UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION

ANTHONY SWAIN; ALEN BLANCO; BAYARDO CRUZ; RONNIEL FLORES; WINFRED HILL; DEONDRE WILLIS; PETER BERNAL, individually and on behalf of all others similarly situated,

Plaintiffs,

v.

DANIEL JUNIOR, in his official capacity as Director of the Miami-Dade Corrections and Rehabilitation Department; MIAMI-DADE COUNTY, FLORIDA,

Defendants.

Case No. 1:20-cv-21457

Emergency Motion

EMERGENCY MOTION AND MEMORANDUM OF LAW IN SUPPORT OF MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

An outbreak of the novel coronavirus is imminent in Miami-Dade County's Metro West Detention Center ("Metro West"), where Defendants are confining over 1,800 human beings in conditions that threaten their lives.

Plaintiffs have limited access to soap, have no safe way to dry their hands, sleep within one to two feet of one another, must wait days to seek medical attention, and are denied basic hygiene supplies such as laundry detergent, cleaning supplies, and tissues. Many human beings confined in Metro West are medically vulnerable to the COVID-19 disease, and they fear for their lives. And as of the filing of this motion, multiple staff members in the jail have tested positive for the virus.

As the reach of COVID-19 grows inside and outside the jail, time is running out to save

Plaintiffs' lives and to prevent the jail from becoming an epicenter of community infection. Absent intervention from this Court, the jail will become a site of widespread contagion wholly unable to cope with the deadly outbreak because of Defendants' flagrant and deliberate indifference to basic medical and scientific consensus. Rather than complying with federal, state, and medical requirements, Defendants are largely ignoring the problem. Plaintiffs are "treat[ed] . . . like [they] are the scum of the earth, like [they] don't deserve protection." Ex. 1, Swain Decl. ¶ 3. In this case, they ask to be "acknowledged as people" in the face of a potentially fatal pandemic. Ex. 2, Hill Decl. ¶ 11.

In violation of the Eighth and Fourteenth Amendments, the people jailed at Metro West are forced to suffer conditions that deny them the precautions and protections necessary to mitigate the severe threat of COVID-19. Plaintiffs seek class-wide relief[1] requiring Defendants to take basic steps to safeguard the health of people who, due to the nature of their confinement, are at heightened risk of infection and death in a global pandemic. Plaintiffs also seek relief for a subclass of all people who, because of age or preexisting medical conditions, are at particularly grave risk of death from COVID-19 (the "Medically Vulnerable Subclass"), and who therefore request immediate *habeas corpus* release.

This extraordinary moment requires the Court's immediate intervention[2]—outbreaks are

[1] Plaintiffs' Motion for Class Certification is pending. Plaintiffs file this motion on behalf of the putative class members, but for ease of reference, describes them as "class members" throughout this brief. Although this is a prototypical case for which the class action vehicle was created, the Court need not rule on the Plaintiffs' class certification motion or formally certify a class in order to issue the requested relief. *See, e.g.*, Newberg on Class Actions § 24:83 (4th ed. 2002) ("The absence of formal certification is no barrier to classwide preliminary injunctive relief."); Moore's Federal Practice § 23.50, at 23-396, 23-397 (2d ed.1990) ("Prior to the Court's determination whether plaintiffs can maintain a class action, the Court should treat the action as a class suit.").

[2] Because of the grave risk to health and life at stake, Plaintiffs request that this Court consider this motion on an emergency basis and that the Court grant a temporary restraining order requiring the release of subclass members pending briefing and argument. Plaintiffs' counsel is contacting

measured "in a matter of days, not weeks," with this type of novel virus. Compl. ¶ 38.

BACKGROUND

A. COVID-19 presents a lethal threat and requires an emergency response.

We are in the midst of an unprecedented public health emergency. Compl. ¶ 18. On January 1, 2020, the first confirmed COVID-19 case was diagnosed in the United States. *Id*. ¶ 19. The number of people infected by COVID-19 grew exponentially in the months following. *Id*. By March 13, 2020, the World Health Organization defined the outbreak of COVID-19 as a global pandemic, and leaders over the world—as well as the President of the United States,[3] the Governor of Florida, and the Mayor of Miami-Dade County—declared a state of emergency. *Id*. ¶ 46. As of April 4, 2020, 277,205 people have been diagnosed with COVID-19 in the United States, with 6,593 deaths confirmed. *Id*. ¶ 19. Without effective public health intervention, the Centers for Disease Control and Prevention ("CDC") projects that as many as 2.2 million American people will die from the coronavirus. *Id*.

The sensation of severe illness caused by COVID-19 has been compared to "drowning in your own blood." *Id*. ¶ 24. COVID-19 is a highly contagious virus that can severely damage lung tissue, affect cardiac functions (including the possibility of heart failure), and cause widespread damage or permanent harm to other organs. *Id*. ¶ 20. Complications manifest at an alarming pace, and the required levels of medical support—which include highly specialized equipment like

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counsel for the Defendants contemporaneously with this filing to alert them that an emergency filing is forthcoming and providing defense counsel with copies of this motion, Plaintiffs' complaint, and Plaintiffs' motion for class certification. Plaintiffs' counsel is prepared to appear by telephone immediately. Each day that passes risks Plaintiffs' lives. This case cannot wait.

[3] 'Two Very Big Words': Trump Announces National Emergency for Coronavirus, N.Y. Times (Mar. 13, 2020), https://www.nytimes.com/video/us/politics/100000007032704/trump-coronavirus-live.html.

ventilators as well as an entire team of care providers—will quickly exceed local health care resources. *Id*. ¶ 25. Approximately 20% of people infected experience life-threatening complications, and between 1% and 3.4% die. *Id*. ¶ 26. The fatality rate of people infected with COVID-19 is about ten times higher than a severe seasonal influenza, even in countries with highly effective health care systems. *Id*. ¶ 26.

Although everyone is at risk of contracting the novel coronavirus disease, certain populations are at higher risk for severe illness. *Id*. ¶ 22. Certain underlying medical conditions increase the risk of serious COVID-19 disease for individuals of any age, including lung disease or other respiratory conditions like asthma, chronic liver or kidney disease, diabetes, epilepsy, hypertension, compromised immune systems, blood disorders, inherited metabolic disorders, strokes, and pregnancy. *Id*. People over the age of fifty also face greater chances of serious illness or death. *Id*. There is neither a vaccine nor any medication to prevent or cure infection, and the only known effective measure to mitigate against the risk of severe illness or death is to prevent infection in the first instance. *Id*. ¶¶ 27, 28.

Accordingly, medical experts, officials, and the CDC urge "social distancing"—isolating oneself from other people at a minimum distance of six feet—as well as frequent hand-washing, a minimum of 60% alcohol-based hand sanitizers, and frequent cleaning and disinfecting of high-touch surfaces and objects. *Id*. ¶ 28. These measures are particularly important in carceral settings like local jails, which become "ticking time bombs" in the midst of a public health crisis as "[m]any people crowded together, often suffering from diseases that weaken their immune systems, form a potential breeding ground and reservoir for diseases." *Id*. ¶ 29.

B. A COVID-19 outbreak in Metro West is an extreme threat to public health and safety.

People incarcerated in Metro West are at heightened risk of infection and death from

COVID-19. According to Dr. Jaimie Meyer, an expert in public health in jails and prisons: "the risk posed by COVID-19 in jails and prisons is significantly higher than in the community, both in terms of risk of transmission, exposure, and harm to individuals who become infected." *Id*. ¶ 30; *see also* Greer Decl. ¶¶ 10-11. This is due to a number of factors, including forced close proximity of individuals in those facilities, their reduced ability to protect themselves through social distancing, lack of necessary medical and hygiene supplies, heavy reliance on outside hospitals for serious medical care, forced labor of incarcerated people in cleaning their own facilities with insufficient supplies, constant cycling of people through the jails, and inadequate medical care within the jail itself. Compl. ¶¶ 30-31; Greer Decl. ¶¶ 10-16.

The CDC's own guidance for correctional and detention facilities acknowledges that incarcerated people live in conditions "heightening the potential for COVID-19 to spread." Compl. ¶ 33. The growing devastation in other jails around the country is a harbinger for what awaits Miami-Dade County. In New York City, the COVID-19 infection rate in the city's jails is eight times higher than the rest of the city, which already sits at one of the highest rates in the world. *Id*. ¶ 37. The first case of COVID-19 on Rikers Island was confirmed on March 18, 2020. *Id*. By Thursday, April 2, 2020, 231 people incarcerated at Rikers, 223 jail staff had tested positive; two jail officers have died; and more than 800 incarcerated people were held in isolation or quarantined. *Id*. Urgent action is required if Metro West is to avoid the fate of Rikers Island.

Concerns for people trapped inside these "ticking time bombs" extend to all people who cycle through these facilities, including correctional and medical staff, who are also at heightened risk of transmission and infection. *Id*. ¶¶ 1, 37, 52; Greer Decl. ¶ 10. An outbreak of COVID-19 in the jail will further increase the contagion rates for their families and the broader community. *See* Compl. ¶ 29, 39; Greer Decl. ¶ 11. Moreover, an outbreak in a jail will overwhelm the regional

health care facility, and resources will be unavailable to treat anyone, whether incarcerated or not, suffering severe illness from COVID-19. Compl. ¶ 39; Greer Decl. ¶¶ 16-18. As Leann Bertsch the Director of the North Dakota Department of Corrections and Rehabilitation concluded, "ignoring the health of those living and working inside the walls of our nation's correctional facilities poses a grave threat to us all," and "putting public health first is the best, and only, way to effectively achieve [a department of correction's] public safety mission during the COVID-19 pandemic." *Id*. ¶ 34.

C. Metro West is not taking sufficient precautions to prevent an outbreak among those detained.

This novel coronavirus has already reached the Miami-Dade County jails. Following the March 27th report of a Metro West jail employee and two others testing positive for COVID-19, Miami-Dade County Corrections and Rehabilitation (MDCR) released a list of preventive measures it claimed to "[be] taking" during the pandemic, some of which conformed to CDC recommendations. Compl. Ex. 14, MDCR Mar. 27, 2020 News Release. As of the time this Motion was filed, Defendants have failed to implement any of the precautionary measures listed in their press release at Metro West, and they have instead forced Plaintiffs to endure unconstitutional conditions that raise serious threats of harm to their bodies and lives. *See infra*.

1. Defendants have failed to achieve necessary social distancing.

Each cell at Metro West is "a petri dish for disease." Swain Decl. ¶ 13. Even during this pandemic, people detained at Metro West are "packed into a cell" with over sixty other people. Ex. 3, Blanco Decl. ¶¶ 8, 15. Bunk beds are positioned close together, and Plaintiffs are only one to two feet away from the person lying in the bed next to them and from the person lying in the bed above or below. Ex. 4, Willis Decl. ¶ 7; Ex. 5, Cruz Decl. ¶ 5; Hill Decl. ¶ 5. Even if people slept head to foot instead of head to head, they would remain within six feet of another person. Ex.

6, Flores Decl. ¶ 6. Given that Plaintiffs are forced into a cell that becomes "so crowded . . . it feels like a health hazard," Flores Decl. ¶ 6, it is "impossible" to "stay away from people" and practice the CDC recommendations of social distancing, no matter how hard people do try. Blanco Decl. ¶ 8; Willis Decl. ¶ 7. "In order to maintain the proper distance of six feet, there would have to be a maximum of 15 people in our cell at a time." Ex. 7, Bernal Decl. ¶ 12.

Social distancing is also virtually impossible in the medical clinic. Plaintiffs express fear of going to the clinic for necessary medicine because everyone "is crowded into the same small room as [they] wait," MDCR staff do not instruct people to be six feet apart, and Plaintiffs "can't get far enough away from people to stay safe." Flores Decl. ¶ 3; Blanco Decl. ¶ 6.

And although Defendants suggested that they needed to reduce the jail population to facilitate social distancing, they have not done so. Despite community advocacy and public pressure, State Attorney General Katherine Fernandez Rundle has only identified eighteen individuals for whom she supported release. Compl. ¶ 50. On February 25, 2020, before states of emergency were declared in Florida or Miami-Dade County, there were 2,061 people in custody at Metro West. Ex. 8, Feb. 25, 2020 Daily Jail Population Statistics. On April 3, 2020, over a month later, 1,820 people remained in custody at Metro West. Ex. 9, Apr. 3, 2020 Daily Jail Population Statistics. This means that an average cell that contained 60 people in February still holds 54 people—far too many for them to practice meaningful social distancing.

As the declarations demonstrate, the experiences of those who remain incarcerated at Metro West reveal the dangerous conditions they will endure if they are not allowed to practice social distancing. This crisis has laid bare the existing failures of Metro West in mitigating the spread of infectious diseases, *see* Swain Decl. ¶¶ 8-9 (describing the spread of other infectious diseases in his cell at Metro West), but the current pandemic has precipitated an unprecedented emergency

that requires urgent action.

2. Defendants do not provide immediate health care, including testing, for medically vulnerable or COVID-19 symptomatic people jailed in Metro West.

Metro West is "under-equipped and ill-prepared to prevent and manage a COVID19 outbreak." Greer Decl. ¶ 28. Even before COVID-19 reached Miami-Dade County, medical care was often delayed or unreliable. *See* Blanco Decl. ¶ 4 (received an inhaler to help manage his severe asthma nearly three months after his request); Swain Decl. ¶ 17 (taken to the hospital a year and a half after he fell and injured his wrist). To request medical attention, people were required to fill out a medical request slip, also known as a "sick card," and wait approximately three days to see a nurse. Willis Decl. ¶ 6.

Now, even when Plaintiffs experience symptoms of COVID-19 (including difficulties breathing), they are still required to submit a medical request slip and are forced to wait three days to a week before seeing a nurse. *See, e.g.,* Blanco Decl. ¶¶ 5, 7; Flores Decl. ¶ 4; Hill Decl. ¶ 10. Even an elderly man with multiple respiratory issues who expressed a need for a breathing machine has made three requests to see a doctor but has only been granted access to the nurse. Ebert Decl. ¶ 17. Nurses and MDCR staff have denied Plaintiffs' requests for a test, even when they physically demonstrate and verbally confirm their COVID-19 symptoms. Blanco Decl. ¶ 6; Cruz Decl. ¶ 2. People are told there are no tests available in the jail, Blanco Decl. ¶ 6, and those who exhibit COVID-19 symptoms are denied even the minimal step of having their temperature taken, Willis Decl. ¶¶ 6-7; Cruz Decl. ¶ 2; Flores Decl. ¶ 4; Hill Decl. ¶ 9; Bernal Decl. ¶ 5. Those who are coughing and are refused a test for COVID-19 are instead given a Tylenol pill, and nothing more. Bernal Decl. ¶¶ 7-8; Blanco Decl. ¶ 6. "There are no measures taken to protect" even the people housed in the medical unit, where the "medically vulnerable people" are assigned to live. Swain

Decl. ¶¶ 4, 12.

3. Defendants maintain dangerous conditions and fail to provide even basic hygiene supplies to the people jailed in Metro West.

Everyone who is jailed at Metro West receives one "hygiene pack" per month, which includes "a small soap that doesn't sanitize, one pen, one envelope, one stamp, one deodorant that doesn't work, and one comb." Cruz Decl. ¶ 8. This single "small," "thin bar of soap" is insufficient to handle frequent daily hand-washing, *see* Willis Decl. ¶ 11, and even if more were provided, it remains non-antibacterial, Cruz Decl. ¶ 8. To access hygienic anti-bacterial soap during this public health crisis, people are required to have sufficient funds to purchase it through the commissary. Cruz Decl. ¶ 8.

MDCR largely does not provide Plaintiffs with "anything to protect [themselves]" during this pandemic, such as gloves, face masks, or hand sanitizer. Cruz Decl. ¶ 8; Willis Decl. ¶ 11; Hill Decl. ¶ 7. None of these items are available for purchase in the commissary. Cruz Decl. ¶ 8. MDCR fails to provide even the most basic hygiene products – they do not provide toilet paper, paper towels, or tissues to the people jailed in Metro West. Willis Decl. ¶ 11; Blanco Decl. ¶ 12; Flores Decl. ¶ 8. Laundry detergent is often unavailable, and the laundry machines are often broken, so Plaintiffs are either unable to wash their clothes or are forced to hand-wash their clothing with purchased soap. Blanco Decl. ¶ 13; Cruz Decl. ¶ 11; Flores Decl. ¶ 8.

Nor is the situation safe for the guards, who are forced to bring their own protective gear into the jail to safeguard against the virus. Blanco Decl. ¶ 16. It is rare to see guards wearing gloves, Swain Decl. ¶ 7; Ex. 10, Ebert Decl. ¶¶ 14, MDCR staff do not change gloves or wash their hands between physical interactions with incarcerated people. Cruz Decl. ¶ 13. Even for guards, "[t]here aren't enough masks to go around." Swain Decl. ¶ 7.

MDCR does not hire janitorial staff to clean or sanitize the facility; instead, certain

incarcerated people are assigned as "trustees" to help clean each cell, and incarcerated people are told they "have to clean [their] cells by [themselves]." Cruz Decl. ¶ 7. Trustees are "scared" and are "trying to find the best way to protect [themselves] and the people who [they] live with," *id*., but MDCR does not provide sufficient protective gear or sanitation supplies to protect them from the virus. MDCR does not provide trustees with bleach or face masks, and the only cleaning supply that is available is a "really watered down" liquid that "do[es]n't sanitize" any surfaces. *Id*.; Flores Decl. ¶ 7; Hill Decl. ¶ 6. One Plaintiff has "seen blood" remain on the floor, even after cleaning attempts, "because the supposed cleaning products [MDCR] gives [them] can't even clean that up." Swain Decl. ¶ 15. Even trustees are not provided with enough gloves to keep them safe from the virus, and they are often forced to reuse gloves so that "all [they]'re doing is carrying bacteria around." Bernal Decl. ¶ 9; *see also* Ebert Decl. ¶ 9. Trustees who also serve food are told the jail has no more gloves but that they needed to use their bare hands to continue preparing the food trays. Bernal Decl. ¶ 10.

There is a "shift change" once every eight hours, which is when trustees make their best attempt at cleaning the cells with diluted and insufficient supplies. Willis Decl. ¶ 10. But because MDCR has not provided sanitation or hygiene products during this pandemic, people are rendered unable to properly sanitize high-touch items or areas between use. *See supra*.

In each cell, Plaintiffs are forced to "share everything," heightening the likelihood of transmission. Blanco Decl. ¶ 10; Flores Decl. ¶ 7. Everyone shares a single "little water cooler" where used bottles often touch the spigots. Blanco Decl. ¶ 10. Everyone must touch the same button to release the water, and people avoid touching this button with their hands wherever possible given that it is "always dirty." Cruz Decl. ¶ 10; Willis Decl. ¶ 11.

Every person in each cell must also share the bathrooms, where multiple sinks, showers,

and toilets are often broken. Blanco Decl. ¶ 11; Cruz Decl. ¶ 9. At times, there are only three showers and six toilets for over 65 people in the same cell to share. Willis Decl. ¶ 9. The bathroom floor is "filled with standing water," bathrooms and sinks are "really dirty," and the showers are "disgusting." Willis Decl. ¶ 9; Blanco Decl. ¶ 11.

People in each cell also share approximately six phones, Willis Decl. ¶ 8, which cannot be "sanitized between uses" even though these phones touch people's faces and mouths. Blanco Decl. ¶ 11. As noted above, Defendants have provided no supplies to clean these frequently used surfaces. In an attempt to protect themselves from the virus, people have wrapped a sock or shirt around the phone when speaking into it. Blanco Decl. ¶ 11; Flores Decl. ¶ 7; Willis Decl. ¶ 10. There are similarly no sanitation supplies to disinfect other high-touch objects that must be shared in the cell, including the television remotes, furniture, cards, and dominoes. Willis Decl. ¶ 8.

4. Defendants fail to implement proper screening protocols and house newly arrested and symptomatic people together with the general population.

New people, including newly incarcerated people and jail staff, are "coming in and out constantly" of Metro West. Cruz Decl. ¶ 6; Blanco Decl. ¶ 9; Willis Decl. ¶ 4. Plaintiffs feel "trapped in [their] cells" with new people arriving daily, Blanco Decl. ¶ 9, Willis Decl. ¶ 4, including many who exhibit COVID-19 symptoms such as dry coughs, Flores Decl. ¶ 5; Blanco Decl. ¶ 7. Plaintiffs who exhibit COVID-19 symptoms (such as trouble breathing, dry coughs, and throat or chest pain) and request medical attention remain in general population for days as they wait to see the nurse. Blanco Decl. ¶ 5; Flores Decl. ¶ 4. Plaintiffs observe that many people in their cells are coughing "all the time" and appear "really sick," though no efforts are made to treat or move symptomatic people. Cruz Decl. ¶ 2; Blanco Decl. ¶ 7; Swain Decl. ¶¶ 5-6.

Plaintiffs feel unsafe and "vulnerable" to others infecting them with COVID-19 given that "there's nothing [they] can do to protect against" this infectious disease while inside Metro West.

Blanco Decl. ¶ 9; Willis Decl. ¶ 4; Flores Decl. ¶ 5. Newly booked individuals do not have their temperatures taken and are not tested for COVID-19 before they enter the jail, even when they exhibit potential symptoms, and when screening does occur it consists solely of asking verbal questions about symptoms. Flores Decl. ¶ 5.

5. Defendants fail to provide proper medical care to people infected with or exposed to COVID-19.

At least one cell in Metro West has been "quarantined" as a result of a suspected case of COVID-19, but rather than quarantining each potentially exposed person (as recommended), all sixty people inside the cell are forced to remain together in close proximity with little protection. Swain Decl. ¶ 10. Approximately 22-25 people in the cell are currently sick and coughing. *Id*. Officers and nurses do not want to enter the cell, and they argue in the hall or try to encourage the younger officers to enter. *Id*. It is clear that the officers, too, "are in fear for their lives and don't want to take the virus home to their families." *Id*. The medical unit assigned to medically vulnerable people shares the same bathroom and air vents with the quarantined cell, with no protective measures in place to mitigate against the spread of the virus. *Id*. ¶¶ 4, 11.

6. Defendants fail to provide sufficient information concerning COVID-19.

MDCR chooses to leave Plaintiffs "[i]n the dark" about COVID-19 and its necessary preventive measures. Blanco Decl. ¶ 17. MDCR has provided almost no instruction, information, or announcements concerning the coronavirus. Willis Decl. ¶ 3, Cruz Decl. ¶ 3. All that MDCR has done is place a memo on the wall explaining that court was canceled and that yard time is mandatory, but many people cannot read and therefore cannot understand the written memo. Cruz Decl. ¶ 3. Reports from family and friends or the news are the only sources of information available to people jailed in Metro West. Blanco Decl. ¶ 17; Hill Decl. ¶ 4; Willis Decl. ¶ 3. People are "scar[ed] because [they] don't know what's going on" or "how to protect [them]selves." Hill Decl.

¶ 4.

D. COVID-19 is exceedingly dangerous for medically vulnerable Plaintiffs.

Plaintiffs suffer from moderate asthma and bronchitis, severe or chronic asthma, epilepsy, type 1 diabetes, HIV, as well as paraplegia and a spinal condition called cystic myelomalacia with a failing respiratory system. Cruz Decl. ¶ 2; Blanco Decl. ¶ 3; Willis Decl. ¶ 2; Flores Decl. ¶ 2; Hill Decl. ¶ 2; Swain Decl. ¶ 2; Bernal Decl. ¶ 2. They suffer underlying health conditions recognized by the CDC and medical experts as medically vulnerable, and possible exposure to COVID-19 is exceedingly dangerous, even fatal, for Plaintiffs. Compl. ¶ 22. Older people and those with these underlying conditions are more likely to develop serious illness if they contract COVID-19.[4] Individuals with these conditions face a fatality rate of approximately 15% if they contract COVID-19.[5]

ARGUMENT

In this case, Plaintiffs seek two forms of immediate relief. First, Plaintiffs, and the class as a whole, seek an order requiring the Defendants to follow several procedures, recommended by medical professionals and the CDC Guidance on the management of COVID-19 in jails and correctional settings, that ensure those detained at Metro West: 1) are informed about the existence of COVID-19; 2) can practice social distancing; 3) can maintain necessary hygiene; and 4) have access to adequate and timely medical treatment to screen, test, and treat symptoms.

Second, the Medically Vulnerable Subclass, composed of the elderly and those with certain preexisting medical conditions, seek immediate release from the chaotic, infectious jail

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

[5] Compl. Exhibit 15, Declaration of Dr. Carlos Franco Paredes, *Fraihat v. U.S. ICE*, No. 19-cv-1546, ECF No. 81-12 (C.D. Cal. Mar. 24, 2020).

environment through a writ of habeas corpus. Their lives depend on how quickly they are released from that environment.

I. Plaintiffs are entitled to a temporary restraining order and preliminary injunction requiring Defendants to change their practices at Metro West to conform to medically accepted means of preventing and mitigating the spread of COVID-19.

To obtain either a temporary injunction or a preliminary injunction, a party must demonstrate that: "(1) it has a substantial likelihood of success on the merits; (2) irreparable injury will be suffered unless the injunction issues; (3) the threatened injury to the movant outweighs whatever damage the proposed injunction may cause the opposing party; and (4) if issued, the injunction would not be adverse to the public interest." *Wreal, LLC v. Amazon.com, Inc.*, 840 F.3d 1244, 1247 (11th Cir. 2016). That standard is met here.

A. Plaintiffs are likely to succeed on the merits because Defendants are deliberately indifferent to the serious, possibly fatal threat of COVID-19.

Plaintiffs and Class members are currently at imminent risk of death or serious injury from exposure to the coronavirus. If this litigation is decided in the ordinary course, many Class members may become seriously ill and die before final judgment is entered, and countless others will suffer severe pain or permanent organ damage. Class members are highly likely to succeed on their claims because Defendants are deliberately indifferent to the risk that Plaintiffs will contract COVID-19 within the current conditions of Metro West in violation of the Eighth Amendment and Fourteenth Amendment's Due Process Clause.

The Defendants' failure to implement the basic steps recommended by both health experts and the CDC—including access to information about COVID-19, soap and water so that those detained can wash their hands after touching objects or other people, giving people sufficient space to stay at least six feet away from others at all times, the ability to clean and disinfect all surfaces touched by multiple people at least once per day, and access to basic medical screening and

treatment protocols for infectious disease—constitutes deliberate indifference in violation of the Fourteenth Amendment.

The government has a constitutional duty to protect those it detains from conditions of confinement that create "a substantial risk of serious harm" to detained individuals. *Farmer v. Brennan*, 511 U.S. 825, 834 (1994). The right to be free from exposure to serious harm arises under the Eighth Amendment for people convicted of a crime. *Id.*; *Estelle v. Gamble*, 429 U.S. 97, 104 (1976). This right and arises with equal force under the Fourteenth Amendment's Due Process Clause for those detained pre-trial. *City of Revere v. Mass. Gen. Hosp*., 463 U.S. 239, 244 (1983); *Keith v. DeKalb County, Georgia*, 749 F.3d 1034, 1044 n.35 (11th Cir. 2014). Under these Amendments, an official is liable if she displays "deliberate indifference" to "a condition of confinement that is sure or very likely to cause serious illness and needless suffering" to someone detained, which includes "exposure of inmates to a serious, communicable disease." *Helling v. McKinney*, 509 U.S. 25, 33 (1993); *see also Truss v. Warden*, 684 F. App'x 794, 796 (11th Cir. 2017) (recognizing that exposure to tuberculosis can constitute a substantial risk of serious harm).

To demonstrate a violation of the Eighth and Fourteenth Amendments, a plaintiff must show "'(1) a substantial risk of serious harm; (2) the defendants' deliberate indifference to that risk; and (3) causation.'" *Lane v. Philbin*, 835 F.3d 13012, 1307 (11th Cir. 2016). Plaintiffs easily satisfy these requirements.

1. *Risk of Serious Harm*

People detained at Metro West are at a substantial risk of serious harm from COVID-19. A plaintiff satisfies this requirement when conditions are "extreme and pose[] an unreasonable risk of serious injury to his future health or safety." *Lane*, 835 F.3d at 1307. COVID-19 is just such a threat of serious injury. It is a novel disease with no vaccine, effective treatment, or cure. The

disease can cause severe pain in even mild and moderate cases. It has been described as feeling like "having glass in your lungs" or "drowning in your own blood" and leaves patients choking and struggling to breathe.[6] And it can cause permanent damage to a person's lungs.[7] In critical and severe cases, COVID-19 can cause pneumonia and inflammation of the lungs that can require days or weeks attached to a ventilator and blood oxygenation machines.[8] Finally, in the most severe causes, COVID-19 results in death of between 1% and 3.4% of patients—a rate 10 times higher than the risk of death from influenza.[9]

And the risk of contracting COVID-19 is extreme and unreasonable. Across the country, cities, states, and the federal government have issued "shelter in place" orders closing public schools until further notice, shutting down all non-essential businesses, banning people from eating in restaurants or otherwise congregating in groups of more than 10 people, and requiring individuals to stay in their homes unless it is absolutely necessary to leave. Even when they leave, people are advised to stay at least six feet from other individuals, wear masks to prevent the risk of transmission through the air, avoid touching their faces while outside, and washing their hands immediately after returning home. These measures are unprecedented in the United States, and the message is clear: any risk of contracting COVID-19 is unacceptable for the American public. So too for Plaintiffs who are detained, where the risk of contracting the virus is even greater than in the general population.[10]

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[6] Compl. ¶ 25; *Virus feels like 'glass in lungs': Fit mum's chilling video*, Chronicle (Mar. 21, 2020), https://www.thechronicle.com.au/news/glass-in-lungs-fit-mums-chilling-video/3977749/.

[7] Compl. ¶ 25.

[8] Ex. 11, Greer Decl. ¶¶ 23-24; Compl. ¶ 24.

[9] Compl. ¶ 25.

[10] Greer Decl. ¶¶ 10-11; Compl. ¶ 36.

Recognizing that COVID-19 presents a particularly serious threat to people who are detained, other federal courts have acted quickly in recent days to grant extraordinary relief to release people from detention, including in the form of granting petitions for writ of habeas corpus, reversing decisions to detain individuals before trial because they were found to be a safety risk, and ordering compassionate release.[11] These myriad opinions reflect the emerging consensus of the federal courts: people cannot be detained if they are exposed to a serious risk of contracting COVID-19. And COVID-19 is already in Metro West. Every possible step must be taken to ameliorate the risk to those who remain detained.

[11] *See, e.g.*, *United States v. Grobman*, No. 18-cr-20989, Dkt. No. 397 (S.D. Fla. Mar. 29, 2020); *United States v. Perez*, 17-cr-513-3 (AT) (S.D.N.Y. Apr. 1, 2020); *United States v. Underwood*, No. 8:18-cr-201-TDC, Dkt. No. 179 (D. Md. Mar. 31, 2020); *Thakker v. Doll*, 20-cv-480 (M.D. Pa. Mar. 31, 2020), ECF No. 47; *Castillo et al. v. Barr*, 5:20-cv-00605, ECF Doc. 32 (C.D. Cal. Mar. 27, 2020); *United States v. Meekins*, Case No. 1:18-cr-222-APM, Dkt. No. 75 (D.D.C. Mar. 31, 2020); *United States v. Marin*, No. 15-cr-252, Dkt. No. 1326 (E.D.N.Y. Mar. 30, 2020); *United States v. Davis*, No. 1:20-cr-9-ELH, Dkt. No. 21, 2020 WL 1529158 (D. Md. Mar. 30, 2020); *United States v. Muniz*, Case No. 4:09-cr-199, Dkt. No. 578 (S.D. Tex. Mar. 30, 2020); *United States v. Bolston*, No. 1:18-cr-382-MLB, Dkt. No. 20 (N.D. Ga. Mar. 30, 2020); *United States v. Mclean*, No. 19-cr-380, Dkt. No. (D.D.C. Mar. 28, 2020); *United States v. Powell*, No. 1:94-cr-316-ESH, Dkt. No 98 (D.D.C. Mar. 28, 2020); *United States v. Hector*, No. 2:18-cr-3-002, Dkt. No. 748 (W.D. Va. Mar. 27, 2020); United States v. Kennedy, 18-cr-20315 (JEL), Dkt. No. 77 (E.D. Mich. Mar. 27, 2020); *United States v. Hector*, 18-cr-3, Dkt. No. 17 (4th Cir. Mar. 27, 2020); *United States v. Michaels*, 8:16-cr-76-JVS, Minute Order, Dkt. No. 1061 (C.D. Cal. Mar. 26, 2020); *United States v. Jaffee*, No. 19-cr-88 (RDM) (D.D.C. Mar. 26, 2020); *United States v. Harris*, No. 19-cr-356 (RDM), 2020 WL 1503444 (D.D.C. Mar. 26, 2020); *USA v. Garlock.*, No. 18 Cr 00418, 2020 WL 1439980, at *1 (N.D. Cal. Mar. 25, 2020); *Xochihua-Jaimes v. Barr*, No. 18-71460 (9th Cir. Mar. 24, 2020); *U.S. v. Stephens,* 15 Cr. 95 (AJN), 2020 WL 1295155 (S.D.N.Y. Mar. 19, 2020); *In re. Extradition of Alejandro Toledo Manrique*, 2020 WL 1307109, (N.D. Cal. March 19, 2020); *Committeefor Public Counsel Servs. v. Chief Justice*, No. SJC-12926 (Mass. Apr. 3, 2020), https://www.mass.gov/files/documents/2020/04/03/12926.pdf; Press Release, Legal Aid Society, Legal Aid Secures Release of 106 Incarcerated New Yorkers at a high risk of COVID-19 from Technical Parole Violation Holds on Rikers Island (Mar. 27, 2020), https://legalaidnyc.org/wp-content/uploads/2020/03/03-27-20-Secures-Release-of-106-Incarcerated-New-Yorkers-at-a-high-risk-of-COVID-19-from-Technical-Parole-Violation-Holds-on-Rikers-Island.docx.pdf?fbclid=IwAR3IvbeyQ1BdlVdnwjsZjVd_S71X06pp-uQAyGK2vUj7n2XpOa5URMPyZfQ.

2. *Defendants' Deliberate Indifference*

The second prong of the deliberate indifference inquiry "has three components: (1) subjective knowledge of a risk of serious harm; (2) disregard of that risk; (3) by conduct that is more than mere negligence." *Farrow v. West*, 320 F.3d 1235, 1245 (11th Cir. 2003). All three requirements are met here.

First, it cannot be seriously disputed that any government official, including Defendants, are subjectively unaware of the risk posed by the coronavirus both in general and particularly within detention environments. Whether the source is government orders,[12] CDC guidance aimed particularly at jails and prisons,[13] advocacy letters sent to Defendants,[14] or articles written in nationwide publications,[15] the Defendants have been made well aware of the risks to those who reside at Metro West. Their own communications and announcements emphasize this awareness.

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[12] Compl. ¶ 55; President's Coronavirus Guidelines for America, Whitehouse.gov (Mar. 16, 2020), https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf.

[13] CDC, Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (Mar. 23, 2020), https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf.

[14] Compl. ¶ 47.

[15] David Mills & Emily Galvin-Almanza, *As many as 100,000 incarcerated people in our prisons will die from the coronavirus, unless the US acts now*, Bus. Insider (Apr. 2, 2020), https://www.businessinsider.com/failure-to-release-prisoners-is-condemning-thousands-to-death-2020-4; Anna Flagg & Joseph Neff, *Why Jails Are So Important in the Fight Against Coronavirus*, N.Y. Times (Mar. 31, 2020), https://nyti.ms/3aIBHjv; Timothy Williams et al., *'Jails Are Petri Dishes': Inmates Freed as the Virus Spreads Behind Bars*, N.Y. Times (Mar. 30, 2020), https://nyti.ms/2Jmnf4z; Emma Grey Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*, Wired (Mar. 24, 2020), https://www.wired.com/story/coronavirus-covid-19-jails-prisons; Ryan Lucas, *As COVID-19 Spreads, Calls Grow to Protect Inmates in Federal Prisons*, NPR (Mar. 24, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820618140/as-covid-19-spreads-calls-grow-to-protect-inmates-in-federal-prisons; Weihua Li & Nicole Lewis, *This Chart Shows Why the Prison Population Is So Vulnerable to COVID-19*, Marshall Proj. (Mar. 19, 2020), https://www.themarshallproject.org/2020/03/19/this-chart-shows-why-the-prison-population-is-so-vulnerable-to-covid-19; German Lopez, *A coronavirus outbreak in jails or*

Second, Defendants have disregarded that risk by failing to implement the steps urged by health experts, including the CDC, to stop the spread of the virus. An official demonstrates disregard of a risk by "failing to take reasonable measures to abate it." *Farmer*, 511 U.S. at 847. Here, the list of reasonable measures to prevent the spread of COVID-19 is well delineated and publicized: "[s]ocial distancing and proper hygiene are the *only* effective means by which we can stop the spread of COVID-19." Memo. & Order at 21, *Thakkar v. Doll*, No. 20-cv-480 (Mar. 31, 2020), ECF No. 47. As health professionals have explained to the general public, COVID-19 is best avoided by (1) "[w]ash[ing] your hands for at least 20 seconds with soap and water or hand sanitizer that contains at least 60% alcohol often (especially after touching common surface areas . . . and other social interactions)," (2) avoiding crowded places "and maintain[ing] at least 6 feet of distance between yourself and others," and (3) "[d]isinfect[ing] surfaces that are used regularly, using household sprays or wipes."[16] The CDC has also recommended these same measures within jails and prisons, calling social distancing of at least six feet at all times the "cornerstone of reducing transmission" of COVID-19 within detention facilities, pushing facilities to "[p]rovide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent

prisons could turn into a nightmare, Vox (Mar. 17, 2020), https://www.vox.com/policy-and-politics/2020/3/17/21181515/coronavirus-covid-19-jails-prisons-mass-incarceration.

[16] Angel N. Desai & Rayal Patel, Am. Medical Ass'n, *Stopping the Spread of COVID-19* (Mar. 20, 2020), https://jamanetwork.com/journals/jama/fullarticle/2763533; *see also* CDC, *How to Protect Yourself* (last updated Apr. 1, 2020), https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fprevention.html (same).

hand washing,"[17] and advising that facilities must, "[s]everal times a day, *clean and disinfect* surfaces and objects that are frequently touched, especially in common areas."[18]

Despite these clear directives, Defendants have failed to provide the people jailed at Metro West with the space, soap, sanitizer, and cleaning supplies necessary to allow staff and inmates to remain safe. Nor have they provided timely and adequate medical care to identify, isolate, and treat people who develop symptoms. And as noted above, Defendants deny Plaintiffs basic preventive measures such as personal protective equipment, enough space to sleep or exist more than six feet away from another person, access to medical attention, or paper towels. As a result, Plaintiffs and the class they represent are at a substantial risk of contracting COVID-19.[19] And Defendants' failure to act puts them out of step with the action being taken by other jails and prisons around the country, who are implementing the steps urged by the medical community and federal government.[20]

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[17] The CDC likewise recommends that corrections officers be provided soap at no cost so that they can avoid contracting or transmitting the coronavirus when they touch surfaces or persons within the facility. *Interim Guidance on Management of Coronavirus Disease 2019*, at 10.

[18] Interim Guidance on Management of Coronavirus Disease 2019, at 4, 8-9.

[19] Greer Decl. ¶¶ 10-21.

[20] *See* Gov. Gretchen Whitmer, Executive Order No. 2020-29 (COVID-19), https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-523422--,00.html; Megan Harris et al., *With In-Person Visits Eliminated, PA Prisons Get More Phone & Video Privileges*, WESA (Mar. 19, 2020), https://www.wesa.fm/post/person-visits-eliminated-pa-prisons-get-more-phone-video-privileges#stream/0; Arizona Dep't of Corrections, Media Advisory, COVID-19 Management Strategy Update (Mar. 18 2020);Joe Szydlowski, *Sheriff's Office: Hunger strike ends at Monterey County Jail*, Californian (Mar. 27, 2020), https://www.thecalifornian.com/story/news/2020/03/27/sheriffs-office-hunger-strike-ends-monterey-county-jail/2929726001/; Mela Seyoum, *Santa Rita Jail adjusts as organizations call for action amid COVID-19*, Daily Californian (Apr. 2, 2020), https://www.dailycal.org/2020/04/02/santa-rita-jail-adjusts-as-organizations-call-for-action-amid-covid-19/;

In the typical deliberate indifference case, courts often given latitude to jail and prison officials to decide what actions are "reasonable" to deal with safety within facilities. But COVID-19 is an altogether different threat, and its spread within Metro West poses a danger not only to those confined and employed there, but to the entire surrounding community. There are currently few, if any, tests available, and symptom checks fail because of the virus's long latency and ability to live in asymptomatic people.[21] Moreover, no vaccine or prophylactics yet exist, and the morality rate is much higher than other diseases.[22] At this moment, there is only one way to minimize the risk of COVID-19: prevent its spread.[23] This means allowing people to keep six feet of distance, wash their hands frequently, disinfect regularly used surfaces, and identify, isolate, and medically treat those who develop symptoms.[24] By failing to do these things, or allow detainees to do them, Defendants are knowingly exposing Plaintiffs, guards, and other jail staff to a risk of a painful and lethal disease. That risk is unacceptable.

3. *Causation*

Plaintiffs are only exposed to an unacceptably high risk of contracting COVID-19 because Defendants are denying them access to sufficient space, information, personal cleaning supplies, cleaning supplies for the surfaces they touch, and medical care for those who may be infected. An injunction requiring these steps would minimize the risk of exposure to the virus and thus satisfy the requirements of the Eighth and Fourteenth Amendments.

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[21] Compl. ¶¶ 20-21, 26.

[22] Compl. ¶¶26-27, 22 n.17.

[23] Compl. ¶ 28.

[24] Compl. ¶¶ 28, 33.

B. Plaintiffs will suffer irreparable harm without a preliminary injunction.

Plaintiffs allege injuries that are irreparable and, therefore, are not suitable for resolution in the ordinary course of litigation. There is no injury that is more irreparable than death, and Plaintiffs face a heightened risk of contracting a deadly virus. This risk is not speculative: in one Louisiana prison where COVID-19 has been allowed to spread, five people have been killed by the disease in less than a week.[25]

In addition to the risk of death, people who contract COVID-19 may develop symptoms that are acutely painful and may result in permanent, irreparable lung damage.[26] An injunction here is appropriate to prevent a substantial risk of permanent, debilitating injury. *See Thomas v. Bryant*, 614 F.3d 1288, 1318 (11th Cir. 2010) ("[I]njunctive relief is appropriate 'to prevent a substantial risk of serious injury from ripening into actual harm.'" (quoting *Farmer v. Brennan*, 511 U.S. 825, 845 (1994))); *Hoffer v. Jones*, 290 F. Supp. 3d 1292, 1304 (N.D. Fla. 2017) (finding prisoners would "undoubtedly suffer irreparable injury" if not treated properly for Hepatitis C virus because, left untreated, the virus causes liver damage).

Moreover, as discussed above, Plaintiffs are likely to succeed on the merits of their argument that the conditions in the jail violate their constitutional rights, and "[t]he existence of a continuing constitutional violation constitutes proof of an irreparable harm." *Laube v. Haley*, 234

[25] Joseph Neff & Keri Blakinger, *Federal Prisons Agency "Put Staff in Harms Way" of Coronavirus*, Marshall Proj. (Apr. 3, 2020), https://www.themarshallproject.org/2020/04/03/federal-prisons-agency-put-staff-in-harm-s-way-of-coronavirus; Sarah N. Lynch, *Death toll from COVID-19 at Oakdale prison in Louisiana continues to climb*, Reuters (Apr. 2, 2020) https://www.reuters.com/article/us-health-coronavirus-prisons/death-toll-from-covid-19-at-oakdale-prison-in-louisiana-continues-to-climb-idUSKBN21K2D4.

[26] Erin Schumaker, What we know about coronavirus' long-term effects, ABC News (Mar. 28, 2020).

F. Supp. 2d 1227, 1251 (M.D. Ala. 2002) (finding irreparable harm prong of preliminary-injunction test satisfied where plaintiffs made showing that prisoners were living in overcrowded and understaffed conditions in violation of Eighth Amendment).

These significant harms have led courts across the country to recognize that risk of exposure to the coronavirus constitutes an irreparable harm. See *supra* note 12 (collecting cases granting emergency release to people who are exposed to coronavirus). Plaintiffs easily meet the requirement of showing irreparable harm.

C. The harm Plaintiffs are suffering outweighs any potential harm to defendants caused by a preliminary injunction.

The substantial risk to Plaintiffs of contracting a deadly disease considerably outweighs any potential harm to Defendants. As discussed above, Plaintiffs will suffer significant harm, including possibly death, if forced to remain in the conditions currently prevailing in Metro West.

The only potential harm Defendants face if ordered to bring their jail into compliance with CDC guidelines is economic: MDCR staff may have to expend additional time, and the Department may have to expend additional money, to provide the information, hygiene products, cleaning agents, and medical treatment necessary to kill the virus. But the possibility that Defendants will have to spend money to reduce the substantial risk that Plaintiffs will be exposed to a deadly disease does not tip the balance in their favor because "[l]ack of funds for facilities cannot justify an unconstitutional lack of competent medical care and treatment for inmates." *Ancata v. Prison Health Servs. Inc.*, 769 F.2d 700, 705 (11th Cir. 1985); *see Hoffer*, 290 F. Supp. 3d at 1304 (finding balance of harms weighed in favor of plaintiffs seeking injunction against Florida Department of Corrections for inadequate treatment of Hepatitis C because "the only harm facing FDC is that it will have to spend more money than it wants to"); *Laube*, 234 F. Supp. 2d at

1252 ("The threat of harm to the plaintiffs cannot be outweighed by the risk of financial burden or administrative inconvenience to the defendants." (citing *Ancata*, 769 F.2d at 705)).[27]

In fact, the requested relief will benefit the jail staff employed by Defendants by decreasing their risk of contracting COVID. *See Laube*, 234 F. Supp. 2d at 1252 (finding harm to prisoners in overcrowded, understaffed prison outweighed harm to defendants in part because "the defendants will suffer no harm from providing sufficient staff and adequate facilities" and "[i]n fact, officers employed by the defendants face an extremely dangerous situation, and they, too, will benefit from injunctive relief"). Estimates show that if the infection spreads, a significant portion of jail staff are likely to contract the virus.[28] This could also cause economic harm to Defendants as the significant loss of manpower may require them to pay overtime to those who remain on the job. An injunction is therefore in Defendants' interest as well.

D. A preliminary injunction promotes the public interest.

"'[I]t is always in the public interest to prevent the violation of a party's constitutional rights.'" *Melendres v. Arpaio*, 695 F.3d 990, 1002 (9th Cir. 2012) (citation omitted); *Awad v. Ziriax*, 670 F.3d 1111, 1132 (10th Cir. 2012). Accordingly, the public interest would be served by issuance of a preliminary injunction requiring Defendants to provide class members with constitutionally adequate measures to prevent the spread of COVID-19.

Moreover, it is in the public interest to prevent the spread of COVID-19 within Metro West. An outbreak in Metro West will have serious ramifications for people incarcerated within its walls,

[27] And as states and the federal government increasingly earmark funding specifically for COVID-19 relief, any economic harm may well be offset.

[28] *See* Greer Decl. ¶¶ 19-20; Letter from Employees of Cook County Jail to Toni Preckwinkle and Thomas Dart (Mar. 31, 2020), https://www.documentcloud.org/documents/6824768-Letter-to-Tom-Dart-and-Toni-Preckwinkle-3-31.html.

employees and medical staff that carry the infection into their homes and communities, and Miami-Dade County residents who will suffer from the ensuing rapid spread of this infectious disease. As Dr. Pedro Greer explains, "[a]s an outbreak spreads through jails," both medical personnel and prison guards become sick and cannot show up to work. Greer Decl. ¶¶ 19-20. This absenteeism creates "substantial safety and security risk[s] to both the people inside the facilities and the public." *Id.* ¶ 20. An outbreak in the jail will also place a heavy burden on regional health care institutions, which will be relied upon to manage and treat those experiencing complications or severe illness. *Id.* ¶¶ 18, 34. When this local medical institution is overwhelmed with a surge of patients, there will not be sufficient resources to treat everyone who requires medical attention. *Id.*

Hospitals in Miami-Dade County are already suffering. At least some people incarcerated in Metro West who require medical attention are sent to Jackson Memorial Hospital, *see* Swain Decl. ¶ 4, one of the largest hospitals in the United States and the largest hospital in the state of Florida. Jackson Hospital is already experiencing a shortage of supplies as its intensive care unit reaches capacity. A trauma physician who works there says they "are slowly descending into chaos."[29] An outbreak in Metro West will push nearby hospitals and communities into chaos, and an injunction requiring necessary safeguards in the midst of a pandemic will undoubtedly serve the public interest.

II. Immediate habeas corpus release is necessary for the medically vulnerable at Metro West.

The members of the Medically Vulnerable Subclass all have conditions that render them exceptionally vulnerable to death or serious harm if exposed to COVID-19. Because of their

[29] Paul Murphy, *Trauma physician at Florida's biggest hospital: 'We are slowly descending into chaos*,' CNN (Mar. 29, 2020), https://www.cnn.com/world/live-news/coronavirus-outbreak-03-29-20-intl-hnk/h_7375d7e4bc0904963554159cb3f2cfc0.

medical vulnerability, there is no practicable way to ensure that they can avoid infection and no practicable way to ensure that, if infected, they receive prompt and reasonable medical treatment within the jail. Therefore, their continued detention is a grave risk to their lives and violates the Constitution. They must be released pursuant to a writ of habeas corpus under 28 U.S.C. § 2241.[30]

The subclass members face a heightened risk of contracting a deadly virus merely because they are incarcerated under these unique circumstances, and additionally they face a heightened risk of dying if they do. Most people (80%) will develop a mild upper respiratory infection if they contract the coronavirus, but serious illness can occur in up to 16% of cases, and older people and those with underlying medical conditions, such as lung disease, heart disease, or diabetes, are more likely to develop serious illness.[31]

As a practical matter, there is no way to constitutionally confine Medically Vulnerable Subclass members in the jail. Greer Decl. ¶¶ 27-34, 38. The coronavirus is already present at the jail; multiple jail officers have tested positive for COVID-19, and that number is growing over time. For the Medically Vulnerable Subclass, every interaction with a staff member or other

[30] Medically Vulnerable Subclass members bring this action under 28 U.S.C. § 2241 and Article I, Section Nine of the United States Constitution. They, therefore, need not satisfy the heightened requirements of § 2254. Because they have not been convicted of a crime and are not in custody "pursuant to the judgment of a state court," they may bring this action under § 2241 and need not bring this action under § 2254, which governs habeas petitions challenging state criminal convictions. *See Medberry v. Crosby*, 351 F.3d 1049, 1060 (11th Cir. 2003) (finding a person in state pretrial detention whose detention violates the Constitution of the United States "would file an application for a writ of habeas corpus governed by § 2241 only"). Section 2254's heightened standards of review, therefore, do not apply to this case. *See id.*; *Phillips v. Court of Common Pleas, Hamilton County, Ohio*, 668 F.3d 804, 809 (6th Cir. 2012); *Martinez v. Caldwell*, 644 F.3d 238, 242 (5th Cir. 2011); *Walck v. Edmondson*, 472 F.3d 1227, 1234–35 (10th Cir. 2007); *Stow v. Murashige*, 389 F.3d 880, 888 (9th Cir. 2004).

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

inmate, every breath they take, every meal spent in the communal facility, and even every surface they touch could bring them into contact with the coronavirus.

Although it is in theory possible for a jail to implement the social-distancing, sterilization, and other protective practices that the CDC requires in a jail, because subclass members are so vulnerable to death and serious injury from the disease, there is no time for those measures now at least as applied to them. And regardless, as explained below and in the Complaint, Defendants have failed to implement those procedures. Subclass members, then, are currently jailed in a facility that threatens their lives. They must be removed from those conditions.

For these reasons, in recent weeks, courts across the country have granted emergency habeas petitions ordering the release of medically vulnerable people from confinement. *See, e.g.*, *Francisco Hernandez v. Wolf*, 20-cv-617 (TJH), Dkt. No. 17 (C.D. Cal., Apr. 1, 2020); *Thakker v. Doll*, No. 20-cv-480 (JEJ), Dkt. No. 47 (M.D. Pa, Mar. 31, 2020) ("Social distancing and proper hygiene are the only effective means by which we can stop the spread of COVID-19. Petitioners have shown that, despite their best efforts, they cannot practice these effective preventative measures in the Facilities. Considering, therefore, the grave consequences that will result from an outbreak of COVID-19, particularly to the high-risk Petitioners in this case, we cannot countenance physical detention in such tightly-confined, unhygienic spaces."); *Fraihat v. Wolf*, 20-cv-590 (TJH), (C.D. Cal., Mar. 30, 2020) ("This is an unprecedented time in our nation's history, filled with uncertainty, fear, and anxiety. But in the time of a crisis, our response to those at particularly high risk must be with compassion and not apathy. The Government cannot act with a callous disregard for the safety of our fellow human beings."); *Castillo v. Barr*, 20-cv-605 (TJH)(AFM), Dkt. No. 32 (C.D. Cal. Mar. 27, 2020); *Coronel*, 2020 WL 1487274; *Basank v. Decker*, 20-cv-2518 (AT), Dkt. No. 11 (S.D.N.Y. Mar. 26, 2020) ("The risk that Petitioners will

face a severe, and quite possibly fatal, infection if they remain in immigration detention constitutes irreparable harm warranting a TRO."); *Ronal Umana Jovel v. Decker*, 12-cv-308 (GBD), Dkt. No. 27 (S.D.N.Y. Mar. 26, 2020).

And for all of the reasons previously explained, the Medically Vulnerable Subclass is entitled to this relief on an emergency basis. *See, e.g.*, *Hernandez*, No. 20-cv-617 (TJH), Dkt. No. 17 (issuing temporary restraining order granting habeas petition brought pursuant to section 2241). All of the arguments about why the class of all those detained at Metro West are entitled to a temporary restraining order and preliminary injunction apply all the more to the subclass. They are likely to succeed on the merits and demonstrate that the Defendants are deliberately indifferent to the serious risk of illness and death from the coronavirus. They face irreparable harm: they are far more likely than the average person to suffer complications and ultimately die from COVID-19. Their release will not harm Defendants. To the contrary, releasing medically vulnerable people will reduce the amount of soap and protective masks the jail will need to give out, reduce pressure on Metro West's limited medical resources, and provide staff and remaining inmates with more space to use for social distancing. Finally, it is in the public interest to release medically vulnerable inmates. These individuals are most likely to need advanced medical care at local hospitals, overwhelming the local public health system.

For all of these reasons, the medically vulnerable now bring an extraordinary request for their release. They turn to this Court to save their lives.

CONCLUSION

For the above-stated reasons, Plaintiffs request that the Court immediately:

1. Issue an order that a) requires Defendants to promptly provide Plaintiffs and the Court with a list of all individuals who are members of the Medically Vulnerable Subclass as defined in

paragraph 84 of Plaintiffs' Complaint, b) requires Defendants to promptly thereafter provide Plaintiffs and the Court with a list of any individuals in the Medically Vulnerable Subclass who Defendants object to releasing and the basis for that objection, and c) sets a time and date for a hearing in which the Court will resolve any disputes about whether certain listed individuals are entitled to relief; and

2. Issue a temporary restraining order requiring the Defendants to provide the following protections at Metro West Detention Center:

- Effectively communicate to all people incarcerated, including low-literacy and non-English-speaking people, sufficient information about COVID-19, measures taken to reduce the risk of transmission, and any changes in policies or practices to reasonably ensure that individuals are able to take precautions to prevent infection;
- Provide adequate spacing of six feet or more between people incarcerated, to the maximum extent possible at Metro West Detention Center's current population level, so that social distancing can be accomplished;
- Ensure that each incarcerated person receives, free of charge: (1) an individual supply of liquid hand soap and paper towels sufficient to allow frequent hand washing and drying each day, and (2) an adequate supply of disinfectant hand wipes or disinfectant products effective against the virus that causes COVID-19 for daily cleanings;
- Ensure that all incarcerated people have access to hand sanitizer containing at least 60% alcohol;
- Provide access to daily showers and daily access to clean laundry, including clean personal towels and washrags after each shower;

- Require that all MDCR staff wear personal protective equipment, including masks, when interacting with any person or when touching surfaces in cells or common areas;
- Require that all MDCR staff wash their hands with soap and water or use hand sanitizer containing at least 60% alcohol both before and after touching any person or any surface in cells or common areas;
- Take each incarcerated person's temperature daily (with a functioning and properly operated thermometer) to identify potential COVID-19 infections;
- Assess (through questioning) each incarcerated person daily to identify potential COVID-19 infections;
- Conduct immediate testing for anyone displaying known symptoms of COVID-19;
- Ensure that individuals identified as having COVID-19 or having been exposed to COVID-19 receive adequate medical care and are properly quarantined in a non-punitive setting, with continued access to showers, recreation, mental health services, reading materials, phone and video calling with loved ones, communications with counsel, and personal property;
- Respond to all emergency (as defined by the medical community) requests for medical attention within an hour;
- Provide sufficient disinfecting supplies, free of charge, so incarcerated people can clean high-touch areas or items (including, but not limited to, phones and headphones) between each use;
- Waive all medical co-pays for those experiencing COVID-19-related symptoms; and

- Waive all charges for medical grievances during this health crisis.

Plaintiffs further request that this Court issue an opinion as soon as is practicable that makes the findings required by 18 U.S.C. §3626(a)(2) and grans a preliminary injunction against Defendants. The required Emergency Certification is attached to this Motion.

Request for Hearing

Under Local Rule 7.1(b)(2), Plaintiffs request a hearing on this motion. Plaintiffs submit that because the subject of this case, the protections due to individuals in jail during a pandemic, is novel, argument on this issue may assist the Court. Depending on the arguments Defendants raise in opposition to this motion, a hearing may be necessary to resolve factual disputes or to allow the Court to examine the full scope of the evidence. In the event that an evidentiary hearing is necessary, Plaintiffs seek leave to present testimony of witnesses, including experts, as may be appropriate. Depending on the scope of the evidence in dispute, Plaintiffs estimate that 2-3 hours will be necessary for the hearing.

Date: April 5, 2020

Respectfully Submitted,

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Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that on April 5, 2020 I electronically filed the foregoing with the clerk of the court for the U.S. District Court, Southern District of Florida, using the electronic case filing system of the Court. This Motion will be served in accordance with the Federal Rules of Civil Procedure.

/s/ Katherine A. Sanoja
Katherine A. Sanoja, Fla. Bar. 99137

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION

ANTHONY SWAIN; ALEN BLANCO; BAYARDO CRUZ; RONNIEL FLORES; WINFRED HILL; DEONDRE WILLIS; PETER BERNAL, individually and on behalf of all others similarly situated,

Plaintiffs,

v.

DANIEL JUNIOR, in his official capacity as Director of the Miami-Dade Corrections and Rehabilitation Department; MIAMI-DADE COUNTY, FLORIDA;,

Defendants.

Case No. 1:20-cv-21457

CERTIFICATION OF EMERGENCY

I hereby certify that, as a member of the Bar of this Court, I have carefully examined this matter and it is a true emergency.

I further certify that the necessity for this emergency hearing has not been caused by a lack of due diligence on my part, but has been brought about only by the circumstances of this case. The issues presented by this matter have not been submitted to the Judge assigned to this case or any other Judge or Magistrate Judge of the Southern District of Florida prior hereto.

I further certify that I have made a bona fide effort to resolve this matter without the necessity of emergency action.

Dated this 5th day of April 2020.

Signature: _____

Printed Name: Rodney Quinn Smith II
Florida Bar Number: 59523
Telephone Number: 305-856-7723

==========

FOR CLERK'S OFFICE USE ONLY

I hereby certify that the Judge assigned to this case is unavailable for this emergency. (A copy of notification to the Clerk is on file). In accordance with the Court's Internal Operating Procedures, the matter has been assigned to the Honorable _____ through a blind random assignment process. The assignment of this emergency matter shall be of temporary duration, limited only to the immediate relief sought and the case for all other purposes or proceedings shall remain on the docket of the Judge to whom it was originally assigned.

[If Applicable] I hereby certify that the above Judge randomly assigned to this emergency is unavailable. (A copy of notification to the Clerk is on file). Therefore, in accordance with the Court's Internal Operating Procedures, the Honorable _____ has subsequently been assigned to the matter through a blind random assignment procedure. The assignment of this emergency matter shall be of temporary duration, limited only to the immediate relief sought and the case for all other purposes or proceedings shall remain on the docket of the Judge to whom it was originally assigned.

ANGELA E. NOBLE
Court Administrator Clerk of Court

By:_____, Deputy Clerk

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION

Case No.: 1:20-cv-21457

ANTHONY SWAIN et al.,

Plaintiffs,

v.

DANIEL JUNIOR et al.,

Defendants.

_____/

[PROPOSED] ORDER GRANTING PLAINTIFFS' EMERGENCY MOTION FOR A TEMPORARY RESTRAINING ORDER

The Plaintiffs' Motion for Temporary Restraining Order is GRANTED:

1. It is ORDERED that within six hours of this order (by _____ [a.m./p.m.] today), Defendants shall provide the Plaintiffs and this Court with a list of all individuals who are currently detained at Metro West Detention Facility awaiting trial and who meet any of the following criteria:

- Are 50 years of age or older;
- Have lung disease, including asthma, chronic obstructive pulmonary disease (e.g. bronchitis or emphysema), or other chronic conditions associated with impaired lung function;
- Have heart disease, such as congenital heart disease, congestive heart failure, or coronary artery disease;
- Have chronic liver or kidney disease (including hepatitis and dialysis patients);
- Have diabetes or other endocrine disorders;
- Have epilepsy;
- Experience hypertension;
- Have a compromised immune systems (such as from cancer, HIV, receipt of an

organ or bone marrow transplant, as a side effect of medication, or other autoimmune disease);

- Have a blood disorder (including sickle cell disease);
- Have an inherited metabolic disorders;
- Have a history of stroke;
- Have a developmental disability;
- Are or have been pregnant within the last two weeks; and/or
- Have any other condition identified either now or in the future as being a particular risk for severe illness and/or death caused by COVID-19.

Within 6 hours after that list has been submitted (by _____ [a.m./p.m.] today), Defendants shall notify the Plaintiffs and this Court whether they object to the temporary release of any individuals on the list of medically vulnerable people and the basis for that objection. The Court will schedule a hearing at _____ [a.m./p.m.] on _____, 2020 to resolve any disputes about whether certain listed individuals are entitled to release.

2. It is further ORDERED that Defendants **must**:

- Effectively communicate to all people incarcerated at Metro West Detention Center, including low-literacy and non-English-speaking people, sufficient information about COVID-19, measures taken to reduce the risk of transmission, and any changes in policies or practices to reasonably ensure that individuals are able to take precautions to prevent infection;
- Provide adequate spacing of six feet or more between people incarcerated at Metro West Detention Center, to the maximum extent possible at Metro West Detention

Center's current population level, so that social distancing can be accomplished;

- Ensure that each incarcerated person receives, free of charge: (1) an individual supply of liquid hand soap and paper towels sufficient to allow frequent hand washing and drying each day, and (2) an adequate supply of disinfectant hand wipes or disinfectant products effective against the virus that causes COVID-19 for daily cleanings;
- Ensure that all incarcerated people have access to hand sanitizer containing at least 60% alcohol;
- Provide access to daily showers and daily access to clean laundry, including clean personal towels and washrags after each shower;
- Require that all MDCR staff wear personal protective equipment, including masks, when interacting with any person or when touching surfaces in cells or common areas;
- Require that all MDCR staff wash their hands with soap and water or use hand sanitizer containing at least 60% alcohol both before and after touching any person or any surface in cells or common areas;
- Take each incarcerated person's temperature daily (with a functioning and properly operated thermometer) to identify potential COVID-19 infections;
- Assess (through questioning) each incarcerated person daily to identify potential COVID-19 infections;
- Conduct immediate testing for anyone displaying known symptoms of COVID-19;
- Ensure that individuals identified as having COVID-19 or having been exposed to COVID-19 receive adequate medical care and are properly quarantined in a non-

punitive setting, with continued access to showers, recreation, mental health services, reading materials, phone and video calling with loved ones, communications with counsel, and personal property;

- Respond to all emergency (as defined by the medical community) requests for medical attention within an hour;
- Provide sufficient disinfecting supplies, free of charge, so incarcerated people can clean high-touch areas or items (including, but not limited to, phones and headphones) between each use;
- Waive all medical co-pays for those experiencing COVID-19-related symptoms; and
- Waive all charges for medical grievances during this health crisis.

3. Nothing in paragraph 2 above should be construed to require Defendants to release any person currently incarcerated at Metro West Detention Center. Defendants remain free to voluntarily release any person or group of people currently incarcerated at Metro West Detention Center to the extent allowed by law.

4. This Temporary Order is valid for a limited period of 14 days or until further order of this Court, and the Court's ruling is subject to change based on a more fully developed record at preliminary injunction proceedings.

DONE AND ORDERED in Chambers at Miami, Florida, this ____ day of April 2020.

_____

United States District Judge

Copies furnished to: All Counsel of Record

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF FLORIDA

Case No.: 1:20-cv-21457

ANTHONY SWAIN et al.,

Plaintiffs,

v.

DANIEL JUNIOR et al.,

Defendants.

_____/

[PROPOSED] ORDER GRANTING PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

For the reasons explained in the attached opinion, the Court finds that the preliminary injunctive relief requested by Plaintiffs is narrowly drawn, extends no further than necessary to correct the harm this Court finds requires preliminary relief, and is the least intrusive means necessary to correct the harm. 18 U.S.C. § 3626(a)(2). Further, this Court has reached its conclusion after giving substantial weight to any possible adverse impact on public safety and the operation of the criminal legal system that could possibly be caused by preliminary relief. *Id.* And the preliminary injunctive relief accords with comity principles embodied in 18 U.S.C. § 3626(a)(1)(B).

The Plaintiffs' Motion for a Preliminary Injunction is GRANTED. It is ORDERED that Defendants **must**:

- Effectively communicate to all people incarcerated, including low-literacy and non-English-speaking people, sufficient information about COVID-19, measures taken to reduce the risk of transmission, and any changes in policies or practices to reasonably ensure that individuals are able to take precautions to prevent infection;
- Provide adequate spacing of six feet or more between people incarcerated, to the maximum extent possible at Metro West Detention Center's current population level, so that social distancing can be accomplished;

- Ensure that each incarcerated person receives, free of charge: (1) an individual supply of liquid hand soap and paper towels sufficient to allow frequent hand washing and drying each day, and (2) an adequate supply of disinfectant hand wipes or disinfectant products effective against the virus that causes COVID-19 for daily cleanings;
- Ensure that all incarcerated people have access to hand sanitizer containing at least 60% alcohol;
- Provide access to daily showers and daily access to clean laundry, including clean personal towels and washrags after each shower;
- Require that all MDCR staff wear personal protective equipment, including masks, when interacting with any person or when touching surfaces in cells or common areas;
- Require that all MDCR staff wash their hands with soap and water or use hand sanitizer containing at least 60% alcohol both before and after touching any person or any surface in cells or common areas;
- Take each incarcerated person's temperature daily (with a functioning and properly operated thermometer) to identify potential COVID-19 infections;
- Assess (through questioning) each incarcerated person daily to identify potential COVID-19 infections;
- Conduct immediate testing for anyone displaying known symptoms of COVID-19;
- Ensure that individuals identified as having COVID-19 or having been exposed to COVID-19 receive adequate medical care and are properly quarantined in a non-punitive setting, with continued access to showers, recreation, mental health

services, reading materials, phone and video calling with loved ones, communications with counsel, and personal property;

- Respond to all emergency (as defined by the medical community) requests for medical attention within an hour;
- Provide sufficient disinfecting supplies, free of charge, so incarcerated people can clean high-touch areas or items (including, but not limited to, phones and headphones) between each use;
- Waive all medical co-pays for those experiencing COVID-19-related symptoms; and
- Waive all charges for medical grievances during this health crisis.

This Preliminary Injunction shall automatically expire 90 days from its entry, on _____, 2020. 18 U.S.C. § 3626(a)(2). Therefore, Defendants must show cause why the preliminary injunction should not be converted into a permanent injunction at least seven days before the preliminary injunction expires, or _____, 2020. No extensions of time will be given.

The Court further sets a hearing for April _____, 2020 at _____ [a.m./p.m.] to consider whether this Order has remedied the ongoing violations of the Plaintiffs' and the purported class's Eighth and Fourteenth Amendment rights. *See* 18 U.S.C. § 3626(a)(3)(A). If this Order has failed to remedy the deprivation of these federal rights, the Court shall compose a three-judge court to consider whether a prison release order shall be entered. *See* 18 U.S.C. § 3626(a)(3)(A); 28 U.S.C. § 2284.

DONE AND ORDERED in Chambers at Miami, Florida, this ____ day of April 2020.

United States District Judge

Copies furnished to: All Counsel of Record

EXHIBIT 1

DECLARATION OF ANTHONY SWAIN

I, Anthony Swain, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. §1746.

1. My name is Anthony Swain. I am 43 years old. I am currently incarcerated at the Metro West Detention Center in Miami, Florida in cell 1D2. I have been in jail since February 3, 2016.

2. I have cystic myelomalacia from my C3 to C6 vertebrae. I am a parapalegic. I only have 50 percent of my body remaining. My femur is amputated. I have a crack in my pelvis. I have no feeling in my left arm. I have no feeling in my fingers. I have severe pain in my spinal chord. My entire body aches. My breathing and respiratory system are failing. I am confined to a wheelchair.

3. I am trying my best to take care of myself in the midst of this pandemic, no different from you, no different from any other human being. But it's impossible to do that at this jail. Corrections treats us like we are the scum of the earth, like we don't deserve protection. The cell is filthy and we have no access to hygiene products. Today [on April 3rd] I had to make a mask out of my yellow sock and an elastic string from my catheter bag. We are crowded together with no space between us. We inmates are scared.

4. The cell that I am in houses the most medically vulnerable people in Metro West. There are people in here who have AIDS, people who are recently coming out of surgery, people who are elderly. Despite that, there are no measures taken to protect us from new people who circulate through our cell every day. We see people who are coughing, have fevers, and are otherwise ill, but they aren't tested and we don't know what they have.

5. There was one individual who came in here within the last month who was feeling terrible. They took his temperature and found that it was 103 degrees. It took Corrections almost a week to send him to the hospital. During the entire time he was waiting to go to the hospital, he was mixed in with the rest of us, using the same things we use. Soon after that, there was another person who came in with a sore throat. He told us that he didn't feel well and told us to stay away from him. He was sweating in his sleep, and within a day, he couldn't get up out of bed. They left him in our cell for two days before they sent him to Jackson hospital.

6. There are about five people in my cell who are coughing, or otherwise complaining about being sick.

7. Even staff in here are sick. A cart nurse who passed out our medication was working in our cell for almost a month. The whole time he was here, he was coughing and sneezing. He finally he stopped coming to work, and is now in quarantine. On April 1 at 2 a.m., an officer came over to my friend telling him that she needed his help. She told him that she didn't feel well and asked him to count the trays for her in the hallway. I told my friend to try to take care of himself when he was out there. Only God knows what she is sick with. And even with that being said, she was walking around without a mask. Guards don't wear masks or gloves. There aren't enough masks to go around.

8. During the four years I've been here, I've seen many infectious diseases spread around the cell. Just the other day, we had someone in here with MRSA [methicillin-resistant staphylococcus aureus], which is spread through skin-to-skin contact or contact with a contaminated object. He was in here using all the same things that the rest of us use, but it wasn't until after he left that the officers told us that he was sick with MRSA. How can we protect ourselves if we don't know about someone's contagious disease until after the fact?

9. Earlier this year, one person in my cell had scabies, and they left him in here with us for weeks on end before they moved him to open population. By the time he left, more than ten people in the cell had scabies. Pink eye is always going around. There are about fifteen people who have it in my cell. In addition, new people bring in lice, which is then passed around the cell. There is nothing we can do to protect ourselves, no matter what we try, without the assistance of Corrections.

10. There are already people in Metro West who have coronavirus. The cell right next to mine, 1D4, is quarantined. Officers who work in my cell, 1D2, go over to 1D4 and come back in here. After we hounded them, they told us that one inmate in there has coronavirus, and all the people around him got sick and are quarantined. 1D4 has about 60 people in it, and the last I heard, 22-25 people of them are currently sick. The officers told us there's a lot of people coughing in there, and the inmates don't have masks. None of the officers or nurses want to go in there. I've heard officers from my cell argue in the hall about who is going into the unit, and they try to push the younger officers in the units that are infected. Then, those same officers come right back in here and have contact with us. When they come back, the other officers tell them, "don't come near my desk, stay where you're at." The way I hear the officers talk, it's clear to me that they are in fear for their lives and don't want to take the virus home to their families.

11. 1D2 and 1D4 share the same air vents. The only thing that divides our bathrooms is a door. This is the door that the corporal walk between to do checks between the two cells. If I were to write a note on a piece of paper, I could slide it under the door to their cell.

12. Despite all of these things that are happening in here, Corrections hasn't issued any publications, flyers, pamphlets, announcements, or anything else to educate us about the coronavirus or how to keep ourselves safe. Every once in a while, an officer will say to make sure we wash our hands. It seems to me that Corrections is trying to stay out of the way, hoping that the situation in here doesn't go public or hit the news. The information that we have is from the news, or based on things we overhear or get out from nurses, officers, or other inmates. That creates a lot of fear, especially given that we're hearing that the coronaviruses is in the cell right next to us.

13. This place is a petri dish for disease. We are in such close quarters. You can stay six feet away from other people on the outside, but for us, we are less than two feet away from other people at all times. There are four rows of beds with eight beds per row. One of the walls has sixteen beds of "medical housing," which is used for people who are coming out of the hospitals or off the streets with an illness. People in medical housing are often coming in here coughing, hacking, and dirty. Medical housing isn't separated in any way from the rest of the cell. The air circulates in here horizontally, meaning that anything that happens on one side of the cell comes to the other side of the cell. In our unit, if you sneeze, cough, or even pass gas, the person on the other side of the unit can smell it.

14. All of us use the same toilets, the same sinks, the same remotes, and the same phones. People all crowd around the same TV. The remote is filthy. I would have to use gloves to touch that thing. We use the same water cooler and a little hot pot to heat water. We don't even have access to personal hygiene products. We can't take any preventative measures to protect ourselves from covid.

15. Corrections does not hire people to sanitize our cells. Instead, they have trustees who do it for free, and who aren't provided with proper protective equipment. They aren't giving masks or gloves to trustees who are doing all the dirty work and cleaning dirty people. The cleaning supplies that we are given aren't real cleaning supplies: they are extremely watered down. We have people in this unit bleeding, yet we don't even have bleach. I've seen blood on the floor because the supposed cleaning products they give us can't even clean that up.

16. On top of that, our cell is disgusting -- which is especially horrible considering that officers tell us that our cell is the cleanest one in Metro West. The base of the telephone

leaks because the shower is on the other side of the phone. The showers are dirty regardless of the cleaning supplies that the trustees use to clean it. I have written multiple grievances about the showers because there is something growing in the handicapped shower that I use. You see plants growing from the floor of the shower, ants running around the floor, and mildew everywhere. I have to write grievance after grievance for the shower to be cleaned -- it usually takes 2-3 months to even get a response. The windows are leaking, the sinks are broken, and there was a rag stuck in the handicapped toilet until recently. There are stains on the ground from people falling and busting their heads open on the floor.

17. I can't trust Corrections to take care of us if we do contract the virus. In my experience, Corrections cuts costs and ignores the medical needs of inmates. For example, I slipped and fell in February 2017, and hurt my wrist. I filed grievance after grievance to be taken to the hospital, but my grievances went unanswered for more than a year. When I was finally taken to the hospital, more than a year and a half later, I no longer had any feeling in my left arm. The doctor at Jackson told that if I'd come sooner, they would have been able to save my wrist. Now, they are going to have to fuse my wrist together.

18. It has also been my experience that Corrections removes people from medical housing as soon as they possibly can because medical housing is more expensive. I have seen Corrections throw sick and injured people into open population with everyone else when they need to be in medical housing. This threatens their safety and the safety of everyone around them.

19. This is a place where I wouldn't want to catch anything.

This declaration was orally sworn to by Anthony Swain on April 3, 2020 because the Metro West Detention Center is currently not permitting documents to be exchanged for signature.

Under penalties of perjury, I declare that I have read the foregoing in its entirety to Anthony Swain on April 3, 2020.

By:
Maya Ragsdale
Date: April 3, 2020

EXHIBIT 2

DECLARATION OF WINFRED HILL

I, Winfred Hill, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. §1746.

1. My name is Winfred Hill. I am 59 years old. I am currently incarcerated at the Metro West Detention Center in Miami, Florida in cell #1D3. I have been in jail since March 6, 2020.

2. I am terrified of getting the virus in here. I have been diagnosed with HIV and diabetes. My body and my immune system are already fighting two diseases, and if I am exposed to the virus, I'm scared that I'll end up dead.

3. I have heard that the virus is already in two cells here. The cell next to mine has a big sign on the door that says "quarantine." There are rumors that someone has the virus in there, but no one really knows what's going on inside. I heard that there's another cell on quarantine as well because someone else tested positive for the virus in there.

4. Corrections hasn't been giving us sufficient information about the coronavirus. There haven't been any announcements. They won't tell us anything, not even if anyone in here has tested positive. We only know what we find out by watching TV. That's scary because we don't know what's going on, how to protect ourselves, or what Corrections is doing to protect us. I don't see anything that they're doing to protect us.

5. I don't feel like there is any way for me to stay safe in here. I am in a cell with 44 other people, and a lot of people in the cell are constantly coughing. We sleep right next to each other, not even a foot away from each other. On top of that, we are forced to share bunks with other people: I share a bunk with one other person. There are too many people in here to practice any kind of distancing.

6. They don't even clean the cells to make sure they're sanitary. We have to clean our cells ourselves. The people who are assigned to clean are called "trustees." They wipe down the phones, but they don't give us enough to actually clean. They give us watered down chemicals. In jail, they try to save, they try to cut stuff, to keep the chemicals stretched out.

7. We're not getting what people outside get. They aren't giving us gloves. People outside have gloves. What about the people in jail? Why don't we have gloves?

8. Every day, there are new people coming into the cell, usually around four people per day. There are new guards coming in here every day too. Some of them wear masks, some wear gloves, but not all of them. They go home every day. So if someone has gotten it on the outside, what are we going to do to prevent it from being spread in here? We are exposed to whatever people are bringing from the outside.

9. There are people being brought in from the streets who are coming into the cell coughing. We don't know if they have coronavirus or not. Even when people are coughing, Corrections doesn't send them down to get checked up. No one is coming through the cell and testing people for the virus or taking people's temperatures to see if they have a fever.

10. If someone wants to get checked up, we have to make a "sick call" to go down to the medical clinic. It takes 4-5 days to get a response to a sick call. Most of the time, if we get a response to our sick calls, the most they'll do for us is give us a cold pack. It isn't until we're feeling like we're about to die that we get help.

11. We are people, but we aren't being acknowledged as people. We're just here and they aren't protecting us from anything.

This declaration was orally sworn to by Winfred Hill on April 4, 2020 because the Metro West Detention Center is currently not permitting documents to be exchanged for signature.

Under penalties of perjury, I declare that I have read the foregoing in its entirety to Winfred Hill on April 4, 2020.

By:
Maya Ragsdale
Date: April 4, 2020

EXHIBIT 3

DECLARATION OF ALEN BLANCO

I, Alen Blanco, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. §1746.

1. My name is Alen Blanco. I am 39 years old. I am currently incarcerated at the Metro West Detention Center in Miami, Florida in cell 2C2. I have been in jail since December 27, 2019.

2. The fear I have for my safety and health has been making me lose sleep. As inmates, we rely on MDCR to protect us during this time of crisis, but the precautions in here are slim to none. If the virus were to enter our cell, it would spread like wildfire.

3. I am particularly vulnerable to COVID-19. I have had severe asthma since I was born. If the virus comes in here, what happens then? I'm already compromised because of my asthma, and will be severely at risk. There are a lot of other people in here who have preexisting medical conditions or who are elderly. Older people and people with health problems are particularly worried. We are all scared.

4. Even during the best of times, getting medical help at Metro West isn't easy. When I first came to the jail, I put in a medical request for an inhaler, but it took three months for MDCR to give me my inhaler. If I don't have an inhaler, and I have an asthma attack, it's hard for me to breathe. During the time I didn't have an inhaler in jail, I had three asthma attacks. I rely on my inhaler a lot. Each inhaler they give us has 200 pumps, and I've already had to use it 15 times.

5. On top of this, I've been feeling terrible over the last week. My throat hurts, my chest hurts, I am having trouble breathing, I am constantly having a dry cough, and I feel weak. I have been really scared because my symptoms match the ones I've seen in the news for coronavirus, and the symptoms hurt especially badly because of my asthma. I put in the medical slip to get checked out, and I had to wait three days to get called down to see a nurse. During that three day period, I was in general population with everyone else.

6. When I was called down to the clinic to see the nurse, there were many people waiting, but we were not told to sit six feet apart. I asked for a mask and gloves, but was denied, despite the fact that there are sick people in the medical unit. When it was my time to talk to the nurse, I told him my symptoms, including that I have a dry cough. The nurse did a routine check up and gave me a cold pac, which is just a tylenol cold pill. I specifically asked to be tested for coronavirus due to my symptoms, but the nurse told me that there

were no tests available. I don't feel safe going back to the clinic, because I have no idea what I could catch down there. I still feel sick and am coughing constantly.

7. I'm not the only person in my cell who is coughing. There are numerous people who are sick and coughing, and new people come in coughing frequently. One person in my cell said his chest was hurting and he has been coughing, but he told me that MDCR refused to test him. No one in my cell, regardless of whether or not we have any symptoms, is being tested or screened. If we want to go to the clinic, we have to put in a medical slip ourselves, and then wait at least three days to be seen.

8. I've been hearing on the news how contagious the virus is, and how fast it's spreading in other jails like Rikers. I'm really worried about the same thing happening in Metro West. We're packed into a cell that makes it impossible to practice any of the recommendations that we see on the news. I share a cell with 63 other people, but I saw in the news that we are recommended not to be in gatherings of more than 10 people at a time. We sleep at arms length from each other, but I saw that we are supposed to stay at least six feet away from other people. I am 5 feet 6 inches tall and I can reach across and touch the other bunk. There is a bunk underneath me as well. There is no way to practice any kind of distancing.

9. There are also new people coming in and out every day. We never know what new inmates coming in may be exposing us to. A few weeks back, one inmate came in with a mask. The guards were scared of him. He was in the cell for two weeks, and he was coughing the entire time. We were never told what he had and I never saw him go to the medical unit. The same goes for officers. An officer told me they worked a shift right before coming into our unit where he was in a cell that was quarantined. He said that the whole cell was quarantined, which would include at least fifty people. We are trapped in our cells and are vulnerable to whatever people are bringing in.

10. To make matters worse, we are forced to share everything. Our only source of water is a tiny little water cooler. In order to get water, we have to fill up our empty, used water bottles. People drink out of the water bottle, and then put the water bottle right up to the spigot, touching the spigot, which means that any saliva left on the mouthpiece of the bottle gets on the spout where the water comes out of. I sometimes avoid drinking water for that reason.

11. We also share three showers, four sinks, and eight toilets between us (multiple sinks, showers, and toilets are broken). The bathrooms are really dirty, as are the sink areas. The

showers are disgusting. We have to share phones, which are dirty and aren't sanitized between uses. I always put a sock on the phone when I use it to try to protect myself.

12. We also don't have free access to basic products to keep ourselves clean. We don't have toilet paper. We don't have tissue paper. We don't have access to proper hygiene products. We are given state soap, which isn't antibacterial. To have antibacterial soap, you have to buy it from the commissary, which I do once a week. I buy extra antibacterial soap when I can so that other people around me who can't afford it can protect themselves too.

13. We can't even wash our clothes right now. The laundry is broken, and even when it was working, there often wasn't any laundry detergent available so I had to create my own mixture to wash my clothes. I'd mix my soap from the commissary with state soap and water.

14. The air ventilation system in here is also terrible. The air vents are extremely dirty and it's so dusty in the cells. I can see the lining coming from the filter, from one room to the next, so it seems to me that the air is shared between cells, throughout the floor.

15. I think that these conditions are the reason why there have been other outbreaks since I've been in jail. We are too packed close to each other to prevent the spread of illnesses. For example, a simple cold has been going around for about two weeks now and more than 15 people are coughing and sneezing.

16. This situation isn't safe for the correctional officers either. One of the officers told me this week that they have to bring their own protective gear to work, and if they do get sick on the job, that they will not get workman's compensation. That concerns me because that is an incentive for people to come to work, even if they are feeling sick.

17. To make matters worse, Corrections isn't telling us anything. We learned that there was an officer who tested positive for coronavirus from the news. We're the last ones to know, we're in the dark. Everything we find out about, we learn through the news. Every guard tells us something different, and there are no announcements that are made about what's going on.

18. I have tried to file grievances repeatedly, asking the officers at every shift. Each time, officers tell me that they have to go somewhere else to get the forms, and when I check back with them, they tell me to just wait. I filed one grievance on April 3 because Corrections only brought a few grievances to our cell and other people wanted to file

grievances as well, and so there were not enough grievance forms for me to file about every issue that I have. The grievance that I wrote pertained to our lack of access to masks. I could not write about any of the other concerns that I have about our lack of protection from coronavirus by Corrections, because each grievance must be very specific or it will be rejected.

19. I can only imagine what the coronavirus would do if it was in here, how far it would spread, how fast it would go. As much as they say we're safe and the virus is not in the building, we hear and see otherwise. All I'm asking is a chance to have the medical care and protection that people have on the outside.

This declaration was orally sworn to by Alen Blanco on April 3, 2020 because the Metro West Detention Center is currently not permitting documents to be exchanged for signature.

Under penalties of perjury, I declare that I have read the foregoing in its entirety to Alen Blanco on April 3, 2020.

By:
Maya Ragsdale
Date: April 3, 2020

EXHIBIT 4

DECLARATION OF DEONDRE WILLIS

I, Deondre Willis, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. §1746.

1. My name is Deondre Willis. I am 24 years old. I am currently incarcerated at the Metro West Detention Center in Miami, Florida in cell 2C2. I have been in jail since late 2019.

2. I suffer from epilepsy and have had over 20 seizures in jail already. Every time I have a seizure, I feel weak and need to sleep the rest of the day. I've had to be transported to Jackson Hospital multiple times due to my seizures.

3. I know about coronavirus only because of the news and by talking to friends and family. We watch the news all day to try to get any information and guidance we can. Corrections doesn't give us any information or instructions about it. They haven't made any announcements. The most any officer has told us is to just wash our hands. I don't even know if anyone in the jail has coronavirus. I heard that an officer in Turner Guilford Knight has it, but I don't know if that's true.

4. I feel like my life is in danger in here because of coronavirus. I hate being in here because I see and hear people coughing around me all day. There are constantly new people coming in and out of the jail -- officers, medical personnel, and new people coming in from the streets who are coming from Turner Guilford Knight -- and we are just here, trapped, and don't even know if the people around us are infected.

5. I'm worried about how coronavirus is going to affect my epilepsy. I know if it gets over here, I won't be able to protect myself from it because we're all so close together and nothing is sanitary. And when I get afraid or too excited, that's when I catch seizures.

6. The medical service here is so bad. Corrections only takes you out of the cell if it is really bad, like if someone has seizures. If we have another issue, like symptoms of coronavirus, you have to request to go to the medical wing. Even if you request to go to the medical wing, you have to put in a sick card and wait at least 2-3 days to hear back. Medical isn't making people go down to get their temperatures taken. I saw a paper saying they're only taking care of emergencies. They said if it isn't serious, don't write a sick card.

7. It is impossible to stay away from people in here even though I try as much as I can. I live in a cell with 68 people. I sleep right next to another person, probably about one foot away from the person beside me and one foot away from the person on the top. I sleep next to an old man who is more than 60 years old, and he just eats and coughs all day. I

always tell him to cover his mouth and go to the doctor, but he won't. He still hasn't gone to the doctor, and no one has come up to check his temperature or to test him for the virus.

8. We all share six phones and one water cooler. There are 6-8 tables in the common area, which also has two televisions. Everyone uses the same remote. In the common areas, everyone uses the same cards and dominoes every day. Corrections made the trustees wipe everything in the cells down about two weeks ago, but that area hasn't been cleaned since.

9. There are 6 toilets, and there are always lines of people waiting to use them. The bathrooms are never clean. There are only three working showers for 68 people, and two of the showers are boarded up. The bathroom floor is always filled with standing water, which is disgusting.

10. Phones aren't cleaned. To use the phones, we wrap a shirt around the phone to protect ourselves. The trustees clean the cell at shift change and at that time, they spray down the phones. But, there are 60-70 men using the phones, so as soon as they clean it, people line up to use the phone back to back. That cleaning isn't enough to keep all the common areas sanitized given the number of people who are constantly crowded together, using everything throughout the day.

11. We have to drink out of the same water cooler. I try to press it with my elbow, and we all drink out of that together. I hate touching the sinks in the bathroom, and I try to put a whole lot of toilet paper on the toilet before I use it, when toilet paper is available. We don't have anything to protect ourselves, not even hand sanitizer. We don't have toilet paper. We don't have gloves. All they give us is a thin bar of soap. The laundry has been broken and was finally hooked back up today.

12. It's very cold in here, so people walking around with their hands in their pants all day.

This declaration was orally sworn to by Deondre Willis on April 3, 2020 because the Metro West Detention Center is currently not permitting documents to be exchanged for signature.

Under penalties of perjury, I declare that I have read the foregoing in its entirety to Deondre Willis on April 3, 2020.

By:
Maya Ragsdale
Date: April 3, 2020

EXHIBIT 5

DECLARATION OF BAYARDO CRUZ

I, Bayardo Cruz, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. §1746.

1. My name is Bayardo Cruz. I am 30 years old. I am currently incarcerated at the Metro West Detention Center in Miami, Florida in cell 2C2. I have been in jail since May 22, 2019.

2. I am in fear for my life due to coronavirus because I have moderate asthma and chronic bronchitis. Recently, I have had a dry cough. People are coughing around me all the time, and some people look like they're really sick. There are no routine check-ups for anyone, and people who are coughing aren't being tested or getting their temperatures taken to see if we're carrying the virus. I am really scared.

3. Despite how bad the situation seems from the news, Corrections isn't doing anything to protect us. They haven't given us any guidelines or information about how to stay safe in these times. They haven't made any announcements. The most they did was put a memo on the wall saying that court was cancelled and that there is mandatory yard time. Many people in the cell with me can't read, so they can't even understand these memos.

4. Corrections also hasn't given us any information about whether anyone in Metro West has tested positive for coronavirus. When I asked officers if anyone has tested positive, they told me that no one in Metro West has been affected by the coronavirus. In general, they act like they don't want to talk about it. But, I have heard rumors that there are entire cells in Metro West that are on quarantine without any access to commissary, because one of the inmates in the cell tested positive for coronavirus.

5. We live in very close quarters, which makes me especially concerned for my safety. There are more than 50 people who live in the cell with me. The way our cell is set up is like a small gymnasium with beds all along the outside with a 10 foot by 10 foot area in the middle. The bunks are side by side, only 1-2 feet away from the next bunk, and 2 feet away from the top bunk. The common area in the middle has two TVs (one in Spanish, one in English), and multiple tables and chairs. There are at least five people in front of each TV at all times, and people sit at the tables playing dominoes. We can't get more than an arms-length of distance from other people at any time.

6. Given how packed my cell is, I can't get distance from new inmates who are recently arrested and might have coronavirus. There are new people coming in and out constantly.

We don't know if new people coming in have it, or even if officers have it -- we have to be worried about them too. The courts are closed and they aren't transporting us to hearings anymore. Yet, new people are coming into the cell every day. If they are going to stop transporting us out of the jail, they should stop transporting new people into the jail too.

7. In terms of our general safety, Corrections is doing nothing to protect us. Our cells aren't sanitized. Corrections doesn't hire janitorial staff to clean or sanitize the facility cells or hallways. They say that we have to clean our cells by ourselves. I am a trustee in the cell, meaning that I have been assigned to help keep our cell clean. I do the best I can with what I'm given, but the chemicals they provide for us are really watered down and don't sanitize the areas we're cleaning. We don't have bleach. We don't have face masks. I am scared and am trying to find the best way to protect myself and the people who I live with.

8. To get products that are actually hygienic, we have to buy them. People who don't have money for commissary get one hygiene pack per month, which includes a small soap that doesn't sanitize, one pen, one envelope, one stamp, one deodorant that doesn't work, and one comb. They don't provide us with anything to protect ourselves such as gloves, face masks, or hand sanitizer, and these items aren't available through commissary either. They started to give us more state soap recently, which aren't antibacterial. I have to spend about $30/week to order my personal hygiene products, including antibacterial soap.

9. On top of that, we share just a few toilets, sinks, and showers between more than 50 people. There are ten open toilets in the back, but two are broken. There are seven phones, but one is broken. Each time I use a phone, I put a sock over it because phones aren't cleaned between each use. There are three showers for all of us. There should be five showers, but two are boarded up (and have been for the entire time I've been in this cell). There is usually a line of at least 6 people waiting to use the showers, standing right next to each other. The showers aren't cleaned between uses, and they're dirty. The only time they're clean is for the first person who uses them. You never know what the person who was in the shower before you was carrying.

10. We all get water from the same small water cooler, where you have to press a button in order for the water to come out. That button is always dirty, and so I try to protect myself by putting my shirt over my finger before I touch it.

11. Our laundry machine is broken, so we have been hand washing our clothes using the state soap, which is not antibacterial. We were told they put a work order in, but in my experience, things take at least a month to get repaired.

12. On top of that, the ventilation in the cell is bad. The air is really dusty. The filters are dirty, and the floors are always dusty. I have never seen maintenance clean the filters or change them.

13. They do pat downs of us when we come back to the cell after rec time, but don't change gloves between touching each person.

14. I am trying to take as many precautions as I can to protect myself and others around me, but there is only so much I can do.

15. I attempted to file a grievance on April 1, 2020, but Corrections said they did not have any forms. I asked them to talk to a corporal outside, but they said they didn't have one either.

16. This is a serious situation and I hope somebody takes this matter into their hands.

This declaration was orally sworn to by Bayardo Cruz on April 3, 2020 because the Metro West Detention Center is currently not permitting documents to be exchanged for signature.

Under penalties of perjury, I declare that I have read the foregoing in its entirety to Bayardo Cruz on April 3, 2020.

By:
Maya Ragsdale
Date: April 3, 2020

EXHIBIT 6

DECLARATION OF RONNIEL FLORES

I, Ronniel Flores, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. §1746.

1. My name is Ronniel Flores. I am 23 years old. I am currently incarcerated at the Metro West Detention Center in Miami, Florida in cell 2C2. I have been in jail since January 12, 2020.

2. I have asthma and Type 1 diabetes. Per my jail schedule, I am supposed to get insulin shots at 4 a.m. and 4 p.m., but my blood sugar has been all over the place since I've been incarcerated. It's been spiking to more than 600. The medical staff at the jail has been totally unconcerned. When my insulin spikes, I've been told by nurses to go back to my cell because it's not time for my shot. If I were not incarcerated, I would have insulin available to me at all times. Without insulin, I could go into a diabetic coma.

3. Since the coronavirus outbreak, I have been too worried to go to some of my 4 a.m. insulin sessions because the clinic is so crowded at that time with diabetics from everywhere in the jail. All the diabetics are supposed to go to the clinic at the same time, and everyone is crowded into the same small room as we wait to get our shots. We aren't given masks or gloves, and I can't get far enough away from people to stay safe. We sit right next to other inmates, side by side. Nurses do not take our temperature when we go to the clinic to manage our diabetes.

4. I started having difficulty breathing on Monday, March 30th. I put in a doctor's request, but it takes 2-3 days before someone even sees the request, and in my experience, it usually takes a week before I'll actually be called down to see anyone in the clinic. Today, which is Friday, April 3, I still haven't been called down to see the nurse. No one is taking our temperatures in the cell or doing any other kind of testing. The last time I had my temperature taken was when I saw a doctor two months ago. That is the only time my temperature has ever been taken.

5. Every day, there are new people added to my cell who have come in from Turner Guilford Knight, which is where people are processed when they first get arrested, and a lot of them are coughing. I've asked them whether they were tested before they were transferred to Metro West and they told me that they haven't been. There are also a lot of new officers in the cell. Before coronavirus, there used to be the same guards in our cells every day. Now, new officers come into my cell who I am not familiar with. Any one of the people who come in and out of our cell could bring the virus in and there's nothing we can do to protect against it.

6. My cell is so crowded that it feels like a health hazard. There is no way for me to stay away from other people, even though I try. There are about 65 people who live in the cell with me. The beds are about an arms-length away from each other. Today, Corrections put up a sign saying that we should sleep head to foot instead of head to head, which still doesn't leave 6 feet of space away from each other. There are tables in a small common area inside of the dorm, where people sit right next to each other. People are also crammed together during rec time outside, where we play basketball.

7. We have to share everything in here. There are 7 phones in our unit, shared between all 65 of us. The phones are cleaned once at night. It isn't safe to touch those phones, so I put a sock over the phones every time I use them to protect myself. We share showers, toilets, and sinks. None of the things that we share are cleaned between uses, and anyways, Corrections doesn't clean, they have inmates clean with watered down products.

8. We don't have any of the cleaning products necessary to protect ourselves from the coronavirus. We don't have real soap. We don't have hand sanitizer. We don't have paper towels. We're out of toilet paper. The laundry machine is broken, so we have to wash our clothes by hand with state soap. Yet, there are so many things around us that could transmit infection, because they are constantly touched by other people in here, like the TV remote and the button to get water from the water cooler. I have never seen those things cleaned, and so I use my uniform to press those buttons.

9. Corrections doesn't give us any information about the coronavirus, not even telling us if other people in the jail have tested positive for the virus. I heard that the third floor is on quarantine and one entire unit has been shut down. I also heard that three officers in TGK have it.

10. We're stuck in here without protection.

This declaration was orally sworn to by Ronniel Flores on April 3, 2020 because the Metro West Detention Center is currently not permitting documents to be exchanged for signature.

Under penalties of perjury, I declare that I have read the foregoing in its entirety to Ronniel Flores on April 3, 2020.

By:
Maya Ragsdale

Date: April 3, 2020

EXHIBIT 7

DECLARATION OF PETER BERNAL

I, Peter Bernal, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. §1746.

1. My name is Peter Bernal. I am 35 years old. I'm a single father of two. I am currently incarcerated at the Metro West Detention Center in Miami, Florida in cell 1D3. I have been in jail since February 2, 2020.

2. I am writing this declaration to express my fear of the pandemic that is affecting us all, but particularly those of us who are incarcerated in jails in Miami-Dade County. I am writing as an inmate who is diagnosed with chronic asthma, which causes severe respiratory problems. As such, I am at high risk if I come into contact with the coronavirus.

3. I feel that I am in a petri dish for growth and contamination.

4. My declaration is based on my current knowledge of the coronavirus. It is important for me to note that my information is entirely based on what is being said on television and conversations with my loved ones outside. The Department of Corrections has not educated us sufficiently about the coronavirus or how to take precautions. When I ask correctional officers about the virus, they give me excuses about why they can't answer, including that they are not permitted to tell us. I haven't been told whether there are confirmed cases of coronavirus in the facility. I heard rumors that there were positive cases that were identified in Metro West, and that entire cells are on quarantine in the facility. We don't know why they're in quarantine -- I just heard that someone saw a sign on the door that says "quarantine."

5. We as inmates do not have access to the medical care that is required to keep us safe. Corrections isn't taking steps to test anyone or take people's temperatures, even when people are displaying symptoms. We need to have our temperatures taken consistently and for people who are confined in our cells to be tested. It's scary for us because there are people coming in from the outside who are coughing in our confined environment where there is no air circulation. Air filters in the cell aren't changed.

6. There are people coming into the cell constantly who place us at risk. Nurses and correctional officers come from the outside, and oftentimes aren't even wearing gloves or masks. When they are, they don't change their gloves or masks when entering from another cell.

7. I've been seeing a lot of people who are coughing in the cell. If we [people who are incarcerated] see someone coughing, we tell them to fill out a medical request form. When people do fill out a request form and go to the medical unit, they report back and tell us they were just given a pill as part of a cold pack with no testing.

8. Last week, I felt irritation in the back of my throat, so I filled out a request. Usually, it takes two to three days to be seen, but with everything going on with the coronavirus, it's been taking longer than usual. When I finally was called down to the clinic, they didn't take my temperature. They just gave me tylenol as part of a cold pack. They didn't administer any tests.

9. As an in-cell trustee, I see how it is impossible to sanitize the cell. We lack cleaning supplies and equipment. It is difficult to get detergents to clean and to get equipment to clean up with, like mop heads and mop sticks. There is also a shortage of gloves. Sometimes we get gloves, sometimes we don't. We try as much as we can not to reuse gloves but we can't help it because of the shortage. When we have to reuse gloves, all we're doing is carrying bacteria around.

10. Part of my duties as a trustee is to serve food. Food is transported from different facilities without proper sanitation. Sometimes we are being told to serve food without gloves, which means that we are required to open the trays and check the food in them with our bare hands. For example, on February 31, 2020 at around 3:40 pm, one of the officers came into the cell as we were receiving our dinner trays to pass out. He informed us quietly that they were out of gloves, but told us that we needed to keep preparing the trays. I prepared the trays with my bare hands.

11. When I'm not doing my duties as a trustee, I stay in my bunk to try to avoid contact with other people, but it is impossible to practice social distancing. The cell is set up as a day room, and the bunks are lined up around the wall. There is about two feet between bunks. The person who sleeps on top of you in the bunk bed is about three feet away from you. Correctional officers have a paper sign up saying to sleep opposite of the person next to you, but even following that procedure does not allow us to have six feet of distance.

12. According to an Inside Edition Report I saw on television, when someone coughs or sneezes, their mucus could travel up to four feet. Despite the fact that there are 32 people in my cell instead of the usual 60-70 people, we still can't maintain more than a couple of feet of distance from each other. In order to maintain the proper distance of six feet, there

would have to be a maximum of 15 people in our cell at a time. Why doesn't the social distancing that people are urged to practice outside not apply to inmates?

13. We share everything in here. Where we drink water from, an orange water cooler, is touched by every inmate without being able to sanitize it between uses. There is a very small common area in the middle of the cell. In the common areas where we sit, we are unable to sanitize it due to lack of supplies and chemicals. The limited number of phones we share aren't cleaned between each use.

14. I have tried to fill out grievances, but I haven't been able to because of the lack of grievance forms in my cell. We get grievance forms from our counselor, who appears between one and three times a week. When the counselor comes and we ask him for grievances, he just says that "I'm working on it, I'm working on it" and then does not provide the grievance forms.

15. I feel worried because at least when you're out there, you can control your diet which is really important. I'm a chef and I make sure I cook foods that keep me healthy and help with my immune system. In here, the food is unhealthy.

16. I firmly believe that we as inmates are not being protected adequately. We are not given the same chance to prevent contamination and avoid spreading the virus as people outside are. I cannot express enough how scary this experience has been for me.

17. I am writing this declaration not only to raise awareness but to be given the same fair chance of surviving this pandemic that is affecting everyone worldwide. As a firm believer that all lives are equal, I am begging for the Department of Corrections to take action to protect us.

This declaration was orally sworn to by Peter Bernal on April 4, 2020 because the Metro West Detention Center is currently not permitting documents to be exchanged for signature.

Under penalties of perjury, I declare that I have read the foregoing in its entirety to Peter Bernal on April 4, 2020.

By:
Maya Ragsdale
Date: April 4, 2020

EXHIBIT 8

Miami-Dade County
Corrections and Rehabilitation Department
Daily Jail Population Statistics
Data for: Tuesday, February 25, 2020

Director Daniel Junior (786) 263-6010

Mayor Carlos A. Gimenez

In Facilities Inmate Population: 3,927

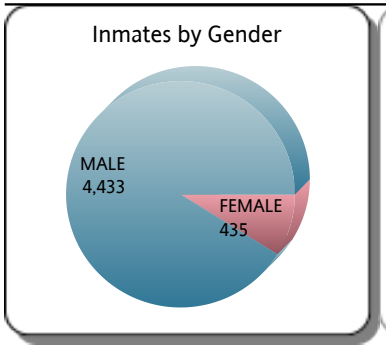
Outside Facilities Inmate Population: 941

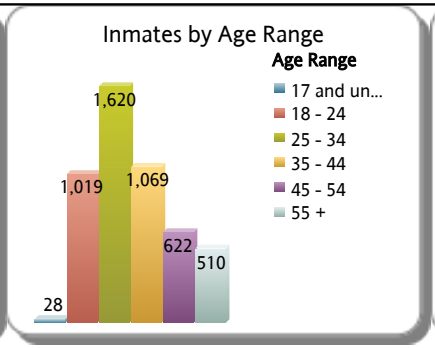
Total Inmates Supervised: 4,868

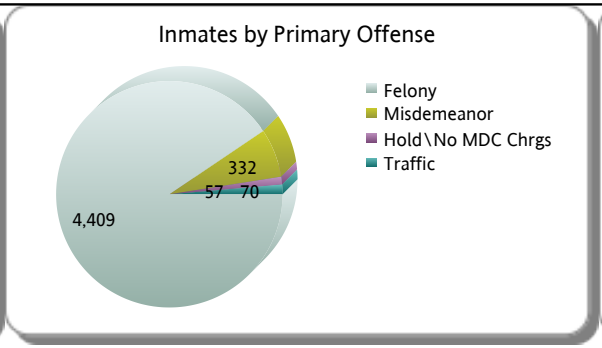
Total Inmates Booked: 138

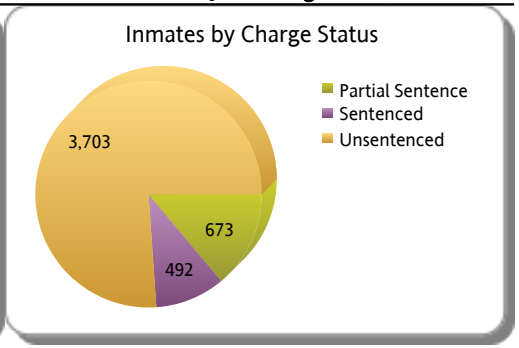
Total Inmates Released: 149

Total Inmates In Jail During Feb 25, 2020: 5,017









Average Daily Population (ADP) Over the Last 180 Days: 3,992

Average Length of Stay (ALOS) Over the Last 180 Days: 36.05

Top 12 Inmates with the Longest Length of Stay (In Days)

LOS	JAIL NUMBER	LAST NAME	FIRST NAME	RACE	GENDER	HIGHEST OFFENSE
5,496	050010740	MANGHAM	DANYAN	B	M	MURDER 1ST DEGREE
5,122	060013544	LAWSON	LARRY	B	M	MURDER 1ST DEGREE
4,710	070029579	SULET	LEMAY	W	M	MURDER 1ST DEGREE
4,521	070088206	CHARLES	JOHNNY	B	M	MURDER 1ST DEGREE
4,443	070113502	CADET	BENSON	B	M	MURDER 1ST DEGREE
4,367	080022681	DANIEL	MAX	B	M	MURDER 1ST DEGREE
3,830	090074528	BROWN	STEVIE	B	M	MURDER 1ST DEGREE
3,713	090108604	MARTIN	GREGORY	B	M	MURDER 1ST DEGREE
3,694	100003323	BROWN	WILLIAM	B	M	MURDER 1ST DEGREE
3,631	100021756	JULMICE	LEOPOLE	B	M	BURGLARY/ASSLT/ARMED
3,279	110015993	BARAHONA	CARMEN	W	F	MURDER 1ST DEGREE
3,261	110020445	BARAHONA	JORGE	W	M	MURDER 1ST DEGREE

Length of Stay in Years/Months for Inmates Under Supervision

LOS in Years/Months	# of Inmates
LOS > 4 years	99
LOS > 3 years and LOS <= 4 years	125
LOS > 2 years and LOS <= 3 years	263
LOS > 18 months and LOS <= 24 months	276
LOS > 12 months and LOS <= 18 months	450
LOS > 9 months and LOS <= 12 months	360
LOS > 6 months and LOS <= 9 months	555
LOS > 3 months and LOS <= 6 months	838
LOS > 2 months and LOS <= 3 months	363
LOS > 1 month and LOS <= 2 months	486
LOS <= 1 month	1,053
Total:	**4,868**

Average Daily Population (ADP) now counts In-Custody Defendants only. Average Length of Stay (ALOS) counts all defendants, who have been released during the past 180 days, and totals the length of stay they have been in custody.

Miami-Dade County
Corrections and Rehabilitation Department
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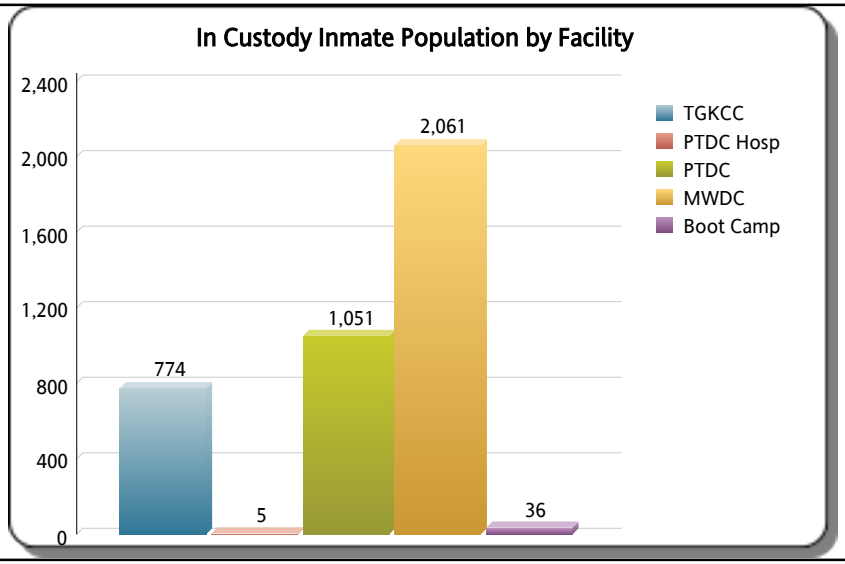

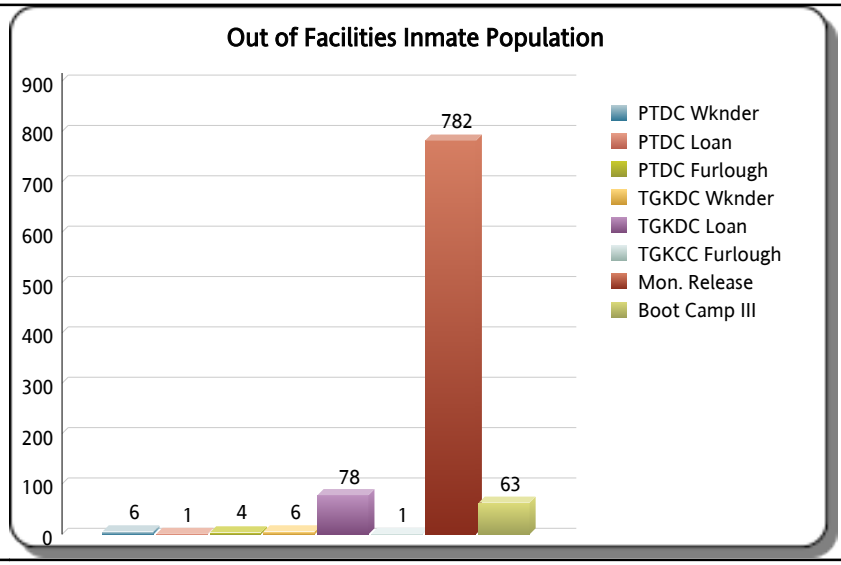

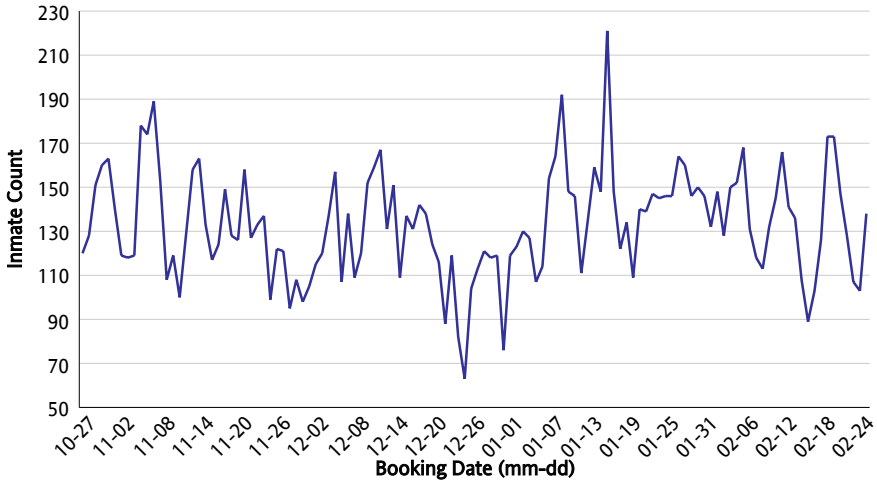

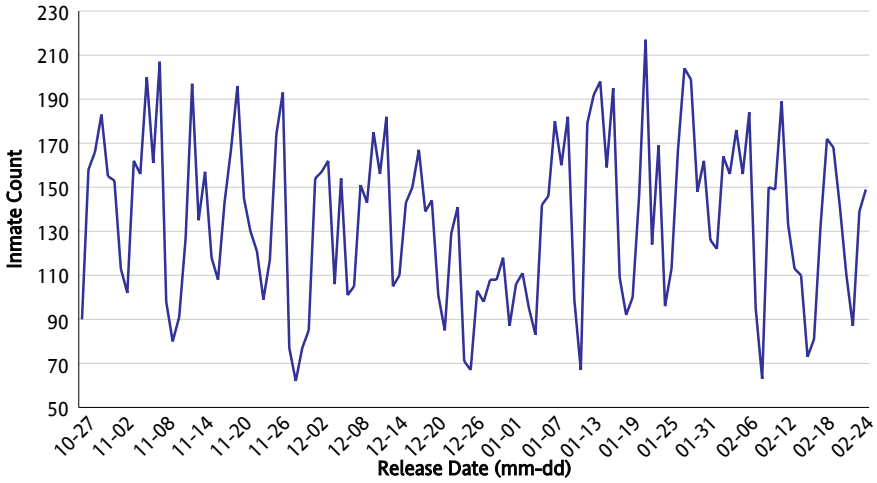

Miami-Dade County
Corrections and Rehabilitation Department
Daily Jail Population Statistics
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Director Daniel Junior (786) 263-6010

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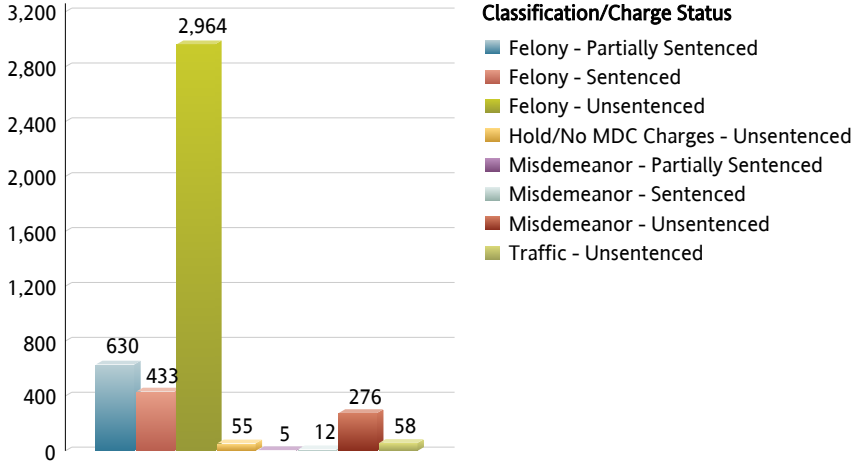
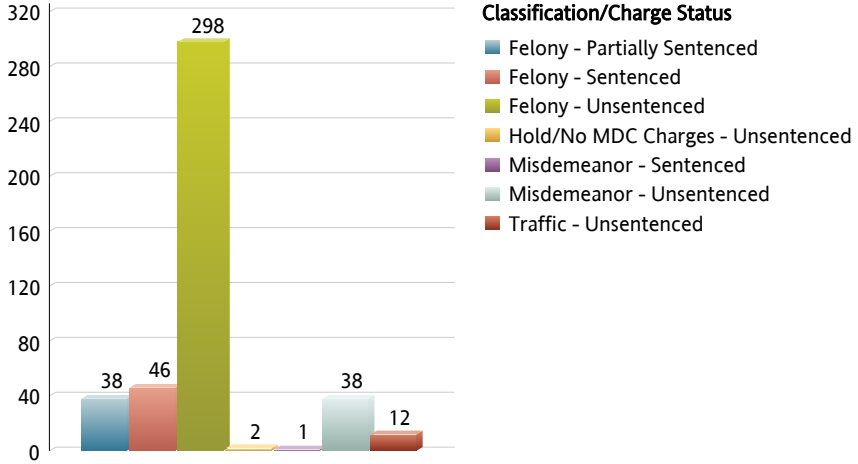
Total Inmates Released: 149
Total Inmates In Jail During Feb 25, 2020: 5,017

Men: 4,433 91%



Women: 435 9%



Demographics based on Arrest Affidavit Information

	Female	Male	Totals
Hispanic	133	1,500	1,633
Non-Hispanic	212	2,035	2,247
Unknown	90	898	988
Totals:	435	4,433	4,868

Race based on Arrest Affidavit information

	Female	Male	Totals
American Indian	0	2	2
Asian	0	7	7
Black	207	2,361	2,568
Unknown	0	1	1
White	228	2,062	2,290
Totals:	435	4,433	4,868

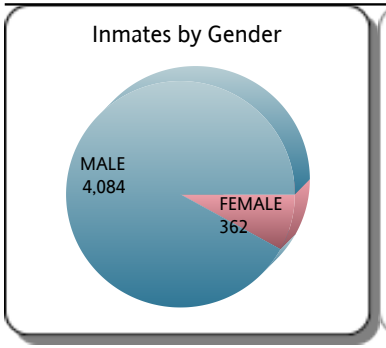
EXHIBIT 9

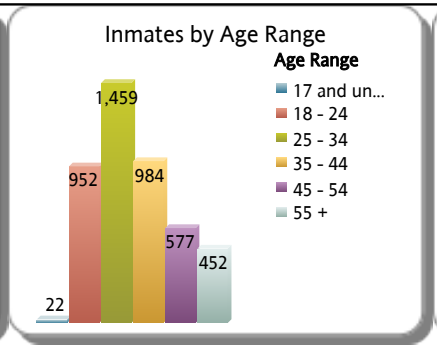
Miami-Dade County
Corrections and Rehabilitation Department
Daily Jail Population Statistics
Data for: Friday, April 3, 2020

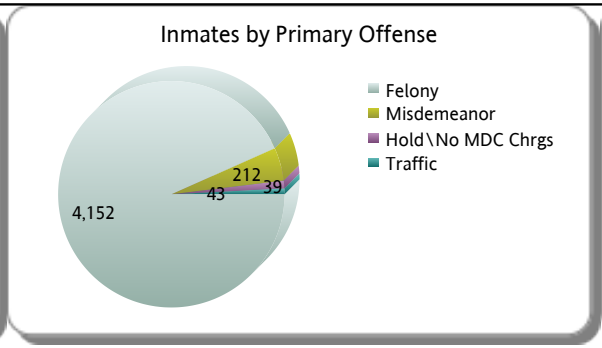
Director Daniel Junior (786) 263-6010

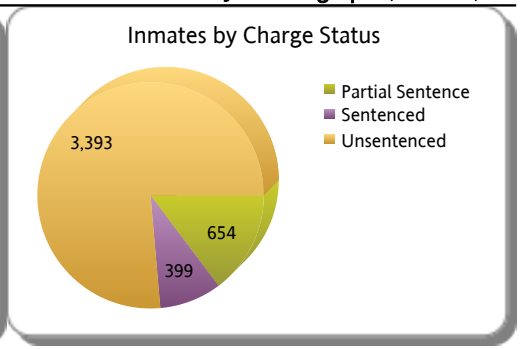
Mayor Carlos A. Gimenez

In Facilities Inmate Population: 3,383
Outside Facilities Inmate Population: 1,063
Total Inmates Supervised: 4,446
Total Inmates Booked: 59
Total Inmates Released: 80
Total Inmates In Jail During Apr 3, 2020: 4,526









Average Daily Population (ADP) Over the Last 180 Days: 3,854

Average Length of Stay (ALOS) Over the Last 180 Days: 36.82

Top 12 Inmates with the Longest Length of Stay (In Days)

LOS	JAIL NUMBER	LAST NAME	FIRST NAME	RACE	GENDER	HIGHEST OFFENSE
5,160	060013544	LAWSON	LARRY	B	M	MURDER 1ST DEGREE
4,748	070029579	SULET	LEMAY	W	M	MURDER 1ST DEGREE
4,559	070088206	CHARLES	JOHNNY	B	M	MURDER 1ST DEGREE
4,481	070113502	CADET	BENSON	B	M	MURDER 1ST DEGREE
4,405	080022681	DANIEL	MAX	B	M	MURDER 1ST DEGREE
3,868	090074528	BROWN	STEVIE	B	M	MURDER 1ST DEGREE
3,751	090108604	MARTIN	GREGORY	B	M	MURDER 1ST DEGREE
3,732	100003323	BROWN	WILLIAM	B	M	MURDER 1ST DEGREE
3,669	100021756	JULMICE	LEOPOLE	B	M	BURGLARY/ASSLT/ARMED
3,317	110015993	BARAHONA	CARMEN	W	F	MURDER 1ST DEGREE
3,299	110020445	BARAHONA	JORGE	W	M	MURDER 1ST DEGREE
3,201	110045303	ROBINSON	JAVON	B	M	MURDER 1ST DEGREE

Length of Stay in Years/Months for Inmates Under Supervision

LOS in Years/Months	# of Inmates
LOS > 4 years	107
LOS > 3 years and LOS <= 4 years	127
LOS > 2 years and LOS <= 3 years	266
LOS > 18 months and LOS <= 24 months	288
LOS > 12 months and LOS <= 18 months	466
LOS > 9 months and LOS <= 12 months	368
LOS > 6 months and LOS <= 9 months	585
LOS > 3 months and LOS <= 6 months	760
LOS > 2 months and LOS <= 3 months	365
LOS > 1 month and LOS <= 2 months	495
LOS <= 1 month	619
Total:	**4,446**

Average Daily Population (ADP) now counts In-Custody Defendants only. Average Length of Stay (ALOS) counts all defendants, who have been released during the past 180 days, and totals the length of stay they have been in custody.

Miami-Dade County
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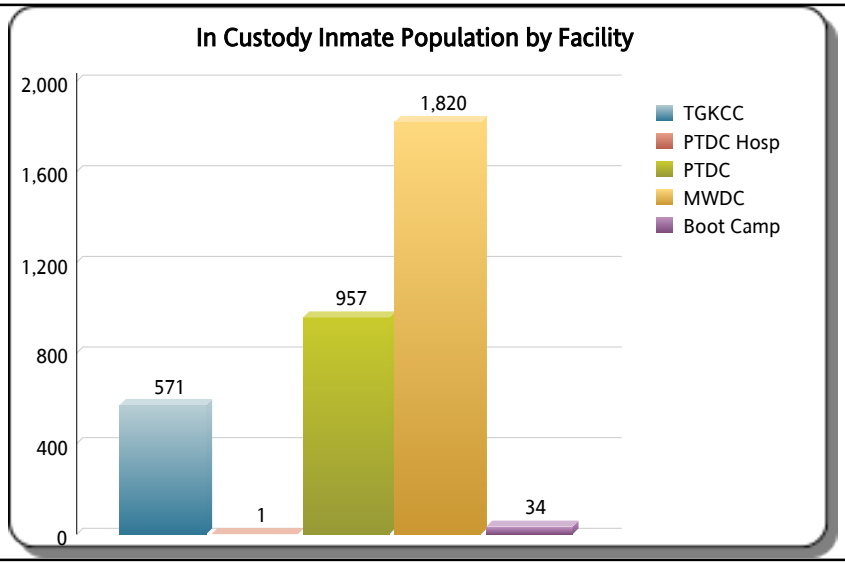

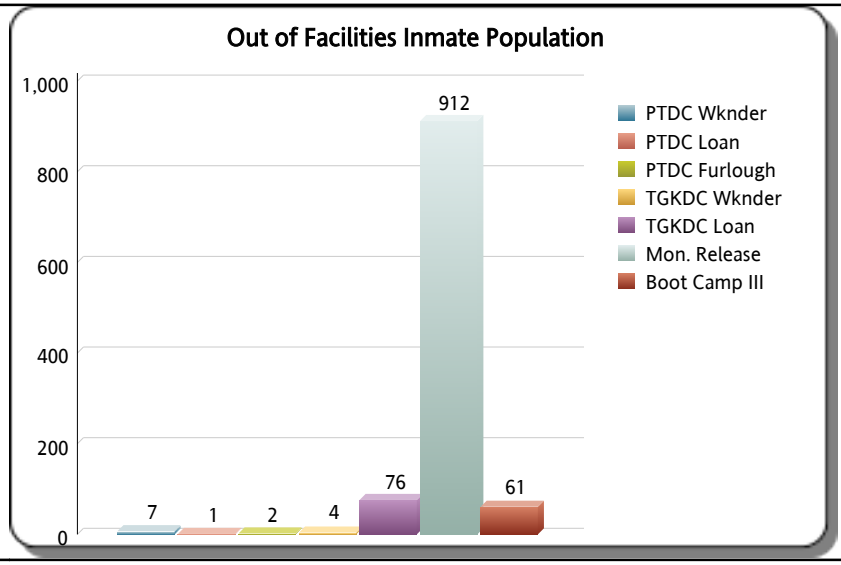

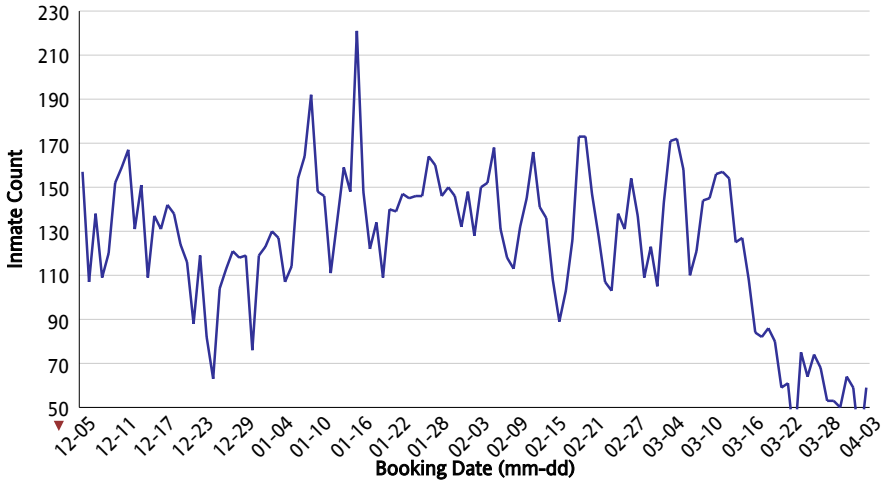

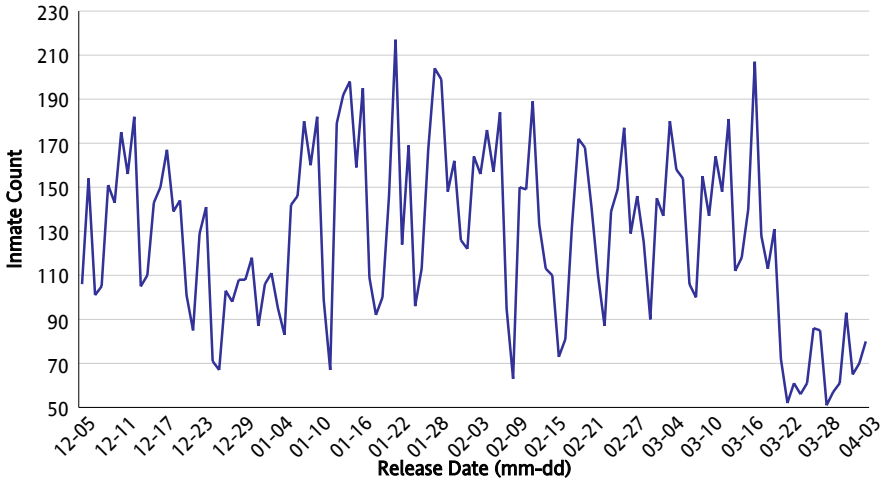

Miami-Dade County
Corrections and Rehabilitation Department
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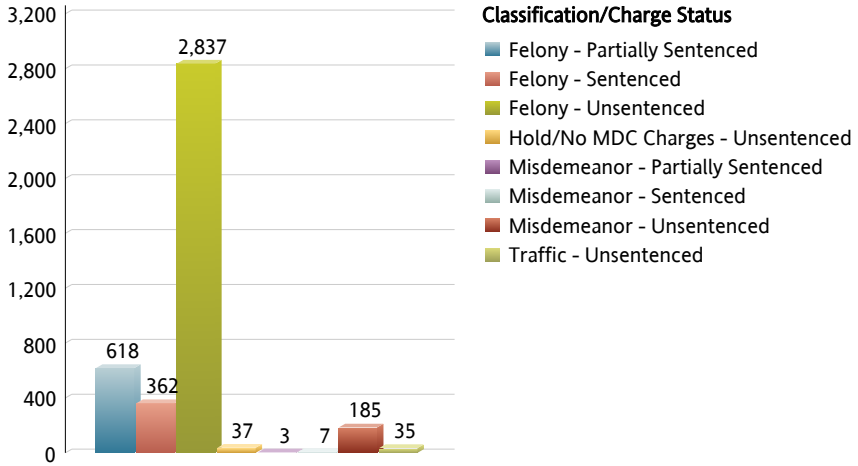
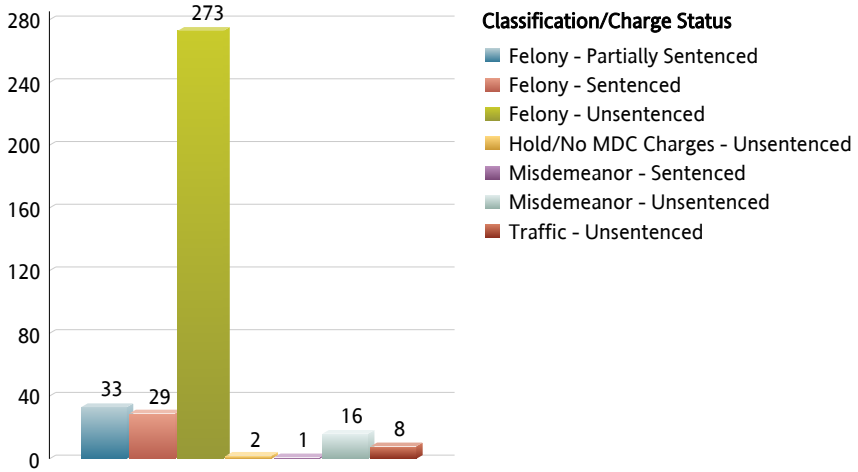
Total Inmates In Jail During Apr 3, 2020: 4,526

Men: 4,084 92%



Women: 362 8%



Demographics based on Arrest Affidavit Information

	Female	Male	Totals
Hispanic	110	1,375	1,485
Non-Hispanic	176	1,863	2,039
Unknown	76	846	922
Totals:	362	4,084	4,446

Race based on Arrest Affidavit information

	Female	Male	Totals
American Indian	1	3	4
Asian	0	5	5
Black	187	2,189	2,376
Unknown	0	1	1
White	174	1,886	2,060
Totals:	362	4,084	4,446

EXHIBIT 10

DECLARATION OF JACQUELINE EBERT

I, Jacqueline Ebert, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. §1746.

1. My name is Jacqueline Ebert. I am an attorney licensed to practice before the courts of the State of Florida.

2. On March 31, 2020, I participated in a visit to the Metro West Detention Center and interviewed four people incarcerated in the jail. I had to bring my own gloves and mask to protect myself during the visit, and another attorney who was conducting interviews brought a clean sock for me to cover the telephone with, because we did not know when the last time it was sanitized. A different attorney provided me with a wet wipe to additionally wipe off the phone.

3. I spent approximately four hours interviewing individuals held at the jail. During the course of these interviews I observed officers and Metro West Detention Center staff. The majority of staff members were not wearing gloves or face masks. I did not observe them practicing social distancing.

4. During the course of my interviews I spoke with four different individuals. All four individuals used the same phone to speak with me. During the course of my interviews, neither the phone nor the area in which interviewees were sitting was ever cleaned with sanitation products.

5. Every person I spoke with mentioned that there was no testing of COVID-19 being done, no masks available for those who are incarcerated, and no hand sanitizer available.

6. Several of the individuals I interviewed stated that there were entire cells on quarantine. They said they knew this because there was a “Quarantine” sign posted on the cell door. No one knew exactly how many people were being held in the quarantined cells, but one individual estimated there were well over 50 people in the unit.

7. One of the individuals I interviewed stated he has had a cough for a couple of weeks and that several other men in his cell have coughs as well. He stated there are over 50 people in his unit. He stated that their temperatures are not being taken nor have they received tests for COVID-19.

8. The individuals I spoke with said that new people entering the jail are not being tested for COVID-19.

9. Each individual I spoke with stated a different protocol or procedure for cleaning the cells. When I asked one individual who is a head trustee and in charge of overseeing the cleaning of his cell if they had access to bleach, he told me no. He stated that they used a cleaning chemical that had been watered down to clean the unit. He told me they are given gloves to clean but lately they have been asked to save and reuse gloves because of shortages.

10. The individuals I spoke with mentioned that life was continuing in a way that prevented social distancing in the cell. They mentioned that people were still playing basketball during recreation time, that people were still sitting together to eat meals, and people play cards and checkers together.

11. Several of the individuals I spoke with specifically mentioned that the air filters in the jail had not been changed for some time and that this was concerning to them.

12. Every individual I spoke with expressed fear about the spread of COVID-19 in the jail and stated that those in their cells who are elderly or have underlying health conditions are extremely concerned about an outbreak in the jail.

13. Every individual I spoke with stated that they are not six feet apart from other people while they sleep. At the time of my interviews, the interviewees were sleeping head to head with those in the neighboring beds.

14. During the course of my interviews all the individuals I spoke with stated that many guards did not wear masks and gloves while in the cells.

15. All the of the people I spoke with advised that they were not getting clear information about what was happening with the coronavirus and what they could do to protect themselves while in jail. Some of the individuals noted that the most information they were getting was from the news.

16. The people I spoke with stated that phones were not disinfected between each use.

17. I interviewed an elderly man who had multiple respiratory issues. He expressed extreme concern about COVID-19 given his age and underlying health conditions. He currently has an inhaler but has been trying to get an appointment with the doctor since he entered the jail to get access to a breathing machine, which he needs. He has made three requests to see the doctor, who he is required to see in order to have access to the machine, but he has only been granted access to the nurses.

18. The individuals only have a small bar soap, which is not antibacterial, available for washing their hands and taking showers. They do not have access to paper towels to dry their hands after they wash them.

19. One of the individuals I spoke with explained that he puts a sock on the phone when he uses it because the phones are not being cleaned.

20. I interviewed a man in his 20s who has diabetes and who requires insulin. He told me that they gather all of the people with diabetes in the clinic at the same time to give them insulin. He told me that he has skipped getting insulin on several days because he was so scared to be in the crowded clinic because of fear of getting COVID-19. He told me his sugar has spiked above 600 while he has been held. This individual told me the only time his temperature has been taken since he entered the jail was approximately 2 months ago, when he was meeting with the doctor. This individual is extremely scared of getting COVID-19 because of his diabetes.

21. Several of the individuals I spoke with mentioned that there had been temporary toilet paper shortages at which point they were not provided with their own roll of toilet paper, as usual, and as a result were required to ask other individuals to share toilet paper until more was provided.

22. One of the individuals I spoke with specifically mentioned he had never seen the remote for the television or the button used to get water from the water cooler cleaned.

23. The people I spoke to all mentioned that there was no testing, no masks provided for those incarcerated, and infrequent cleaning of the cells. All noted multiple people coughing in cells that held between 46-56 people. Three of the four people I interviewed told me that they had heard that some people were in quarantine.

24. Several of the individuals I interviewed mentioned that the officers act as if those being held are the ones that could infect them.

Under penalties of perjury, I declare that the statement above is true.

Jacqueline J. Ebert

Jacqueline Ebert
Date: April 4, 2020

EXHIBIT 11

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA, MIAMI DIVISION

ANTHONY SWAIN; ALEN BLANCO; BAYARDO CRUZ; RONNIEL FLORES; WINFRED HILL; DEONDRE WILLIS; PETER BERNAL, individually and on behalf of all others similarly situated, Plaintiffs, v. DANIEL JUNIOR, in his official capacity as Director of the Miami-Dade Corrections and Rehabilitation Department; MIAMI-DADE COUNTY, FLORIDA, Defendants	Case No. _1:20-cv-21457 (Class Action)

Declaration of Dr. Pedro J. Greer, Jr.

I. Background and Qualifications

1. My name is Pedro J. Greer, Professor of Medicine, Founding Chair of Humanities, Health, and Society and Associate Dean for Community Engagement at Florida International University Herbert Wertheim College of Medicine (FIU HWCOM) in Miami, Florida. Throughout my career, I have been an advocate for health equity by engaging communities to create effective health and social policies and accessible health care systems.

2. I have worked for the past 36 years as a physician, from Resident to Internist, Gastroenterologist and Hepatologist, Department Chair and Associate Dean.

3. My bio, attached as Exhibit A, includes a brief description of my education and relevant experience.

4. My C.V. includes a full list of my honors, experience, and publications, and it is attached as Exhibit B.

5. I am donating my time reviewing materials and preparing this report. Any live testimony I provide will also be provided *pro bono*.

6. I have testified as an expert at trial or by deposition in the past four years, in a federal case involving homeless sex offenders.

7. This declaration is similar to a sworn declaration submitted by Dr. Jaimie Meyer, Assistant Professor of Medicine at Yale School of Medicine and Assistant Clinical Professor of Nursing at Yale School of Nursing in New Haven, Connecticut, in federal court in New York. Dr. Meyer is board certified in Internal Medicine, Infectious Diseases and Addiction Medicine.

8. I have reviewed Dr. Meyer's report, and the sources cited in it. Based on my own independent training, expertise, and experience in epidemiology and infectious diseases, I strongly agree with Dr. Meyer's analysis of the dangers that the novel corona posed in New York City-area jails, and believe that they are applicable, as described below, to Miami-Dade County's Metro West Detention Center.

II. Heightened Risk of Epidemics in Jails and Prisons

9. As I will discuss below, the risk posed by infectious diseases in jails and prisons is significantly higher than in the community, both in terms of multiple risks of transmission and exposure to individuals who become infected.

10. Globally, outbreaks of contagious diseases are all too common in closed detention settings and are more common than in the community at large. Prisons and jails are not isolated from communities. Staff, visitors, contractors, and vendors pass between communities and facilities and can bring infectious diseases into facilities. Moreover, rapid turnover of jail and prison populations means that people often cycle between facilities and communities. People often need to be transported to and from facilities to attend court and move between facilities. Prison health is public health.

11. Reduced prevention opportunities: Congregate settings such as jails and prisons allow for rapid spread of infectious diseases that are transmitted person to person, especially those passed by droplets through coughing and sneezing. When people must share dining halls, bathrooms, showers, and other common areas, the opportunities for transmission are greater. When infectious diseases are transmitted from person to person by droplets, the best initial strategy is to practice social distancing. When jailed or imprisoned, people have much less of an opportunity to protect themselves by social distancing than they would in the community. Spaces within jails and prisons are often also poorly ventilated, which promotes highly efficient spread of diseases through droplets. Placing someone in such a setting therefore dramatically reduces their ability to protect themselves from being exposed to and acquiring infectious diseases.

12. Disciplinary segregation or solitary confinement is not an effective disease containment strategy. Beyond the known detrimental mental health effects of solitary confinement, isolation of people who are ill in solitary confinement results in decreased medical attention and increased risk of death. Isolation of people who are ill using solitary confinement also is an ineffective way to prevent transmission of the virus through droplets to others because, except in specialized negative pressure rooms (rarely in medical units if available at all), air continues to flow outward from rooms to the rest of the facility. Risk of exposure is thus increased to other people in prison and staff.

13. Reduced prevention opportunities: During an infectious disease outbreak, people can protect themselves by washing hands. Jails and prisons do not provide adequate opportunities to exercise necessary hygiene measures, such as frequent handwashing or use of alcohol-based sanitizers when handwashing is unavailable. Jails and prisons are often under-resourced and ill-equipped with sufficient hand soap and alcohol-based sanitizers for people detained in and working in these settings. High-touch surfaces (doorknobs, light switches, etc.) should also be cleaned and disinfected regularly with bleach to prevent virus spread, but this is often not done in jails and prisons because of a lack of cleaning supplies and lack of people available to perform necessary cleaning procedures.

14. Reduced prevention opportunities: During an infectious disease outbreak, a containment strategy requires people who are ill with symptoms to be isolated and that caregivers have access to personal protective equipment, including gloves, masks, gowns, and eye shields. Jails and prisons are often under-resourced and ill-equipped to provide sufficient personal protective equipment for people who are incarcerated and caregiving staff, increasing the risk for everyone in the facility of a widespread outbreak.

15. Increased susceptibility: People incarcerated in jails and prisons are more susceptible to acquiring and experiencing complications from infectious diseases than the population in the community.[1] This is because people in jails and prisons are more likely than people in the community to have chronic underlying health conditions, including diabetes, heart disease, chronic lung disease, chronic liver disease, and lower immune systems from HIV.

16. Jails and prisons are often poorly equipped to diagnose and manage infectious disease outbreaks. Some jails and prisons lack onsite medical facilities or 24-hour medical care. The medical facilities at jails and prisons are almost never sufficiently equipped to handle large outbreaks of infectious diseases. To prevent transmission of droplet-borne infectious diseases, people who are infected and ill need to be isolated in specialized airborne negative pressure rooms. Most jails and prisons have few negative pressure rooms if any, and these may be already in use by people with other

[1] *Active case finding for communicable diseases in prison*, 391 The Lancet 2186 (2018), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31251-0/fulltext.

conditions (including tuberculosis or influenza). Resources will become exhausted rapidly and any beds available will soon be at capacity. This makes both containing the illness and caring for those who have become infected much more difficult.

17. Jails and prisons lack access to vital community resources to diagnose and manage infectious diseases. Jails and prisons do not have access to community health resources that can be crucial in identifying and managing widespread outbreaks of infectious diseases. This includes access to testing equipment, laboratories, and medications.

18. Jails and prisons often need to rely on outside facilities (hospitals, emergency departments) to provide intensive medical care given that the level of care they can provide in the facility itself is typically relatively limited. During an epidemic, this will not be possible, as those outside facilities will likely be at or over capacity themselves.

19. Health safety: As an outbreak spreads through jails, prisons, and communities, medical personnel become sick and do not show up to work. Absenteeism means that facilities can become dangerously understaffed with healthcare providers. This increases a number of risks and can dramatically reduce the level of care provided. As health systems inside facilities are taxed, people with chronic underlying physical and mental health conditions and serious medical needs may not be able to receive the care they need for these conditions. As supply chains become disrupted during a global pandemic, the availability of medicines and food may be limited.

20. Safety and security: As an outbreak spreads through jails, prisons, and communities, correctional officers and other security personnel become sick and do not show up to work. Absenteeism poses substantial safety and security risk to both the people inside the facilities and the public. Furthermore, rapid spread of infectious diseases among the inmates can often worsen the epidemic outside of the incarcerated population because staff are more likely to be infected and spread the disease to their families and the wider population.

21. These risks have all been borne out during past epidemics of influenza in jails and prisons. For example, in 2012, the CDC reported an outbreak of influenza in 2 facilities in Maine, resulting in two inmate deaths.[2] Subsequent CDC investigation of 995 inmates and 235 staff members across the 2 facilities discovered insufficient supplies of influenza vaccine and antiviral drugs for treatment of people who were ill and prophylaxis for people who were exposed. During the H1N1-strain flu outbreak in 2009 (known as the "swine flu"), jails and prisons experienced a disproportionately high number of cases.[3] Even facilities on "quarantine" continued to accept new

[2] *Influenza Outbreaks at Two Correctional Facilities—Maine, March 2011,* Centers for Disease Control and Prevention (2012), https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm.
[3] David. M. Reutter, *Swine Flu Widespread in Prisons and Jails, but Deaths are Few*, Prison Legal News (Feb. 15, 2010), https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/.

intakes, rendering the quarantine incomplete. These scenarios occurred in the "best case" of influenza, a viral infection for which there was an effective and available vaccine and antiviral medications, unlike COVID-19, for which there is currently neither.

III. Profile of COVID-19 as an Infectious Disease[4]

22. The novel coronavirus, officially known as SARS-CoV-2, causes a disease known as COVID-19. The virus is thought to pass from person to person primarily through respiratory droplets (by coughing or sneezing) but may also survive on inanimate surfaces. People seem to be most able to transmit the virus to others when they are sickest but recent data from China has demonstrated that almost 13% of transmission occurs from asymptomatic individuals before they start to show symptoms, and it is possible that transmission can occur for weeks after their symptoms resolve.[5] In China, where COVID-19 originated, the average infected person passed the virus on to 2-3 other people; transmission occurred at a distance of 3-6 feet. Not only is the virus very efficient at being transmitted through droplets, everyone is at risk of infection because our immune systems have never been exposed to or developed protective responses against this virus. A vaccine is currently in development but will likely not be able for over a year to the general public. Antiviral medications are currently in testing but not yet FDA-approved. People in prison and jail will likely have even less access to these novel health strategies as they become available.

23. Most people (80%) who become infected with COVID-19 will develop a mild upper respiratory infection but emerging data from China suggests serious illness occurs in up to 16% of cases, including death.[6] Serious illness and death is most common among people with underlying chronic health conditions, like heart disease, lung disease, liver disease, and diabetes, and older age.[7] Among those individuals, the risk of poor outcomes, included the need for mechanical intervention is over 20%. Death in COVID-19 infection is usually due to pneumonia, and sepsis, and would occur between approximately 1-4% of the population. The emergence of COVID-19 during influenza season means that people are also at risk from serious illness and death due

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[4] This whole section draws from Broks J. Global Epidemiology and Prevention of COVID19, COVID-10 Symposium, Conference on Retroviruses and Opportunistic Infections (CROI), virual (March 10, 2020); *Coronavirus (COVID-19)*, Centers for Disease Control, https://www.cdc.gov/coronavirus/2019-ncov/index.html; Brent Gibson, *COVID-19 (Coronavirus): What You Need to Know in Corrections*, National Commission on Correctional Health Care (February 28, 2020), https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections.

[5] Du Z, Xu X, Wu Y, Wang L, Cowling BJ, Ancel Meyers L. Serial interval of COVID-19 among publicly reported confirmed cases. Emerg Infect Dis. 2020 Jun [*date cited*]. https://doi.org/10.3201/eid2606.200357

[6] *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease and Prevention (March 14, 2020), https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html.

[7] *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study*, The Lancel (published online March 11, 2020), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext.

to influenza, especially when they have not received the influenza vaccine or the pneumonia vaccine.

24. The care of people who are infected with COVID-19 depends on how seriously they are ill.[8] People with mild symptoms may not require hospitalization but may continue to be closely monitored at home. People with moderate symptoms may require hospitalization for supportive care, including intravenous fluids and supplemental oxygen. People with severe symptoms may require ventilation and intravenous antibiotics. Public health officials anticipate that hospital settings will likely be overwhelmed and beyond capacity to provide this type of intensive care as COVID-19 becomes more widespread in communities.

25. In order to prevent overwhelming the local health systems, aggressive containment and COVID-19 prevention is of utmost importance. To this end, certain states and jurisdictions, including Miami-Dade County have mandated COVID-19 prevention strategies, such as "shelter in place" or "stay at home" orders, which have gone beyond containment and mitigation. Jails and prisons already have difficulty with containment because it requires intensive hand washing practices, decontamination and aggressive cleaning of surfaces, and identifying and isolating people who are ill or who have had contact with people who are ill, including the use of personal protective equipment. However, even with these efforts, it is nearly impossible for jails and prisons to provide the atmosphere of "shelter in place" or "stay at home" social distancing, given the number of individuals that work in and are housed in these facilities in the current system.

26. The time to act is now. Data from other settings demonstrate what happens when jails and prisons are unprepared for COVID-19. News outlets reported that Iran temporarily released 70,000 prisoners when COVID-19 started to sweep its facilities.[9] To date, few state or federal prison systems have adequate (or any) pandemic preparedness plans in place.[10] Systems are just beginning to screen and isolate people on entry and perhaps place visitor restrictions, but this is wholly inadequate when staff and vendors can still come to work sick and potentially transmit the virus to others.

IV. Risk of COVID-19 in the Metro West Detention Center

[8] *Coronavirus Disease 2019 (COVID-19): Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease*, Centers for Disease Control and Prevention (March 7, 2002), https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html.
[9] *Iran temporarily releases 70,000 prisoners as coronavirus cases surge*, Reuters (March 9, 2020), https://www.reuters.com/article/us-health-coronavirus-iran/iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5.
[10] Luke Barr & Christina Carrega, *State prisons prepare for coronavirus but federal prisons not providing significant guidance, sources say*, ABC News (March 11, 2020), https://abcnews.go.com/US/state-prisons-prepare-coronavirus-federal-prisons-providing-significant/story?id=69433690.

27. In preparing this report I have reviewed the declarations of the Plaintiffs in this case.

28. Based on my review of the relevant literature, and my review of the Plaintiffs' declarations it is my professional judgment that the Metro West Detention Center ("Metro West") is under-equipped and ill-prepared to prevent and manage a COVID-19 outbreak, which would result in severe harm to detained individuals, jail staff, and the broader community. The reasons for this conclusion are detailed as follows.

29. Plaintiffs state that at Metro West, common areas and high-touch surfaces are cleaned using diluted cleaning products only at "shift change," or every eight hours. Failure to properly sanitize common areas and high-touch surfaces such as the phones that detained individuals heavily use, seriously increases the risk of the spread of COVID-19 and demonstrates the failure to take the most fundamental precautions for preventing the spread of the disease.

30. Plaintiffs are held in dormitory-style cells, some with upwards of 60 people per cell, and sleep on bunk beds with just a few feet of distance between them. Given this layout and crowded environment in which individuals are held, it is impossible to provide an environment where social distancing can take place, depriving individuals of being able to use one of the most important CDC-recommended measures to protect themselves.

31. Even before the COVID-19 crisis, Plaintiffs attested to having to wait several days to have access to a medical doctor for serious medical concerns. Now, with the threat of the virus' spread through the jail population, it is questionable whether the jail medical unit is equipped to address both underlying chronic conditions of individuals and a potential outbreak of COVID-19 in the jail.

32. For individuals in these facilities, the experience of an epidemic and the lack of care while effectively trapped can itself be traumatizing, compounding the trauma of incarceration.

33. The neglect of individuals with acute pain and serious health needs under ordinary circumstances is also strongly indicative that the facilities will be ill-equipped to identify, monitor, and treat a COVID-19 epidemic. Plaintiffs' declarations attest to neglect of their serious medical conditions even under typical circumstances. It is unlikely that when the medical unit is strained both due to potential understaffing or additional burden from potential COVID-19 patients that it will be able to provide the care necessary for those with medical needs caused by conditions other than COVID-19.

34. Failure to provide individuals adequate medical care for their underlying chronic health conditions results in increased risk of COVID-19 infection and increased risk of infection-related morbidity and mortality if they do become infected. Plaintiffs and others held in the jail have serious medical vulnerabilities, including diabetes, asthma, HIV and other respiratory conditions. An outbreak in Metro West would be disastrous

for Plaintiffs and other medically vulnerable individuals. Not only is it questionable whether the facility has enough technology such as ventilators, personal protective equipment or medical personnel to treat serious cases of COVID-19, but it is also worrisome that, without proper precautions, patients from Metro West will likely put additional strain on Jackson Health Systems, the institution that will ultimately have to absorb patients from the jail.

V. Conclusion and Recommendations

35. For the reasons above, it is my professional judgment that individuals placed in the Metro West Detention Center are at a significantly higher risk of infection with COVID-19 as compared to the population in the community, given the procedural and housing conditions in the facilities, and that they are at a significantly higher risk of harm if they do become infected. These harms include serious illness (pneumonia and sepsis) and even death.

36. Reducing the size of the population in jails and prisons can be crucially important to reducing the level of risk both for who both are housed and work within those facilities and for the community at large.

37. From a public health perspective, it is my strong opinion that individuals who can **safely and appropriately** remain in the community not be placed in the Metro West Detention Center at this time. I am also strongly of the opinion that individuals who are already in those facilities should be evaluated for release, and that a careful evaluation of procedural and housing guidance is created for those who remain in the facilities during the "stay at home" mandate, and possibly until the epidemic is contained.

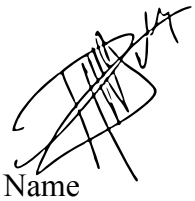
38. This is more important still for individuals with preexisting conditions (e.g., heart disease, chronic lung disease, chronic liver disease, suppressed immune systems, cancer, and diabetes) or who are over the age of 60.[11] They are in even greater danger in these facilities, including a meaningfully higher risk of death.

39. It is my professional opinion that these steps are both necessary and urgent. The horizon of risk for COVID-19 in these facilities is a matter of days, not weeks.

40. Health in jails and prisons is community health. Protecting the health of individuals who are detained in and work in these facilities is vital to protecting the health of the wider community.

[11] *Report of the WHO-China Joint Mission of Coronavirus Disease 2019 (COVID-19)* (Feb. 16-24 2020), available at https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf.

I declare under penalty of perjury that the foregoing is true and correct to the best of my ability.



Name

April 4, 2020

Date

FIU Herbert Wertheim College of Medicine
FLORIDA INTERNATIONAL UNIVERSITY

Pedro J. Greer Jr., MD

Dr. Greer is Professor of Medicine, Founding Chair of Humanities, Health, and Society and Associate Dean for Community Engagement at Florida International University Herbert Wertheim College of Medicine (FIU HWCOM) in Miami, Florida. Throughout his career Dr. Greer has been an advocate for health equity by engaging communities to create effective health and social policies and accessible health care systems. His advocacy began during medical training when Dr. Greer established Camillus Health Concern, Inc. and Saint John Bosco, health centers for underserved populations in Miami-Dade County, Florida.

Better known as "Joe," Dr. Greer has received numerous awards and Honorary Doctoral degrees. Most recently The Bob Graham Center for Public Service, a nonpartisan civic engagement center at the University of Florida, named Dr. Greer its 2017 Citizen of the Year. The award recognizes "Florida citizens who have made extraordinary contributions to the state—individuals [who] have used their personal and professional talents to make Florida a better place for its citizens." Dr. Greer was honored with the 2014 National Jefferson Award in the category of Greatest Public Service Benefiting the Disadvantaged. He has been recognized with the 2013 Great Floridian Award, the 2009 Presidential Medal of Freedom, and in 1993, he was honored as a MacArthur Foundation "Genius Grant" Fellow. He has also received a Papal Medal and has been knighted as a Knight of Malta and St. Gregory the Great. He has published more than 30 articles and book chapters on topics ranging from hepatic and digestive disorders to policy, poverty, medical education and health in America. He wrote *Waking Up in America,* a book about his life experiences, including providing care to homeless individuals under bridges in Miami, to career highlights, such as advising Presidents Bush Sr. and Clinton on health care.

As Associate Dean for Community Engagement, Dr. Greer promotes the social mission of FIU HWCOM to facilitate medical student training and improve community health. Working with various FIU colleges, Dr. Greer spearheaded a unique service-learning and community-based medical curriculum to prepare physicians and other health professionals to address the social determinants of health, while simultaneously caring for individuals and communities through a household-centered approach to clinical care.

Dr. Greer is currently serving in various capacities for a multitude of national, state, and local organizations. He is a Trustee at the RAND Corporation (America's oldest and largest think tank) and is the current Chair of the Pardee RAND Graduate School Board of Governors, an institution that confers one of the highest numbers of PhDs in policy analysis in the world. Dr. Greer served as Chair for the Hispanic Heritage Awards Foundation from 2002 to 2012. He is an independent board member of American Funds 2016 to present. He is also a member of Alpha Omega Alpha National Medical Honor Society and a fellow in the American College of Physicians and the American College of Gastroenterology.

Dr. Greer did his undergraduate work at the University of Florida and medical studies at La Universidad Católica Madre y Maestra in the Dominican Republic. He trained in Internal Medicine and served as Chief Resident at the VA/University of Miami Miller School of Medicine in Miami, Florida. Dr. Greer completed two post-doctoral fellowships, one in Hepatology, the other one in Gastroenterology, where he was an Assistant Dean; he is board certified in Medicine and Gastroenterology. Before joining FIU HWCOM, Dr. Greer ran a successful private practice and was Chief of Gastroenterology and Hepatology at Mercy Hospital in Miami.

EXHIBIT B

CURRICULUM VITAE

Name: Pedro Jose Greer, Jr., M.D. FACP, FACG

Position: Professor and Founding Chair, Department of Humanities, Health, and Society
Associate Dean for Community Engagement
Florida International University (FIU) Herbert Wertheim College of Medicine (HWCOM)

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Miami, FL 33199

Tel: (305) 348-0619
Email: greerp@fiu.edu

EDUCATION

1990-1991	Jackson Memorial Hospital University of Miami Miller School of Medicine, Miami, FL	Chief Fellow	Gastroenterology
1989-1991	Jackson Memorial Hospital University of Miami Miller School of Medicine, Miami, FL	Fellow	Gastroenterology
1988-1989	University of Miami Miller School of Medicine, Miami, FL	Fellow	Hepatology
1987-1988	University of Miami Miller School of Medicine, Veterans Administration Medical Center, Miami, FL	Chief Medical Resident	Internal Medicine
1985-1987	University of Miami Miller School of Medicine, Miami, FL	Resident	Internal Medicine
1984-1985	University of Miami Miller School of Medicine, Miami, FL	Intern	Internal Medicine
1978-1984	Pontifica Universidad Católica Madre Y Maestra, Santiago de los Caballeros, Dominican Republic	M.D.	Medicine
1974-1978	University of Florida, Gainesville, FL		

LICENSES, CERTIFICATIONS

1993	American Board of Internal Medicine, Subspecialty in Gastroenterology (#116332)
1989	American Board of Internal Medicine (#116332)
1986	Medical licensure (#ME 0047468), Florida; Renewed every 2 years; Jan 2018
1986	National Board of Medical Examiners (# ME 0047468); FLEX

PRINCIPAL POSITIONS HELD

2014-2015	Herbert Wertheim College of Medicine, Miami, FL	Interim Chair, Department of Medicine* **In AY2014-2015, I led the merger between the Department of Medicine and the Department of Humanities, Health, and Society (July 2015).*
2014-Pres.	Herbert Wertheim College of Medicine, Miami, FL	Associate Dean for Community Engagement
2009-Pres.	Herbert Wertheim College of Medicine, Miami, FL	Founding Chair, Department of Humanities, Health, and Society
2007-Pres.	Herbert Wertheim College of Medicine, Miami, FL	Professor of Medicine & Curricular Strand Leader for Medicine and Society
1998-2006	Mercy Hospital	Chief of Gastroenterology Department
1994-2006	Mercy Hospital	Director of Mercy Mission Services
1992-Pres.	University of Miami Miller School of Medicine, Miami, FL	Adjunct Associate Clinical Professor of Medicine
1992-Pres.	University of Miami Miller School of Medicine, Miami, FL	Adjunct Associate Professor of Epidemiology and Public Health
1991-2005	St. John Bosco Clinic – SSJ Health Foundation (free clinic for undocumented immigrants)	Medical Director
1991-Pres.	Gastro Health, P. L.	Private Practice, Gastroenterology
1990-2007	University of Miami Miller School of Medicine, Miami, FL	Assistant Dean for Homeless Education

HONORS AND AWARDS

Honorary Degrees and Titles

2012	Wayne State University	Doctor of Law	Honoris Causa
2005	Salem State College	Doctor of Humane Letters	Honoris Causa
2004	Stonehill College	Doctor of Humanities	Honoris Causa
1997	University of Florida	Distinguished Alumni	
1995	Barry University	Doctor of Law	Honoris Causa
1994	New York Medical College	Doctor of Science	Honoris Causa
1992	St. Thomas University	Doctor of Humane Letters	Honoris Causa
1992	University of Miami School of Medicine	Honorary Alumnus	

Honors and Awards

2019 Florida Trend 2019, Florida 500 Most Influential Business Leaders, *Life Sciences*
2019 Pride in the Profession Award, Excellence in Medicine Awards, Chicago, IL *AMA Foundation*
2018 35th Hispanics in Philanthropy (HIP) Anniversary Conference, San Francisco, CA, *HIPGiver Award*
2017 University of Florida Bob Graham Center, Gainesville, FL, *2017 Citizen of the Year Award*
2016 Council for Latino Workplace Equity, North Miami, FL, *Top Latino Leader Award*
2014 Health Choice Network, Miami, FL, *Jessie Trice Hero Award*
2014 Jefferson Awards Foundation, Washington, DC, *Outstanding Public Service Benefitting the Disadvantaged*
2011 Miami Dolphins, Miami, FL, *Humanitarian Award*
2011 Florida International University, Miami, FL, *Cal Kovens Distinguished Community Service Award*
2010 AARP The Magazine, Washington, DC, *Inspire Award*
2010 Temple Beth David, Miami, FL, *Public Citizen Award*
2009 President Barack Obama, at the White House, Washington, DC, *Presidential Award: Medal of Freedom*
2008 Latino Leaders Magazine, Dallas, TX, *101 Top Leaders of the Latino Community in the USA*
2007 Vista Magazine, *Health Award*
2007 Orange Bowl Foundation, Miami Lakes, FL, *El Espíritu de La Comunidad Award*
2007 Barry University, Miami Shores, *Faith and Freedom Award*
2005 Prospanica (Formerly, National Society of Hispanic MBAs), Dallas, TX, *Board Leadership Award*
2005 El Consejo de la Hispanidad de Los Estados Unidos de América (The Hispanic Heritage Council of the United States of America), *Don Quixote Award*
2005 The Pan American Health Organization, Washington, DC, *Public Health Hero of the Americas*
2004 Hispanic Unity of Florida, Hollywood, FL, *Amigos Award*
2004 The Pan American Cuban Medical Convention, Miami, FL, *Gold Medal of Honor*
2004 Florida Department of Health, Board of Medicine, Tallahassee, FL, *Board Chair Recognition Award*
2002 Hispanic Magazine, Virginia Gardens, FL, *Hispanic of the Year*
2002 St. Luke's Society of South Florida, Ft. Lauderdale, FL, *Hispanic of the Year*
2002 Kiwanis of Key Biscayne, Key Biscayne, FL, *Citizen of the Year*
2002 The Latin Chamber of Commerce of the United States, Miami, FL, *Professional of the Year*
2002 Big Brothers Big Sisters of Miami, Women's Committee, Miami, FL, *Miracle Makers Award*
2002 Dade County Medical Association, Miami, FL, *Physician Recognition Award*
2002 Asociación Interamericana de Hombres de Empresa, Miami, FL, *Leslie Pantin Award*
2001 The Caring Institute, Washington, DC, *Caring Award*
2001 Catholic Charities of the Archdiocese of Miami, Miami, FL, *Spirit of Charity Award*
2001 Fundación Brugal, Santo Domingo, Dominican Republic, *Brugal Cree en su Gente Award*
2001 Juvenile Diabetes Research Foundation (JDRF), Oakland Park, FL, *Tribute to the Family Award*
2001 Ellis Island Foundation, New York, NY, *Ellis Island Medal of Honor*
2000 Greater Miami Chamber of Commerce, Miami, FL, *Health Care Heroes Award*
2000 Boy Scouts of America South Florida Council, Miami Lakes, FL, *Hispanic Heritage Community Leader Award*
1999 Broward County Hispanic Women's Coalition, Broward, FL, *Award*
1999 Family Counseling Services of Greater Miami, Miami, FL, *Family of the Year*
1999 United Way of Miami, Miami, FL, *Starfish Award*
1997 Macy's, Cincinnati, OH, *Follow-A-Leader Mentor Program Award*
1997 International Catholic Stewardship Council, Dearborn Heights, MI, *Christian Stewardship Award*
1997 Exito Magazine, Surprise, AZ, *One of 50 Most Fascinating People of Miami*

1997 New Times Magazine, *Best of Miami, "Best Local Boy Done Good"*
1997 President Bill Clinton, Ex-President George Bush and General Colin Powell, at Presidential Summit, Philadelphia, PA, *Presidential Service Award*
1997 Hippocrates: Health & Medicine for Physicians Journal, *Doctor of the Year – Teaching*
1996 Community Action Agency, Metropolitan Dade County, FL, *Sgt. Shriver Award*
1996 Miami Dade Community College, Homestead Campus, Homestead, FL, *Drum Major Award for Humanitarian Effort*
1996 Turner Broadcasting Systems, Miami, FL, Saluting African-American Achievement, *Annual Trumpet Award, Special Honoree for Service to African American Community*
1995 Florida Hospital Association, Tallahassee, FL, *Florida Health Care Communicator of the Year*
1995 Little Flower Catholic Church, *First Annual Humanitarian Award*
1995 NBC and Hispanic Magazine, Hispanic Achievement, Washington, DC, *VIDA Award - Medicine and Sciences*
1995 American Red Cross, South Florida Chapter, *Humanitarian of the Year*
1995 Visiting Nurse Association of Miami, Miami, FL, *Person of the Year*
1995 CBS, New York City, NY, *The Newsweek American Achievement Award*
1995 Rotary Club of Miami, Miami, FL, *Citizen of the Year*
1994 Time Magazine (Dec. 5, 1994), New York City, NY, *50 Future Leaders of America Under the Age of 40*
1994 Facts About Cuban Exiles (F.A.C.E.), *Pro Bono Award*
1994 Sigma Chi Fraternity (National), Annual Meeting, ON, Canada, *Significant Sig Medal*
1994 American College of Physicians, Philadelphia, PA, *Special Recognition of Community Service*
1993 Florida Gastroenterology Society, Opa-Locka, FL, *Distinguished Service Award*
1993 La Liga Contra El Cancer, Miami, FL, *Special Recognition*
1993 The Northern Trust Company, Miami, FL, *Community Leadership Award*
1993 Zeta Phi Beta Sorority, Beta Tau Zeta Chapter, *Outstanding Community Service*
1993 Greater Miami Jewish Federation, Miami, FL, *Outstanding Community Leadership Award*
1993 Veterans Caucus, affiliate of the American Academy of Physician Assistants, Dover, DE, *Special Community Award*
1993 South Florida Magazine, Miami, FL, *Health Care Heroes Award*
1993 Telemundo, Hialeah, FL, *Persona de la Semana* (July 5, 1993)
1993 MacArthur Foundation, Chicago, IL, *MacArthur Fellow (June 15, 1993 – 1998)*
1993 Jessie Ball DuPont Fund, Jacksonville, FL, *Jessie Ball DuPont Award*
1993 Dade County Bar Association, Miami, FL, *Doctor of the Decade*
1993 The Knights of Malta, *Knighted*
1993 The Order of Saint Gregory the Great, *Knighted*
1993 Catholic Church, *Pro Eclesia et Pontifice, Papal Medal*
1992 Maxwell House, Nashville, TN, *100 Real Heroes*
1992 CNN en Español, Univisión, *Personalidad de la Semana* (Dec. 4, 1992)
1992 ABC World News, Peter Jennings, New York, NY, *Person of the Week* (Nov. 20, 1992)
1992 American College of Physicians, Florida Chapter, Jacksonville, FL, *Charles K. Donegan, M.D. Memorial Award for Distinguished Community Service*
1992 American Heart Association of Dade County, Hollywood, FL, *Man of the Year*
1992 Advertising Federation of Greater Miami, Miami, FL, *Community Service Award*
1992 Florida Humanist Association, Englewood, FL, *Outstanding Humanitarian*
1992 Social Workers of Dade County, Dad County, FL, *Special Community Service Honor*
1992 Dade County Medical Association Auxiliary, Miami, FL, *Doctor of the Year*
1992 The City of Miami, Miami, FL, *Commendation*
1992 National Association of Social Workers, Florida Chapter, Miami Dade Unit, *Public Citizen of the Year*
1991 Zeta Phi Beta Sorority, Washington, DC, *Outstanding Community Service*
1991 Zeta Phi Beta Sorority (Sigma Zeta Chapter), *Leadership Role Model Award*
1991 Hispanic Medical Student Organization, University of Miami Miller School of Medicine, Miami, FL, *Hispanic Medical Achievement Award*
1991 Office of the Mayor, Dade County, FL, *Dade County Red Ribbon Annual Community Leadership Award*
1991 Service Employees International Union, Washington, DC, *Hispanic Leadership Award*
1991 South Florida Business and Wealth, Ft. Lauderdale, FL, *Up and Comers Winner – Medical Category*
1991 Christopher Columbus High School, Miami, FL, *Hall of Fame* (induction: Jan 1991)
1990 Medical Business Magazine, *Medical Humanitarian of the Year*
1990 Hispanic Business Magazine, *Top 100 Most Influential Hispanics in the United States* (Nov 1990)
1990 Representative Ileana Ros-Lehtinen (FL, 27th Dist.). "A Tribute to Dr. Pedro Jose Greer, Jr." *Congressional Record* 136:95 (July 23, 1990).
1990 Florida Medical Association, Tallahassee, FL, *The Herald Strasser, MD Good Samaritan Award*
1990 Hispanic Heritage Award Foundation (Subsequently: Hispanic Heritage Foundation), Washington, DC, *Hispanic Heritage Award for Excellence in Leadership*

1990	Cedars of Lebanon Hospital Foundation, Beverly Hills, CA, *Concern Award*
1989	Miami Young Republicans (formerly, Biscayne Bay Young Republicans), Miami, FL, *Award for Excellence*
1989	Cuban Medical Association, Miami Beach, FL, *Special Award Honoring Excellence*
1989	The Miami Herald, Miami, FL, *Spirit of Excellence Award*
1989	Dade County Metropolitan Government, Dade County, FL, *Commendation*
1989	University of Miami Medical School Students, Class of 1989, Miami, FL, *House Officer of the Year*
1989	Directors of Volunteers in Agencies, Miami, FL, *National Volunteer Week Award – Volunteer of the Year*
1989	The City of Miami, Miami, FL, *Certificate of Appreciation*
1989	University of Miami Medical School Overseers Committee, Miami, FL, *Helping Hands Special Recognition Award*
1989	Public Health Trust Medical Social Workers, Miami, FL, *Distinguished Community Service Award*
1989	Saint Martin de Porres Society, Miami, FL *Peace and Unity Award*
1988	American Medical Association, Chicago, IL, *AMA-Burroughs Wellcome Award in Leadership and Community Service*
1987	American Medical Association, Chicago, IL, *Outstanding Young Men of America*

PROFESSIONAL ORGANIZATIONS

Memberships

American College of Gastroenterology, Fellow (1993)
American College of Physicians, Fellow (1991)
American Gastroenterology Association
American Association for the Study of Liver Disease
Florida Gastroenterology Association
American Society for Gastrointestinal Endoscopy
American College of Medicine
Dade County Medical Association
Florida Medical Association

Service to Professional Organizations

1991-1992	Ad Hoc Committee on Physician Volunteerism, American College of Physicians	Member
1989-1994	Health and Public Policy Committee, American College of Physicians	Member
1989-1990	Ad Hoc Fellows Committee, American College of Physicians	Co-Chair
1989-1990	American College of Physicians, Medicine, Resident Physician section (RPS)	Florida Delegate
1986-1992	Indigent Care Committee, American College of Physicians	Member

BOARDS, COMMITTEES, AND COMMUNITY SERVICE

National

2016-Pres.	American Funds/ Capital Group, Board of Directors; Los Angeles, California	Member
2016-Pres.	Geisinger Commonwealth School of Medicine, Board of Directors; Scranton, PA	Member
2015-2016	Association of Academic Health Centers, Short-Term Social Determinant of Health (SDOH) Advisory Group; Washington, DC	Member
2014-2019	Dartmouth Geisel School of Medicine, Center for Health Equity, Board of Advisors; Hanover, NH	Member
2010-Pres.	RAND Pardee Graduate School, Board of Governors; Santa Monica, CA	Chair
2010-Pres.	RAND Corporation, Executive Committee; Santa Monica, CA	Member
2010-Pres.	RAND Corporation, Board of Trustees; Santa Monica, CA	Member
2006-Pres.	Multicultural Education Training and Advocacy (META) Project, Board of Directors; Somerville, MA	Member
2006-2007	Smithsonian Latino Center, Board of Directors; Washington, DC	Member
2001-Pres.	RAND Health, Advisory Board; Santa Monica, CA	Member
2001-2011	Hispanic Heritage Foundation, Board of Directors; Washington, DC	Chair
1999-2010	BNY/Mellon-United Bank, Board of Directors; New York, NY	Member

1999	W. K. Kellogg Foundation, Fellowship in Health Policy Research Selective Committee; New York, NY	Participant
1999	Department of Health and Human Services, Agency for Health Care Policy & Research, Minority Health Services; Rockville, MD	Participant
1998-Pres.	RAND Pardee Graduate School, Board of Governors; Santa Monica, CA	Charter Member
1996-2007	RAND Corporation, Board of Trustees; Santa Monica, CA	Member
1996-1998	Physicians for Human Rights Board; Boston, MA	Member
1995-1999	National Hispanic Scholarship Board; Novato, CA	Member
1994-1999	Drug Strategies National Board, Washington, DC	Member
1994-1995	Dr. Pepper/7 Up Companies, Inc., Board of Directors; Dallas, Texas	Member
1993-Pres	Comedy Relief USA, Inc., Board of Directors; New York, NY	Member
1993	Presidential Health Professional Review Group, President Clinton; Washington, DC	Member
1993	Governor Clinton's Transition Team for Health Care; Washington, DC	Member
1992-1998	National Council of La RAZA; Washington, DC	Member
1992-1995	Drug Policy Research Center, Advisory Board; Santa Monica, CA	Chair
1991-Pres.	Hispanic Heritage Foundation, Board of Directors; Washington, DC	Member
1990-2003	Drug Policy Research Center, Advisory Board; Santa Monica, CA	Member
1989-1995	Cuban American National Council, Executive Committee; Miami, FL	Member
1988	Health Care for the Homeless, National Advisory Council; Washington, DC	Member
1987-2000	Cuban American National Council, Board; Miami, FL	Member

State/Local

2004-Pres.	Orange Bowl Committee; Miami Lakes, FL	Hon. Member
2002-2005	State of Florida, Department of Elderly Affairs Advisory Council; Tallahassee, FL	Chair, Gov. Appointee
2002-2003	Miami-Dade County Mayor's Health Care Task Force; Miami-Dade County, FL	Member
2002	Destination Florida Committee; Miami, FL	Member, Gov. Appointee
1999-2001	Camillus House, Board of Directors; Miami, FL	Chair
1998-Pres.	Junior League of Miami, Community Advisory Board; Miami, FL	Member
1997	State of Florida, Department of Elderly Affairs, Committee; Tallahassee, FL	Chair
1995-Pres.	University of Florida Foundation, Board of Directors; Gainesville, FL	Member
1994-2001	Miami-Dade County Homeless Trust Board; Miami-Dade County, FL	Member
1994-1998	Catholic Health Services, Board of Directors; Lauderdale Lakes, FL	Member
1992-2002	Miami Coalition for a Drug Free Community, Board of Directors; Miami, FL	Member
1992-1998	United Way of Dade County, Board of Directors	Member
1992-1994	Governor's Commission of the Homeless, Ad-Hoc; Tallahassee, FL	Member
1992-1994	We Will Rebuild, Board of Directors; Miami, FL	Member
1992-1993	Miami Coalition for the Homeless, Board of Directors; Miami, FL	Member
1992	Dade County, Public Health Trust, Citizens Advisory Board	Member
1992	Migrant Camps, Hurricane Andrew Relief: University of Miami School of Medicine, United Way, & Camillus Health Concern	Coordinator
1991-1992	Indigent Health Care Task Force for Dade County; Miami, FL	Chair
1990	Dade County, Committee for Health Reform, ad-hoc; Dade County, FL	Member
1989-2001	Camillus House, Board of Directors; Miami, FL	Member
1989-1993	Catholic Community Services, Board of Directors; Miami, FL	Member
1989-1991	Safe Space – Shelter for Battered Women, Advisory Board	Member
1988-2001	Camillus Health Concern, Board of Directors	Member
1988	Homeless, Missing, and Exploited Children of Dade County, Board; Miami, FL	Member
1988	Greater Miami Chamber of Commerce, Task Force for the Homeless; Miami, FL	Member
1986-1987	Miami Coalition for the Homeless, Board of Directors; Miami, FL	Member

INVITED PRESENTATIONS

International Topics

Year	Type	Occasion/Event	Topic	Location
2017	Panelist	25th Anniversary International Conference of the Netter Center for Community Partnerships, University of Pennsylvania	Community Health	Philadelphia, PA
2017	Panelist	25th Anniversary International Conference of the Netter Center for Community Partnerships, University of Pennsylvania	Community Health	Philadelphia, PA
2017	Presenter	AMEE Symposium, AMEE (International Association for Medical Education)	ASPIRE in Social Accountability	Helsinki, Finland
2013	Speaker	TEDx at Florida International University	Social Determinants of Health and Medical Curriculum Reform	Coconut Grove, FL
2012	Keynote	American University of the Caribbean School of Medicine, St. Maarten, Graduating Class of 2012	Social Justice	St. Maarten
2012	Speaker	TEDx at Coconut Grove, FL	Moving Upstream: Social Determinants of Health	Coconut Grove, FL
2010	Keynote	American University of the Caribbean School of Medicine, St. Maarten, Graduating Class of 2010	Social Justice	St. Maarten
2006	Speaker	Princeton University, Princeton-Harvard Cuba Conference	"Juventud Despierta", "Capacity of the Cuban Diaspora"	Newark, NY
2004	Keynote	Caring Institute, 22nd National Association for Homecare & Hospice, 3rd World Congress on Homecare and Hospice	Social Responsibility in Health Care	Orlando, FL
2003	Speaker	International Symposium A Practical Approach to Infectious Diseases – 2003	New Horizons in Hepatitis C Infections	Miami, FL
2000	Keynote	5th Annual International Conference, International Institute of Human Understanding, Human Understanding	The Art of Being	Coconut Grove, FL
2000	Panelist	Panelist, LASA Conference	Cuban Miami's Multiple Identities, Memories, Myths and Realities	Miami, FL
1999	Presentation	XVIII Seminario Medicino Latino Americano, Mercy Hospital	Hepatitis C: Current Therapy	Miami, FL
1997	Convocation Lecture	Alpha Omega Alpha (A.O.A.) Convocation Lecture, Ponce School of Medicine	Social Justice	Ponce, PR
1997	Speaker	Medical Grand rounds, Damas Hospital, Ponce School of Medicine	Viral Hepatitis A-E	Ponce, PR
1989	Presentation	5th International AIDS Conference	HIV Zero-Positivity in a Homeless Clinic	Montreal, Canada

National Topics

Year	Type	Occasion/Event	Topic	Location
2019	Keynote	Future of Medicine Symposium	Roseman University Summerlin Campus	Las Vegas, NV
2019	Keynote	4th Quarterly Faculty Development Meeting, CDU College of Medicine	Innovation in Clinical Education across the Medical Education continuum	Los Angeles, CA
2018	Lecturer	Developing a Curriculum for Health Professionals Guided by Social Determinants of Health and Community Engagement Seminar, University of Pennsylvania School of Medicine and School of Nursing	Social Accountability Where It Matters	Philadelphia, PA
2018	Panelist	Health Journalism 2018	Transforming Medical Education: How are Medical Schools Adjusting?	Phoenix, AZ
2017	Moderator	Aetna Hispanic Heritage Month Signature Event	A Conversation with Dr. Joe Greer	Hartford, CT
2017	Keynote	GI Roundtable Conference: Patient and Community Engagement	Patient and Community Engagement – My perspective	Fort Worth, TX
2017	Lecture	Golden Apple Distinguished Lecture, East University Heart Institute	Why Physicians Need to Save the World	Greenville, NC
2017	Keynote	Patient and Community Engagement - My Perspective, GI Roundtable Conference	Social Determinants of Health and the Future of Health Education	Forth Worth, TX
2017	Speaker	The U.S. News Healthcare of Tomorrow Conference	Addressing the Social Determinants of Health	Washington, DC
2017	Commencement Speaker	University of Illinois College of Medicine	Social Responsibility of Physicians and Health Professions	Chicago, IL
2016	Speaker	10th Annual Future of Medicine Summit	The Quest for Healthy Aging- Mind, Body and Spirit	West Palm Beach, FL
2016	Moderator	10th Annual SFHHA Healthcare Summit	How Health Systems Can Support Population Health Management	Davie, FL
2016	Moderator	2016 AAHC Global Issues Forum	Leadership in Social Determinants of Health Education	Washington, DC
2016	Speaker	2016 AMSA Convention	Bringing the Social Mission to Your School	Washington, DC
2016	Keynote	2016 CIR (Committee of Interns and Residents) National Convention SEIU Healthcare	The Role We Play in the Future of Health in America	Philadelphia, PA
2016	Speaker	AAMC 2016 Lean Serve Lead	Excellence in Medical Education: Standards for Best Practice	Seattle, WA
2016	Speaker	Beyond Flexner 2016	Maintaining, Starting and Expanding the Social Mission of Medical Schools	Miami, FL
2016	Speaker	Gold Humanism Conference, Thomas Jefferson University	Why We Need to Save the World, the Physicians Role	Philadelphia, PA
2016	Keynote	Internal Medicine/Medical Humanities Grand Rounds, SIU School of Medicine	How Medical Schools and their Curricula Can make America Better	Springfield, IL

2016	Speaker	JSU RCMI Distinguished Seminar Series, Jackson State University	Changing Medical Education	Jackson, MS
2016	Speaker	Medicine Grand Rounds, New York Medical College at Westchester Medical Center	Changing Medical Education	Valhalla, NY
2016	Keynote	RWJF Clinical Scholars 2016 Annual Meeting	Changing Medical Education	Atlanta, GA
2016	Speaker	The George Washington University, Internal Medicine Ground Rounds	How Medical Schools Curricula Can Make America Better	Washington, DC
2015	Plenary	11th Annual AAMC Health Workforce Research Conference	Innovations in Caring for Underserved Communities	Alexandria, VA
2015	Speaker	9th Annual Future of Medicine Summit: Innovations in Healthcare Delivery	Innovations in Healthcare Delivery Systems	West Palm Beach, FL
2015	Moderator for Plenary	Beyond Flexner	Education and Social Mission	Albuquerque, NM
2015	Presentation	Institute of Medicine, The National Academies of Sciences Engineering Medicine	Educating Health Professionals to Address the Social Determinants of Health A Consensus Study	Washington, DC
2015	Keynote	RAND Faculty Workshop: Conversations with Dr. Pedro Greer Jr. MD	Diversifying the Medical Profession through Community Engagement and Outreach	Santa Monica, CA
2015	Keynote	The Dartmouth Symposium on Health Care Delivery Science	Diffuse, Maintain, Sustain: Making Change Stick	Hanover, NH
2014	Lunch conv. with students	Baylor College of Medicine	Tomorrow's Medicine: How DO We Make the World Healthier	Houston, TX
2014	Keynote	Catholic Health Partners Governance Annual Retreat Meeting	Social Justice	Miami, FL
2014	Keynote	Gold Humanism Honor Society Induction Ceremony, University of Washington	Physicians Responsibility to the Most Vulnerable	Seattle, WA
2014	Speaker	Howard Dorsey Still (HDS) Lecture. Harvard Medical School	Social Justice and Healthcare, Why We Need to Save the World?	Boston, MA
2014	Keynote	San Jose Clinic Speaker Series Luncheon	Healthcare Crossroads: Influencing Policy and Social Responsibility	Houston, TX
2013	Keynote	2013 Together on Diabetes Grantee Summit, Bristol-Myers Squibb Foundation	Social Determinants and Social Justice	Atlanta, GA
2013	Keynote	American Diabetes Association, 6th Annual Disparities Partnership Forum	Model for Transforming a High Risk Community	Arlington, VA
2013	Keynote	Meharry Medical College	Immigrant Population and Social and Financial Implications That They Place On The Healthcare System	Nashville, TN
2013	Speaker	National Association of Free & Charitable Clinics Annual Summit	Waking up America: Why we should Save the World	Baltimore, MD
2013	Keynote	UMDJNJ- New Jersey Medical School Humanism Day	Humanism, Medicine, and Social Accountability	Newark, NJ

2013	Keynote	University of Colorado Denver School of Medicine - 2013 Gold Humanism Honor Society Inaugural Event Denver	Social Justice and Humanism	Colorado
2013	Guest	University of St. Louis, Sharing Responsibility, Improving Community Health	Sharing Responsibility, Improving Community Health	St. Louis, MO
2013	Speaker	University of Texas School of Dentistry of Houston. Ethics Forum, Escaping your Ethics Jail: Inter-Professional Ethics Education	What is ethics competency? Dispatches from the front line of a new integrated curriculum	Houston, TX
2013	Keynote	West Virginia University, Diabetes Symposium & Workshop: Bridging the Gap in Education	The Value of Cultural Diversity	Morgantown, WV
2012	Keynote	Harvard Medical School, 2012 Latino Medical Student Association	Social Justice	Boston, MA
2012	Keynote	University of Michigan Health Systems, Leadership Day	Social Justice, the Social Determinants of Health, and the Responsibilities of Healthcare Providers	Detroit, MI
2012	Commencement Speaker	Wayne State University, 2012 Graduation Commencement	Social Justice	Detroit, MI
2011	Keynote	Academy of Managed Care Pharmacy, AMCP'S 2011 Educational Conference General Session	Impact of Social Determinants	Atlanta, GA
2011	Keynote	Christus Health: Disparity in Healthcare in America	Disparity in Healthcare in America	Santa Fe, NM
2011	Speaker	The Colorado Health Symposium 2011, Colorado State of Mind	Social Determinants of Health and Social Justice	Denver, CO
2011	Commencement Speaker	UTMB School of Medicine Commencement	Why The Worlds Is Yours To Save	Galveston, TX
2010	Keynote	AMSA (American Medical Student Association) 60th Anniversary Annual Conference	Social Justice and Social Determinants of Health	Anaheim, CA
2010	Keynote	The University of Toledo College of Medicine	Issues in Migrant Worker Health	Toledo, Ohio
2010	Keynote	University of Chicago College of Medicine	Has American Medical Education Kept Up With The Needs of America	Chicago, IL
2009	Panelist	Chicago Contributes, Health Care Panel, University of Chicago	Chicago Contributes	Chicago, IL
2009	Keynote	Harvard University	Latinos in Health Care	Boston, MA
2009	Panelist Annual CDC	Session Using Healthcare Reform to Create Community Centric Efforts	Social Determinants of Health and Healthcare Reform	Washington, DC
2009	Keynote	Sisters of Charity of Leavenworth Health Systems	Maintaining Mission In Today's Society	Phoenix, AZ
2009	Lecture	Williams College	Health, Humanities, and Society	Williamstown, MA
2008	Keynote	St James Mercy Hospital	Social Justice and Healthcare in America	Hornell, NY
2007	Keynote	Seventeenth Annual Regional Conference, NNLAMS Midwest Region, University of Michigan Medical School	Salud Sin Barreras: Healthcare For All	Detroit, MI

2006	Keynote	91st Annual Catholic Health Assembly, Catholic Health Association	The Next Generation of Community Benefit From Random Acts of Kindness to Strategic Thinking	Orlando, FL
2006	Keynote	Community Benefit Conference	How to Inspire and Be Inspired by Physicians in Healthcare	Phoenix, AZ
2006	Keynote	University of Florida, 16th Annual HIV Conference	Keeping with the Pace: An HIV Update, Dealing with Recalcitrant Patients: Tips From The Trenches	Gainesville, FL
2005	Speaker	Medical Grand Rounds, Department of Medicine, University of Medicine and Dentistry of New Jersey, UMDNJ	Medical Consequences of Inappropriate Social and Public Policies	Newark, NJ
2005	Keynote	SACE (Southern Association of College Employees), Annual Meeting	Social Justice	Miami, FL
2005	Commencement Speaker	Salem State College, 151st Commencement	Social Justice	Salem, MA
2005	Guest Lecturer	Stone Hill College, Martin Institute, Craig Higgins' "Class Healthcare Foundations & Evolutions."	Lack of Social Justice in our Healthcare System	Easton, MA
2005	Keynote	Stone Hill College, Martin Institute: Department of Public Health: The Peter Mareb Memorial Lectures	Social Justice	Easton, MA
2004	Keynote	Duke University	Importance of Social Justice in Medicine and The Ability to use one's Medical Profession to Better One's Community	Raleigh Durham, NC
2004	Keynote	Orientation of first year Medical Students, University of Illinois	Book Talk	Chicago, IL
2004	Commencement Speaker	Stone Hill College, Stonehill 53rd Commencement	Social Justice	Easton, MA
2003	Disting. Lecture	Brown Medical School 2002-2003 Charles O. Cooke, M.D. Distinguished Visiting Lecture	Sun, Fun, Politics and Suffering: What Happens to Patients When Doctors don't Speak Up	Providence, RI
2003	Keynote	Exxon-Mobil Headquarters Hispanic Heritage	Minorities in Engineering, Math, and Science	Mclean, VA
2003	Keynote	HISPANIC Magazines Achievement Awards	Social Justice	San Francisco, CA
2003	Keynote	Iowa Hospital Association 74th Annual Meeting and Trade Show	Social Justice	Des Moines, Iowa
2003	Keynote	People en Español Magazine Senior Staff Retreat	Corporate Responsibility	Phoenix, AZ
2003	Keynote	University of the Pacific, Latino Leadership Conference (El Concilio)	Social Justice	Stockton, CA
2002	Keynote	Society of Gastroenterology Nurses and Associates (SGNA), Annual Meeting	Social Justice	Phoenix, AZ
2002	Keynote	ULAMS Regional Conference, UT Southwestern Medical School	Social Justice	Dallas, TX
2001	Lecture	Begando Lecture Series Humanities in Medicine, University of Illinois, Chicago, Medical School	Humanities in Medicine	Chicago, IL

2000	Keynote	10th Annual National Abandoned Infants Assistance Grantees Conference, University of California at Berkeley	A1A, A Decade of Helping Families Achieve Healthy Futures	Washington, DC
2000	Keynote	14th Annual Conference HIV/AIDS Jekyll Island	HIV, Hepatitis C, and Social Factors	Jekyll Island, GA
2000	Speaker	2000 National Healthcare for the Homeless Conference, Screening, Diagnosis, Treatment.	Hepatitis C Among Homeless People	Denver, CO
2000	Keynote	Columbia University, Alumni Club of Miami	Social Justice and a Physicians' Responsibility	Miami, FL
2000	Presenter	Health Affairs, Presenter, Narrative Matters	Personal Stories and the Making of Health Policies	Arlie House, VA
2000	Keynote	Hispanic Heritage Festival	The Responsibility of Our Roles for Improving the World	Brunswick, NJ
2000	Keynote	Northwest Regional Primary Care Association	Social Justice	Denver, CO
2000	Keynote	United Way National De Tocqueville Meeting	Social Responsibility translating into Social Justice	Coral Gables, FL
2000	Keynote	United Way, Alexis De Tocqueville Society of Denver	Book Talk	Denver, CO
2000	Keynote	University of Alabama at Birmingham, VA Medical Center, Recognition Ceremony for Graduating Residents	Book Talk and Social Responsibility	Birmingham, AL
1999	Keynote	13th Annual Minority Health Conference, University of Michigan	Facing the Public Health Challenges of Tomorrow: Fresh Perspectives for the New Millennium	Ann Arbor, MI
1999	Lectures	First Year Medical students and High School students regarding, Dearborn Fordson High School	Outreach to the Arabic Community of Greater Detroit	Detroit, MI
1999	Keynote	Health Occupations Partner in Education (HOPE), Ypsilanti High School	Future Opportunities for All Students	Detroit, MI
1999	Lectures	Seminars in Medicine, Third Year Medical Class, University of Michigan Medical School, Office of Multi-Ethnic Student Affairs	Various Topics	Ann Arbor, MI
1999	Keynote	Student National Medical Association (SNMA), 34th Annual National Medical Educational Conference	Diversity in Medicine: The Lifeline to Culturally Sensitive Healthcare	Miami, FL
1998	Plenary	11th Annual Texas HIV/STD Conference at the Texas Department of Health	Poverty and Disease	Austin, TX
1998	Speaker	Harvard Medical School	Physicians and Poverty	Boston, MA
1998	Lecture	Massachusetts Institute of Technology (MIT), Minority Scientist's and Engineer's Roles in the Future of America	The Role of Minority Scientists in the U.S. and the World	Cambridge, MA
1998	Keynote	New England Biomedical Science Careers Program, sponsored by Commonwealth Fund and Harvard Medical School	Healthcare and the Homeless	Boston, MA
1997	Speaker	American Medical Student Association Annual Meeting, Homelessness and Student Responsibility	Issues of Physicians and Responsibility	Orlando, FL
1997	Keynote	National Hispanic Medical Association First Annual Meeting	Social Justice	Washington, DC

1997	Speaker	Physicians for Human Rights, 10th Annual Meeting	Health and Human Rights Issues in American Medicine	Boston, MA
1996	Speaking Series	Grand Rounds-The Dean Series, University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine	Our Responsibility as Physicians	Stratford, NJ
1996	Keynote	Masters in Pediatrics Annual Conference	Social Justice	Miami, FL
1996	Speaker	National Association of Commission on Women	Poverty and Women	Miami, FL
1995	Commencement Speaker	East Tennessee State University, Medical Honors Graduation	Physicians and Social Responsibility	Johnson City, TN
1995	Keynote	Indianapolis Statewide Conference on the Homeless	Homelessness and our Collective Responsibility	Indianapolis, IN
1995	Keynote	State of Louisiana, 5th Annual Homeless Conference	Physician Responsibility	Baton Rouge, LA
1994	Lecture	A.O.A. Lecture and Medical Grand Rounds, Emory University School of Medicine	Physicians and Social Responsibility	Atlanta, GA
1994	Commencement Speaker	New York Medical College, Carnegie Hall, 135th Graduating Class, New York	Physicians and Social Responsibility	New York
1993	Chair Briefing	Briefing to 103rd Congress on Drug Policy	Briefing on Drug Policy	Washington, DC
1993	Keynote	CSAP, Resource link II Annual Meeting, Washington Hilton	From Under the Bridges to the Executive Offices	Washington, DC
1993	Speaker	National Council of Jewish Women, Annual Luncheon	Social Responsibility	Miami, FL
1993	Speaker	The Forum, Institute of Politics at the John F. Kennedy School of Government, Harvard University	Current Policies with Homelessness	Cambridge, MA
1992	Keynote	Food Link, Annual Dinner	Physicians and Social Responsibility	Rochester, New York
1992	Speaker	Medical Grand Rounds, Department of Medicine, St. Mary's Hospital, University of Rochester	Medical Consequences of Healthcare and the Poor, a Physicians Responsibility	Rochester, New York
1991	Keynote	Critical Care Registered Nurse (CCRN), Annual Luncheon	Healthcare Professionals' Responsibility for the Indigent	Miami, FL
1990	Speaker	AAMS National Convention	Homeless Healthcare and a Multicenter Clinic	Washington, DC
1989	Presentation	Southern Medical Association Annual Meeting	Traumatic Neuromas as a cause of Post-Cholecystectomy Syndrome	Washington, DC
1988	Speaker	NACHC Regional Meeting	Health, Homelessness and Coalition Building	New Orleans, LA

Local and Regional Topics

Year	Type	Occasion/Event	Topic	Location
2019	Speaker	2019 Future of Healthcare Conference and Annual Meeting	The Joy of Medicine	Jacksonville, FL
2019	Keynote	8th Annual Senator Philip D. Lewis Luncheon	Homeless Coalition Keynote Address	West Palm Beach, FL

2017	Speaker	Bob Graham Center Public Program, University of Florida	What is a Citizens Responsibility to the Most Vulnerable	Gainesville, FL
2017	Speaker	Our Lady of Lourdes Academy	The Plunge Experience	Miami, FL
2016	Keynote	St. Anthony's Healthcare Foundation	Physicians and Social Justice	St. Petersburg, FL
2015	Lecture	Diversity Day, University of Florida	Innovation in Healthcare Education and Delivery: Why It Needs to Change	Gainesville, FL
2015	Keynote	Greater Kendall Business Association Luncheon	FIU Unique Approach to Improve Health in the Community	Miami, FL
2014	Keynote	Florida Association of Free and Charitable Clinics 2014 Annual Conference	Social Determinants of Health and its Influence on Health Outcomes	Orlando, FL
2014	Speaker	Florida State University College of Medicine. Humanism Grand Rounds	Physicians Roles and Responsibilities in Today's Society	Tallahassee, FL
2014	Keynote	Integrate HIMSS Fall Event 2014	Social Responsibility	Davie, FL
2014	Speaker	MDCC North Campus	Faces of the Homeless in an International City: Through the Eyes of the Artists	Miami, FL
2012	Speaker	Bob Graham Center for Public Service, University of Florida	Social Responsibility and Social Justice	Gainesville, FL
2011	Keynote	2011 NBCSK & NHCSL Promoting Healthy Lifestyles Conference	Social Responsibility	Miami, FL
2010	Keynote	University of Miami Primary Care Week	Physician Responsibilities in Society	Miami, FL
2009	Keynote	FIAC Community Forum: Immigrant Access to Healthcare	FIAC Community Forum: Immigrant Access To Healthcare	Miami, FL
2008	Keynote	Avera Health, Marriot City Center	Social Justice and Healthcare in America	Minneapolis, MN
2008	Keynote	Brevard County	Health Issues	Melbourne, FL
2004	Keynote	Barry University	Social Work Practice In These Troubled Times	Miami, FL
2004	Keynote	Grant Makers in Health Conference	Physicians and Healthcare System's Responsibility to the Poor	Ft. Lauderdale, FL
2004	Keynote	Miami-Dade Community College Honors Programs Students Orientation, Miami, Florida Wolfson Campus	Social Responsibility	Miami, FL
2004	Keynote	United Way of America, Alexis de Tocqueville Society	Our Responsibility to the Most Vulnerable	Sarasota, FL
2003	Keynote	31st Annual Dinner Benefiting the Central Florida Health Care Clinics	Social Responsibility in Health Care	Lake Wales, FL
2003	Keynote	Central Florida Health Care Coalition	Social Determinants and Social Responsibility of Health Care Professionals	Orlando, FL
2003	Speaker	Invited by Governor Jeb Bush, talk to Governors Senior staff, Leadership Forum	Social Responsibility	Tallahassee, FL
2003	Keynote	Kosher Food Bank, Grand Opening Ceremony	Social Justice and Social Responsibility	Miami, FL
2003	Keynote	The Golden Rule Awards Benefit	Healthcare and the Homeless	Immokalee, FL
2003	Commencement Speaker	University of Florida Medical School	Physician Responsibility and Social Justice	Gainesville, FL
2002	Keynote	Hope Program Indigent Care	Social Responsibility and Social Justice	Melbourne, FL
2002	Keynote	Minority Premedical Student Forum, University of Florida	Diversity, Responsibility, and Social Justice	Gainesville, FL

2002	Keynote Address	NACOPRW (National Conference of Puerto Rican Women), Miami Chapter	Social Justice	Miami, FL
2001	Keynote Address	Annual Junior National Honor Society Induction, George W. Carver Middle School	Social Responsibility Starts Now	Coconut Grove, FL
2001	Keynote	Belen Jesuit Preparatory School, Annual Book Fair	Waking up in America	Miami, FL
2001	Book Lecture	American Association of University Women, Miami Chapter	Book Lecture	Miami, FL
2001	Keynote	Florida International University, Annual Honors Awards Ceremony	Social Justice	Miami, FL
2001	Lecture	University of Florida Medical Students Annual Conference	Physicians and Poverty	Gainesville, FL
2001	Keynote	University of West Florida, John C. Pace Speaker Series	Social Responsibility	Pensacola, FL
2000	Speaker	Byblos Literary Feast 2000, Meeting of the Minds Novel Day for Students	Waking Up In America	Fort Lauderdale, FL
2000	Commencement Address	Commencement Address for Graduating Class of 2000, Palmer Trinity School	The Future and How You Can Make It Better	Miami, FL
2000	Keynote	Coral Gables Senior High School, National Honor Society	Social Responsibility	Miami, FL
2000	Keynote	Coral Reef Senior High School, International Baccalaureate Pinning Ceremony	Social Responsibility	Miami, FL
2000	Keynote	Florida AIDS Summit 2000 (AHEC)	AIDS Education Training	Jacksonville, FL
2000	Keynote	Florida Governor's Health Care Summit, Solutions for the Uninsured	Solutions for the Uninsured	Miami, FL
2000	Keynote	Luncheon, University of Tampa, Honors Program, State of Florida Junior Colleges	Book Talk	Tampa, FL
2000	Keynote	Media Appreciation Luncheon, Archdiocese of Miami	Social Justice	Miami, FL
2000	Keynote	Mercy Hospital	Liver Cancer Prevention in Hepatitis C	Miami, FL
2000	Keynote	Our Lady of Lourdes Academy, Annual Assembly, Book Talk	Waking up in America	Miami, FL
2000	Lecture	Pediatric Grand Round, University of Miami Department of Podiatry	Physicians -The Poor and Our Responsibility	Miami, FL
2000	Keynote	Public Education Foundation of Marion County, Leadership Ocala Class Frazier Graduation	Our Collective Social Responsibility	Ocala, FL
2000	Keynote	Selby Foundation, First Annual Scholar Symposium	Book Talk	Sarasota, FL
2000	Keynote	University of Florida, Hispanic Student Association	Book Talk	Gainesville, FL
2000	Keynote	University of Miami, Primary Care Week	Innovative Approaches to Health Care	Miami, FL
2000	Keynote	Workshop, Hispanic Student Forum, University of Florida	Responsibility and Compassion	Gainesville, FL
1999	Speaker	Festival of Readings	Waking Up In America	St. Petersburg, FL
1999	Keynote	Florida Alcohol & Drug Abuse Administration (FADAA) 15th Annual Multicultural Symposium	Just the Facts Alcohol & Drug Abuse in Hispanics	Hollywood, FL
1999	Speaker	Miami International Book Fair	Waking Up In America	Miami, FL

1999	Speaker	Nursing Management of HIV Disease Workshops Jackson Memorial Medical Center, Florida AIDS Education and Training Center, Association of Nurses in AIDS Care, Metro Miami Chapter	HIV & the Homeless	Miami, FL
1999	Speaker	Sarasota Reading Festival	Waking Up In America	Sarasota, FL
1998	Keynote	2nd Annual Conference of the Melissa Institute for Violence Prevention and Treatment at the Victor E. Clarke Educational Center, South Miami Hospital	Physicians and Social Responsibility	Miami, FL
1998	Collaborative Presentation	Community Epidemiology Work Group Meeting	HIV Surveillance of Drug Abuse and Sexual Risk Behaviors among homeless persons in Miami-Dade County, Florida	Miami, FL
1998	Keynote	Florida Department of Health, Bureau of HIV/AIDS Conference	The Future of HIV Counseling and Testing, Advanced Concepts and Techniques	Orlando, FL
1998	Keynote	Health Care Heroes Award, Greater Miami Chamber of Commerce	Social Responsibility and Professional Responsibility	Miami, FL
1998	Keynote	Walden University, Policy and the Advocates	Policy and Advocacy	Miami, FL
1996	Commencement Speaker	Mast Academy	How You Can Make the World Better	Miami, FL
1996	Speaker	University of Florida School of Medicine	How to Make a Living and a Difference	Gainesville, FL
1995	Convocation Speaker	A.O.A. Convocation Speaker and Medical Grand Rounds, University of Florida School of Medicine	Physicians and Responsibility	Gainesville, FL
1995	Commencement Speaker	Palmer-Trinity School	How You Can Make the World Better	Miami, FL
1993	Keynote	Florida Homeless Conference	Healthcare for the Homeless	Tallahassee, FL
1993	Commencement Speaker	Ransom Everglades High School	How You Can Make the World Better	Miami, FL
1993	Speaker	Sarasota General Hospital	Health and the Homeless	Sarasota, FL
1993	Keynote	University of Miami School of Medicine, Student Council Convention, Health Reform In Our Future	Health Reform in Our Future	Miami, FL
1992	Commencement Speaker	Barry University School of Nursing	Social Responsibility	Miami Shores, FL
1992	Speaker	Barry University School of Podiatric Medicine, Senior Students	Indigent Care	Miami, FL
1992	Keynote	FADA (Florida Alcohol and Drug Association) Annual Meeting	Societal Factors, Drugs, and Behavioral Health	Ft. Lauderdale, FL
1992	Keynote	Leadership Florida	Social Responsibility	Miami, FL
1992	Speaker	Medical Grand Rounds, Department of Medicine University of Florida, College of Medicine	Physicians Responsibility, Not Just To Patients, But to Society	Gainesville, FL
1991	Keynote	Alpha Epsilon Delta (Premed Honor Society) Annual Dinner and Induction, University of Miami, Marriot Hotel	Social Responsibility	Miami, FL
1991	Speaker	Barry University School of Podiatric Medicine, Senior Students	Indigent Care	Miami, FL
1991	Keynote	Health Issues Conference, University of Florida College of Medicine	Indigent Care	Gainesville, FL
1991	Speaker	The Homeless, University of Miami School of Law	Law and Poverty	Miami, FL

1991	Commencement Speaker	University of Miami School of Business	Inappropriate Social Policy	Coral Gables, FL
1990	Keynote	Best of the Class, (Graduating Seniors, Tri-county Area) WBFS TV, Atlantis Water Park	Social Responsibility	Paradise Island, Bahamas
1990	Speaker	Catholic Community Services Annual Conference, Social and Economic Justice	Health Care and the Homeless: A Local Approach	Miami, FL
1990	Speaker	Children in Crisis Conference, University of Miami	Homelessness in the United States	Miami, FL
1990	Keynote	Holy Cross Hospital (Luz del Mundo Clinic)	Responsibility as Healthcare Providers to the Most Vulnerable	Ft. Lauderdale, FL
1990	Speaker	Omicron Delta Epsilon Leadership Conference, University of Miami	Ethics In America	Coral Gables, FL
1990	Keynote	Public Interest Seminar University of Miami School of Law	AIDS and the Homeless	Coral Gables, FL
1990	Keynote	University of Miami School of Law Homelessness and the Law	Medical Consequences of the Law and Homelessness	Coral Gables, FL
1989	Speaker	Conference on Homeless, Mental Illness and Health, University of South Florida	Health Aspects of the Homeless	Tampa, FL
1989	Speaker	Homeless Symposium, Barry University	Health and Homelessness	Miami Shores, FL
1989	Speaker	University of Miami School of Law	Volunteers and the Homeless	Coral Gables, FL
1988	Speaker	Barry University, School of Nursing	Health Care and the Homeless	Miami Shores, FL
1988	Keynote	Career Day, Cuban American National Council & Dade County School Board	Your Future and Your Responsibility	Miami, FL
1987	Speaker	Medical Grand Rounds University of Miami School of Medicine/Department of Medicine	The Plight of the Homeless in an Affluent Society	Miami, FL
1987	Lecture Series	Emergency Lecture Series to University of Miami/Jackson Memorial Hospital Interns	Approach to the Homeless Emergency Room Patient	Miami, FL

SERVICE TO PROFESSIONAL PUBLICATIONS

Reviewer, American Journal of Public Health
Reviewer, Health Policy Journal
Reviewer, The Journal of Family Practice
Editorial Board Member, Medico Interamericano

RESEARCH AND CREATIVE OPPORTUNITIES

PEER-REVIEWED PUBLICATIONS

11. **Greer PJ,** Brown DR, Brewster LG, Lage OG, Esposito KF, Whisenant EB, Anderson FG, Castellanos NK, Stefano TA, Rock JA. Socially Accountable Medical Education: An Innovative Approach at Florida International University Herbert Wertheim College of Medicine. Acad. Med. 2018;93(1):60-65. doi: 10.1097/ACM.0000000000001811.

10. Campa A, Martinez SS, Sherman KE, **Greer PJ**, Li Y, Garcia S, Stewart T, Ibrahimou B, Williams OD, Baum MK. Cocaine Use and Liver Disease are Associated with All-Cause Mortality in the Mia mi Adult Studies in HIV (MASH) Cohort. J Drug Abuse. 2016;2(4):1-21. doi: 10.21767/2471-853X.100036.

9. Rock JA, Acuña JM, Lozano JM, Martinez IL, **Greer PJ**, Brown DR, Brewster L, Simpson JL. Health impact of an academic community partnership for medical education: Evaluation of a novel student-based home visitation program. South Med J. 2014 Apr; 107(4):203-11. doi: 10.1097/SMJ.0000000000000080.

8. Parsons M, Campa A, Lai S, Li Y, Martinez JD, Murillo J, **Greer PJ**, Martinez SS, Baum MK. Effect of GSTM1-Polymorphism on Disease Progression and Oxidative Stress in HIV Infection: Modulation by HIV/HCV Co-Infection and Alcohol Consumption. J AIDS Clin Res. 2013 Aug 31;4(9):10002337. doi: 10.4172/2155-6113.1000237.

7. Fogel R, Rams H, **Greer PJ**, Jacobs M, Plasencia G, Gomez E, De Fogel JF. Investigating the Safety of Weight Reduction Via Endoluminal Vertical Gastroplasty – A U.S. Pilot Study with 6 Months Follow-Up. Gastrointestinal Endosc. 2008 Apr;67(5): S1478. doi: 10.1016/j.gie.2008.03.293.

6. Schultz JM, **Greer PJ**, LaLota M, Garcia LM, Valverde E, Collazo R, Waters M, McCoy CB. HIV seroprevalence and risk behaviors among clients attending a clinic for the homeless in Miami/Dade County, Florida, 1990-1996. Popul Res Policy Rev. 1999;18:357-372. doi: 10.1023/A:1006232827339.

5. Fournier AM, Tyler R, Iwasko N, LaLota M, Shultz J, **Greer PJ**. Human Immunodeficiency virus among the homeless in Miami: A new direction for the HIV Epidemic. Am J Med. 1996 May;100(5):582-584. doi: 10.1016/S00029343(95)000194.

4. Fournier AM, Perez-Stable A, **Greer PJ**. Lesson From a Clinic for the Homeless: The Camillus Health Concern. JAMA 1993;270(22):2721-2724. doi: 10.1001/jama.1993.03510220077038

3. **Greer PJ**, Lacayo L, Reiner DK, Smoak WM, Barkin JS. The rim sign: the ghostly portender of acute cholecystitis. Am J Gastroenterol. 1992 May;87(5):627-9.

2. Schultz J, **Greer PJ**, et al. Characteristic and Risk Behavior in Homeless Black Male Seeking Service from the Community Homeless Assistance Plan – Dade County, Florida, August 1991. MMWR Morb Mortal Wkly Rep. 1991 Dec 20;40(50): 865-868.

1. Hasan FA, Jeffers LJ, Dickinson G, Otrakji CL, **Greer PJ**, Reddy KR, Schiff ER. Hepatobiliary Cryptosporidiosis and Cytomegalovirus Infection Mimicking Metastatic Cancer to the Liver. Gastroenterology 1991;100:1743-1748.

INVITED EDITORIALS, SOLICITED PERSPECTIVES, COMMENTARIES & LETTERS

7. **Greer PJ**. Who is Accountable for Society's Health? Implications for Future Directions. Journal on Anchor Institutions and Communities 2016;1:52-55. Available at: https://www.margainc.com/wp-content/uploads/2017/05/AITF_Journal_2016_Vol_1.pdf

6. **Greer PJ**. Perspective: Medical Education – A Focus on Social Accountability. Minnesota Health Care News 2016 May;14(5):8. Available at: https://issuu.com/mppub/docs/mn_healthcare_news_may_2016.

5. **Greer PJ**. Editorial: Is Health Reform Dead? USA Today 1994 Jun 2.

4. **Greer PJ**. La Salud Como David Y Goliat. El Nuevo Herald 1993 Dec 1.

3. **Greer PJ**. Op/Ed: Homelessness. Miami Herald 1993 Sept 26.

2. **Greer PJ**. A Letter from Homestead, Florida. The Courtland Forum 1992 Nov:138-144.

1. **Greer PJ**. Editorial: Homelessness and Children. International Pediatric Journal 1991;6(30):249.

BOOKS

2. **Greer PJ**, with Balmaseda L. Waking up in America: How One Doctor Brings Hope To Those Who Need It Most. Paperback. New York, NY: Touchstone; 2001.

1. **Greer PJ**, with Balmaseda L. Waking up in America: How One Doctor Brings Hope To Those Who Need It Most. Hardcover. New York, NY: Simon & Schuster Publishing; 1999.

BOOK CHAPTERS

3. **Greer PJ**, O'Connell JK. Hepatitis C Virus. In: O'Connell JK, Swain SE, Daniels CL, Allen JS, eds. The Health Care of Homeless Persons: A Manual of Communicable Diseases & Common Problems in Shelters & on the Streets. Boston, MA: The Boston Health Care for the Homeless Program, Guthrie Nixon Smith Printers; 2004:41-46.

2. Moreno MD, Jose N, **Greer PJ**. Co-infection with Hepatitis B & C. In: Steinhart CR, Orrick JJ, Simpson K, eds. HIV/AIDS Primary Care Guide. Gainesville, FL: Florida AIDS Education and Training Center; 2002.

1. **Greer PJ**, Munhall PL. The Culture of Poverty and Backyard Efforts. In: Munhall PL, Fitzsimons V, eds. The Emergence of Women in the 21st Century. Sudbury, MA: Jones & Bartlett; 1995: 75-83.

ABSTRACTS AND POSTERS

25. Lage OG, Esposito K, Bonnin R, Raventos V, Naranjo M, Li Y, Whisenant E, Brown D, **Greer PJ**. Utilizing Service Learning to Assess Students Perceptions of Interprofessional Teams (Follow-Up). Poster presentation at the: AMA Accelerating Change in Medical Education Consortium , Spring Conference; April 2018; Providence, RI.

24. Lage OG, Esposito K, Bonnin R, Raventos V, Naranjo M, Li Y, Whisenant E, Brown D, **Greer PJ**. Utilizing Service Learning to Assess Students Perceptions of Interprofessional Teams. Poster presentation at the: AMA Accelerating Change in Medical Education Consortium , Spring Conference; April 2017; Providence, RI.

23. Lage OG, Raventos V, Naranjo M, Bonnin R, Esposito K, Whisenant E, Brown D, **Greer PJ.** Longitudinal Interprofessional Assessment Tools for NeighborhoodHELP®. Poster presentation at the: AMA Accelerating Change in Medical Education Consortium, Spring Conference; March 2017; Scottsdale, AZ.

22. Whisenant E, Lage OG, Brown D, **Greer PJ**. Teaching Household Centered Care, Interprofessional Teamwork and Social Accountability through a Longitudinal Service Learning Curriculum. Innovation Oral Presentation at: Learn, Serve Lead: The 2016 AAMC Annual Meeting; November 2016; Seattle, Washington.

21. Brewster L, **Greer PJ**, Brown DR, Fluney E, Ryan GW, Lacroix S, Stewart A, Bendaña H. Social Determinants of Health Specialists: The role of community-based organizations in the household-centered care approach. The Beyond Flexner Conference; September 16, 2016; Miami, FL.

20. Lage OG, Whisenant E, Chonin A, Farnsworth B, Brown DR, **Greer PJ**. Florida International University Herbert Wertheim College of Medicine: Teaching social determinants of health through community immersion, reflection, and diverse interprofessional student teams. AMEE 2016 (abstract); August 16, 2016.

19. Garba NA, Lage OG, Whisenant E, Wells A, Brown DR, Anderson F, Brewster L, Pedoussaut M, **Greer PJ.** NeighborhoodHELP® Linking Communities and Primary Care with a Focus on the Social Determinants of Health, Household-Centered Care, and Community Partnerships. Bringing Public Health & Primary Care Together: The Practical Playbook National Meeting; May 22-24, 2016.

18. Lage OG, Esposito K, Brown D, Whisenant E, **Greer PJ**, Rock J. Innovation in Education and Healthcare Delivery: Herbert Wertheim College of Medicine. Poster presentation at: AMA Accelerating Change in Medical Education Consortium, Spring Conference; March 2016; Hershey, PA.

17. Brown D, Brewster L, Towe V, Chen P, Valdez L Ta A, Metula A, Camps Romero E, Rockowitz E, Ryan G, and **Greer PJ**. Evaluation framework for a new model of integrated sociomedical outreach at Florida International University. Poster Presented at 45th Annual Urban Affairs Association Conference. Miami, FL, April 10, 2015

16. Stewart T, Campa A, Fleetwood C, Li Y, Martinez SS, Ramamoorthy V, Ibrahimou B, **Greer PJ**, Murillo J, Sherman KE, Baum MK. Bacterial translocation, oxidative stress, the fibrogenic cytokine TGF-β1 and liver fibrosis in a subset of the Miami Adult Studies on HIV (MASH) cohort. Poster presented at: HIV & Liver Meeting; Sept 18-20, 2014; Jackson Hole, WY.

15. Martinez SS, Campa A, Sherman K, Li T, Li Y, Murillo J, **Greer PJ**, Stewart T, Ramamoorthy V, Dizon K, Fleetwood C, Baum MK. Low plasma zinc is associated with higher mitochondrial DNA 8-hydoroxyguanosine (8-oxo-dG) and faster liver fibrosis in the Miami adult studies in HIV (MASH) Cohort. Poster presented at: HIV & Liver Meeting; Sept 18-20, 2014; Jackson Hole, WY.

14. Baum MK, Martinez S, Sherman K, Williams O, Li Y, **Greer PJ**, Murillo J, Stewart T, Fleetwood C, Ramamoorthy V, Dizon K, Alvarado G, Sneji A, Seminario L, Charlesworth A, Campa A. Association of hepatocyte apoptosis and cocaine use in the Miami adult studies in HIV (MASH) cohort. Poster exhibition at: 20th International AIDS Conference; July 20-25, 2014; Melbourne, Australia.

13. Campa A, Martinez SS, Sherman K, Li Y, **Greer PJ**, Murillo J, Stewart T, Fleetwood C, Ramamoorthy V, Alvarado G, Sneji A, Seminario L, Charlesworth A, Baum MK. Heavy Alcohol Use is Associated with Hepatocyte Apoptosis in the Adult Studies in HIV (MASH) Cohort. Poster exhibition at: 20th International AIDS Conference; July 20-25, 2014; Melbourne, Australia.

12. Baum MK, Sherman KE, Martinez SS, **Greer PJ**, Stewart T, Jacobs C, Luisi S, Dizon K, Campa A. Microbial Translocation, Immune Activation, Apoptosis and Liver Fibrosis in the MASH Cohort. Poster presented at: International Antiviral Society—USA, 2014 Conference on Retroviruses and Opportunistic Infections, Session P-Q6; March 5, 2014; Boston, MA.

11. Nowakowski L, Perez-Stable A, Anderson F, Brown D, **Greer PJ**, Rock JA. The Green Family Foundation NeighborhoodHELP® Mobile Health Center: Training Future Health Care Professionals and Caring for Communities. Poster for Annual Mobile Health Clinics Forum/ Mobile Health Clinics Association. September 14-17, 2013 in Palm Springs, CA.

10. Martinez, IL, Brewster L, Brown DR, **Greer PJ**. Medicine & Society: Bringing Back Social Medicine to Change medical Education for the Better. Poster presented at the 109th Annual Meeting of the American Anthropological Association, New Orleans, LA, November 20, 2010.

9. Brown D, **Greer PJ**, Brewster L, Martinez I, Acuña J, Perez-Stable A, Harvin V, Simpson JL, and Rock JA. A New Model of Interdisciplinary Medical Education. Poster presented at: The American Board of Internal Medicine Foundation 2010 Forum; August 2010.

8. Brown DR, Brewster L, Martinez I, **Greer PJ**, Perez-Stable A, Harvin V, Acuña J, Martin P, Mora C, Holder C, Botelho R, and Rock JA. A new model of community engaged medical and interdisciplinary education. Poster presented at the 36th annual STFM Predoctoral Education Conference; January 2010; Jacksonville, FL.

7. **Greer PJ**, Calmet FH, Edelstein M, Dickinson G, Klimas N, Soroka S, Baltodano L, Garrett B, De Medina M, Hill M, LaRue S, Schiff ER. Abstract: Prevalence of Hepatitis and Retrovirus among the Homeless of the City of Miami, Florida. Hepatology 1992;16(4 suppl; no. 2, pt. 2):203A(#635).

6. **Greer PJ**, Lacayo L, Reiner D, Barkin J. Abstract: Significance of a RIM sign in Patients with Cholecystitis. Am J Gastroenterol. May 1990.

5. **Greer PJ**, Erhinger G. Homelessness Health Care in a Multi-Service Clinic. Abstract & poster presented at: AAMS Annual Convention; April 1990; Washington, DC.

4. **Greer PJ**, Dickinson G, Holmes R, et al. HIV Seropositivity in a Homeless Clinic. Abstract & oral presentation at: 5th International AIDS Conference; June 5, 1989; Montreal, Canada.

3. Jeffers L, Hassan F, **Greer PJ**. Intrahepatic Stones in Primary Sclerosing Cholangitis. Abstract presentation at: International Liver Conference; June 1989; Geneva, Switzerland.

2. **Greer PJ**, O'Connell M, Perez-Stable A. Teaching Ambulatory Medicine at a Homeless Clinic. Poster & abstract presented at: AAMS Southeastern Regional Meeting; February 1988; Miami, FL.

1. **Greer PJ**, Gelbard M. Metastatic Carcinoid presenting as Chylous Ascites and masquerading as Retractile Mesenteritis. J FL Medical Association 1986;73(12).

OTHER PUBLICATIONS

5. **Greer PJ**. Healing The Homeless. The Peoples Journal: The Official Publication of Sociology-Anthropology of Florida International University 1992 Spr;5:76.

4. **Greer, PJ.** Medical Problems of the Homeless: Consequences of Lack of Social Policy-A Local Approach. U. Miami L. Rev. 1991;45(2):407-416. Available at: http://repository.law.miami.edu/umlr/vol45/iss2/7

3. **Greer PJ**. Indigent Care. Miami Medicine 1990 Aug:21(8):9.

2. **Greer PJ**. America's New Homeless. Miami Medicine 1989 Feb;20(2):19-22.

1. **Greer PJ**, Castellanos D, Llanso R, Alvarez M. Prevalence of Positive Titers to Toxoplasmosis gondii in Pregnant Women. Doctoral Thesis. Santiago de los Caballeros, Dominican Republic; Jose Maria Cabral and Baez Hospital; 1984.