate. Visit www.PikePA.org or call the Commissioners Office at 570-296-7613 for more information.

According to the Governor's order, individuals may leave their residence only to perform any of the following allowable individual activities and allowable essential travel:

- Tasks essential to maintain health and safety, or the health and safety of their family or household members (including pets), such as obtaining medicine or medical supplies, visiting a health care professional, or obtaining supplies they need to work from home
- Getting necessary services or supplies for themselves, for their family or household members, or as part of volunteer efforts, or to deliver those services or supplies to others to maintain the safety, sanitation, and essential operation of residences
- Engaging in outdoor activity, such as walking, hiking or running if they maintain social distancing
- To perform work providing essential products and services at a life-sustaining business
- To care for a family member or pet in another household
- Any travel related to the provision of or access to the above-mentioned individual activities or life-sustaining business activities
- Travel to care for elderly, minors, dependents, persons with disabilities, or other vulnerable persons
- Travel to or from educational institutions for purposes of receiving materials for distance learning, for receiving meals, and any other related services
- Travel to return to a place of residence from an outside jurisdiction
- Travel required by law enforcement or court order
- Travel required for non-residents to return to their place of residence outside the commonwealth
- Anyone performing life-sustaining travel does not need paperwork to prove the reason for travel.

The following operations are exempt:

- Life-sustaining business activities
- Health care or medical services providers
- Access to life-sustaining services for low-income residents, including food banks
- Access to child care services for employees of life-sustaining businesses that remain open as follows: child care facilities operating under the Department of Human Services, Office of Child Development and Early Learning waiver process; group and family child

care operating in a residence; and part-day school age programs operating under an exemption from the March 19, 2020 business closure Orders
- News media
- Law enforcement
- The federal government
- Religious institutions

Individuals experiencing homelessness are not subject to this order but are strongly urged to find shelter. In Pike County, people in need of food, clothing, shelter, drug and alcohol rehab or detox, or crisis intervention can contact PA 211 NE by dialing 211 or texting your zip code to 898211.

Senior Citizens can contact the Pike County Area Agency on Aging at 570-775-5550 regarding nutrition services.

Resources

- An updated list of Pike County Government public services and resources, which are available remotely, can be found at PikePA.org.
- Many local restaurants are providing take-out or curbside service, and some supermarkets are offering home delivery. Contact establishments directly for more information.

Follow Proper Protocols

The Pike County Commissioners and the County's Department of Public Safety are continuing to be in regular contact with the Pennsylvania Emergency Management Agency (PEMA), the Pennsylvania Department of Health, and other involved agencies regarding guidance and protocols related to COVID-19.

The public should continue to follow the proper protocols for COVID-19 prevention.

- Stay Calm. Stay Home. And Stay Safe.
- Cover coughs or sneezes with your elbow. Do not use your hands!

- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Clean surfaces frequently, including countertops, light switches, cell phones, remotes, and other frequently touched items.
- Contain: if you are sick, stay home until you are feeling better.

This is an evolving situation. For the latest local information and updates regarding COVID-19, please visit the Pike County Government website at www.PikePA.org and click on the "Coronavirus COVID-19 Updates" icon.

The public can access the latest state and federal information on COVID-19 at:

Health.Pa.gov - the PA Department of Health website.

CDC.gov – the Center for Disease Control website.

March 25, 2020

Individuals Who Have Recently Traveled to Pike County from the NYC Metro Area Should Self-Quarantine for 14 Days

PA Health Department Urges People Not Under a Stay at Home Order to Refrain from Non-Essential Travel

Under the latest guidance from The White House Coronavirus Task Force, which cites concern about the high coronavirus (COVID-19) infection rate in the New York City area, the Pike County Commissioners urge everyone who has recently traveled to Pike County from the New York City metropolitan area to self-quarantine for 14 days.

According to Dr. Deborah Birx, Response Coordinator for The White House Coronavirus Task Force, 60% of all new COVID-19 cases in the United States are from the New York City metropolitan area.

"It is critical to the health and safety of everyone that people follow this guidance and take the proper self-quarantine precautions right now," says Pike County Commissioner Chairman Matthew Osterberg. "We will overcome this public health challenge by working together as a community to help stop the spread of COVID-19."

Self-quarantining is intended to separate and restrict the movement of people who were potentially exposed to a contagious disease, such as COVID-19, to determine if they become sick, according to the Pennsylvania Department of Health. It is an important strategy in helping to stop the spread of COVID-19.

In Pennsylvania, the current travel guidance from the PA Department of Health urges people to "stay home as much as possible. Try to get groceries once per week instead of daily. Freedom of travel remains, but please refrain from non-essential travel. Essential travel includes things like commuting to an essential job, picking up supplies like groceries and medicine, and checking on family and pets in other households. Do not host or attend gatherings." This guidance currently applies to counties such as Pike, which are not under Governor Wolf's Stay at Home Order.

Resources for those Under Self Quarantine

- Senior Citizens can contact the Pike County Area Agency on Aging at 570-775-5550 regarding nutrition services.
- PA 211 NE is available to people in need of food, clothing, shelter, drug and alcohol rehab or detox, or crisis intervention. For help, dial 211 or text your zip code to 898211.
- An updated list of Pike County Government public services and resources available remotely can be found at PikePA.org.
- Many local restaurants are providing take-out or curbside service, and some supermarkets are offering home delivery. Contact establishments directly for more information.

Follow Proper Protocols

The Pike County Commissioners and the County's Department of Public Safety are continuing to be in regular contact with the Pennsylvania Emergency Management Agency (PEMA), the Pennsylvania Department of Health, and other involved agencies regarding guidance and

protocols related to COVID-19.

The public should continue to follow the proper protocols for COVID-19 prevention.

- Stay Calm. Stay Home. And Stay Safe.
- Cover coughs or sneezes with your elbow. Do not use your hands!
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Clean surfaces frequently, including countertops, light switches, cell phones, remotes, and other frequently touched items.
- Contain: if you are sick, stay home until you are feeling better.

This is an evolving situation. For the latest local information and updates regarding COVID-19, please visit the Pike County Government website at www.PikePA.org and click on the "Coronavirus COVID-19 Updates" icon.

The public can access the latest state and federal information on COVID-19 at:

Health.Pa.gov - the PA Department of Health website.

CDC.gov – the Center for Disease Control website.

March 24, 2020

Due to the COVID-19 health crisis, public access to the Pike County Administration Building is limited until further notice. Call ahead for necessary business.

Get more info & details about county services available online at THIS LINK.

The Pike County Economic Development Authority (EDA) is assisting local small businesses in finding funding to support them through the COVID-19 health crisis.

Download the Message from EDA Executive Director Michael J. Sullivan

SBA Loans and possible COVID-19 Stimulus 3-23-20.pdf (266.35 kb)

A funding option currently available to small businesses is the U.S. Small Business Administration Disaster Assistance in Response to the Coronavirus (COVID-19). *Says Sullivan:*

> There is one thing you should do right now for your company: make an application with the SBA loan. This loan is described as, ***"U.S. Small Business Administration is offering designated states and territories low-interest federal disaster loans for working capital to small businesses suffering substantial economic injury as a result of the Coronavirus (COVID-19)."*** (All of Pennsylvania became a "designated state" late last week.) These loans may be used to **pay fixed debts, payroll, accounts payable and other bills that can't be paid because of the disaster's impact**. The interest rate is 3.75% for small businesses. The interest rate for non-profits is 2.75%. This is a long-term loan that can be for **as long as 30 years** and the amortization payback is terrific. This option is ready for you now and the sooner you apply, the sooner the resolution.

The U.S. Congress is expected to pass additional emergency funding that could exceed $1 trillion. The Pike County EDA is continuing to monitor progress in Congress and will be available to advise small businesses when the legislation is been passed. **Call 570-296-7332 for more information.**

March 20, 2020

In times such as these we need to remember that we are all in this together and we will remain together on the other side of this pandemic. We will get through this.

As a sign of our unity, we encourage you to please display your American flag as we navigate this unprecedented situation together.

Follow guidance from the Center for Disease Control and Pennsylvania Department of Health.

COVID-19 Testing Information

Dingmans Medical Center offers the following services to its patients to assess and test for COVID-19:

Download the message to patients:

Dingmans Medical Center COVID-19 Update.pdf (113.06 kb)

Lehigh Valley Health Network is also offering numerous standalone COVID-19 Assess and Test Locations.

Download more information.

Lehigh Valley Health Network COVID-19 Flyer.pdf (99.04 kb)

March 19, 2020

ALL NON-LIFE-SUSTAINING BUSINESSES IN PENNSYLVANIA TO CLOSE PHYSICAL LOCATIONS AS OF 8 PM TODAY TO SLOW SPREAD OF COVID-19

Wolf Administration Orders Closure of Non-Life-Sustaining Businesses at 8 p.m. Today, March 19

- Enforcement Actions for Restaurant, Bar Dine-In Closure Began at 8 p.m., March 18
- Enforcement Actions for Non-Compliance will Begin at 12:01 a.m. Saturday, March 21

Harrisburg, PA – Governor Tom Wolf today ordered all non-life-sustaining businesses in Pennsylvania to close their physical locations as of 8 p.m. today, March 19, to slow the spread of COVID-19.

Enforcement actions against businesses that do not close physical locations will begin at 12:01 a.m. Saturday, March 21.

Gov. Wolf's order is here.

2020.3.19 TWW COVID 19 business closure order.pdf (196.50 kb)

A video statement from Gov. Wolf is here.

Sec. of Health's order is here.

Message from PA Secretary of Department of Health.pdf (128.48 kb)

A list of life-critical businesses is here.

20200319-Life-Sustaining-Business.pdf (66.37 kb)

In extenuating circumstances, special exemptions will be granted to businesses that are supplying or servicing health care providers.

“To protect the health and safety of all Pennsylvanians, we need to take more aggressive mitigation actions,” said Gov. Wolf. “This virus is an invisible danger that could be present everywhere. We need to act with the strength we use against any other severe threat. And, we need to act now before the illness spreads more widely.”

The governor had previously encouraged non-life-sustaining businesses to close to mitigate the spread of COVID-19. Restaurants and bars were already required to stop all dine-in services. Enforcement for establishments with a liquor license began at 8 p.m. March 18, and enforcement for all other food establishments will begin at 8 p.m. tonight. Food establishments can offer carry-out, delivery, and drive-through food and beverage service, including alcohol.

Pursuant to the Emergency Management Services Code, the governor is granted extraordinary powers upon his declaration of a disaster emergency, such as COVID-19. Among these powers, the governor may control the ingress and egress into the disaster area, the movement of persons, and the occupancy of premises within the disaster area, which has been established to be the entire commonwealth for the COVID-19 disaster emergency. The secretary of health separately is authorized under the law to employ measures necessary for the prevention and suppression of disease.

Separately, and taken together, the administration is exercising these powers to temporarily close all non-life-sustaining businesses and dine-in facilities at all restaurants and bars across the commonwealth. Persons must be removed from these premises to cope with the COVID-19 disaster emergency.

Failure to Comply and Enforcement

Failure to comply with these requirements will result in enforcement action that could include citations, fines, or license suspensions.

The governor has directed the following state agencies and local officials to enforce the closure orders to the full extent of the law:

- Pennsylvania Liquor Control Board
- Department of Health
- Department of Agriculture
- Pennsylvania State Police
- Local officials, using their resources to enforce closure orders within their jurisdictions

Private businesses, local organizations and other noncompliant entities that fail or refuse to comply with the governor's orders that protect the lives and health of Pennsylvanians will forfeit their ability to receive any applicable disaster relief and/or may be subject to other appropriate administrative action. Such action may include termination of state loan or grant funding, including Redevelopment Assistance Capital Project (RACP) grant funding and/or suspension or revocation of licensure for violation of the law.

Finally, in addition to any other criminal charges that might be applicable, the Department of Health is authorized to prosecute noncompliant entities for the failure to comply with health laws, including quarantine, isolation or other disease control measures. Violators are subject to fines or imprisonment.

Business Loans and Support

The Department of Community and Economic Development (DCED) offers working capital loans that could be of assistance to businesses impacted by COVID-19. Resources and information will be posted to http://dced.pa.gov/resources as they become available. The U.S. Small Business Administration, in addition to local funding partners, may also be a source of assistance for affected businesses.

The Wolf Administration today announced the availability of low-interest loans for small businesses and eligible non-profits in all 67 counties in Pennsylvania through the U.S. Small Business Administration (SBA).

Businesses seeking guidance from DCED can also contact its customer service resource account at ra-dcedcs@pa.gov or by calling 1-877-PA-HEALTH and selecting option 1.

For the most up-to-date information on COVID-19, Pennsylvanians should visit: https://www.pa.gov/guides/responding-to-covid-19/. MEDIA

At close of business today until at least April 3, 2020 the Pike County Court of Common Pleas will be operating under the following Administrative Order issued by President Judge Gregory H. Chelak.

The operations and ongoing business of the Court shall be limited as specified in the Order, downloadable below.

60th District Operation of Judicial Facilities and Offices COVID-19 Pandemic.pdf (231.22 kb)

March 18, 2020

There is NO Shelter in Place order in effect in Pike County. This order can only be issued by Pennsylvania's Governor.

The Declaration of Emergency for Pike County that was signed today by the Pike County Commissioners does some specific things:

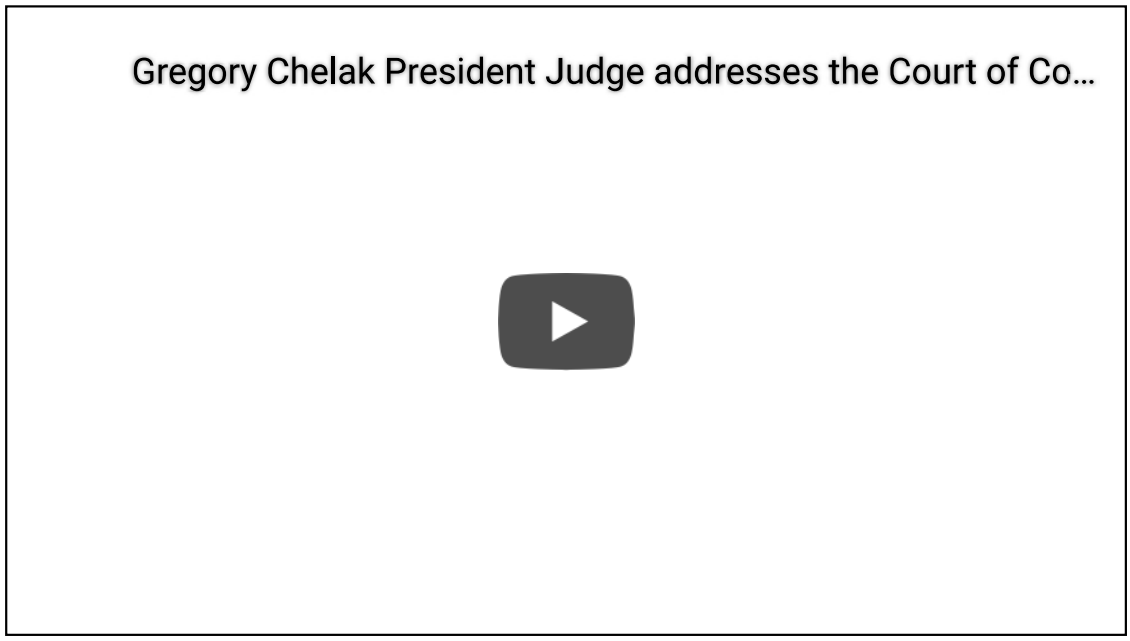
- Allows the County to apply for funding to help address the Coronavirus (COVID-19) crisis.
- Provides flexibility in the purchase of items and services that may be needed to address this crisis.
- Asks residents to seek information from credible public health sources such as the Pennsylvania Department of Health and Center for Disease Control.

Meeting of the Pike County Commissioners

Meeting Agenda --> 3-18-20 Agenda.pdf (302.15 kb)

Declaration of Disaster Emergency for the County of Pike, PA --> Declaration of Disaster Emergency for the County of Pike, PA.pdf (102.08 kb)

The Honorable Gregory H. Chelak, President Judge, addresses the the Pike County Court of Common Pleas Public Health Emergency Response to Coronavirus COVID-19



The Pike County Commissioners Regular Agenda Items and COVID-19 Update

March 16, 2020

The Pike County Area Agency on Aging will be operating its Home Delivered Meals program from the Blooming Grove Senior Center and Lackawaxen Senior Center for meal distribution and pick up only.

This week the Dingman's Ferry Senior Center will close following meal distribution March 17th morning.

Eastern Pike Center for Active Adults at Matamoras Fire Dept. and Saw Creek Center for Active Adults will be closed until further notice.

The AAA main number: 570-775-5550 is the contact for any senior who is in need of nutrition services in this period of closure.

Pike County AAA staff are contacting any congregate consumers who may be in need of nutrition services or other services in this time period.

Download a PDF of the Pike County Court of Common Pleas Public Health Emergency Response to Coronavirus COVID-19

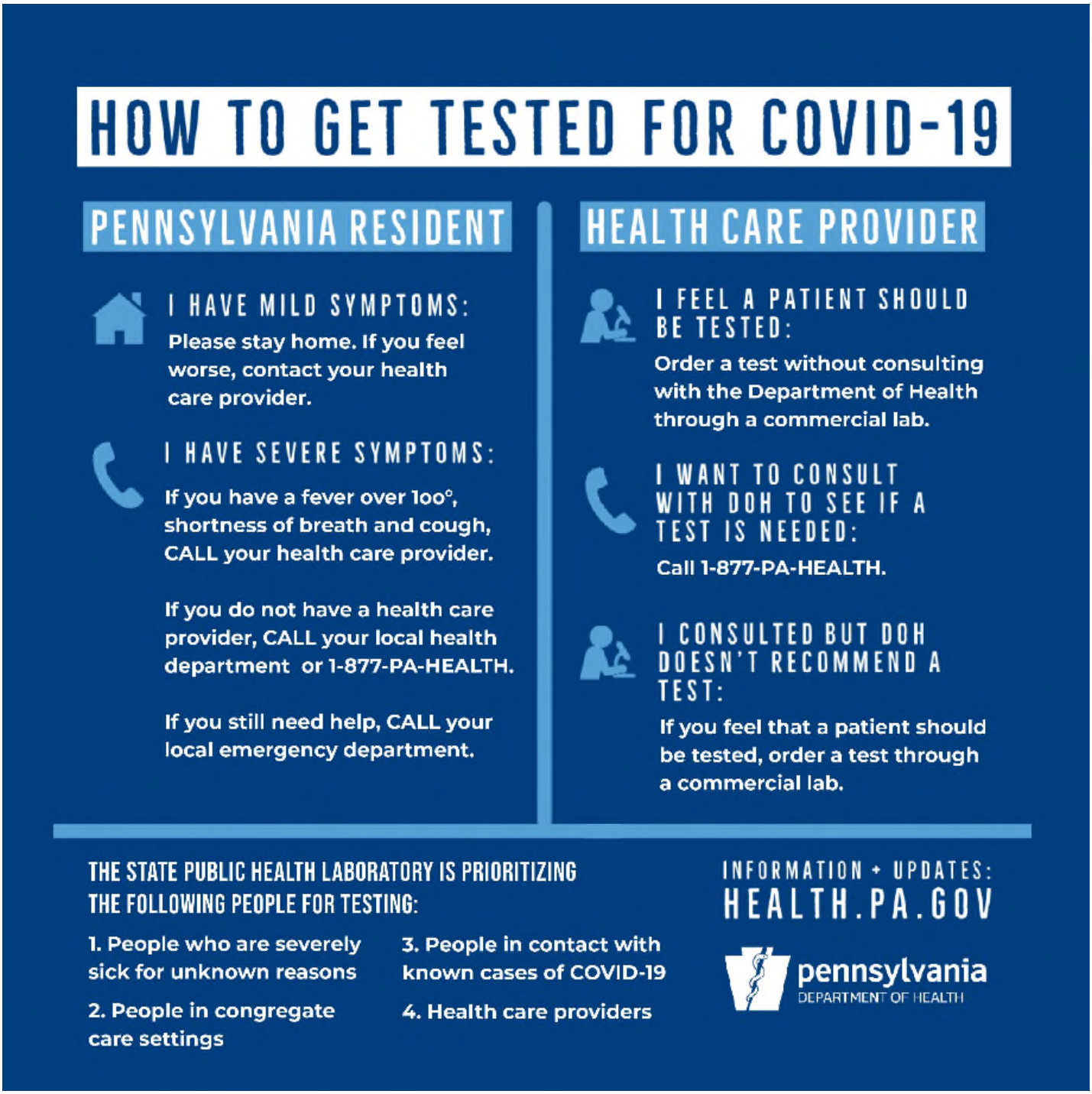
Pike County Court of Common Pleas Public Health Emergency Response Coronavirus COVID-19.pdf (109.92 kb)

At 2:00 p.m. today Pennsylvania Governor Tom Wolf and Secretary of Health Dr. Rachel Levine provided an update on the coronavirus known as COVID-19 and outlined ongoing efforts to mitigate the virus in Pennsylvania.

The briefing is available through this link.

The PA Department of Health also provides the follow infographic and fact sheet regarding how to get tested for COVID-19.

COVID19 Testing Factsheet.pdf (172.29 kb)



March 15, 2020

Watch the latest briefing by Pennsylvania Secretary of Health Dr. Rachel Levine.

Under the latest guidance from the Pennsylvania Department of Transportation (PennDOT) related to COVID-19 precautions, Pike County's public transportation services are running on a limited basis for the next two weeks, for medical and food purposes only.

PennDOT recommends that "only life sustaining trips be performed for the next two weeks. The definition of life sustaining trips are typically medical and medically related needs and access to food."

At this time the Pike County Transportation Department is only servicing life sustaining trips, such as chemo therapy, dialysis, and pharmacy. We will also ensure that riders have access to food such as supermarkets and food pantries. We are asking our riders to reschedule their non-life-sustaining medical appointments for 2-3 weeks.

Please contact the Pike County Transportation Department at 570-296-3408 or 1-866-681-4947 for more information.

March 14, 2020

Commissioners Meeting Location Change

Due to the evolving situation presented by the coronavirus (COVID-19), the Pike County Commissioners are limiting large public gatherings within non-court-related County facilities. Further, they will move the location of their regularly scheduled 10:00 a.m. March 18th meeting from the Training Center to the Administration Building, at 506 Broad Street, in Milford.

The public is encouraged to watch the live stream of the meeting available on the county website PikePA.org rather than attend in person. The recorded video will remain available on the county website and YouTube channel (Pike County PA) until the official minutes of the meeting are approved.

The Pike County Commissioners and the County's Department of Public Safety are continuing to be in regular contact with the Pennsylvania Emergency Management Agency (PEMA), the Pennsylvania Department of Health, and other involved agencies regarding guidance and protocols related to COVID-19.

It is important for the public to know that the Pike County Maintenance Staff are continually cleaning and disinfecting all high-traffic county facilities and transportation vehicles.

As is standard practice, the high-traffic Administration Building and Court House are thoroughly cleaned and sanitized nightly. Additionally, roving sweeps of these facilities will be made throughout the day to disinfect frequently accessed surfaces.

Hand sanitizer is available for public use at the main entrances of both the Administration Building and Court House.

The public should continue to follow the protocols for prevention issued by the PA Department of Health.

- Cover coughs or sneezes with your elbow. Do not use your hands!
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Clean surfaces frequently, including countertops, light switches, cell phones, remotes, and other frequently touched items.
- Contain: if you are sick, stay home until you are feeling better.

This is an evolving situation. For the latest local information and updates regarding COVID-19, please visit the Pike County Government website at PikePa.org and click on “Coronavirus COVID-19 Updates” under the “What’s New” heading. Or, simply click on “News” in the top navigation bar.

The public can access the latest state and federal information on COVID-19 at:

Health.Pa.gov - the PA Department of Health website.

CDC.gov – the Center for Disease Control website

March 12, 2020

Today, Pennsylvania Secretary of Health Dr. Rachel Levine announced a presumptive case of coronavirus (COVID-19) reported in Pike County. A live stream of the announcement can be viewed here.

The individual is an adult male who reportedly had out of state contact. The Pike County resident is currently in isolation in his home. He is in regular contact with Department of Health officials.

This case has not been positively confirmed by the CDC at this point in time.

The Pike County Commissioners and the County's Department of Public Safety are continuing to be in regular contact with the Pennsylvania Emergency Management Agency (PEMA), the Pennsylvania Department of Health, and other involved agencies regarding guidance and protocols related to COVID-19.

The public should be aware that Pike County Maintenance Staff are continually cleaning and disinfecting county facilities and transportation vehicles.

"We have been preparing for this situation locally, and are taking the appropriate action under the proper state and federal guidance," says Pike County Commissioner Matthew Osterberg. "The public should continue to follow the protocols for prevention issued by the PA Health Department."

- Cover coughs or sneezes with your elbow. Do not use your hands!
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Clean surfaces frequently, including countertops, light switches, cell phones, remotes, and other frequently touched items.
- Contain: if you are sick, stay home until you are feeling better.

This is an evolving situation. For latest local information and updates regarding COVID-19, please visit the Pike County Government website at PikePa.org and click on "Coronavirus COVID-19 Updates" under the "What's New" heading. Or, simply click on "News" in the top navigation bar.

The public can access the latest state and federal information on COVID-19 at:

Health.Pa.gov - the PA Department of Health website.

CDC.gov – the Center for Disease Control website.

March 11, 2020

According to the Department of Health website, today at 4:00 p.m. Secretary of Health Dr. Rachel Levine will provide an update on the coronavirus known as COVID-19 and outline ongoing efforts to mitigate the 2019 Novel Coronavirus (COVID-19) in Pennsylvania.

A live stream of today's update will be available online at this link.

PA Stats as of Today 3/11/20

Persons Under Investigation (PUIs)	Negative	Pending	Presumptive Positive	Confirmed Positive
175	100	59	14	2

March 9, 2020

Pennsylvania Secretary of Health Dr. Rachel Levine provided an update today on the status of COVID-19 in Pennsylvania. It can be viewed at the PACast website.

There are currently 10 presumptive positive cases of the virus in Pennsylvania:

One in Wayne County
One in Monroe County
One in Delaware County
Seven in Montgomery County

These presumptive cases are directly related to travel history, and all tests will be confirmed by the Center for Disease Control.

March 6, 2020

Today, Pennsylvania Governor Tom Wolf signed an emergency disaster declaration to provide increased support to state agencies involved in response to coronavirus (COVID-19). The declaration came following the announcement of the first two presumptive positive cases of the virus in Pennsylvania, one of which is in Wayne County.

The Pike County Commissioners and the County's Department of Public Safety are continuing to be in regular contact with the Pennsylvania Emergency Management Agency (PEMA), the Pennsylvania Department of Health, and other involved agencies regarding guidance and protocols related to COVID-19.

Pennsylvania is continuing to follow Federal Center for Disease Control (CDC) guidance.

It should be noted that, according to PEMA, there is currently no evidence of community transmission of the virus in Pennsylvania, meaning the two presumptive cases are directly related to travel history.

The PA Department of Health recommends the following:

- Cover coughs or sneezes with your elbow. Do not use your hands!
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Clean surfaces frequently, including countertops, light switches, cell phones, remotes, and other frequently touched items.
- Contain: if you are sick, stay home until you are feeling better.

The public can access the latest information on COVID-19 at:

Health.Pa.gov - the PA Department of Health website.

CDC.gov – the Center for Disease Control website.

March 4, 2020

The Pike County Commissioners and Department of Public Safety participated in a conference call on Wednesday, March 4 with Pennsylvania Secretary of Health Dr. Rachel Levine and other state officials regarding guidance on the 2019 novel coronavirus (COVID-19).

COVID-19 is a new virus that causes respiratory illness in people and can spread from person-to-person. This virus was first identified during an investigation into an outbreak in Wuhan, China.

Dr. Levine reported that to date there are no confirmed cases of COVID-19 in Pennsylvania. She said the state is following Federal Center for Disease Control (CDC) guidance.

The public can access the latest information on COVID-19 at:

Health.Pa.gov - the PA Department of Health website.

CDC.gov – the Center for Disease Control website.

March 4th Situation Report - from the PA Emergency Operation Center.
20200304nCoVSituationReportExt.pdf (364.37 kb)

RELATED POSTS

Coronavirus COVID-19 Updates

Local updates on coronavirus COVID-19. Links to public health information.

Limited Public Access to the Pike County Administration Building

Pike County government services available online.

U.S. Census 2020 - Your Response Matters

The 2020 U.S. Census is an opportunity to shape the future of your community. Census results help de...

COMMENTS ARE CLOSED

Exhibit 31

CDC Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Cases in U.S.

Updated March 30, 2020

This page will be updated daily. Numbers close out at 4 p.m. the day before reporting.

On Saturday and Sunday, the numbers in COVID-19: U.S. at a Glance and the figure describing the cumulative total number of COVID-19 cases in the United States will be updated. These numbers are preliminary and have not been confirmed by state and territorial health departments. CDC will update weekend numbers the following Monday to reflect health department updates.

CDC is responding to an outbreak of respiratory illness caused by a novel (new) coronavirus. The outbreak first started in Wuhan, China, but cases have been identified in a growing number of other locations internationally, including the United States. In addition to CDC, many public health laboratories are now testing for the virus that causes COVID-19.

COVID-19: U.S. at a Glance*†

- Total cases: 140,904
- Total deaths: 2,405
- Jurisdictions reporting cases: 54 (50 states, District of Columbia, Puerto Rico, Guam, Northern Marianas, and US Virgin Islands)

* Data include both confirmed and presumptive positive cases of COVID-19 reported to CDC or tested at CDC since January 21, 2020, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

† Numbers updated Saturday and Sunday are not confirmed by state and territorial health departments. These numbers will be modified when numbers are updated on Monday.

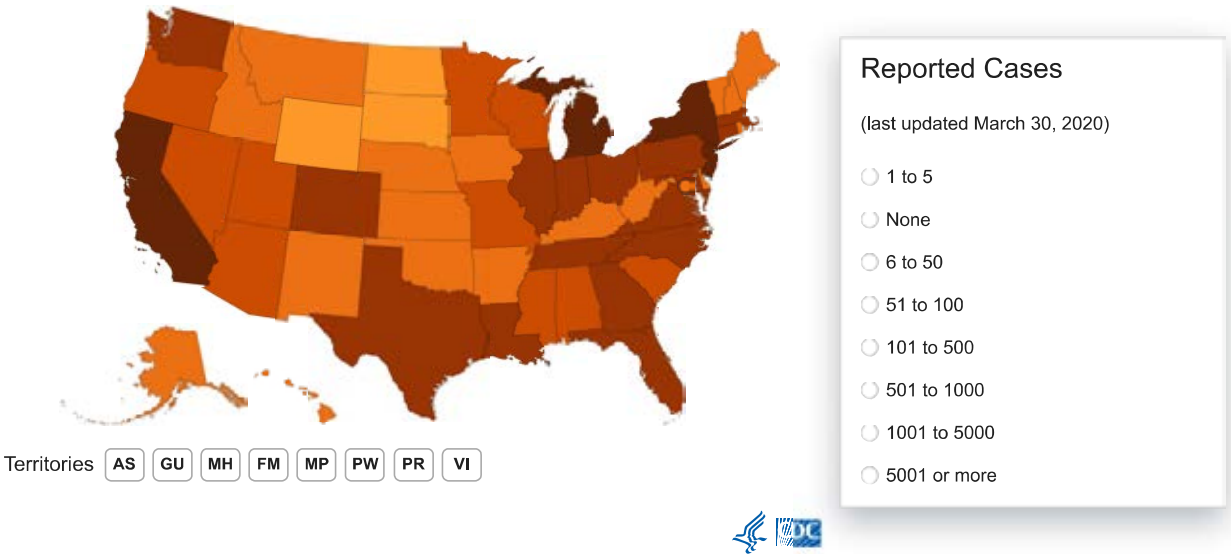
Cases of COVID-19 Reported in the US, by Source of Exposure*†

Travel-related	886
Close contact	2,351
Under investigation	137,667
Total cases	140,904

* Data include both confirmed and presumptive positive cases of COVID-19 reported to CDC or tested at CDC since January 21, 2020, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

† CDC is no longer reporting the number of persons under investigation (PUIs) that have been tested, as well as PUIs that have tested negative. Now that states are testing and reporting their own results, CDC's numbers are not representative of all testing being done nationwide.

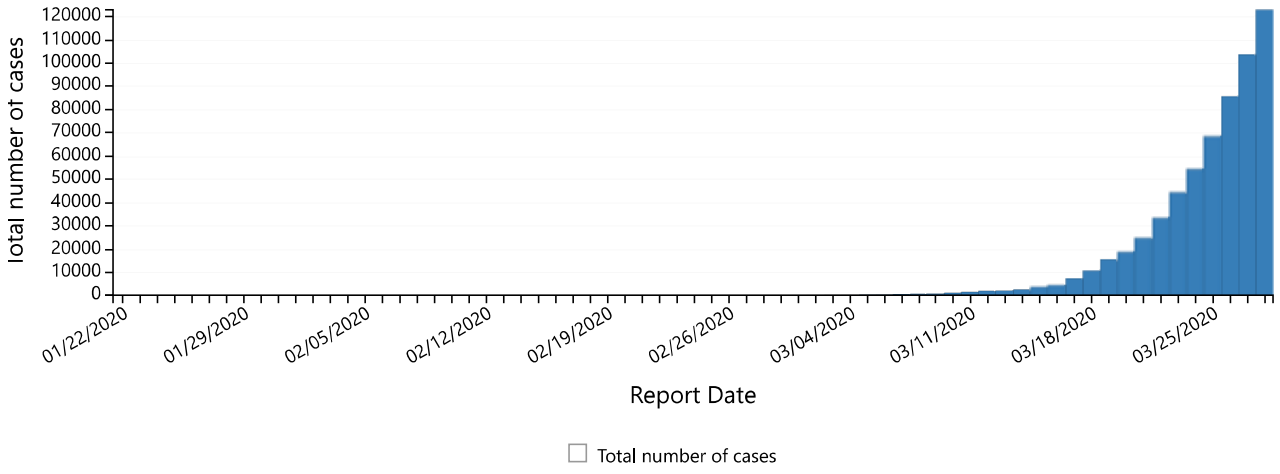
States Reporting Cases of COVID-19 to CDC*



* Data include both confirmed and presumptive positive cases of COVID-19 reported to CDC or tested at CDC since January 21, 2020, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

†Self-reported by health department characterizing the level of community transmission in their jurisdiction as: "Yes, widespread" (defined as: widespread community transmission across several geographical areas); "Yes, defined area(s)" (defined as: distinct clusters of cases in a, or a few, defined geographical area(s)); "Undetermined" (defined as: 1 or more cases but not classified as "Yes" to community transmission); or "N/A" (defined as: no cases).

Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to March 29, 2020, at 4pm ET (n=140,904)*†



Total number of COVID-19 cases in the United States by date reported

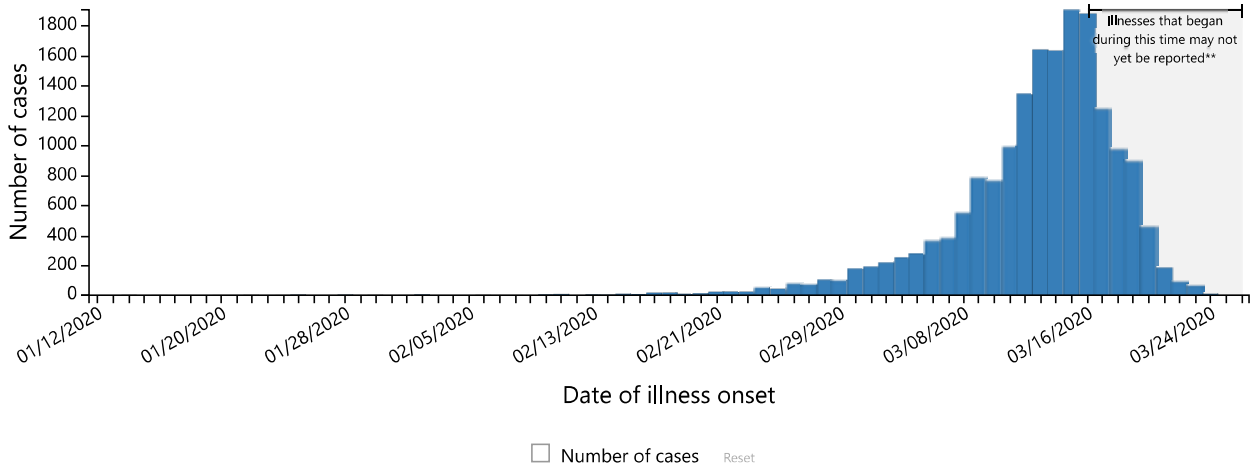
03/20/2020	03/21/2020	03/22/2020	03/23/2020	03/24/2020	03/25/2020	03/26/2020	03/27/2020	03/28/2020
18747	24583	33404	44183	54453	68440	85356	103321	122653

Scroll for additional info

* Does not include cases among persons repatriated to the United States from Wuhan, China and Japan.

† Numbers updated Saturday and Sunday are not confirmed by state and territorial health departments. These numbers may be updated when the official numbers are provided on Monday.

COVID-19 cases in the United States by date of illness onset, January 12, 2020, to March 29, 2020, at 4pm ET (n=32,991)*



COVID-19 cases in the United States by date of illness onset

	01/12/2020	01/13/2020	01/14/2020	01/15/2020	01/16/2020	01/17/2020	01/18/2020	01/19/2020
Number of cases	0	0	2	0	1	0	0	

Scroll for additional info

Region Name	Start Date	End Date
Illnesses that began during this time may not yet be reported**	03/16/2020	03/26/2020

* Does not include cases among persons repatriated to the United States from Wuhan, China and Japan, or U.S.-identified cases where the date of illness onset or specimen collection date has not yet been reported. Date is calculated as illness onset date if known. If not, an estimated illness onset date was calculated using specimen collection date.

Note: On March 24, CDC updated the data included in this figure to include estimated illness onset date.

Related Pages

- Confirmed COVID-19 Cases Global Map
- About Coronavirus Disease 2019 (COVID-19)
- Information for Healthcare Professionals
- Guidance for Travelers

Page last reviewed: March 30, 2020

Exhibit 32

CORONAVIRUS NEWS METRO/STATE

101 inmates at Cook County Jail confirmed positive for COVID-19

The triple-digit spread happened within a week. The first two cases of COVID-19 were announced Monday.

By Sam Kelly | @sgonzalezkelly | Updated Mar 30, 2020, 1:02pm CDT

The Cook County sheriff's office announced 12 new COVID-19 cases among inmates March 29, 2020, raising the total number of confirmed cases to 101. | Sun-Times file photo

The Cook County sheriff's office announced Sunday that 12 more inmates at the Cook County Jail have tested positive for COVID-19, raising the total number of confirmed cases

among detainees to 101.

The triple-digit spread happened within a week. The first two cases of COVID-19 were announced Monday. One of the two men diagnosed, a 42-year-old Albany Park resident serving out a 90-day sentence for an aggravated DUI, said the environment inside the jail "was like Disneyland for coronavirus."

He was released last week and is now self-quarantining at home.

"I didn't bring it in," he told the Chicago Sun-Times. "Once it's in, it's going to go crazy."

Twelve staff members have also tested positive, the sheriff's office said.

The 101 confirmed cases of coronavirus make up nearly half of all the inmates who have been tested, the sheriff's office said. Nine have tested negative, while 93 are still awaiting results.

The jail has already released at least 400 detainees over the last week, as Cook County judges conduct case-by-case bond reviews in an attempt to lower the jail's population and reduce the spread of the coronavirus.

RELATED

Here's a map for where to get tested for coronavirus in the Chicago area

Unionized public-sector workers call for more COVID-19 help from feds

Jail population falls to record low as COVID-19 measures take hold

The releases dropped the Cook County Jail population to its lowest level in decades — down to 5,003 Friday, a decrease of 400 or so detainees from Monday, when Chief Criminal Court Judge LeRoy Martin Jr. ordered case-by-case bond reassessments of those charged with mostly non-violent offenses.

Last Thursday, Gov. J.B. Pritzker also issued an executive order halting new the transfer of new prisoners to the Illinois Department of Corrections amid the COVID-19 outbreak. Illinois state prisons had already suspended visits to prevent the spread of the virus among guards and inmates.

Exhibit 33

COVID-19 Cases in Pennsylvania*

Negative	Positive	Deaths
33,777	4,087	48

** Map, tables and case counts last updated at 1:15 p.m. on 3/30/2020*

Positive Cases by Age Range to Date

Age Range	Percent of Cases
0-4	< 1%
5-12	< 1%
13-18	1%
19-24	10%
25-49	41%
50-64	28%
65+	19%

** Percentages may not total 100% due to rounding*

Hospitalizations by Age Range to Date

Total number of hospitalizations since 3/6/2020: 386

Age Range	Percent of Cases

0-4	1%
5-12	0%
13-18	1%
19-24	2%
25-49	22%
50-64	25%
65+	49%

** Percentages may not total 100% due to rounding*

County Case Counts to Date

County	Number of Cases	Deaths
Adams	8	
Allegheny	290	2
Armstrong	3	
Beaver	44	
Berks	82	
Blair	6	
Bradford	3	
Bucks	246	3
Butler	49	2

Cambria	2	
Cameron	1	
Carbon	13	
Centre	24	
Chester	146	
Clarion	1	
Clearfield	4	
Columbia	6	
Crawford	4	
Cumberland	24	1
Dauphin	36	
Delaware	303	4
Erie	13	
Fayette	11	
Franklin	12	
Greene	7	
Huntingdon	1	
Indiana	2	
Juniata	3	
Lackawanna	62	2
Lancaster	97	2

Lawrence	10	1
Lebanon	27	
Lehigh	231	3
Luzerne	150	3
Lycoming	4	
Mckean	1	
Mercer	7	
Mifflin	1	
Monroe	182	7
Montgomery	540	5
Montour	10	
Northampton	184	5
Northumberland	1	
Perry	1	
Philadelphia	1007	7
Pike	39	1
Potter	2	
Schuylkill	30	
Snyder	2	
Somerset	2	

Susquehanna	1	
Tioga	1	
Union	4	
Venango	1	
Warren	1	
Washington	26	
Wayne	10	
Westmoreland	55	
York	54	

View as a clickable county map

(https://www.google.com/maps/d/embed?mid=1lpLP-PrltIuVkwFtXhoWdWEA4B1DvNmne)

Exhibit 34

METRO

Number of NYC inmates with coronavirus soars as jail population dwindles

By Andrew Denney

March 27, 2020 | 5:23pm

Jail cells are seen in the Enhanced Supervision Housing Unit at Rikers Island.
Reuters

Sign up for our special edition newsletter to get a daily update on the coronavirus pandemic.

The city Department of Correction reported a sharp spike on Friday in the number of employees and inmates at Rikers Island and other jails who have tested positive for COVID-19.

The department counted 103 positive tests among inmates, up from 73 on Thursday.

As for correction officers and other employees, 80 were confirmed to have the bug as of Friday, up from 58.

DOC does not clarify which of its facilities coronavirus was found at but the vast majority of inmates are locked up in the sprawling jail facility on Rikers Island.

The increase comes as hundreds of inmates have been or will soon be released from custody. There were about 5,200 inmates in DOC jails at the beginning of the week — by Friday, the number had fallen to 4,860, according to city data.

In a phone interview with The Post, an inmate at Rikers said that staff has been enforcing social distancing during meal time when prisoners pack together at cafeteria tables.

But inmates are still coming in close contact in common areas in their dormitories and have to sleep just a few feet away from their cellmates — as well as share toilets with them, said Aziz Coleman, who is being held at the Otis Bantum Correctional Center on Rikers awaiting transfer to a state-run facility.

The Otis Bantum Correctional Center (OBCC) on Rikers Island
New York Post

Coleman, 26, said he is among the inmates who are vulnerable to catching coronavirus — he recently had his appendix removed and has an infection below his pancreas, he said.

Coleman is supposed to serve a 97-day sentence in state prison for breaking his parole, but transfers to state prisons have been suspended since March 19. He said that he should be allowed to stay on house arrest until he can get sent upstate.

“It’s crazy,” he said. “What are we supposed to do? Stay here and wait until the coronavirus goes away?”

As the number of positive COVID-19 cases on Rikers grows, city officials, defense attorneys and prosecutors have been working to identify prisoners who could be moved from jail to house arrest while they await trial.

The Legal Aid Society has filed four lawsuits over the past week to get some of its clients out of Rikers and to win freedom for juvenile detainees.

On Friday, Legal Aid announced that a Bronx judge signed off on the release of 106 inmates who were being held on technical parole violations.

SEE ALSO

Legal Aid Society sues ACS to release juveniles amid coronavirus crisis

FILED UNDER **CORONAVIRUS**, **CORONAVIRUS IN NY**, **JAIL**, **RIKERS ISLAND**