FILED
SUPREME COURT
STATE OF WASHINGTON
4/9/2020 8:17 AM
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No. 98317-8

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF JULIA BLADIN

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
COLUMBIA LEGAL SERVICES
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Julia Bladin, declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct to the best of my knowledge:

1. I am an employee of Columbia Legal Services (CLS) where I work as a Legal Assistant.

2. As a Legal Assistant, I am responsible for managing CLS's attorney collect line, which allows people from institutions, including prisons to contact CLS to make confidential calls to CLS at no charge.

3. For the past several weeks, we have been hearing concerns from people who are in Department of Corrections facilities and their family members regarding fears about COVID-19. These concerns have been increasing, especially since DOC first confirmed cases among staff.

4. Since Monday, April 6, 2020 – the date that the first person in a Washington Department of Corrections prison tested positive for COVID-19 – CLS has received over one hundred calls from the collect line from people in prison across the State who are concerned about COVID-19 entering the prisons.

5. In the past 48 hours, I spoke with at least 15 people from the Monroe Correctional Complex Minimum Security Unit ("MCC-MSU"), who have raised their concerns about COVID-19 in that facility

given that a number of staff and people in prison have tested positive for COVID-19 in that prison.

6. Many of the people I have talked with at MCC-MSU have serious concerns about their safety and are really scared because they are older and/or have underlying health conditions, such as respiratory issues.

7. The people I spoke with have also shared with me that many staff are not consistently wearing masks in the units, even though staff have access to masks and other protective gear, while the people incarcerated in the prison generally do not have access to these materials. Another said that they heard that wearing of masks for staff is supposed to be mandatory, but that it seems optional because there is no consistency among staff. One person explained to me that people were given masks at work, but that correctional officers would confiscate them from people when they returned to the unit.

8. The people I talked with at MCC-MSU also feel at risk of catching COVID-19 because social distancing is impossible within their units, and many of the other people in their units are sick and have symptoms of COVID-19, such as coughing. One prisoner stated that people in B unit are "falling like flies."

9. Callers also mentioned that sanitation and screening protocols remain insufficient. DOC had allowed yellow hazardous waste

bags to pile up in the hallway where people enter and exit for chow hall. They have been given hand soap and bleach, too; however, the bleach is heavily diluted so as not to be effective.

10. Screening protocols consist solely of taking a person's temperature and asking them about their symptoms.

11. Callers also mentioned that DOC has created a tense environment due to the quarantining of people and the lack of information that is being shared with people in the units. One caller noted that inmates in B-unit were "going off" due to being quarantined. Several callers noted that on April 7, 2020, people in B-unit barricaded themselves in their cells and that the correctional officers brought in McDonald's food to try to calm them down.

12. Adding to the tension is that that people are just taken off the unit without any explanation, creating confusion and uncertainty. Additionally, there was mention of staff taking the temperatures of people in the unit, and then telling those individuals what their temperature were in front of other individuals. These actions have the potential to create conflict in the unit. If other prisoners have access to this medical information, it could lead to stigma or violence against an individual whose temperature may be symptomatic of COVID-19.

13. I have also received numerous calls and voicemails from family and friends of people at MCC-MSU, who are very concerned about their loved one's safety in light of transmission of COVID-19 in the facility.

DATED this 8th day of April, 2020 at Seattle, Washington.

Julia Bladin
Columbia Legal Services

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

April 09, 2020 - 8:17 AM

Transmittal Information

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Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

SUPPLEMENTAL DECLARATION OF PETITIONER TERRY KILL

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Telephone: (206) 464-1122
Attorneys for Petitioners

I, Terry Kill, declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct to the best of my knowledge:

1. My birthday is October 1, 1967

2. I am over the age of 18 and competent to testify as to the contents of this declaration.

3. I am a petitioner in this matter.

4. I am currently in DOC custody at the Monroe Correctional Complex – Minimum Security Unit. I currently reside in A-Unit

5. **Initial Outbreak and Quarantine:** On Friday, April 3, 2020, DOC placed four people from B-Unit in quarantine in A-Unit. Doc put these four people on an empty tier. These residents used JPay and the phones on their first day, but they haven't come back out since then to my knowledge.

6. One inmate was pulled out of B-Unit and taken to the Inmate Services Building. They tested him and took him away. There were four other guys in pumpkin suits that were taken away.

7. On Sunday evening, April 5, 2020, somebody from B-Unit came over to A-unit an complaining of chest pains. He was sent back to B-Unit. DOC staff came in and tested him for COVID-19, and his test came

back positive. That night, both A-Unit and B-Unit were locked down and we received a memo that someone had tested positive for the virus.

8. DOC talked to tier reps about the positive test and they passed it on to prisoners. There has been a daily update, but we have not been getting updates on who is sick and who is not.

9. On Monday morning, April 6, 2020, A-Unit got to come off their tiers, and B-Unit stayed on quarantine that day. Then B-Unit started acting out in response – tearing signs off doors that said they were supposed to stay in quarantine, running around in the hallways, and not listening to staff. The correctional program manager (CPM) came in and calmed them down.

10. DOC eased up on the quarantine that same day. Inmates who were supposed to be in quarantine were out spraying door handles, etc. People were allowed out in breezeway which is a common area between the two units that separates A- Unit and B-Unit. But residents in both units have been using that area at the same time, as it is the only entry/exit that are being used to both units. So really, people from A and B Units have been in contact with each other since the quarantine started.

11. On Monday, April 6, 2020, B-Unit inmates came over into A-Unit to use the A-Unit communal ice chest, which is incredibly insane.

12. That night, B-Unit got to go to the gym, and then A-Unit went in right behind them. The people who don't care/don't think this is a big deal went into the gym and went back to A-Unit.

13. B-Unit is no longer under quarantine, but they are separated from the other units with their activities. However, people from B-Unit are still being allowed to come from B-Unit to A-Unit, which they shouldn't be. DOC has said this is not allowed, but they are not enforcing this. Also, DOC is sending people from A-Unit to both A and B-Units to clean up messes or grab laundry bags. The guards are requiring people to go over there despite prostrations from other residents.

14. I heard on that D unit was locked down, but I am not sure if they are still locked down or not, considering both B-Unit and D-Unit are supposed to be locked down. They pulled all inmates from D-Unit out of the kitchen and locked them down in the unit.

15. There are 119 people in B-Unit, and A-Unit has 50-52. We are living on top of each other. Having lots of people coughing and sneezing is creating a lot of irritability and frustration. Forcing everyone to stay contained in those conditions can result in violence.

16. **Social Distancing:** I have been avoiding a lot of areas at the prison. I quit working in the kitchen because of the social distancing

issue. I only go to the dayroom to check my kiosk and have to go to the phone 2-3 times per day.

17. I try to do my best to social distance but it is almost impossible. Phones are about 2 feet apart from each other with a ¼ piece of plexiglass as a partition. The phone mouthpiece is not easily sanitizeable. I avoid the gym, try to go to bathrooms only when there are not a lot of people in there. They remain very close quarters.

18. Everyone still has access to the same shared spaces, like the breezeway, patio, gym, and the yard. They've been rotating yard and gym time between the units, but everyone is still using the same common spaces and engaging in the same activities, with many people all together.

19. They are still allowing handball games to take place in the gym, which can be 2-4 people playing at a time.

20. I have heard they are considering increasing the number of people in the dayroom from 10 to 15 people. With 10 people there is already not enough space to address social distancing, and 15 people at a time would be very dangerous.

21. In response to COVID-19, DOC bought board games for people in the unit, which actual increases the proximity between people and opportunities to spread the disease, as these games require two or

more people to play within close proximity of each other while talking, coughing, etc.

22. DOC has significantly dropped the dining room activity down. They first started by limiting the number of people in the chowhall at a time, but we were still required to sit together (I tried to sit at a table by myself, but they wouldn't let me.) Starting today (Wednesday, 4/8), they stopped having us eat in the chowhall. They now send us down to the chowhall 12 at a time and we pick up our meals and return with them to our living units.

23. Since the first positive test, I have been hyper aware and becoming more and more stressed. I only have one surgical mask that I cannot clean, and the attitude and morale around me is deteriorating. People are getting more agitated. I think they are getting ready to lock us all down and keep us in our units, which is going to create all kinds of problems. So now I am concerned about COVID, but also violence. That is creeping up around here.

24. **Sanitation:** DOC has been sending people over from A-Unit which is not on quarantine, to B-Unit which is supposed to be quarantined.

25. The cleaning practices practices within my unit remain poor, at best.

26. They implemented a new group of inmates to clean gym after every use. I am not sure how effective that will be given

27. We continue to receive Hepastat to clean. Hepastat is supposed to "set" before wiping it off a surface, but people are using Hepastat by just spraying and wiping immediately, which is not effective.

28. When bleach is used, there are leaving dried bleach on phones, toilet surfaces, and not wiping it down. Nothing is really being thoroughly cleaned.

29. **Health and Safety Measures:** I know that at least three people have been diagnosed with COVID-19, and I believe two other as well. DOC has been moving sick people from MSU and placing them into close observation cells in the Special Offenders Unit (SOU) or in isolation at the IMU Violators Unit. DOC says they're taking care of them, but I'm concerned that they are not taking adequate care of the people who are ill or rounding on them as often as necessary, especially given how DOC has handled cross-contamination issues here in MSU.

30. I received a surgical mask on Monday, which I have been using. DOC has not distributed any masks, but I was able to get one from another inmate at work. Most of the 27 people on my tier got surgical mask, but most people in A-Unit do not have them.

31. One officer told an inmate from A-Unit to go to B-Unit to do work. He said he couldn't because he didn't have a mask. He was yelled at and DOC threatened to take his job if he didn't go over there.

32. Not everyone is being screened or tested for the virus.

33. People who have compromised immune systems are not getting proper care. For instance, there is one inmate who is continually coughing and has a history of tuberculosis, but DOC has not taken them to get an X-ray.

34. On Tuesday night, April 7, 2020, the MCC Superintendent went into B-Unit with the CPM and around four officers, carrying a bunch of boxes. I heard from my tier rep and other residents that they passed out McDonald's to all of the residents in B-Unit. I haven't talked to anyone directly in B-Unit, because I am trying to avoid close contact.

35. On Wednesday morning, April 8, 2020, they took away phone access until 8:00 AM. I believe this was because there were around 20 Washington State troopers as well as a bunch of media out on the hill.

36. My wife, with family members of other people here in Monroe, has been outside picketing, wanting to get DOC to take action to keep us safe.

37. I'm really concerned about what it's taking to get DOC to take action. There are fewer staff on site. More and more people are

getting sick and not enough is happening to keep people safe. DOC is trying to improvise as they go.

I am unable to sign this document as it was prepared in Seattle, Washington, but I have had it read to me over the telephone and authorize Laurel Simonsen to sign it on my behalf.

DATED this 8th day of April, 2020 at Seattle, Washington.

/s/ Laurel Simonson

Terry Kill, by Laurel Simonson, WSBA #47904

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

April 09, 2020 - 8:16 AM

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Comments:

Emergency Motion to Accelerate Review, for Appointment of Special Master, and for Immediate Relief

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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF ALEX BERGSTROM

Nicholas Allen, WSBA #42990
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Attorneys for Petitioners

I, Alex Bergstrom, declare under penalty of perjury under the laws of the State of Washington that the contents of this declaration are is true and correct.

1. I am an employee of Columbia Legal Services, where I work as an Advocacy and Community Engagement Specialist.

2. I have a bachelor's degree in Public Health from the University of Washington and a Master's in Public Health (MPH) from Columbia University.

3. I live in King County, Washington, which is the epicenter of the COVID-19 outbreak in Washington State. Because of the public health emergency in our area and because of my work with Columbia Legal Services, I have been following the news closely to monitor the current situation and the recommendations of public health officials and government authorities.

4. A team of two coworkers and I have been closely monitoring the news and research regarding COVID-19 situation as it has unfolded, particularly with regard to the threat it poses to people who are residing in correctional custody. We have compiled a running list of articles, reviewed each of them, and highlighted one or two key takeaway excerpts from each source. We created an index of the most relevant sources from our research, and I have attached it to my declaration. The

articles have been numbered #1 through #54 for ease of reference. *See,* Attachment A. All of these articles and resources are available to the public. We were able to find them by following the news and by conducting simple internet searches for additional information. We each did this research in the same way. I know this because we have been in close contact about how we should do this and worked collaboratively on this project.

5. We have found many articles, news sources, and some academic studies that discuss the dangers of COVID-19 as it pertains to individuals who are incarcerated in correctional custody, both here in Washington and around the world.

6. From the sources we have gathered, there is a clear consensus that congregate environments, like prisons, (i.e., places where people eat, sleep, and live in close proximity to one another) greatly increase the risk of transmission of COVID-19 from person to person. *See*, Articles #28-44.

7. One study that we reviewed, that was published in the Journal of Travel Medicine, found that trying to contain an active COVID-19 outbreak on the Diamond Princess cruise ship resulted in eight-times more confirmed cases than what would have occurred if the passengers

had been permitted to disembark and self-quarantine in the community. *See*, Articles #30; 40.

8. The New York Times recently reported on the COVID-19 outbreak in the Daenam Hospital psychiatric ward in South Korea, where all but two patients in the ward contracted the virus. *See*, Article #21. Similarly, in Iran, more than 14,000 people in correctional custody became infected with COVID-19, and more than 850 people died. *See*, Article #39.

9. It is clear from the news stories around the world that these are not unique, isolated incidents. Places across the country are reporting similar problems in congregate care facilities, including prisons and jails. *See*, Articles #21; 31-35; 37-39; 41; 43.

10. We found many news articles that discussed the risks of COVID-19 in correctional facilities, and how critical it is to take immediate steps to prevent this sort of massive outbreak. *See*, Article #28. There are now jurisdictions around the country where there are confirmed cases of COVID-19 in correctional facilities, whether among residents or staff or both. *See*, Articles #17-26. Many of these sources indicate that even if there is not a current outbreak within a particular correctional facility that it is "only a matter of time. Due to the confines of these

facilities, it will be virtually impossible to contain the spread of the virus." *See*, Article #13.

11. Another major concern highlighted in articles about COVID-19 is that many people who become infected will not develop significant symptoms, yet they are still contagious and can spread the virus to others with whom they come in contact. *See,* Articles #45-54. One study found that undiagnosed individuals with few or no symptoms may have been responsible for at as many as 90% of the early cases in China at the start of the outbreak in late 2019. *See*, Article #48

12. The articles we reviewed point out that this reality is particularly dangerous in the context of congregate settings, especially correctional facilities. They reflect the well-founded fear that protective measures (like temperature screenings) won't be adequate to prevent the introduction of COVID-19 into correctional facilities like DOC. *See e.g.*, Article #48. The articles indicate that if an exposure occurs in a correctional facility like DOC, the virus is likely to spread in a rapid, out of control fashion, because not all patients will show symptoms, but can still transmit the virus to others who may become gravely ill. *See*, Articles #34; 48-49.

13. The sources we reviewed show that if a major COVID-19 outbreak occurs in a correctional facility, this puts not only the people who

live there at risk, but also the people who work there, their families, and the larger community. *See*, Articles #9; 28; 35. Many of the articles indicate that an uncontrolled outbreak in a correctional setting not only puts employees at risk of infection leading to infections amongst their household members and communities outside the correctional facility, but also could result in large numbers of correctional residents who must be transferred to an already-overstretched health care system. *See*, Article #35. The more patients who are sent to hospitals and intensive care facilities amidst the COVID-19 crisis from prisons, the higher the likelihood that there will not be capacity to serve all those in need who live in communities located near prisons. *See*, Article #38.

14. Many experts have concluded that the most effective way to mitigate the risk of a massive outbreak in correctional facilities is to release these individuals from custody. *See,* Articles #1-16. These sources point out that unless correctional facilities take steps to reduce their populations, protective measures such as social distancing and proper hygiene are impracticable. In fact, in all of our research we found no citation to any public health expert who recommends against prisons reducing their populations as part of a full response to the COVID-19 epidemic behind bars.

15. The news reports indicate that many jurisdictions have begun to release individuals from correctional custody as a way of preventing against (or mitigating) uncontrolled outbreaks in jails and prisons. These include, but are not limited to, jurisdictions in the states of Washington, Texas, Ohio, California, New York, Iowa, North Carolina, as well as countries such as Ireland and Iran. *See*, Articles #1-16. Each day, new jurisdictions are taking action to protect the members of their communities who are residing in correctional custody by releasing these residents back into the broader community. The Chief Justice of Montana's Supreme Court authored an advisory memo to the state's trial court judges asking them to reduce the populations of the correctional facilities in their state. *See*, Article #13. The New York City Board of Corrections authored a similar plea to the city's criminal justice leaders. *See*, Article #14.

16. The sources we reviewed demonstrate that the COVID-19 crisis is still evolving, and new information and resources become available every day. The information that we compiled highlights that illness presents a very serious risk, and that steps must be taken to protect ourselves and the most vulnerable members of our community. This includes people living in correctional facilities who are at a heightened risk of exposure due to the environments in which they are kept.

DATED this 23rd day of March, 2020 at Seattle, Washington.

Alex Bergstrom, MPH
Columbia Legal Services

Declaration of Alex Bergstrom: Attachment A

This document contains publicly available information, news, and media resources that show that release of inmates from correctional facilities is the primary means by which prisons should be addressing COVID-19. Categories of news, media and publications is as follows:

(1) Examples of Counties, Cities, States and/or Countries that are releasing people from correctional facilities

(2) Examples of Correctional Facilities with Confirmed COVID-19 Cases/Exposure

(3) Studies & News/Public Media about Necessity of Release and/or Removal from Congregate Settings

(4) Publications Detailing the Spread of COVID-19 by People Without Symptoms

Category 1: Examples of Counties, Cities, States and/or Countries that are Releasing People from Correctional Facilities		
	Article Citation	**Key Quote(s)**
1.	Salvador Hernandez, Los Angeles Is Releasing Inmates Early and Arresting Fewer People Over Fears Of The Coronavirus In Jails, Buzz Feed News (Mar. 16, 2020), https://www.buzzfeednews.com/article/salvadorhernandez/los-angeles-coronavirus-inmates-early-release	"'Our population within our jails is a vulnerable population just by who they are, where they are located, so we're protecting that population from potential exposure,' Los Angeles Sheriff Alex Villanueva told reporters."
2.	Chad Sokol, Dozens released from Spokane County custody following Municipal Court emergency order, The Spokesman Review (Mar. 17, 2020), https://www.spokesman.com/stories/2020/mar/17/dozens-released-from-spokane-county-custody-follow/.	"'People in jail are unable to distance themselves from others and take other necessary preventative measures,' the nonprofit Bail Project said in a recent letter to city and county leaders. 'The risk of spreading infection is especially severe in light of the Spokane County Jail's chronic overcrowding. This threatens everyone incarcerated in a jail, along with their loved ones, jail staff and the state's public health infrastructure at large.'"
3.	Ryan Autullo, Travis County judges releasing inmates to limit coronavirus spread, Statesman (Mar. 16, 2020), https://www.statesman.com/news/20200316/travis-county-judges-releasing-inmates-to-limit-coronavirus-spread.	"The escalating threat, judges and attorneys say, prompted defense attorneys to seek relief for inmates who are thought to be particularly vulnerable to getting sick."

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:13 PM

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Comments:

Declaration in Support of Petition for Mandamus

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DECLARATION OF BRIAN STARK

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101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Brian Stark, do hereby certify and declare as follows:

1. I am an inmate at Washington Correction Center in Shelton, Washington. My DOC # is 344634.

2. I was born on [redacted], 1972. I am 47 years old.

3. I am serving a indeterminate prison commitment of 125 months. My earned early release date was March 11, 2020. The Indeterminate Sentence Review Board issued a decision finding me safe to be released into the community on January 1, 2020. I submitted a release plan to the Department of Corrections that contains information about where I am going to live and who I am going to live with and a plan for employment.

4. At this point, I believe that the only delay in my being released is that the Community Corrections Officer has not been able to visit the house where I am going to live and thus DOC has not given me an exact release date. I hope to be released very soon.

5. I am very worried about getting the COVID-19 virus, and am afraid that if I get the virus, there will not be sufficient medical resources in the DOC to care for me.

6. I am currently on the EF tier in Cedar Hall that contains 60 inmates who share on common day room and the same bathroom/shower facilities. There are three other tiers so that the total capacity in Cedar Hall is 240 inmates. I am double-celled with another inmate who is 52 years old and who suffers from diabetes. Right now, we are eating in the main chow hall with anywhere from 150-200 people eating at the same time. The only time I am able to be 6 feet away from other people is when I am alone in my cell when my cellmate is gone. The only phones are in the day room and there are four phones that 60 inmates share.

7. Although DOC has provided cleaning supplies and hand sanitizer, and I have heard that staff members are being screened for the virus, I am not aware that any inmates have been routinely screened for symptoms of the virus.

8. I consent to Columbia Legal Services filing a lawsuit on my behalf to address the issues raised by COVID-19 and the provision of proper medical care in the Washington Department of Corrections.

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this 18th day of March 2020, at Shelton, Washington.

I am unable to sign this document as it was prepared in Seattle, but I have had it read to me and I am authorizing Neil Fox to sign it on my behalf.

Brian Stark by

Brian Stark, by Neil Fox

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Neil Fox, certifies and declares as follows:

1. Due to shortened time and limitations on personal access to the declarants listed below, based on the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

2. I personally spoke with following declarants over the telephone on the dates stated herein. I drafted each declarant's declaration while on the telephone with them. After drafting the declarations, I read each declarant's declaration to them word for word including the wording in the unsworn declaration section. Each declarant stated to me that the declarations were accurate and true and correct , and authorized me to sign the declaration on their behalf.

Declarant	Date
Theodore Roosevelt Rhone	March 18, 2020
Joseph Siriani	March 18, 2020
Brian Stark	March 18, 2020
Hozie Holley	March 18, 2020

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

3/22/20 Seattle WA
DATE AND PLACE

NEIL M. FOX
WSBA NO. 15277

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 6:56 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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Comments:

Declaration in Support of Petition for Writ of Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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FILED
SUPREME COURT
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF CASSIE SAUER

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Cassie Sauer, declare under penalty of perjury under the laws of the United States of America that the following statements are true and correct to my best knowledge and belief:

1. I am over the age of 18 and am competent to testify as to the contents of this declaration.

2. I am the President and Chief Executive Officer of the Washington State Hospital Association.

3. As a part of my duties, I am tasked with building and maintaining relationships with our member hospitals, federal and state agencies, and other community partners.

4. During times of crises such as the present COVID-19 pandemic, my role is to help manage the tremendous expectations that our elected officials and the public place on hospitals. I do this by messaging, listening to hospital needs, and communicating with our elected officials and other governmental agencies. This way, hospitals can focus on care delivery and WSHA can assist in making sure they have the resources they need.

5. The number of COVID-19 cases in Washington is growing quickly. As of Friday, March 20, 2020, there were 1,524 positive / confirmed cases in Washington State and 83 deaths. This information is updated regularly and is available on the Washington State Department of

Health website (doh.wa.gov/Emergencies/Coronavirus, updated on March 20, 2020, at 3:00 p.m.), as well as on WSHA's dashboard (wsha.org/for-patients/coronavirus/coronavirus-tracker/).

6. When there is threat of an illness that could cause a surge of patients, each individual hospital steps up its preparedness and coordination activities. In the case of COVID-19, hospitals around the state are working closely with the Centers for Disease Control, the Washington State Department of Health (DOH), and local public health agencies to coordinate response efforts.

7. Hospital care is a precious resource that needs to be reserved for those with the most serious needs. During disease outbreaks, hospitals and health systems need to care not just for those affected by the disease but for many other urgent and emergent patients with heart attacks, cancer, burns, mental health and stroke care.

8. However, the growing number of COVID-19 cases in Washington has already started to strain the hospital/health systems in the Puget Sound region, both because of the surge in the needs of patients and the decrease in our available workforce.

9. Many hospital and health care workers are already staying home, per public health recommendations, including due to their age, health condition, possible virus exposure, or as caregivers. Workers who

are 60 years and older make up a significant part of the workforce – about 15-20% in hospitals. Hospitals also have pregnant and immune-compromised workers who are not currently working. One hospital reported that if all schools were closed in King County, a conservative estimate is about 1,500 to 2,000 employees would not report to work (as seen in snowstorms with school closures). This is about 10-14% of our workforce.

10. At the same time our member hospitals are experiencing a decrease in their available workforce, we have seen an increase in the number of COVID-19 patients who need to be hospitalized. Each hospital is assessing their status, and all are canceling elective procedures to preserve capacity for increasing numbers of COVID-19 cases, as well as other emergency needs.

11. Hospitals and health care systems are also experiencing dire shortages in critical equipment, from ventilators to personal protective equipment for hospital workers. Some hospital staff have even taken to making their own protective equipment using materials purchased off-the-shelf, such as fabric masks and plastic face shields.

12. The demands on hospital and health care system resources are projected to potentially be so overwhelming that WSHA and other health care leaders in Washington State have begun preparing a triage

strategy to determine which patients may have to be denied complete medical care in the event that the health system becomes overwhelmed by the coronavirus in the coming weeks. These are decisions that no health care provider ever wants to have to make – yet it is necessary to have criteria in place should they become necessary.

13. In addition to the potential for the surge in patients from the general public, WSHA and our member hospitals are concerned about additional patients – and demand on hospital systems – that may come from the prisons and jails located around the state.

14. According to the Department of Corrections (DOC) website, there are approximately 17,800 people in their custody in 12 facilities across Washington State. Most of these facilities are located outside of large metropolitan areas and lack access to a hospital with capacity to provide appropriate care for a surge of patients with COVID-19 cases.

15. As congregate living facilities, prisons and jails are already places where, if an infectious disease takes hold, it is likely to spread very quickly. The question is not if, but when COVID-19 begins to spread in Washington's prisons and jails.

16. Moreover, with a high population of people at risk due to their age or chronic health conditions, prisons and jails, much like nursing

homes, are very likely to experience dramatic impacts if COVID-19 is present and allowed to spread. Highly vulnerable individuals are more likely to exhibit severe symptoms and to require more intensive care, including hospital care.

17. Ensuring public health requires that all people do their part to help stem the spread of COVID-19. For example, the community has been ordered by the Governor to take dramatic and unprecedented social distancing measures, including restaurant and school closures. There are other critical steps that government officials can and should take –to help alleviate the spread of COVID-19 in prisons and jails, which in turn, will help decrease the surge in demand on hospitals.

18. DOC should immediately institute protective measures within their facilities to protect inmates, its employees, and the public. These measures should follow state and local guidance aimed at protecting older adults and people with underlying severe chronic medical conditions; providing appropriate testing when available and health care; enabling social distancing; and other proactive measures to prevent spread.

19. DOC should work to identify their most vulnerable residents to secure their safety against a potential spread of COVID-19. These high-risk populations include older people and those with pre-existing conditions.

20. DOC should coordinate with hospitals so that DOC actions are best targeted toward decreasing demand on hospitals, both with regard to reducing a surge in the need for hospital care and so that critical staff, supplies, equipment are not diverted from hospitals.

21. Without action to prevent spread of COVID-19 in Washington's prisons and jails, a surge of prisoners and inmates with COVID-19 would contribute to hospital overwhelm which could lead to difficult decisions to ration care based on limited hospital resources. In turn, all Washingtonians will suffer a decreased ability to access to necessary health care.

Signed in Seattle, Washington, this 21st day of March 2020.

Cassie Sauer
President & CEO, Washington State Hospital Association

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:14 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- jeffe@atg.wa.gov
- nick.straley@columbialegal.org
- tim.lang@atg.wa.gov

Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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Columbia Legal Services, Institutions Project
101 Yesler Way, Suite 300
Seattle, WA, 98104
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SUPREME COURT
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF DANIEL RALPH MAPLES

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Daniel Ralph Maples, declare under penalty of perjury under the laws of the Washington that the following statements are true and correct to my best knowledge and belief:

1. I am 62 years old and am competent to testify as to the contents of this declaration.

Background

2. I am currently in detention at Stafford Creek Correctional Center in Aberdeen.

3. I have been here since 2009. I've been incarcerated since December 2005.

4. My cell has 2 beds and meant to house 2 of us.

5. I'm in a tank with 150 people or more and we all breath the same air.

6. There are about 78 cells on my tank and all of them have 2 people.

7. I'm on A side and there is another B side with just as many cells on it. We all breath the same air. Staff, inmates. We all breath the same air.

8. I'm in a dry cell. There is no sink, shower or toilet in my cell.

9. So lockdown would be terrible.

10. I have to use a catheter for a medical condition.

11. I have Parkinsons and the stage that I am right now is not good.

12. I need to use a catheter and would have no way of cleaning my catheter or getting rid of my urine if we were on lockdown.

13. There are 4 communal bathrooms for everyone on A side. There are no wet cells in on A or B side.

14. There is only one unit in all of Stafford Creek that have the cells toilets or sinks in them this is G unit.

15. None of the other units have toilets or sinks in the cells.

16. Everyone who does not live in G unit has to use communal bathrooms.

17. We all share the same toilets, sinks and showers.

18. All DOC has done is put up signs telling us to wash our hands more often.

19. The bathrooms are cleaned by porters but not very well.

20. Right now we're not on lockdown so we're all out in the dayrooms, yard and chow halls with all the other guys.

21. I have an early release date of April 1, 2020. I am supposed to get out on April 1.

Medical History

22. I currently suffer from young-onset Parkinsons, like what Michael J. Fox has. I've had it for a while.

23. I have to use a walker or a cane when I have the energy to get around. I have a mobility issue.

24. Because my system has slowed down, I now have to use a catheter to urinate.

25. I have to use certain medications to be able to defecate because my system doesn't work properly.

26. My cellmate helps me get my clothes together and provides me with care.

27. I take medications to control the symptoms of my Parkinsons.

28. I suffer from tremors.

29. I also have COPD.

30. I've had to deal with it since 2003.

31. I use an inhaler when I get short of breath sometimes.

32. High stress causes me to get short of breath and when I get stressed I have hard time communicating because I have serious cognitive issues that sometimes make it difficult for me to communicate.

33. Parkinsons is like a roller coaster ride. Sometimes right after taking my medications I have no or little cognitive problems and then I can start having difficulty as the meds wear off or if I am stressed.

34. DOC has not taken good care of me. The only time I get chronic care is when I beg for it.

35. I've been losing my vision since October. My vision loss is due to my Parkinsons.

36. This is problem that many people with Parkinsons get and so the doctors should have been ready to deal with it as soon as I started getting symptoms.

37. I saw a doctor who recommended an eye specialist. But they still haven't sent me to see a specialist.

38. I filed a grievance on it. They've been trying not to do anything for me because they know I should be getting out soon.

39. I'm deaf in my right ear and have limited hearing in my left ear.

40. I asked that they put a notice on my door so that I don't get a write up if I can't respond to orders from the corrections officers because I don't hear them. But they haven't done it.

41. They haven't given me a hearing aid either, even though I've asked for one.

Problems with the Kitchen and Living Units in Controlling Disease

42. I work in the kitchen. I sit at a desk and fold napkins right next to the dish pit. They wash all the silverware, the trays, the glasses that we use in the dish pit.

43. All of these dishes get handwashed by other inmates.

44. They handwash everything because there are no dishwashers. The process is horrible. We basically have to eat off dirty dishes.

45. The sometimes run out of the cleaning supplies for the dishes. Sometimes they have to use oven cleaner or floor cleaner. Things don't get rinsed off real well and we're eating it.

46. The dishes are washed by inmates, some of whom don't care much about their job and do a bad job.

47. Since the COVID outbreak, DOC has done nothing to make sure that things in the kitchens are done more hygienically.

48. They are preparing to lock us down, I think.

49. If they lock us down, they bring trays by of the pre-made food and they drop it off at each cell.

50. The dishwashing will be done the same way. The trays, silverware, and glasses will go back to the kitchens and be washed the same way if we are locked down.

51. Inmates will be preparing all of the food and the trays on lockdown, just like they do now.

52. Staff will do the delivery of the food and so if staff get sick they will transmit COVID to us when they deliver the trays.

53. They can also get us sick, just by being around us.

54. When the staff come into to the prison now, they check their temperature but even the staff are complaining that its not being done right. It's not taking very accurate temperatures. I know this because staff in the kitchen are telling us this.

55. I've heard from the correctional officers that they are worried about the things DOC is doing to keep COVID out of the units.

56. This is really worrisome to us because there are a lot of elderly in Stafford Creek.

57. There is no COVID testing or nothing for people inside. If they put is on quarantine or lockdown they will just lock us in our cells and wait for us to die.

58. Being short I am very freaked out about how little DOC is doing and how many people could get really sick here inside.

59. We don't have access to hand sanitizer. We only have basic body wash like soap that we wash our hands with. This soap is only in the bathrooms. These are communal soap dispensers that we all use. We

have no way of washing our hands in our cells and we aren't allowed hand sanitizer. There are no paper towels in the bathrooms for us to use.

60. We have our own personal towels.

61. They do laundry every day, but I'm not sure how things are going to happen when we are on lockdown.

62. I am a veteran and should have a place to get help through the VA.

63. I am not exactly sure where I am going to go on release, but even though I am not sure where I will go, I think I should be released.

64. I get free medical through the VA. I am not hopeless. I will come up with something.

65. I worry about my health condition while I am detained here. Due to my medical conditions I am aware that I am at a higher risk of contracting the corona virus than most.

66. Based on the information I have been able to gather, I am aware that my existing medical conditions expose me to more severe symptoms of the corona virus than most.

67. I have told staff that I am worried about it, but it doesn't do any good around here, because no one listens.

68. DOC has not given us any real idea what to do if we get sick. We think they will just quarantine us, which will be much worse than

where we are now. This will dissuade guys from telling DOC that they are sick.

69. Also, guys won't tell staff or doctors about being sick because they don't want to be the guy that forces everyone else to go onto lockdown or quarantine.

70. So, people inside have strong reasons not to tell staff even when they are sick.

71. I give Columbia Legal Services permission to file litigation on my behalf against DOC in order to do whatever needs to be done to protect people in DOC custody.

DATED this 19th day of March 2020 in Aberdeen, Washington.

I am unable to sign this document as it was prepared in Seattle, but I have had it read to me over the telephone and authorize Nick Straley to sign it on my behalf.

Daniel Ralph Maples, by Nicholas B. Straley, WSBA #25963

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Nicholas B. Straley, declare under penalty of perjury under the laws of the State of Washington:

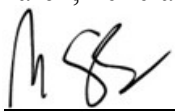
1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

3. I personally spoke with following declarants over the telephone on the dates and times stated herein. I drafted each declarant's declaration while on the telephone with them. At the conclusion of the call, I read each declarant's declaration to them, and each declarant stated to me that they believed the contents to their declaration to be true and correct, and authorized me to sign the declaration on their behalf.

Declarant	Date
Linda Graham	March 19, 2020
Daniel Ralph Maples	March 19, 2020
Maurice Phillip-Meadows	March 18, 2020
Shanell Duncan	March 19, 2020

DATED this 22nd day of March, 2020 at Seattle, Washington.



Nicholas B. Straley, WSBA #25963

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 25, 2020 - 10:05 AM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- tim.lang@atg.wa.gov

Comments:

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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Seattle, WA, 98104
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FILED
SUPREME COURT
STATE OF WASHINGTON
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF ROBERT B. GREIFINGER, M.D.

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
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Telephone: (206) 464-1122
Attorneys for Petitioners

I, Robert B. Greifinger, declare as follows:

1. I am a physician who has worked in health care for prisoners and detainees for more than 30 years. I have managed the medical care for inmates in the custody of New York City (Rikers Island) and the New York State prison system. I have authored more than 80 scholarly publications, many of which are about public health and communicable disease. I am the editor of *Public Health Behind Bars: from Prisons to Communities*, a book published by Springer (a second edition is due to be published in early 2021); and co-author of a scholarly paper on outbreak control in correctional facilities.[1]

2. I have been an independent consultant on prison and jail health care since 1995. My clients have included the U.S. Department of Justice, Division of Civil Rights (for 23 years) and the U.S. Department of Homeland Security, Section for Civil Rights and Civil Liberties (for six years). I am familiar with prisons, having toured and evaluated the medical care in more than 200 prisons and jails during my career. Among these were the prisons operated by the Washington Department of Corrections (WADOC), for whom I consulted on a master plan for health care for prisoners in the custody of the WADOC. I currently

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[1] Parvez FM, Lobato MN, Greifinger RB. Tuberculosis Control: Lessons for Outbreak Preparedness in Correctional Facilities. Journal of Correctional Health Care OnlineFirst, published on May 12, 2010 as doi:10.1177/1078345810367593.

monitor the medical care in three large county jails for Federal Courts. My resume is attached as Exhibit A.

3. COVID-19 is a coronavirus disease that has reached pandemic status. As of today, according to the World Health Organization, more than 267,000 people have been diagnosed with COVID-19 around the world and 11,000 have died.[2] In the United States, more than 30,000 people have been diagnosed and more than 375 people have died thus far.[3] These numbers are likely a severe underestimate, due to the lack of availability of testing.

4. COVID-19 is a serious disease, ranging from no symptoms or mild ones for people at low risk, to respiratory failure and death in older patients and patients with chronic underlying conditions. There is no vaccine to prevent COVID-19 and there is unlikely to be a vaccine for at least a year. There is no known cure or anti-viral treatment for COVID-19 at this time.

5. People in the high-risk category for COVID-19, i.e., the elderly or those with underlying disease, are likely to suffer serious illness and death. The U.S. Centers for Disease Control and Prevention

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[2] *See* https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd, accessed March 22, 2020.
[3] *See* https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html?searchResultPosition=1, accessed March 22, 2020.

(CDC) recently reported that the risk of serious disease and death among those with COVID-19 increases with age, with 78% of reported deaths occurring in people over the age of 65. More than 50% of COVID-19 related intensive care admissions and more 80% of COVID-19 deaths were among people 65 years old or older. Early reports from China show that nearly half of those with the coronavirus had comorbidities, or underlying health conditions.

6. In the United States, younger adults with COVID-19 have been severely affected by the disease as well. While people under the age of 20 have largely been protected from severe effects of the coronavirus, 47% of COVID-19 hospitalizations and 20% of deaths were from people between the ages of 20 and 64.

7. Mortality is high among those with COVID-19 who become severely affected. Those who do not die have prolonged serious illness, for the most part requiring expensive hospital care, including ventilators that will likely be in very short supply.

8. The CDC has identified underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age: blood disorders, chronic kidney or liver disease, compromised immune system, endocrine disorders, including diabetes, metabolic

disorders, heart and lung disease, neurological and neurodevelopmental conditions, and current or recent pregnancy.

9. A primary concern of medical and public health experts and public officials is the effect that the pandemic is having and will have on health systems. Because severe COVID-19 cases require extended hospitalization and intensive medical care, a significant number of COVID-19 cases can quickly overwhelm a health system. This is true in urban areas but is particularly true in rural areas where health care facilities have far more limited.

10. The only way to mitigate the rapid spread of COVID-19 is to use scrupulous hand hygiene and social distancing, self-quarantine for individuals who may have been exposed, and isolation at a home or care facility for those who have been infected. The recommended hand hygiene measures are frequent handwashing with soap and water, and the use of alcohol-based sanitizers when handwashing is unavailable. Surfaces such as doorknobs and light switches which have a high degree of human contact should be cleaned and disinfected regularly with bleach.

11. In addition, health care providers and individuals who come into contact with those exposed to, or infected with, COVID-19

should have access to personal protective equipment, including gloves, masks, and gowns.

12. Recognizing the urgency and severity of the pandemic, public health officials have recommended extraordinary measures to combat the spread of COVID-19. Schools, courts, collegiate and professional sports, theater and other congregate settings have been closed as part of a risk mitigation strategy. Washington Governor Jay Inslee has proclaimed a state of emergency and taken several extraordinary steps in the last two weeks to address COVID-19, including placing strict limitations on gatherings of people; statewide closures of K-12 schools and colleges; shutdown of restaurants and bars; and prohibiting visitation at long-term care facilities.[4]

13. Washington State has been one of the epicenters of the outbreak of COVID-19. As of March 22, 2020, 1,793 people in the state have tested positive for the COVID-19 virus, with 94 confirmed deaths.[5] Therefore, it is highly likely, and perhaps inevitable, that COVID-19 will reach the prisons in Washington. In fact, as of March 22, 2020, at

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[4] *See* https://www.governor.wa.gov/issues/issues/covid-19-resources, accessed March 22, 2020.

[5] *See* https://www.seattletimes.com/seattle-news/health/coronavirus-daily-news-updates-march-22-what-to-know-today-about-covid-19-in-the-seattle-area-washington-state-and-the-nation/, accessed March 22, 2020

least four Washington Department of Corrections employees have tested positive for the virus.[6]

14. Correctional institutions are at a particular risk of harm for exposure and spread of COVID-19. Prisons are crowded congregate environments where people live, eat, and sleep in close quarters. Accordingly, people cannot achieve the social distancing necessary to prevent the spread of COVID-19. Like other congregate environments, such as nursing homes and cruise ships, infections like COVID-19 that can spread by air or touch, can spread more rapidly. This fact alone means that any resident of such facility has a heightened risk.

15. Our prisons and jails are populated with people who disproportionately have serious underlying medical conditions such as chronic heart and lung disease and other conditions that render them immunocompromised – the very conditions that put people at a markedly increased risk of becoming severely ill or dying from COVID-19. As such, not only is the virus more likely to spread within prisons and jails, but the outcomes are more likely to be particularly severe and even deadly.

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[6] *See* https://doc.wa.gov/news/covid-19.htm, accessed March 22, 2020.

16. The effects of COVID-10 are very serious, especially for those who are most vulnerable. People in this category may experience severe respiratory illness as well as damage to other major organs. Treatment for serious cases of COVID-19 requires significant advanced support, including ventilator assistance for respiration and intensive care support. As such, an outbreak of COVID-19 could put significant pressure on, or exceed the capacity of, local health infrastructure.

17. Based on my experience working on health care in correctional facilities and my review of the literature concerning coronavirus, for the reasons outlined in this declaration, it is my opinion that prisons in Washington are not prepared to prevent the spread of COVID-19, treat those who are most medically vulnerable, and contain any outbreak.

18. Prisons should take proactive measures to reduce the severity of impact that COVID- 19 will have within these facilities and generally within the public. Most important among these measures is to downsize the prison population, immediately, as appropriate based on public safety and public health risks. Such steps will be valuable for public safety and public health purposes.

19. For an airborne disease, the most effective mitigation strategy to limit the spread of the virus is to reduce crowding, as this

increases the opportunity for social distancing. Immediate downsizing is the most effective way to reduce crowding. In prison, even if everyone is isolated in a single cell, there is still an increased risk of transmission among prisoners and staff because the institutional setting requires the delivery of food, cleaning supplies, documents, and other items. However, in most prisons, individuals are not isolated in a single cell, or housed in an environment where social distancing is an option. This further increases the risks of transmission and an outbreak in the prisons.

20. Reduction of social distancing will reduce the likelihood of transmission of COVID-19 and also better allow WADOC to more effectively take other measures that can reduce spread of COVID-19, such as providing cleaning supplies to prisoners and frequent laundering of towels and clothes. These steps can stop or slow the spread of infection, to the benefit of both residents and staff.

21. Moreover, immediate downsizing that prioritizes release of release of residents who are particularly vulnerable to exposure to COVID-19 – people who are elderly and those with underlying health conditions – reduces the likelihood that this group of individuals will contract the virus. Individuals in this category are at the highest risk of developing severe complications from COVID-19, and, as noted above, when they develop severe complications, they will be transported to

community hospitals, using scarce community resources, including emergency room beds, general hospital beds, ventilators and intensive care unit (ICU) beds. Accordingly, taking steps to prevent their acquiring of the disease is an important contribution to community health.

22. While releasing individuals – prioritizing the most vulnerable – reduces the burden on local health care resources, as it reduces the risk of transmission of the disease to a large number of people living in close proximity for an extended period of time, it also reduces the risk of transmission to staff.

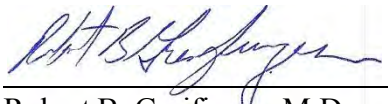
23. If not released, those who are most medically vulnerable to severe effects of COVID- 19 will have a poor prognosis if infected while in prison. Moreover, care for those who become sick with COVID-19 will overburden the limited health care resources of the prison.

24. While planning for immediate downsizing should be of paramount concern to restrict spreading of COVID-19, so too is planning for further downsizing as conditions change. A particularly significant conditions change that prisons should anticipate is reduction in workforce for both custody and health care staff as these employees respond to their personal and family needs; these will include self-quarantining or isolation based on their infection with the virus that causes COVID-19, care for ill relatives, and staying at home with school

age children. Failure to plan for a reduction in custody and health care staffing poses an obvious risk to the institution, its residents, and thereby to the public health.

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

DATED this 22nd day of March, 2020 in New York City, New York.



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Physician consultant with extensive experience in development and management of complex community and institutional health care programs. Demonstrated strength in leadership, program development, negotiation, communication, operations and the bridging of clinical and public policy interests. Teacher of health and criminal justice.

SUMMARY OF EXPERIENCE

MEDICAL MANAGEMENT AND QUALITY IMPROVEMENT SERVICES 1995-Present

Consultant on the design, management, operations, quality improvement, and utilization management for correctional health care systems.

- Recent clients include (among others) the U.S. Department of Justice Civil Rights Division, monitoring multiple correctional systems and the U.S. Department of Homeland Security Office of Civil Rights and Civil Liberties. Federal court monitor for the Metropolitan Detention Center, Albuquerque, New Mexico, Orleans Parish Sheriff's Office, New Orleans, Louisiana, and Miami-Dade Corrections and Rehabilitation Department.
- National Commission on Correctional Health Care. Principal Investigator for an NIJ funded project to make recommendations to Congress on identifying public health opportunities in soon-to-be-released inmates.
- Associate Editor, Puisis M (ed), Clinical Practice in Correctional Medicine, Second Edition, St. Louis. Mosby 2006.
- Editor, Greifinger, RB (ed), Public Health Behind Bars: From Prisons to Communities, New York. Springer 2007.
- John Jay College of Criminal Justice. Professor (adjunct) of Health and Criminal Justice and Distinguished Research Fellow 2005 – 2016.
- Co-Editor, International Journal of Prison Health 2010 – 2016.

NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES 1989 - 1995

Operating budget of $1.4 Billion. Responsible for inmate safety, program, and security. Sixty-nine facilities housing over 68,000 inmates with 30,000 employees.

Deputy Commissioner/Chief Medical Officer, 1989 - 1995

- Operating budget of $140 million; health services staff of 1,100. Accountable for inmate health services and public health. Directed major initiatives in policy and program development, quality and utilization management.
- Developed and implemented comprehensive program for HIV prevention, surveillance, education, and treatment in nation's largest AIDS medical practice.
- Managed the rapid implementation of an infection control program responding to a major outbreak of multidrug-resistant tuberculosis. Helped bring the nation's tuberculosis epidemic to public attention.
- Developed $360 million five-year capital plan for inmate health services. Opened the first of five regional medical units for multispecialty ambulatory and long-term care.
- Implemented a centralized and regional pharmacy system, improving quality, service and cost management.

ROBERT B. GREIFINGER, M.D.

MONTEFIORE MEDICAL CENTER, Bronx, NY 1985 - 1989

A major academic medical center with 8,000 employees and annual revenue of $500 million.

Vice President, Health Care Systems, 1986 - 1989

Director, Alternative Delivery Systems, 1985 - 1986

Operating budget of $60 million with 1,100 employees. Managed a multi-specialty group, a home health agency, and prison health programs.

- Negotiated contracts, including bundled service, risk capitation, fee-for-service arrangements, and major service contracts. Developed a high technology home care joint venture.
- Taught epidemiology and health care organization at Albert Einstein College of Medicine. Lectured nationally on health care delivery and managed care.
- Conceived and collaborated in development of a consortium of six academic medical centers, leading to a metropolitan area-wide, joint venture HMO. Organized a network of physicians to contract with HMO's preparing for cost-containment.

WESTCHESTER COMMUNITY HEALTH PLAN, White Plains, NY 1980 - 1985

Independent, not-for-profit, staff-model HMO, acquired by Kaiser-Permanente in 1985. Operating revenue $17 million with 200 employees and 27,000 members.

Vice President and Medical Director

Chief medical officer and COO. Managed the delivery of comprehensive medical services. Accountable to the Board of Directors for quality assurance and utilization management. Practiced pediatrics.

- Accomplished turnaround with automated utilization management, improved service, sound personnel management principles, and quality management programs.
- Implemented performance based compensation program.

COMMUNITY HEALTH PLAN OF SUFFOLK, INC. 1977 - 1980

Community based, not-for-profit, staff model HMO, with enrollment of 18,000.

Medical Director

- Developed and operated clinical services. Accountable for quality of care. Practiced clinical pediatrics, and taught community health and medical ethics at SUNY Stony Brook School of Medicine.

MONTEFIORE MEDICAL CENTER, Bronx, NY 1976 - 1977

Residency Program in Social Medicine, Deputy Director, 1976-1977

Unique clinical training program focused on community health and change agentry. Developed curriculum and supervised 40 residents in internal medicine, pediatrics and family medicine.

UNITED STATES PUBLIC HEALTH SERVICE 1972 - 1974

Commissioned officer in the National Health Service Corps. Functioned as medical director and family physician in a federally funded neighborhood health center in Rock Island, Illinois. Honorable Discharge.

ROBERT B. GREIFINGER, M.D.

FACULTY APPOINTMENTS

1976 - 2002
Assistant Professor of Epidemiology and Social Medicine, Albert Einstein College of Medicine

2005 - 2016
Professor (adjunct) of Health and Criminal Justice and Distinguished Research Fellow, John Jay College of Criminal Justice

NATIONAL COMMITTEE FOR QUALITY ASSURANCE

Worked with NCQA since its inception in 1980. Began training surveyors in 1989, and continued as faculty for NCQA sponsored educational sessions. Served for six years as a charter member of the Review Oversight (accreditation) Committee. Served on the Reconsideration (appeals) Committee for six years. Surveyed dozens of managed care organizations, and reviewed several hundred quality management programs.

OTHER PROFESSIONAL ACTIVITIES

2012 – present	Member, Board of Directors, Prison Legal Services, New York
2012 – present	Member, Board of Directors, National Health Law Program
2011 – 2015	Member, Board of Directors, Academic Consortium of Criminal Justice Health
2010 - 2016	Co-editor, International Journal of Prisoner Health
2009	Recipient, B. Jaye Anno Award for Lifetime Achievement in Communication
2007-2015	Member, National Advisory Group on Academic Correctional Health Care
2007	Recipient, Armond Start Award, Society of Correctional Physicians
2005 - 2011	Member, Advisory Board to the Prisoner Reentry Institute, John Jay College
2002 - present	Member, Editorial Board, Journal of Correctional Health Care
2002 - present	Peer reviewer for multiple journals, including Journal of Correctional Health Care, International Journal of Prison Health, Journal of Urban Health, Journal of Public Health Policy, Annals of Internal Medicine, American Journal of Public Health, Health Affairs, and American Journal of Drug and Alcohol Abuse.
2001 - 2003	Member, Advisory Board to CDC on Prevention of Viral Hepatitis in Correctional Facilities
1999 - 2003	Member, Advisory Board to CDC on Prevention and Control of Tuberculosis in Jails
1997 - 2003	Member, Reconsideration Committee, NCQA
1997 - 2001	Moderator, Optimal Management of HIV in Correctional Systems, World Health Communications
1997 - 2000	Member, Reproductive Health Guidelines Task Force, CDC
1993 - 1995	Co-chair, AIDS Clinical Trial Community Advisory Board, Albany Medical Center
1992 - Present	Society of Correctional Physicians
1991 - 1997	Member, Review Oversight (accreditation) Committee, NCQA

1983 - 1985 Executive Committee, Medical Directors' Division, Group Health Association of America (Secretary, 1984-1985)

EDUCATION

University of Pennsylvania, College of Arts and Sciences, Philadelphia; B.A., 1967 (Amer. Civilization)

University of Maryland, School of Medicine, Baltimore; M.D., 1971

Residency Program in Social Medicine (Pediatrics), Montefiore Medical Center, Bronx, NY; 1971-1972, 1974-1976, Chief Resident 1975-1976

CERTIFICATION

Diplomate, National Board of Medical Examiners, 1971

Diplomate, American Board of Pediatrics, 1976

Fellow, American Academy of Pediatrics, 1977

Fellow, American College of Physician Executives, 1983

Fellow, American College of Correctional Physicians (formerly Society of Correctional Physicians), 2000

License: New York, Pennsylvania (inactive)

Updated February 2018

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Tuberculosis Control: Lessons for Outbreak Preparedness in Correctional Facilities

Farah M. Parvez, Mark N. Lobato and Robert B. Greifinger

J Correct Health Care 2010 16: 239 originally published online 12 May 2010
DOI: 10.1177/1078345810367593

The online version of this article can be found at:
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Tuberculosis Control: Lessons for Outbreak Preparedness in Correctional Facilities

Farah M. Parvez, MD, MPH[1], Mark N. Lobato, MD[1], and Robert B. Greifinger, MD[2]

Abstract

Correctional facilities typically house large numbers of persons in close and crowded conditions for long periods. Clusters of communicable diseases ranging from simple viral upper respiratory infections to more serious threats, such as tuberculosis (TB), infections with methicillin-resistant *Staphylococcus aureus*, and influenza, often emerge in these surroundings. The recent H1N1 influenza pandemic highlights the importance of outbreak prevention and containment preparedness, particularly in congregate settings. In this commentary, the authors propose that the TB control model can provide valuable lessons for infection control practitioners to prepare for, identify, investigate, and control outbreaks of communicable diseases to prevent transmission in correctional facilities and to the surrounding community.

Keywords

communicable disease, infection control, tuberculosis, correctional health care

Tuberculosis (TB) is among the important communicable diseases found within the walls of correctional facilities. Inmates have higher prevalence rates than the general population and more associated risks, including drug use, homelessness, and HIV infection (MacNeil, Lobato, & Moore, 2005). Despite widespread concern about TB, evaluations of infection control practices in correctional facilities reveal a mixture of strengths and weaknesses (Roberts et al., 2006; Rutz et al., 2008). Although TB risk assessment and testing of inmates on entry to facilities are common, TB outbreaks continue to occur, which suggest that recommended infection control measures are being only partially implemented (Centers for Disease Control and Prevention [CDC], 2000; Lambert et al., 2008; Valway et al., 1994).

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Outbreaks in correctional facilities can easily spread to the surrounding community. One TB outbreak in a prison led to extensive spread into the local community and another outbreak resulted in TB disease in three young children after an inmate was released with undiagnosed TB (Jones, Woodley, Fountain, & Schaffner, 2003; Sosa, Lobato, Hadler, Condren, & Williams, 2008). Similar to TB, other communicable diseases, such as H1N1 and avian influenza, severe acute respiratory syndrome (SARS), and methicillin-resistant *Staphylococcus aureus*, have a two-way street between the community and institutional settings. As such, correctional facilities must remain vigilant for communicable disease outbreaks and should have prevention and control plans in place.

The TB control model offers a comprehensive and systematic methodology for identifying outbreaks and preventing transmission and is particularly useful in correctional settings. Because of the risk for inmates, correctional staff, and the community of exposure to TB-infected persons, the CDC recently updated guidelines for preventing and controlling TB in correctional and detention facilities (CDC, 2006). Much of this guidance applies to any airborne communicable disease, as well as to diseases spread by other mechanisms. During the 1919 influenza pandemic, failure to implement effective isolation measures practiced in TB control at the time resulted in possibly preventable illness in correctional facilities (Spaulding et al., 2009).

Correctional facilities must have the infrastructure in place to respond to TB or other communicable disease outbreaks. All correctional facilities should designate a frontline staff person to oversee disease control efforts and to work with partners in the facility (e.g., administrative and medical staff) and in the community (e.g., health departments). This frontline staff person, or first responder, can be an infection control nurse or other health care staff member who has been trained to investigate communicable disease outbreaks. With the authority of the facility's chief medical officer, first responders should follow explicit protocols that are adapted for the specific conditions. These conditions vary depending on the severity of the disease and the mode and rapidity of transmission. The first responder must establish clear definitions for possible and confirmed cases, categorize cases appropriately, and update this information as needed. Electronic data systems or other effective surveillance systems should be used to monitor and track key indicators, such as TB test conversions or increase in influenza-like illness among staff and inmates, to promptly identify disease transmission.

A suspected outbreak in a correctional facility should trigger the immediate notification of managerial staff and the local or state public health department. Correctional facilities must have efficient mechanisms to promptly communicate information to internal and external stakeholders. Delays can result in the loss of critical information and continued transmission of the contagion. A timely investigation that clarifies the nature and mechanism of an infection or transmission can help officials implement measures to prevent transmission and future occurrences.

Staff working in correctional facilities and systems should stay alert to disease incidence in the local community, such as the first seasonal case of influenza. At the earliest indication of increased disease activity, key tasks are to identify persons at risk in the facility, track trends in case numbers, and determine whether transmission is occurring. Staff also should thoroughly screen for diseases of interest both when inmates enter the facility and at subsequent clinical visits. Screening ill inmates, and promptly isolating or cohorting ill persons, limits exposure to staff and other inmates. Inmates with communicable diseases who are not detected on entry or who later develop disease are cause for concern because the disease can be transmitted to other inmates and staff, and the subsequent contact investigation may be costly and time-consuming. Because contact investigations are episodic and require experience and resources to administer, correctional facility staff should involve local and state health departments at the first suspicion that TB, pandemic influenza, or other serious disease transmission has occurred. Health department officials should routinely communicate and collaborate with local, state, and federal correctional facilities in their jurisdictions.

Clinical staff also should set and review relevant infection control policies and practices, evaluate screening and treatment outcomes, and develop outbreak and preparedness plans. Because of high

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staff turnover in some facilities, new staff should be oriented regarding infection control policies, and all staff should receive annual reviews and updates of infection control-related issues, such as fundamental infection control practices (e.g., frequent hand washing, indications for use of masks and gloves), the routes of disease transmission, the signs and symptoms of communicable diseases, best practices for isolating and containing infectious patients, treatment and management of cases, and conducting contact investigations (National Association of County and City Health Officials, 2007). Disinfection and sterilization practices of patient equipment should be routinely reviewed. Airborne infection isolation (AII) rooms should receive routine monitoring and maintenance. If AII rooms are not available in the correctional facility, arrangements should be made in advance with nearby hospitals to accommodate inmates who require isolation. Facility medical staff and administrators also should identify designated housing areas or facilities where ill inmates can be cohorted if necessary.

Medical and correctional staff can plan and prepare for outbreaks that require mass vaccination or prophylaxis by conducting point-of-dispensing exercises for influenza vaccination during influenza season. In addition, directly observed therapy, the standard of care for active TB treatment, can be applied to emergency situations where mass prophylaxis is required. Directly observed therapy uses trained health care workers to observe and monitor patients taking each dose of their medications, thus ensuring treatment compliance.

Multidisciplinary planning among the medical leadership, correctional administration, and correctional staff unions is essential. Ongoing communication, education, and transparency with staff and inmates will allay fears. Likewise, an ongoing partnership with local or state health departments is critical for preparedness. Correctional staff should develop policies and protocols that complement local emergency preparedness plans, and they should work with local public health authorities to ensure that correctional facilities are included in local emergency plans for allocation of resources (e.g., national stockpile, isolation rooms, masks, medications). Proactive and collaborative policies and interventions designed to prevent disease and transmission are the frontline of defense against outbreaks of communicable diseases in correctional facilities. In addition, they provide an opportunity to reach underserved, difficult-to-access populations with preventive screening, vaccination, treatment, and education, to improve disease control both in the correctional setting and in the community.

Conclusions

The model for TB prevention and control has many similarities and lessons for controlling other infectious agents, including screening to prevent introduction of infectious agents into the facility, isolating potentially infectious persons, treating infection and disease, and interrupting transmission through investigation and evaluation of contacts (Wolfe et al., 2001). Outbreaks of communicable diseases in correctional settings can have potentially devastating consequences for employees and inmates, as well as the surrounding community. Emerging diseases such as H1N1 and avian influenza, SARS, and extensively drug-resistant TB make emergency preparedness efforts in correctional facilities all the more urgent.

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SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF DR. MICHAEL PUISIS AND DR. RONALD SHANSKY CONCERNED ABOUT THE RISK OF THE SPREAD OF COVID-19 IN THE WASHINGTON STATE PRISON SYSTEM

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Attorneys for Petitioners

Michael Puisis, D.O., and Ronald Shansky, M.D. declare under penalty of perjury under the laws of the State of Washington that the contents of this declaration are true and correct.

1. Dr. Michael Puisis is an internist who has worked in correctional medicine for 35 years. He began working at the Cook County Jail as a physician in 1985 and became the Medical Director of Cook County Jail from 1991 to 1996 and Chief Operating Officer for the medical program at the Cook County Jail from 2009 to 2012. He has worked in and managed correctional medical programs in multiple state prisons including in Illinois and New Mexico. He has worked as a Monitor or Expert for Federal Courts on multiple cases and has worked as a Correctional Medical Expert for the Department of Justice on multiple cases. He has also participated in revisions of national standards for medical care for the National Commission on Correctional Health Care and for the American Public Health Association. He also participated in revision of tuberculosis standards for the Center for Disease Control. Dr. Puisis has edited the only textbook on correctional medicine, Clinical Practice in Correctional Medicine. A *curriculum vitae* is attached.

2. Dr. Ronald Shansky is an internist who has worked in correctional medicine for 45 years. He was the Medical Director of the Illinois Department of Corrections from 1982 to 1992 and from 1998 to

1999. He was a Court Appointed Receiver of two correctional medical programs. He has been appointed by U.S. Courts as a Medical Expert or Monitor in ten separate Court cases and has been a Court appointed Special Master in two cases. He has been a consultant to the Department of Justice involving correctional medical care. He also participated in revision of national standards for medical care for the American Public Health Association and for standards for the National Commission on Correctional Health Care. A *curriculum vitae* is attached.

3. Coronavirus disease of 2019 (COVID-19) is a viral pandemic. This is a novel virus for which there is no established curative medical treatment and no vaccine.

4. **The number of cases of COVID-19 in the United States are rising rapidly.** As of March 20, 2020, the CDC reported on its website 15,219 COVID-19 cases with 201 deaths. The New York Times reported that on Sunday morning, March 22, 2020 there were 24,380 and at least 340 deaths. The United States is on the upswing of the pandemic curve. The case numbers are changing rapidly upward with a case doubling rate every three days.

5. **Washington State is in the forefront of the COVID-19 pandemic in the United States.** Washington reported the first case of COVID-19 in the United States on January 19, 2020 in a person who had

recently traveled to Wuhan, China.[1] Washington has the 2nd most COVID-19 cases next to New York. On February 29, 2020, Governor Inslee declared a state of emergency. The Governor has, on an emergency basis, permitted out-of-state health practitioners to practice in the state without obtaining a Washington license because of a lack of medical personnel to provide care to infected Washingtonians. Based on data on the State of Washington Department of Health website on March 21, 2020, Washington State had 1,793 cases (8% of total U.S. cases) but 94 deaths (approximately 30% of the U.S. deaths). Washington has the highest number of deaths in the U.S. The New York Times reported that Washington State officials are discussing plans on triaging the severely ill to determine who will get access to full medical care, including ventilator care, and who will not.[2] Hospital resources in Washington are so stretched that King County officials are building temporary hospitals; one was recently reported as being constructed on a soccer field.[3]

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[1] Michelle Holshue, et.al, *First Case of 2019 Novel Coronavirus in the United States*; New England Journal of Medicine, March 5, 2020; N.Engl.J.Med 2020; 382:929-936

[2] "Chilling" Plans: Who Gets Care as Washington State Hospitals Fill Up? Karen Weise and Mike Baker, New York Times March 20, 2020 at https://www.nytimes.com/2020/03/20/us/coronavirus-in-seattle-washington-state.html

[3] Workers build a field hospital as coronavirus spreads' Washington death toll at 74; Martha Bellisle, The Columbian, March 21, 2020

6. UpToDate[4] reports an overall case mortality rate from the disease of 2.3%. The Washington death rate is 5.2% based on the number of deaths and cases reported on the Washington State Department of Health website.

7. **COVID-19 is transmitted by droplets of infected aerosol when people with the infection cough.** Droplets of respiratory secretions infected with the virus can survive as an aerosol for up to three hours[5] [6]. Droplets can be directly transmitted by inhalation to other individuals in close proximity. Droplets can land on surfaces and be picked up by the hands of another person who can then become infected by contacting a mucous membrane (eyes, mouth, or nose) with their hand. Infected droplets can remain viable on surfaces for variable lengths of time, ranging from up to 3 hours on copper, 24 hours on cardboard, and 2-3 days on plastic and stainless steel.[7]

8. **Medical care for COVID-19 focuses on prevention, which emphasizes social distancing, handwashing, and respiratory**

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[4] UpToDate is an online medical reference widely used in hospitals, health organizations and private physicians

[5] National Institute of Health, available at https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces

[6] Neeltje van Doremalen and Others, Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1, Correspondence in New England Journal of Medicine, March 17, 2020 found at https://www.nejm.org/doi/full/10.1056/NEJMc2004973?cid=DM88773_&bid=171021451

[7] *Id*

hygiene. The current CDC recommendations for social distancing and frequent handwashing measures, which are the only measures available to protect against infection, are not possible in the correctional environment. Furthermore, repeated sanitation of horizontal and touch surfaces in inmate living units and throughout the jail is not typically done and would be an overwhelming task. Prisons have worse living conditions and higher comingling of people than cruise ships and nursing homes where COVID-19 is known to have easily spread. Prevention of contact with an infected droplet is significantly more difficult in a prison than in the community.

9. **With respect to transmission of disease by droplet inhalation, correctional environments actually promote spread of respiratory contagious disease.** Jails and prisons are long known to be a breeding ground for infectious respiratory illness. Tuberculosis is a bacteria which is significantly less transmissible than COVID-19 yet has been responsible for numerous outbreaks of illness in prisons and jails over the years. Respiratory infectious disease like TB are thought to be made worse in prisons because of crowding and recirculated air. Because of transmissibility of TB in prisons the CDC still recommends screening for this condition in prisons. Proper screening for tuberculosis can control that disease in prison populations. The COVID-19 virus is a different type of respiratory illness; its spread is rapid and it is more easily transmissible.

Control through screening methods is more difficult and, in our opinion, would involve both testing all incoming inmates with COVID-19 test and with quarantine of all incoming inmates for up to 14 days. Also, there is no current guidance on screening for COVID-19 in prisons in part because the disease is so new. Furthermore, there would be insufficient supplies to screen with testing even if it were to be recommended and quarantine is impractical and logistically unrealistic even though both measures should be attempted in our opinion.

10. **Jails and prisons promote spread of respiratory illnesses because large groups of strangers are forced suddenly into crowded congregate housing arrangements. This situation is made worse by the fact that custody and other personnel who care for inmates live in the community and can carry the virus into the jail or prison and/ or leave the jail or prison with the virus and carry it back into the community**.[8] These conditions are precisely what public health officials warn will result in spread of the pandemic. Currently the President's Task Force on COVID-19 recommends limiting gatherings to no more than 10 persons. Inmates live in large groupings with frequent (weekly or daily) introduction of newly incarcerated inmates into the

[8] The WDOC website at https://www.doc.wa.gov/news/covid-19.htm#testing reports that four staff at three separate facilities have tested positive for COVID-19. O

group who are taken care of by people who live in the community who can bring infection in with them and infect the group. One couldn't devise a system more contrary to current public health recommendations and the President's Task Force recommendations than a prison, especially with classification systems that house large numbers of elderly or persons with comorbid medical conditions in the same housing units.

11. **Prisons are not isolated from the surrounding community with respect to infectious or contagious disease and identification of infected persons is hampered by lack of testing supplies.** There is no evidence that asymptomatic persons can transmit COVID-19. A recent study of a cruise ship[9] demonstrated that about 17% of persons infected with COVID-19 had no symptoms. However, infected individuals become symptomatic in a range of 2.5 to 11.5 days with 97.5% of infected individuals becoming symptomatic within 11.5 days. The total incubation period is thought to extend up to 14 days but can extend beyond that period. Thus, persons coming into jails or prisons can be asymptomatic at intake screening only to become symptomatic later during incarceration. Currently, the WDOC screens employees, visitors

[9] Kenji Mizumoto, Kayaya Katsushi, Alexander Zarebski, Gerardo Chowll; *Estimating the asymptomatic proportion of coronavirus disease 2019 (COVID-19) cases on board the Diamond Princess cruise ship, Yokahama Japan, 2020,* EUROSURVEILLANCE (Mar. 12, 2020), https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.10.2000180

and new inmates with symptom screening and a temperature only. While this is a reasonable one time screening, it will not identify all employees and inmates coming into the system who are infected and will not identify all employees or visitors who have the infection but will become symptomatic at a later time even possibly later in the same day that they entered the facility. Testing of all new inmates and employees with a COVID-19 test would be a reasonable screening strategy which with quarantine of new inmates might be effective. But lack of testing supplies makes this impractical and not possible at this time. Current testing procedures in WDOC are cumbersome and a barrier to testing which may be the reason that only 28 COVID-19 tests have been done in the WDOC on inmates with 22 of these tests still pending results. [10] Quarantine of all new inmates is not done in WDOC based on screening guidelines on their website.[11] As a result, the inmate population is basically a large congregate gathering with new people intermingling on intake days

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10 The WDOC website gives the procedure for testing which is very complicated. The ordering practitioner has 2 options: 1) call the State Department of Health and ask to speak to the Duty Epidemiologist and provide a brief case summary. The Duty Epidemiologist gives approval for the test. It isn't clear if the Duty Epidemiologist is available 24/7. Then a swab is taken and send Federal Express following regulations for shipping biological substances. One can only imagine attempting to contact a Duty Epidemiologist who is taking calls statewide. 2) if the Department of Health cannot be reached the test can be sent to the University of Washington virology lab which testing does not require approval but does require following testing instructions of University of Washington. Samples are to be sent Federal Express in packaging complying with shipping biological substances.

[11] https://www.doc.wa.gov/news/2020/docs/2020-0319-health-services-screening.pdf

managed by staff who daily interact in the community and then interact with inmates - a recipe for spread of the infection.

12. **An individual's immune system is the primary defense against this infection.** As a result, people over age 65 years of age and persons with impaired immunity may have a higher probability of death if they are infected. Age related risk is a result of impaired immunity with aging. The older a person is the greater the apparent risk. In the WDOC, 2% of the population is over 65 years of age but 18% are over age 50.[12] People on immunosuppressive medication, with disease causing impaired immunity, or with significant cardiac or pulmonary medical conditions also are at increased risk of death. It has recently been reported that younger patients with cardiovascular disease or hypertension may have unappreciated risk for severe disease.[13] This has significant implications for correctional facilities with high rates of hypertension. Persons with severe mental illness in prisons are also, in our opinion, at increased risk of acquiring and transmitting infection because they are unable to understand social distancing and hand hygiene and may be unable to communicate symptoms appropriately. Also, by classification, like other

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[12]Department of Corrections Washington State website found at https://www.doc.wa.gov/corrections/incarceration/prisons/default.htm

[13] ACE2 is the SARS-CoV-2 Receptor Required for Cell Entry, Summary, New England Journal of Medicine, March 18, 2020 Review of article of Hoffman, M et al in Cell 2020 Mar 5

prison systems, WDOC houses inmates who are elderly, have disabilities, are mentally ill or have severe chronic illness profiles in the same housing area, making this population at great risk if one of them becomes infected. Facilities with large populations of any of these types of inmates are at very high risk. Spread of infection in these facilities would result in high rates of death.

13. **Inmates may lack access to hospital care as compared to civilians.** Currently, severe disease is treated only with supportive care including respiratory isolation, oxygen, and mechanical ventilation as a last resort. Washington is already anticipating a lack of ventilation equipment and hospital beds, placing those needing this service in a dire predicament.[14] Also, prison systems have inherent structural problems that are barriers in a pandemic. Prison health care programs are internally not set up to manage hospital level care including ventilation. Typical arrangements of transferring prisoners to a hospital, in a setting of a pandemic with large numbers would overwhelm the security staff of the WDOC and complicate arrangements at local hospitals. Some WDOC facilities such as the Clallam Bay Corrections Center are remote and do not have easily accessible hospitals making care linkage more tenuous.

[14] Who gets a ventilator? Hospitals facing coronavirus surge are preparing for life-or-death decisions. NBC News as found at https://www.nbcnews.com/health/health-care/who-gets-ventilator-hospitals-facing-coronavirus-surge-are-preparing-life-n1162721

Recommendations

1. **Steps should be taken to release any inmate who is a low risk to the community**. The additional risk to inmates by virtue of crowding in prisons and the risk of promoting spread of the infection to the inmate population, and thereby to the community, needs to be weighed against the reason for not releasing the inmate from incarceration. Release based on risk should prioritize inmates over 65 years of age, inmates with immune disorders, inmates with significant cardiac (including hypertension) or pulmonary conditions, or inmates with cognitive disorders. Keeping healthy individuals in prison for short sentences, or for parole violations or other marginal public safety reasons only promotes crowding. Crowding decreases the ability of maintaining distancing of prisoners which risks spread of the virus. Therefore, healthy prisoners with low risk sentences are best sent home as a preventive measure.

2. If and when COVID-19 testing becomes widely and readily available, all inmates coming into prison should be tested for COVID-19 prior to congregate housing. This is our expert opinion because inmates will be forced to live with one another with the uncertain risk that one of them is infected. Intake symptom screening alone will not identify all inmates who have disease because some will be asymptomatic when

intake screening is done. We understand that this is unlikely to occur due to lack of testing supplies.

3. All inmates coming into a prison on any day should be housed in separate housing (quarantined) for 14 days and have daily symptom screening with temperature while in quarantine.

4. All persons with any symptoms consistent with COVID-19 or with fever should be placed in respiratory isolation and tested for COVID-19.

5. All persons over 65, with severe mental illness, with immune disorders, with serious cardiac or pulmonary disease, or with any cognitive disorder should have daily symptom screening and temperature screening at this time. Any positive symptom or temperature should require respiratory isolation and testing for COVID0-19. Persons over 65, with immune disorders, or serious cardiac or pulmonary disease should be a high priority for release.

6. Persons in prisons should not be transferred to another prison unless they have been quarantined for 14 days prior to transfer and are known to not have COVID-19.

DATED this 23rd day of March, 2020 at Evanston, Illinois.

M Puisis D.O

Michael Puisis, ~~M.D.~~ D.O.

DATED this 23rd day of March, 2020.

/s/Ronald Shansky, M.D.
Ronald Shansky, M.D.

CURRICULUM VITAE

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Born: 6/28/50
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Educational Experience:

Quigley North High School; graduated 1968
B.S. University of Illinois at Chicago 1978
Chicago College of Osteopathic Medicine 1982

Residency Training:

Internal Medicine, Cook County Hospital 1985

Board Certification:

Diplomate Internal Medicine, American Board of Internal Medicine 1985

Professional Activities:

National Health Service Corps Physician assigned as staff physician to Cermak Health Service (Cook County Jail) 1985-89.

Assistant Medical Director, Cermak Health Service 1989 to 1991

Medical Director, Cermak Health Services (Cook County Jail) 1991 to 1996

Voluntary Attending Cook County Hospital, 1985 to 1996

Advanced Cardiac Life Support Instructor at Cook County Hospital 1985-89

Director of Quality Assurance at Cermak Health Service 1985-91.

Regional Medical Director, State of New Mexico for Correctional Medical Services, 1996 to 1999

Corporate Medical Director, Correctional Division, Addus HealthCare, 1999 to 2004

Consultant on correctional healthcare, 1988 to present

Director of Research and Operations, Cermak Health Services, Cook County Jail 2006-2007

Medical Director, Illinois Department of Corrections 2008

Chief Operating Officer, Cermak Health Services, Cook County Jail May, 2009 to December 2012

Consultant Work:

Consultant to the U.S. Department of Justice 1989 to present on conditions at a variety of prisons and jails throughout the United States including reviews and/or monitoring of the follow programs:

- San Diego County Jail 1989
- Angola State Prison Louisiana 1992
- Simpson County Jail/ Sunflower County Jail and Jackson County Jail, Mississippi 1993
- Critteden County Jail 1994
- Gila County Jail 1994
- Maricopa County Jail 1994
- Cape Girardeau Jail 2000
- Montana State Prison 2004
- Wicomico County Jail 2004
- Baltimore City Jail 2005
- Cleveland City Jail 2005
- Augusta State Prison, Georgia, 2007
- Lake County Jail 2011
- Orange County Jail 2013 and 2017

Consultant to the American Civil Liberties Union on the prison health system at the Indiana State Prison in Westville Indiana, 1988.

Consultant to the Legal Services Organization of Indianapolis regarding the prison health system at the Indiana State Prison in Michigan City and the Pendelton Reformatory in Indianapolis. 1988

Consultant to the Indiana Civil Liberties Union reviewing Pendleton Correctional Facility, April 2000.

Member of the National Commission on Correctional Health Care Task Force for the revision of the *Standards for Health Services in Jails,* 1995

Reviewer for the Centers for Disease Control for the *Prevention and Control of Tuberculosis in Correctional Facilities,* 1995

Member of the Advisory Board for the "Evaluation of the Centers for Disease Control Guidelines for TB Control in Jails", 1999

Clinical Reviews, grant review committee, Centers for Disease Control, 1999

Member of the committee to revise the correctional health care standards for the American Public Health Association, 1999

National Commission on Correctional Health Care's Physician Panel on Clinical Practice 1999.

Consultant to the United States Department of Justice to provide expert advice on the development of Standard Operating Procedures when federal inmates are confined in private prisons, September 2000.

Medical Expert for plaintiff in Schilling v. Milwaukee County Jail 2001

Expert witness for Southern Center for Human Rights in *Marshall,et al v. Whisante, et al* in review of conditions at the Madison County Jail in Madison County Alabama, 2002.

Expert witness for Legal Aid Society in *James Benjamin, et al.v. William Fraser, et al.* This resulted in a deposition in 2002 regarding medical complications in the utilization of shackles.

Expert consultant to the California Attorney General in Plata v. Davis 2002

Expert consultant to the California Attorney General on medical care provided in the California Youth Authority 2003

Committee member of the American Diabetes Association to revise the standard for diabetes care in correctional facilities 2003

Consultant to the Southern Poverty Law Center in assisting them in review of diabetes care for inmates in the Alabama Department of Corrections.

Medical Expert for Scott Ortiz plaintiff attorney in Salvadore Lucido v CMS 2005

Liason member representing the National Commission on Correctional Healthcare to the Advisory Committee for the Elimination of Tuberculosis (ACET) 2004 to 2007

Medical Consultant to the Administration of Corrections in Puerto Rico via MGT of America in monitoring medical contract with Court Appointed medical corporation 2005 to 2007

Program Review of San Joaquin Juvenile Detention Center for San Joaquin County related to Walter Hixson et al v. Chris Hope, July-August 2007

Medical Expert, review of Fresno County Jail 2013

Medical Expert, review of Monterey County Jail 2013

Medical Expert Consultant to Department of Homeland Security 2013 to present

Consultant to Maryland Attorney General's Office with respect to Duval et al v Hogan et al litigation 2015

Medical Consultant to the Southern Poverty Law Center with respect to Dunn et al v. Thomas et al with respect to the Alabama prison system medical program 2015

Medical Consultant to Promise of Justice Initiative, Advocacy Center of Louisiana, American Civil Liberties Union of Louisiana, and Cohen Milstein Sellers & Toll PLLC collectively with respect to the case Lewis et al v. Cain et al concerning medical care to prisoners at Louisiana State Prison. 2016

Court Appointed Monitor Assignments

Court appointed Medical Expert in Plata v. Davis, a consent decree regarding medical care in the California Department of Corrections 2003

Court appointed Medical Monitor in *Laube et al v. Campbell* involving medical care at the Tutwiler women's prison in Alabama, 2004

Court appointed Monitor of Dallas County Jail in consent agreement between Dallas County and U.S. Department of Justice, 2007

Court appointed Medical Monitor of Consent Decree Hall v. County of Fresno in regard to Fresno County Jail 2015

Court appointed Medical Monitor for medical provisions of Duval et al v. Hogan et al Settlement Agreement 2015

Medical Monitoring Assignments

Medical Monitor for California Youth Authority 2004 based on consent agreement between State of California and Prison Litigation Office

Monitor Montana State Prison 2004 based on consent agreement between US Department of Justice and State of Montana

Member of the Medical Oversight Committee, the monitoring body in a consent agreement covering the Ohio Department of Corrections and Rehabilitation, 2006

Medical Expert on monitoring team in consent agreement covering the Delaware Department of Corrections 2006

Monitor Lake County Jail 2011 based on consent agreement between US Department of Justice and Lake County, Indiana

Publications:

Radiographic Screening for Tuberculosis is a Large Urban Jail, Puisis M, Feinglass J, Lidow E, et al: *Public Health Reports* 111:330-334,1996

Adding on Human Bites to Hepatitis B Prophylaxis; *Correct Care*, newsletter of the National Commission on Correctional Health Care, Vol.2, Issue 3, July 1988.

Editor, *Clinical Practice in Correctional Medicine,* Mosby, 1998.

Tuberculosis Screening, Overview of STDs in Correctional Facilities, & Chronic Care Management, Chapters in the textbook *Clinical Practice in Correctional Medicine,* Mosby, 1998

Editor, *Clinical Practice in Correctional Medicine 2nd Edition,* Mosby/Elsevier, 2006

Chronic Disease Management & Overview of Sexually Transmitted Disease, chapters in textbook *Clinical Practice in Correctional Medicine 2nd Edition, Mosby/Elsevier* 2006

Deaths in the Cook County Jail: 10-Year Report, 1995-2004; Seijong Kim, Andrew Ting, Michael Puisis, et al; Journal of Urban Health 2006

Risk Factors for Homelessness and Sex Trade Among Incarcerated Women:A Structural Equation Model; Seijong Kim, Timothy Johnson, Samir Goswami, Michael Puisis: Journal of International Women's Studies; 2011 January; 12(1):128-148

Improving Health Care after Prison: Invited Commentary on Forced Smoking Abstinence: Not Enough for Smoking Cessation; *JAMA Intern Med* 2013; 173(9) 795-796

Progress in Human Immunodeficiency Virus Care in Prisons: Still Room for Improvement? Invited Commentary, *JAMA Internal Medicine*, published online 2014 March 31, doi 10.1001/jamainternmed.2014.521 epublished ahead of print

Improved Virologic Suppression With HIV Subspecialty Care in a Large Prison System Using Telemedicine: An Observational Study With Historic Controls: Jeremy Young, Mahesh Patel,

Melissa Badowski, Mary Ellen Mackesy-Amiti, Pyrai Vaughn, Louis Shicker, Michael Puisis and Lawrence Ouellet; Clinical Infectious Diseases, May 7, 2014 [Epublished ahead of print]

Awards

National Commission on Correctional Health Care Outstanding Correctional Health Care Publication of the Year for Clinical Practice in Correctional Medicine, November 1998

National Commission on Correctional Health Care B. Jaye Anno Award of Excellence in Communication for Clinical Practice in Correctional Medicine, 2nd Edition, 2006

2006 Armond Start Award of Excellence, from Society of Correctional Physicians

Lectures:

Health Care: Correctional Medicine in the 90's
Illinois Correctional Association Fall Training Institute; October 22-23 1991.

Quality Improvement and Ethics, Who is the Customer, presentation at the University of Wisconsin, Madison, School of Medicine Second Annual Summer Forum, National Center for Correctional Healthcare Studies, July 1992

Chest X-ray Screening for Tuberculosis in a Large Urban Jail, 16th National Conference on Correctional Health Care, September, 1992

Overview of Tuberculosis as a Public Health Issue, National Association of Counties' public hearing of "County Government and Health Care Reform", October, 1992

Screening for Tuberculosis, lecture at the Comprehensive AIDS Center, Northwestern University Medical School, August, 1993

Management of Tuberculosis in Correctional Facilities, National Commission on Correctional Healthcare Roundtable, November, 1995

Moderator: *Health Care Delivery in a Jails Setting,* at the 8th National Workshop on Adult and Juvenile Female Offenders, September, 1999, Chicago, Illinois

Lecturer: Correctional Medical Services' Medical Director's Orientation, 1997-1999

Satellite broadcast, "TB Control in Correctional Facilities", Texas Department of Health, February, 1999

Presenter: *Chronic Care in Correctional Settings,* March, 2000, at a conference by Health and Medicine Policy Research Group, *Emerging Issues in Correctional Health*

Presenter: *STD Screening, Treatment, and Early Intervention,* American Correctional Health

Services Association's conference Public Health in Corrections co-sponsored by the Centers for Disease Control (CDC) March 2001

Presenter: *Diabetes Cases in Corrections* Fall Conference 2003, National Commission on Correctional Health Care

Presenter: *Contracting Out Medical Services* Spring Conference May, 2004, National Commission on Correctional Health Care

Lecturer: Screening for STDs and HIV in Jails, 2005 National HIV Prevention Conference, Atlanta, Georgia

Panel with Honorable Frank Easterbrook, Chief Judge, 7th Circuit and Ben Wolfe, ACLU at the John Marshall Law School American Constitution Society on inmate rights and access to health care; 2009.

Society and Organization Affiliations:

Society of Correctional Physicians

RONALD MARK SHANSKY, M.D.

CURRICULUM VITAE

604 North Bluff Drive, Unit 220
Austin, TX 78745

Phone 312-919-9757
rshansky72917@gmail.com

ACADEMIC TRAINING

Bachelor of Science, University of Wisconsin, 1967
Doctor of Medicine, Medical College of Wisconsin, 1971
Master of Public Health, University of Illinois School of Public Health, 1975

PROFESSIONAL LICENSE

Licensed Physician (Illinois) No. 36-46042

INTERNSHIP AND RESIDENCY TRAINING

Internship – Cook County Hospital, July 1971-1972
Residency – Internal Medicine, Cook County Hospital, July 1972-1974

BOARD CERTIFICATION AND FELLOWSHIPS

Diplomate of the American Board of Internal Medicine – September 1978
Diplomate of the American Board of Quality Assurance and Utilization Review Physicians – 1992
Elected Fellow of the Society of Correctional Physicians – 1999

EMPLOYMENT

Medical Director, Center for Correctional Health & Policy Studies, Washington, D.C. Jail – 2004 to 2006
Consultant, Corrections Medicine and Continuous Quality Improvement – 1993 to present on a full-time basis; and throughout career while holding other positions
Medical Director, Illinois Department of Corrections – 1982-1993, 1998-1999
Attending Physician, Department of Medicine, Cook County Hospital – 1978 to present
Surveyor (part-time), Joint Commission on Accreditation of Healthcare Organizations – 1993-1997
Staff Physician, Metropolitan Correctional Center of Chicago – 1975-1982

CONSULTATIONS

Condition of Confinement Reviews for PricewaterhouseCoopers, reviewing detention facilities housing federal detainees; 2000–2004
Essex County Jail, Newark, N.J.
Michigan Department of Corrections
Montana Department of Corrections
New Mexico Department of Corrections
Polk Correctional Center, Raleigh, N.C.
South Dakota Department of Corrections
Washington DC Department of Corrections

APPOINTMENTS

*Dockery vs. Epp*s, Plaintiff Expert – 2015
Mutually Agreed Expert Leader of Investigation Team, *Lippert v. Quinn* – January 2014
Court Monitor, *Riker v. Gibbons*, Ely State Prison, Ely, Nevada – 2010
Plaintiff Expert, *Plata vs. State of California* – Crowding case – 2010
Surveyor, NCCHC, 2010 to present
Member, Department of Justice Compliance Monitoring Team, King County Jail, Seattle, WA – 2009 to present
Member, Monitoring Team, Ohio Department of Youth Services – 2009 to present
Member, Department of Justice Monitoring Team, Dallas County Jail – 2008 to present
Member, Department of Justice Monitoring Team, Delaware Department of Corrections – 2007 to present
NCCHC Board Appointment – 1999-2009
Member, Task Force to Revise NCCHC Standards for Jails and Prisons – 2003 and 2007-2008
Member of Medical Oversight Team reviewing the Ohio prison system – 2005 to present
Court Monitor, De Kalb County Jail, Decatur, Georgia – 2002-2005
Consultant to California Department of Corrections, negotiated for defendants, Plata Agreement-2002
Consultant, California Department of Corrections – 2000
Court Monitor, Milwaukee County Jail – 1998 to present
Court Monitor, Essex County Jail, Newark, NJ – 1995 to present
Medical Expert, State of Michigan – 1995
Consultant to Special Master, *Madrid v. Gomez*, Pelican Bay Prison, California Department of Corrections – 1995
Medical Expert, State of New Mexico – 1994
Consultant, Connecticut Department of Corrections – 1994
National Advisory Board of the National Center for Health Care Studies – 1991
Illinois AIDS Interdisciplinary Advisory Council – November 1985
Illinois AIDS Caretaker Group – November 1985
Task Force to Rewrite American Public Health Association Standards for Medical Services in Correctional Facilities – 1983
Corrections Subcommittee, Medical Care Section, APHA – 1983
Preceptor, then Clinical Associate Professor, Department of Preventive Medicine and Community Health, Abraham Lincoln School of Medicine, University of Illinois, Chicago, Illinois – 1972-1979
Clinical Associate Professor, Department of Medicine, Ravenswood Medical Center, Chicago, Illinois – 1979-1981
Director, Phase 1 and 2 Program at Cook County Hospital for the Abraham Lincoln School of Medicine – 1976-1978
Medical Director, Uptown People's Health Center – September 1978
Director, General Medicine Clinic, Department of Medicine, Cook County Hospital – 1975
Director, Clinical Services, Department of Internal Medicine, Cook County Hospital – 1975

Associate Attending Physician, Department of Internal Medicine, Cook County Hospital – 1974-1975
Instructor, Illinois College of Optometry, Chicago, Illinois – 1972-1974

COMMITTEE MEMBERSHIPS

Chairman, State of Illinois AIDS Caretakers Committee – 1985
Chairman, Corrections Subcommittee, Medical Care Section – 1983
Chairman, Medical Records Committee, Cook County Hospital – 1981
Member, Executive Medical Staff, Cook County Hospital – 1979
Member, Task Force to Rewrite the *Standards for Health Services in Correctional Institutions* – published 1986

PROFESSIONAL ORGANIZATIONS

Society of Correctional Physicians – President, 1993-1995
American Public Health Association – 1974 to present
American Correctional Health Services Association – 1988
American Correctional Association – 1982
Federation of American Scientists – 1974-1981

CIVIC

At the request of the Center for Children's Law and Policy, Review of the Quality of the Medical Program at Long Creek Juvenile Detention Center, Portland, Maine - September 2017
Medical Monitor, *Department of Justice vs. Virgin Islands* – 2013 to present
Medical Monitor, *Department of Justice vs. Erie County* – 2011 to present
Medical Monitor, *Department of Justice vs. Cook County* – 2009-2013
Medical Monitor, *Department of Justice vs. King County* – 2008-2012
Medical Monitor, *Department of Justice vs. Dallas County* – 2008 to present
Contract Monitor, Essex County New Jersey – 2008 to present
Mutually agreed upon expert, Milwaukee County Jail – 2001
Mutually agreed upon expert, *Inmates v. Essex County Jail*, 1995-2007
Appointed Receiver by Judge William Bryant, Medical and Mental Health Programs, District of Columbia Jail, *Campbell v. McGruder* – 1995
Mutually agreed upon neutral expert, State of Montana, *Langford v. Racicot* – 1995
Mutually agreed upon neutral expert, State of Vermont, *Goldsmith v. Dean* – 1996
Executive Committee Overseeing Health Care, Puerto Rico Administration of Corrections – 1993
Appointed by Judge Gerald Jenks, District Court for the Central District of Utah, as Impartial Expert in the matter of *Henry v. Deland* – 1993
Appointed by Magistrate Claude Hicks Jr., U.S. District Court in Macon, Georgia as Medical Expert in the matter of *Cason v. Seckinger* – 1993
Appointed by Judge Owen M. Panner, District of Oregon, as Special Master in *Van Patten v. Pearce* involving medical services at Eastern Oregon Correctional Institution – December 1991
Appointed by Allan Breed, Special Master, *Gates* case, as Medical Consultant regarding California Medical Facility in Vacaville
Appointed by Judge M. H. Patel, Special Master, case involving San Quentin Prison – 1989 to 1995
Selected as part of delegation to inspect the medical services provided to Palestinian detainees in the Occupied Territories and Israel by Physicians for Human Rights – 1989
Appointed by U.S. District Judge Williams as member of medical panel monitoring medical services in Hawaii Prison System – 1985
Appointed by U.S. District Judge Black to evaluate medical services in the Florida Prison System –1983

Appointed by U.S. District Judge Kanne as monitor to the Lake County, Indiana Jail in the litigation of the *Jensen* case (H74-230) – 1982
Appointed by U.S. District Judge J. Moran as Special Master of the Lake County, Illinois Jail in the litigation of *Kissane v. Brown* – 1981
Board Member, Health and Medicine Policy Research Group, Chicago, Illinois – 1980
Appointed to Advisory Committee, State of Alabama, Department of Mental Health – 1980
Appointed as consultant to the State of Alabama, Department of Mental Health – 1979
Consultant, U.S. Department of Justice Civil Rights Division, Special Litigation Section – 1977
Appointed by U.S. District Judge J. Foreman to a three-member panel of medical experts to advise on health conditions at Menard Correctional Center, Menard, Illinois – 1976

AWARDS

NCCHC Bernard Harrison Award for Distinguished Service to the Field of Correctional Medicine – 2010
Armond Start Award for Excellence in Correctional Medicine, Society of Correctional Physicians – 1999
American Correctional Health Services Association Distinguished Service Award – 1992

PUBLICATIONS

Michael Puisis, editor, Ronald Shansky, associate editor, *The Clinical Practice in Correctional Medicine, second edition,* 2006.

Schiff, G., Shansky, R., chapter: "The Challenges of Improving Quality in the Correctional Health Care Setting," in *The Clinical Practice in Correctional Medicine, second edition*, 2006.

Schiff, G.; Shansky, R.; Kim, S., chapter: "Using Performance Improvement Measurement to Improve Chronic Disease Management in Prisons," in *The Clinical Practice in Correctional Medicine, second edition*, 2006.

Anno, B.J., Graham, C., Lawrence, J., and Shansky, R. *Correctional Health Care – Addressing the Needs of the Elderly, Chronically Ill, and Terminally Ill Inmates*. National Institute of Corrections, 2004.

Schiff, G., Shansky, R., chapter: "Quality Improvement in the Correctional Setting," in *The Clinical Practice in Correctional Medicine*, 1998.

How-To Manual, *Quality Improvement in a Correctional System*, State of Georgia, Department of Corrections, 1995.

Journal of Prison and Jail Health, Editorial Board; 1988 – present.

Shansky, R., "Advances in HIV Treatment: Administrative, Professional and Fiscal Challenges in a Correctional Setting," *Journal of Prison and Jail Health*, Volume 9, Number 1.

B. Jaye Anno, Ph.D., *Prison Health Care: Guidelines for the Management of an Adequate Delivery System*, 1991; Member of Editorial Advisory Board.

Coe, J., Kwasnik, P., Shansky, R., chapter: "Health Promotion and Disease Prevention" in B. Jaye Anno, Ph.D., *Prison Health Care: Guidelines for the Management of an Adequate Delivery System*, 1991.

Hoffman, A.; Yough, W.; Bright-Asare, P.; Abcariam, H.; Shansky, R.; Fitzpatrick, J.; Lidlow, E.;

Farber, M.; Summerville, J.; Petani, C.; Orsay, C.; Zal, D., "Early Detection of Bowel Cancer at an Urban Public Hospital: Demonstration Project," *Ca – A Cancer Journal for Clinicians*, American Cancer Society, Nov/Dec 1983, Vol. 33, No. 6.
Mehta, P.; Mamdani, B.; Shansky, R.; and Dunea, G., "Double Blind Study of Minoxidil and Hydralazine." Sixth International Conference of Nephrology, Florence, Italy – June 1975.

PRISONS INSPECTED

State of Alabama Prisons at Kilby, Holman, Fountain, Tutweiller, Staton, and Draper
Parchman State Prison, Mississippi Jefferson County and Birmingham City Jails, Alabama
Arizona State Prison, Florence, Arizona
Washington County Jail, Fayetteville, Arkansas
California Medical Facility, Vacaville
California State Penitentiary, San Quentin
Colorado State Penitentiaries, Centennial, Fremont, Territorial
District of Columbia Jail at Occoquan
Florida Prison System
Florida County Jails, including Monroe County, Pasco County and Polk County
Krome Detention Facility (INS), Miami, Florida
Department of Juvenile Justice, State of Georgia
Georgia Diagnostic Center, Jackson, Georgia
Hawaii Prison System
Menard Correctional Center, Illinois
Rock Island County Jail, Rock Island, Illinois
Indiana State Penitentiary, Michigan City, Indiana
Indiana Reformatory, Pendleton, Indiana
Lake County Indiana Jail, Crown Point, Indiana
Maine State Prison, Thomaston, Maine
State Prison of Southern Michigan
New Hampshire State Penitentiary, Concord
New York City Jails
Sing Sing Penitentiary, New York
Ohio Women's Prison
State of Vermont Prison System
Walla Walla State Penitentiary, Washington
Wisconsin State Penitentiaries at Waupan, Fox Lake, Taycheedah and Dodge

SURVEYED MEDICAL PROGRAMS

Federal Bureau of Prisons, approximately 20 facilities

INTERNATIONAL INSPECTION

Israeli Prisons and Jails Housing Palestinian Detainees

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 6:53 PM

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Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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Comments:

Declaration in Support of Petition for a Writ of Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
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Note: The Filing Id is 20200324182024SC238021

FILED
SUPREME COURT
STATE OF WASHINGTON
3/25/2020 8:00 AM
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CLERK

No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF FRANCIS COTA

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Francis Cota, declare under penalty of perjury under the laws of the United States of America, that the following statements are true and correct to my best knowledge and belief:

1. My name is Francis Donald Cota.

2. My birthdate is [redacted]/1955. I am currently 65 years old.

3. My DOC # is 817477.

4. I am over the age of 18 and am competent to testify as to the contents of this declaration.

5. My ERD is 2065. I have been in DOC custody for 20 years.

6. I am currently at Airway Heights Corrections Center (AHCC), in Airway Heights, Washington. I have been at this facility since 2006.

7. I recently applied for Emergency Medical Placement (EMP) for release from DOC.

8. I am in NA-1 Unit at Airway Heights.

9. I am in a 2-man handicapped cell, and sleep on the bottom bunk. My cellmate and I are only a few feet apart from each other at all times when we are both in the cell, which amounts to about 22 hours per day. All the cells in NA-1 are 2-man cells. I am in a wet cell, with access to a sink and toilet. I am responsible for cleaning the sink and toilet in my

cell with soap, water, and Hepastat disinfectant. I am not allowed to have bleach to clean my unit.

10. There are approximately 128 prisoners in my unit.

11. There are 12 showers – 6 on each side of the unit – which are shared by all prisoners. The showers are usually cleaned once per day. Due to COVID-19, there may have been some additional cleaning of the showers.

12. There is a big dayroom in my unit. There are 28 tables in the dayroom, with 5 seats at every table. There are also 4 handicapped tables, with accessibility for four people to sit there. The day room remains pretty crowded every day. Most of the day room is full during the day with people sitting in close contact -- within 1 or 2 feet -- of each other. I am worried about being in the dayroom because of the lack of hygiene and cleaning protocols. It is also the flu season, so there are a lot of people coughing and sneezing in the unit who are in close contact with one another.

13. There is also an ice machine in the unit, which is touch operated, with access to water too. It gets wiped down about 2-3 times per day. There is also a microwave on each side of the unit, which is shared by all of the prisoners. It is only cleaned about once or twice per day, but definitely not each use.

14. There are 8 phones in this unit, for use by all of the prisoners. They are not cleaned after every use and there have been no efforts to increase cleaning of the phones due to COVID-19.

15. DOC has not provided prisoners with access to hand sanitizer in light of the COVID-19 outbreak, or any additional cleaning supplies. They leave hepastat out for people to wipe down areas, but that is it. Because I am in a wet cell, I have to buy my own soap to wash my hands in this unit. Prisoners who cannot afford soap go without soap in this unit except for the opportunity to get soap once a month if they meet indigence guidelines. There are no common areas where soap and water are provided.

16. We are provided with 3 towels and wash cloths to dry our hands. You can turn in the hand towels any time, Monday through Thursday for washing, but it up to the individual to put these items in laundry, and not everybody puts these items in laundry on a regular basis.

17. DOC has not talked much about COVID-19 to prisoners. There have been no formal discussions with prisoners to explain how we can protect ourselves from COVID-19. The only steps they have taken to address COVID-19 is to shut down libraries and schools and stop visitation for the last two weeks. They have not shut down the gym or the yard, however.

18. The yard and gym are still open to everyone. DOC has not restricted access to these areas at all. About 210 people at a time are allowed to go to these areas – 2 units at a time. People in these areas are in close contact with each other. I have avoided going to these areas because of concerns about my health.

19. There have been no restrictions on access to the dining hall. I go to "C" dining hall, which is a little bit smaller than the other dining halls. It seats about 200 people for lunch and dinner. It is packed in there. Sometimes people have to wait for a place to sit down. There are about 40 tables, with the capacity to sit 5 people to a table. Everyone is in close contact with one another – they are elbow-to-elbow and less than one foot apart. I am still going to the dining hall. I have to go for dinner, because that is the only way I can get a breakfast "boat". I am worried about being in the dining hall because it is dirty and there is a lack of general hygiene. For instance, they use the same dirty rag to wipe off the tables after people are done eating.

20. I'm not sure how they are going to feed folks in the prison once COVID-19 enters the facility because the whole facility will be on lockdown and DOC will have to bring boats around to every cell, particularly elderly prisoners, like myself who are at an increased risk of harm.

Medical History

21. I am 65 years old, so I am at a heightened risk of harm for exposure to coronavirus. I also have serious heart problems. Starting in 2017 or 2018, I learned that my heart was 100% blocked on the right side and 80% blocked on the left side. As a result, I had heart surgery, where the blockages were opened, and 3 regular stents were put in the left side of my heart and 1 medicine stent was put on the right side.

22. I now must go back to an outside cardiologist in 2 months to get 3-5 stents put in place on the right side to replace the medicine stent. Additionally, the cardiologist increased my nitro from 30 mg to 100 mg per day.

23. In addition to my heart problems, I have serious back problems due to degenerative disk disease, four bulging disks, and arthritis that is pushing my vertebrae apart. As a result, I am can only get around through use of wheelchair.

24. My last major infraction was about 10 years ago. I have only received 2 in my 20 years in prison.

25. Due to my medical condition, in the last few weeks, my provider made a request to DOC for Extraordinary Medical Placement (EMP). This would reduce the costs of care that DOC expends caring for my many medical conditions.

26. If released, I could immediately have a stable place to live with my fiancé on the Washington Coast.

27. It is going to be a real mess once COVID-19 makes it into the prison, and I fear a significant risk of harm to my own life.

28. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given this dangerous public health crisis.

DATED this 19th day of March 2020, in Airway Heights, Washington.

I am unable to sign this document as it was prepared in Washington, but I have had it read to me over the telephone and authorize Nick Allen to sign it on my behalf.

Francis Cota by Nicholas B. Allen, WSBA #42990

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Nicholas B. Allen, declare under penalty of perjury under the laws of the State of Washington:

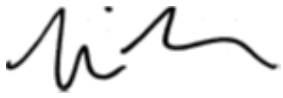
1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

3. I personally spoke with following declarants over the telephone on the dates and times stated herein. I drafted each declarant's declaration while on the telephone with them. At the conclusion of the call, I read each declarant's declaration to them, and each declarant stated to me that they believed the contents to their declaration to be true and correct, and authorized me to sign the declaration on their behalf.

Declarant	Date
Leondis Berry	March 19, 2020
William Burkett	March 20, 2020
Francis Cota	March 29, 2020

DATED this 22nd day of March, 2020 at Seattle, Washington.



Nicholas B. Allen, WSBA #42990

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:16 PM

Transmittal Information

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Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- nick.straley@columbialegal.org
- tim.lang@atg.wa.gov

Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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Note: The Filing Id is 20200324191619SC083939

FILED
SUPREME COURT
STATE OF WASHINGTON
3/25/2020 8:00 AM
BY SUSAN L. CARLSON
CLERK

No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF FREDERICK L. ALTICE, M.D.

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Frederick L. Altice, declare under penalty of perjury under the laws of the State of Washington that the contents of this declaration are true and correct.

1. I am a professor of Medicine (Infectious Diseases), Epidemiology (Microbial Diseases), and Public Health, and a clinician, clinical epidemiologist, intervention and implementation researcher at Yale University School of Medicine and School of Public Health.

2. I received a B.A. degree from Texas A&M in 1982, an M.A. from Universidad de Santiago de Compostela, Spain in 1982, and an M.D. from Emory University in 1986. I completed my residency in internal medicine (1989) and fellowship in infectious diseases (1992) at Yale University.

3. I am a Board-certified internist, specializing in infectious diseases. My primary research focuses on interventions and implementation science at the interface between infectious diseases and addiction, and I have conducted research in several global health settings.

4. I have extensive experience working with vulnerable populations and their exposure to infectious diseases, including people in jails and prisons, and those otherwise involved with the criminal justice system. I also have developed programs that link HIV-infected inmates to community health care when they leave prison.

5. For the past 29 years, I have been the Director of the HIV in Prisons Program at Yale University School of Medicine, which consults with the Connecticut Department of Correction and treats inmates with HIV, viral hepatitis, tuberculosis and other infectious diseases. This program conducts research and provides expert consultation for criminal justice systems in over 30 countries world-wide.

6. I am a board member of the Health in Prisons Program for the World Health Organization and a member of the Health in Prisons Program for the United Nations. We develop and write guidance for healthcare delivery systems in prisons globally. Additionally, I have the highest number of publications in the world related to infectious diseases in prisons, including in high impact journals such as Lancet.

7. As a clinical epidemiologist, health services and intervention researcher, I have created novel programs for the treatment of HIV, HCV, and tuberculosis, including for people who inject drugs in HIV clinical, addiction treatment and community and correctional settings.

8. I have several current research projects involving infectious diseases and their impacts on people currently or formerly in prison, including (a) two randomized, placebo-controlled trials for people with HIV in prison and transitioning to the community; (b) a randomized controlled trial of methadone maintenance and Holistic Health Recovery

Project among people in prison who are HIV-positive; (c) a randomized controlled trial of directly administered antiretroviral therapy among people who are HIV-positive and transitioning to the community; (d) a project targeting expansion of medications to treat opioid use disorder as HIV prevention for people released from prison who are at risk for HIV/AIDS; (e) implementation science projects to expand HIV prevention and treatment in 6 countries; and (f) scaling up addiction treatment programs in jails and prisons in five states to coordinate a more effective strategy to address the related the HIV and opioid epidemics.

9. I have provided expert opinion in a number of legal cases, including serving as the plaintiffs' lead expert in *Henderson v. Thomas*, 913 F. Supp.2d 1267 (M.D. Ala. 2012) (addressing discrimination against Alabama prisoners based on their HIV status) and *Tribble v. Greene*, No. 2013 CA 003237 B (D.C. Super. Ct, 2016) (awarding damages for wrongfully convicted man who suffered serious medical conditions while incarcerated). I have also been a court-appointed monitor in several cases including *Doe v Meachum*, Civ. No. H-88-562 (PCD) (class action suit addressing the delivery of HIV prevention and treatment in Connecticut).

10. COVID-19 is a novel coronavirus. It is a highly infectious disease that spreads from person-to-person and is a serious national and global public health risk. It is 10-times more deadly than the common flu

(Influenza A). Unlike Influenza A and other flu-like viral infections, COVID-19 can be infectious 24-48 hours before symptoms develop, making transmission possible before we are able to self-quarantine. All 50 states have reported cases of COVID-19 to the CDC. I am aware that, as of March 22, 2020, there have been almost 1,800 reported cases in Washington State alone, with 94 confirmed deaths. Within the United States, 15,219 total cases of COVID-19 have been reported, with 201 fatalities attributed to the virus as of March 20, 2020.

11. Older adults – those over 50 years of age – and people with serious underlying medical conditions such as heart disease, HIV, diabetes, lung disease, and other respiratory maladies are at a substantially higher risk of developing severe illness, including hospitalization, intensive care needs and death, from contraction of the COVID-19 virus. Approximately 66% of individuals who have contracted COVID-19 in the United States were over 45 years old; nearly half (48%) were 55 years of age and older.

12. The illness can quickly progress from basic symptoms like cough, congestion and fever to more life-threatening symptoms as the virus spreads into the lungs and other organs. COVID-19 can cause serious and permanent damage to the lungs and can affect other organs as well. In the most severe cases, COVID-19 can be deadly. While it can be

difficult to report death rates with total accuracy, initial global estimates of death rates were 3.5% in China; 0.8% in China, excluding Hubei Province; 4.2% overall among a a group of 82 countries, territories, and areas; and 1.7% thus far in the U.S.

13. Transmission of COVID-19 is thought to occur mainly from person-to-person; specifically, between those who are in close contact with each other and become exposed when an infected person coughs or sneezes, passing the virus through respiratory droplets. These droplets may travel as far as 6 feet and land on surfaces where the virus can live for several days if not sanitized. Moreover, transmission of the virus can occur when a person comes into contact with surfaces or objects that contain the virus. COVID-19 can remain in the air and on surfaces for several hours to several days, respectively. Consequently, the virus is more likely to spread rapidly in congregate settings, like nursing homes, cruise ships, homeless shelters, schools, and workplaces.

14. Prisons and jails are congregate settings that are particularly susceptible to the spread of infectious diseases like COVID-19. For example, other infectious diseases, such as HIV, Hepatitis B and C virus, and tuberculosis are substantially concentrated in prisons and jails relative to the community-at-large and have resulted in impressive outbreaks. Of the 10.5 million people incarcerated annually in the U.S.,

approximately 4% have HIV, 15% have hepatitis C, and 3% have active tuberculosis. These prevalences are far higher than found in the general population.

15. Spread of infectious diseases is a serious problem within prisons worldwide. In addition to HIV, viral hepatitis and tuberculosis, we have previously experienced endemic outbreaks of strains of staphylococcus aureus bacteria that are resistant to methicillin (MRSA), which occurs in crowded, congregate settings. Prisons are dense facilities with generally poor and unsanitary conditions. Due to overcrowding, people in prison are in close proximity to one another on a constant basis. High density of people exists within common areas and dining areas. Cells are generally small areas that people in prison must share with one or multiple other individuals. Due to overcrowding, people in prison are often housed in dormitory settings. Furthermore, people in prison often must share showers, toilets and urinals, and sinks with hundreds of other people in prison on a regular basis.

16. It is almost inevitable that COVID-19 will enter prisons. Prisons are porous, congregate settings where a number of people enter and exit regularly. The dynamics of 10.5 million people entering and leaving jails and prisons annually alongside the 2.2 million people who are housed there on a daily basis make these settings especially vulnerable.

Entry and exit of massive numbers of correctional and medical staff who enter and leave prisons three shifts per day increases the likelihood of a COVID-19 outbreak. Settings like these are a formula for disaster for spread of COVID-19. Social distancing is absolutely necessary to reducing the spread of the virus to prevent a public health crisis; however, this can be nearly impossible in prison without swift action now. At almost any given time, people in prison are always within a couple feet of other people in prison, increasing the likelihood that infected persons will quickly spread the virus to other people in prison and correctional staff.

17. Prisons are poorly equipped to handle COVID-19 when it makes its way into prisons. Outbreaks of tuberculosis in prisons, a bacterial infection that is much less infectious relative to COVID-19, has proven hazardous and in some cases deadly in prisons due to lack of ability to efficiently diagnosis, isolate and treat people in prison. COVID-19 differs substantially from tuberculosis due to its higher prevalence in the community, its more efficient mode of transmission, the ability to rapidly isolate people with or at risk for COVID-19, and the increased likelihood that correctional officers and staff will be at substantially higher risk for COVID-19 than for TB.

18. Many of the people in prison who contract the virus – particularly those who are most vulnerable to exposure to COVID-19 –

will need to be transported to community hospitals and likely to intensive care units (ICU) beds at high rates as prisons do not have the adequate facilities or equipment to treat seriously ill patients. Most prison health care systems are more akin to outpatient health care clinics. They do not have the necessary level of emergency medical equipment, personal protective equipment and other necessary supplies to treat those in respiratory distress. Community health systems are likewise not prepared to handle this influx of patients from prisons and this influx could be substantial, as we have seen from skilled nursing facilities, should an outbreak start.

19. Social distancing, the practice of increasing the physical space between people to avoid spreading illness, is among the most important measures that can be taken to curb the spread of a highly infectious and contagious disease like COVID-19. Staying at least six feet away from other people lessens your chances of catching or transmitting COVID-19 to others. This strategy, however, cannot be effectively accomplished in a prison setting.

20. COVID-19 has created an extraordinary public health emergency, which will require an extraordinary response now to prevent widespread fatalities in prisons and the community. As such, urgent and drastic action is required to immediately reduce the prison population.

Reducing the prison population immediately is the primary way to achieve recommended social distancing within those facilities. This, in turn, will reduce exposure to COVID-19 prisoners and the staff who work there and the need for providing life-saving medical care.

21. As an immediate first step, prisons should prioritize immediately releasing patients most at-risk of harm from COVID-19, specifically older individuals and those with health risks that would increase their likelihood of an adverse medical consequence. Not only would this strategy immediately reduce the risk of spread of the disease to other people in prison and staff alike, but would have the greatest impact on reducing transmission to those at the highest risk for hospitalization, intensive care use utilization and death, and consequently reduce further burden to the already substantial amount of community resources should they fall ill.

22. Releasing people in prison now will reduce prison density and thus the likelihood that infected people in prison will expose other people in prison to the virus. As an added social distancing precaution, prisons should also consider further reducing total population density by releasing other younger individuals in prison who may not experience substantially elevated risk for morbidity or mortality from complications from COVID-19, especially considering more recent reports showing that

many COVID-19 carriers are asymptomatic, especially those who are younger with intact immune systems. This will provide added social distancing and further reduce the public health risk that prisons pose to fellow people in prison, custodial staff, and the community in light of the COVID-19 crisis. Decisions about who to release among this population at elevated, but lower risk, should balance the benefits between public health (i.e., blunting the volatile COVID-19 epidemic) and public safety risk (i.e., risk for criminal harms) these individuals pose when returned to the community.

23. The U.S. healthcare system is poorly equipped to handle a widespread outbreak of COVID-19. For reasons stated, utilizing Influenza A preparedness strategies is likely to fail. A burden on hospital beds already exists. Prisons could significantly contribute to the stresses on currently inadequate health care resources. Furthermore, prisons are often located in rural or outlying areas, where access to healthcare facilities and hospitals with appropriate levels of equipment and staff are already scarce. These hospitals are also least likely to be prepared for managing patients with COVID-19, especially those who must have custodial supervision at their bedside.

24. Additionally, prisons, absent reduction of the population, are not equipped to address a COVID-19 outbreak. Internally, they lack

essential health care equipment needed to treat infected patients, such as sufficient numbers of isolation rooms and ventilators, which seldom, if ever, exist in prisons. Even on a more basic level, prisons lack the capacity to treat an outbreak. For example, they do not possess personal protective equipment for staff and other people in prison that is necessary to protect themselves from transmission of the virus. This staff rotates through the prison typically on 8-hour shifts and return to families, many of whom are susceptible to adverse health outcomes if infected with COVID-19.

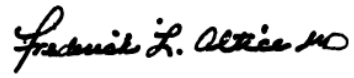
25. Other methods for addressing a highly infectious disease like COVID-19 in prisons, aside from a vaccine that we do not expect to be available for another 12 to 18 months, will not be successful for containing the virus in any meaningful way. For instance, isolating people once they are screened has already proven futile in other settings; notably, the quarantining of individuals on cruise ships. In my opinion, efforts to isolate people in prison will likely fare far worse than cruise ship isolation efforts. Cruise ship efforts included taking measures like restricting people to their cabins and having helicopters available to drop off test kits. Restricting people in prison to their living units will not contain the virus because many prisoners live in dormitory-style housing and they share many common public spaces showers, meals and restrooms. Providing massive testing in prison, as was done on cruise ships, has many logistical

challenges in prisons and is a luxury that will not be afforded to most people in prison.

26. Release from prison is a necessary strategy for increasing social distancing and reducing the risk of a fatal outbreak of COVID-19. It needs to be done thoughtfully, however, by balancing public health and public safety. People released from prison must have a safe place to go for an extended period of time upon release. Social distancing will need to continue while they are in the community as well and steps will have to be taken to ensure that can occur. Prisons will need to educate those being released as to these best practices and plan for how resources can be provided to assist this population to remain in safe settings where social distancing can happen.

27. With Washington State being one of the national epicenters of the COVID-19 pandemic, its response is going to serve as a test case for how the country addresses widespread outbreak of this infectious disease. If the DOC takes bold action and thoughtfully incorporates into their response plan the exceptional but necessary public health recommendation to reduce the prison population, many lives can be saved.

DATED this 22nd day of March 2020 in New Haven, Connecticut.



Frederick L. Altice, M.D.

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:13 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
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FILED
SUPREME COURT
STATE OF WASHINGTON
3/25/2020 8:00 AM
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF LEONDIS BERRY

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
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Attorneys for Petitioners

I, Leondis Berry, declare under penalty of perjury under the laws of the United States of America, that the following statements are true and correct to my best knowledge and belief:

1. My name Leondis Berry.

2. My birthdate is June 20, 1973.

3. My DOC number is #715214.

4. I have been at Stafford Creek Corrections Center (SCCC) in Aberdeen, Washington, since [redacted], 2018. I am in H-5 Unit, B-Wing.

5. I live in a cell with another individual. The entire B-Wing is 2-man cells. The entire prison is set up that way, with the exception of segregation.

6. There are approximately 136 prisoners in B-Wing.

7. All of the 16 showers in my unit are community showers. They are separated just over chest level. They clean them pretty regularly and then once per week, they spray bleach all over them. But considering what is going on, no amount of cleaning is enough.

8. There are 4 bathrooms in B-Wing. Each bathroom has 2 urinals and 2-3 toilets. Toilets and urinals are shared throughout the day by all 136 prisoners in the unit. The toilets and urinals are cleaned about 3 times per day – morning, afternoon, and evening. Prisoners also have

access to a pink disinfectant spray in the bathroom to spray the area. However, no extra cleaning efforts have been taken in light of the COVID-19 crisis. There are signs posted to make people aware of the risk of COVID-19, but that is it.

9. There are about 6 sinks in each bathroom in the unit, for a total of 24. The sinks are shared by all 136 prisoners in the unit. The sinks are cleaned three times per day.

10. In B-Wing, there is a dayroom full of tables, a microwave, and 7 phones.

11. In the dayroom, there are 4 people to a table and there are 24 tables that are approx. 2-3 feet apart from each other. Generally, there are about 50-60 people in the dayroom. People in the dayroom are always within close proximity to each other. While DOC suspended visits, this has not been adequate to address social distancing problems among prisoners in the wing. Furthermore, DOC is not enforcing any social distancing practices among prisoners in the wing.

12. There are two community microwaves that are being used all day everyday by all 136 individuals. They are not cleaned very often – only about once per day.

13. There are 7 general phones in my unit and 1 attorney phone, and 2 JPay machines and 1 kiosk. Phones are not being cleaned

after every use. Kiosks require you to touch the palm of your hand on the machine and it is not cleaned after every use. 136 people share these phones over the course of the day.

14. People are still going to the yard, the gym, and to work and school areas.

15. On the yard, there is no social distancing. Anywhere from 100 – 400 people might be out on the yard at any given time, and there are groups of people who are in close proximity to each other.

16. In the dayroom, there is one community ice machine and one community sink. These are not well maintained over the course of the day. These are generally not cleaned daily.

17. I am in bunk beds with my cellmate. He sleeps right above me. We have two individual sides of the room that are about 3-5 ft. apart from each other. This is the case for each of the 64 cells.

18. Prisoners in my wing have not been provided with hand sanitizer. There are 3 soap dispensers in each bathroom, and that is the only access to hand washing materials I have in my wing. DOC has only posted signs requesting that people wash their hands more often and the proper way to wash hands. However, there have been no formal gatherings by DOC to explain the seriousness of COVID-19 and the steps people should be taking to address it. Staff, however, have plenty hand sanitizer

for themselves. We dry our hands with hand towels. We are issued 3 hand towels that we can turn in every day to laundry, but there is no requirement that we turn them in every day, and oftentimes people will not turn them in every day.

19. The only thing DOC has cut back on is visitation – anything from the outside is cutdown. But there have been not reductions to other facility activities. Prisoners are still programing.

Medical History

20. In 2007, I had a massive heart attack. At the time I was a DOC out-of-state placement in Oklahoma. I was airlifted from Oklahoma to Texas and had emergency surgery because 2 of my arteries were blocked. 3 months later, I had another massive heart attack and was again airlifted from Oklahoma to Texas for another surgery to clear a third blocked artery.

21. As a result of those heart attacks, the muscles in the entire bottom left side of my heart are dead. That means that I have been diagnosed for sudden cardiac death.

22. In 2011, I had another surgery where a pacemaker put in my heart. I take 5 different medications 2 times per day to maintain heart health.

23. In 2018, the battery on my pacemaker died, so I had a fourth surgery to replace it. So, in total, I have had 4 surgeries on my heart over the past 12 years.

24. I see a cardiologist 2 times per year minimum. I am limited physically. I can only do limited exercises, not including cardio exercises. I also require a healthy diet.

25. I have an Ejection Fracture (EF) of 30%, where normal is between 50-60%.

26. I am very concerned about COVID-19 at SCCC. From everything I know, I fall into the category of vulnerable people should I be exposed to it. I am in constant fear about what would happen to me should I be exposed to the virus, especially since DOC has not provided me with a clear plan about what would happen if I were to become infected with COVID-19. I know there is no cure for COVID-19 and that people are dying every day.

27. People are not taking steps at this prison to address COVID-19. DOC is not enforcing or putting any emphasis on any of the best practices, besides suspending visits.

28. Yesterday, I experienced shortness of breath and heart palpitations, which is common with my condition; however, I am hypersensitive about this due to COVID-19. There is an onsite nurse in my

unit that I went to. The nurse said if this gets worse, I should call a medical emergency.

Work

29. I work from 7 am – 2 pm as a mentor in my unit. I am in a unit for people with serious mental illness called the Skill Building Unit (SBU). I assist with people who are physically ill – push people in their wheelchair, etc. I am also a TA for education classes in the unit. Whatever the SB program participants need, I help out with. As a result, I have to be in close contact with about 50 people per day.

Chow Hall

30. I am social distancing, so right now I am not going to chow hall. I eat in my room. Last time I went to chow hall was about 1-2 months ago because of COVID-19. So, I eat only off of commissary so I don't risk anything. I know that exposure to COVID-19 for me could result in very serious harm or even death, so I have to self-isolate with regards to meals.

31. Everyone else is going to chow hall. It is set up like the day room. There are 3 – 4 times more tables in the chow hall than in the day room – about 40-60 tables. There is also close proximity between the tables and close proximity between people at the tables, with four seats at a table. There are 2-3 feet of space between the tables.

32. Using commissary as the only source of food requires me to use my limited resources.

Who I Am

33. I have been a mentor since April 2019. I want to be able to help out fellow prisoners in my unit because I know they are vulnerable and seen as different from the general population. I know this because I have family member who has mental health issues too.

34. My ERD is March 2029. I have been in DOC since 2001.

35. I have been married for about 10 and-a-half years. I have 4 kids and 6 grandkids If I was released, I would live with my wife in Arlington, Washington. I have many members of the community who have advocated for my release and would support me if released.

36. I have a clemency petition in place, which was filed in September 2019 by my attorney.

37. I would have a job in the community if released.

38. My last major infraction was in 2015.

39. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given the dangerous public health crisis.

//

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DATED this 19th day of March 2020, in Aberdeen, Washington.

I am unable to sign this document as it was prepared in Washington, but I have had it read to me over the telephone and authorize Nick Allen to sign it on my behalf.

_____

Leondis Berry, by Nicholas B. Allen, WSBA #42990

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Nicholas B. Allen, declare under penalty of perjury under the laws of the State of Washington:

1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

3. I personally spoke with following declarants over the telephone on the dates and times stated herein. I drafted each declarant's declaration while on the telephone with them. At the conclusion of the call, I read each declarant's declaration to them, and each declarant stated to me that they believed the contents to their declaration to be true and correct, and authorized me to sign the declaration on their behalf.

Declarant	Date
Leondis Berry	March 19, 2020
William Burkett	March 20, 2020
Francis Cota	March 29, 2020

DATED this 22nd day of March, 2020 at Seattle, Washington.

Nicholas B. Allen, WSBA #42990

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:18 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- jeffe@atg.wa.gov
- nick.straley@columbialegal.org
- tim.lang@atg.wa.gov

Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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SUPREME COURT
STATE OF WASHINGTON
3/25/2020 10:06 AM
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF LINDA GRAHAM

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Linda Graham, declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct to my best knowledge and belief:

1. I am 65 years old and am competent to testify as to the contents of this declaration.

2. My address is [redacted]

3. My husband's name is John Graham and he is currently locked up at the prison in Shelton.

4. He is 67 years old. His DOC number is 420857.

5. He entered prison on January 17, 2020. He has an early release date of September 17, 2020.

6. We've been married for 28 years. We own a home together in Puyallup where he would come when he is released.

7. He currently has no serious medical needs.

8. He is low risk and low security but been stuck in Shelton since January. He should be in minimum security, but they haven't moved him yet.

9. No one else lives with me and so, my husband and I could take care of each other if he was home here with me.

10. He'd be happy to do home monitoring to serve out the rest of his sentence.

11. I talked to his counselor yesterday to start his early release package.

12. I spoke with him today. He is now in a cell designed for two people. They now have put an extra person in his cell who has no bed. He is sleeping on the floor. There are now three men sharing a cell designed only for two.

13. DOC apparently has opened a quarantine wing and so needs to push more people into the existing cells.

14. They are beginning to overcrowd the cells because of the quarantine in other parts of the prison.

15. I just got my visitation approved this week by DOC to see him. I haven't been able to see him because DOC requires people to get approved before they can visit people.

16. It takes DOC weeks to approve people for visitation after someone comes into DOC.

17. So since they hadn't approved me yet I have not seen my husband since he entered prison in January.

18. But now the prisons are barring visitation so I can't see him anyway.

19. There is no video visitation at Shelton or any way for me to visit him any longer because there is no visitation.

20. Now there are so many people in the wing that its really hard to get phone time.

21. He said all of the guys are concerned about what is going on and trying to reach loved ones and there are long lines for the phone.

22. He said the younger guys always beat him to the phone.

23. I authorize Columbia Legal Services to file litigation against DOC to address the COVID health crisis in prisons.

DATED this 19th day of March 2020 in Puyallup, Washington.

I am unable to sign this document as it was prepared in Seattle, but I have had it read to me over the telephone and authorize Nick Straley to sign it on my behalf.

Linda Graham, by Nicholas B. Straley, WSBA #25963

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Nicholas B. Straley, declare under penalty of perjury under the laws of the State of Washington:

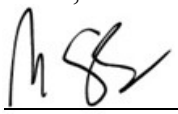
1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

3. I personally spoke with following declarants over the telephone on the dates and times stated herein. I drafted each declarant's declaration while on the telephone with them. At the conclusion of the call, I read each declarant's declaration to them, and each declarant stated to me that they believed the contents to their declaration to be true and correct, and authorized me to sign the declaration on their behalf.

Declarant	Date
Linda Graham	March 19, 2020
Daniel Ralph Maples	March 19, 2020
Maurice Phillip-Meadows	March 18, 2020
Shanell Duncan	March 19, 2020

DATED this 22nd day of March, 2020 at Seattle, Washington.



Nicholas B. Straley, WSBA #25963

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 25, 2020 - 10:06 AM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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  Affidavit/Declaration - Other
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Comments:

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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Columbia Legal Services, Institutions Project
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Seattle, WA, 98104
Phone: (206) 287-9662

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FILED
SUPREME COURT
STATE OF WASHINGTON
3/25/2020 8:00 AM
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF MAURICE PHILLIP-MEADOWS

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Maurice Phillip-Meadows, declare under penalty of perjury under the laws of the United States of America that the following statements are true and correct to my best knowledge and belief:

1. I am 59 years old and I had triple bypass surgery on May 15, 2018.

2. My birthday is [redacted]/1960,

3. I am over the age of 18 and am competent to testify as to the contents of this declaration.

Background

4. I am currently in detention at the Twin Rivers Unit at Monroe Correctional Center.

5. My DOC number is #975603.

6. I have been at this facility since July 2007.

7. My ERD is December 2027. I've been in for 20 years.

8. I'm trying to get clemency right now.

9. I'm in a single cell in A unit, B wing at TRU.

10. I have a wet cell without a shower.

11. The showers are community showers.

12. 40 guys share six showers in the wing.

13. At least half of us are in the dayroom all of the time. It's mostly single cells on my wing.

14. All of us go to yard and to meals at the same time with other men from other units.

15. Everyone is out during the day.

16. We share ice, there's an ice chest and we scoop into it with a communal scoop . So people are sharing the scoop and it doesn't get washed that often.

17. They have not given us hand sanitizer for use in our cells. They have some in a few areas around the prison, but no hand sanitizer in our dayroom.

18. We're still going to yard. They cut down religious programs. There is no visiting right now.

19. There are four units at Twin Rivers Unit and they closed one wing down.

20. They opened a different unit and quarantined a whole wing.

21. People are in cell unit quarantine. People are now in isolation.

Medical History

22. I had triple bypass heart surgery in May 2018.

23. For a bunch of time before my surgery, they didn't want to send me out to get my heart checked by a cardiologist. They denied me. It took a long time to get anything done.

24. I had 5 or 6 heart attacks while in DOC custody before I received any out of prison or saw a cardiologist.

25. They sent me a paper saying that my chest pains were deemed not medically necessary to see a cardiologist.

26. My wife had to fight for me, because the medical team here were not going to give me any help. Finally, headquarters ordered them to send me out for an echo-cardiogram with a cardiologist.

27. I was coming out of anesthesia from the echo-cardiogram and the outside doctor in the hospital told me that my condition was so urgent that they were admitting me to the hospital that day.

28. That day they admitted immediately after getting the echo-cardiogram and I was in surgery within 5 days.

29. I had to rehab after my surgery by myself. They didn't do anything for my rehab after surgery.

30. They haven't sent me back out to see my cardiologist in over a year, even though I was supposed to see him in January.

31. The last time I saw him my ejection fraction test I was at 16%. Normal would be 100%.

32. I asked to go see him because I don't know what is going on. My chest is still numb from the surgery. They've failed to get me back to see him, even though I've asked.

33. I have hypertension. They have me on medication for hypertension.

34. I worry about my health condition while I am detained here. Due to my medical conditions I am aware that I am at a higher risk of contracting the coronavirus than most.

35. Based on the information I have been able to gather, I am aware that my existing medical conditions expose me to more severe symptoms of the corona virus than most.

36. I've completed around 40 different programs, including CD treatment, stress anger management, redemption mentorship, I have a long list.

37. They've told us to go to sick call if we start feeling sick.

38. Sick call is at 7:30 in the morning. You're called out with everyone else going to sick call and you walk down to the infirmary. You fill out a piece of paper and then wait to be seen with the other guys who are waiting for sick call. While waiting, you are in a small room with lots of guys, sometimes 10 or 15 other people.

My work in the Kitchen

39. I work in the kitchen and am worried about that too, because population comes through to get food and then they sit at tables all together to eat. We eat at the same tables.

40. We prepare 750 meals and there are two sides for eating, a south and north side line.

41. So around 375 men will come through each of the chow line two times a day, at lunch and at dinner.

42. They don't have any hand sanitizers for men when they come into the chow hall.

43. It's a blind feed and you grab a tray and go around the corner to sit down.

44. They don't sanitize the transfer area very often.

45. Six men share a single table while eating.

46. There are about 40 tables. The tables are within about 3 feet of each other.

47. Up to 50 guys work in the kitchen area at any one time. There are a lot of different stations where people are working.

48. DOC has told us that we can't use some pink cleaners. But no other training or protocol since the coronavirus outbreak for how to keep the kitchen area clean or how not to spread germs to other men who we are working with or feeding.

Who I Am

49. I'm trying to get clemency.

50. I've helped create a culinary arts mentorship program and been a leader for African-Americans, in side I was the president for Full Gospel Businessmens Fellowship International. I'm a worship leader and also a Christian representative. I mentor other men.

51. I have a job waiting for me if I am released. I'm married and could immediately move in with my wife in Edmonds.

52. I haven't had a major infraction since 2006.

53. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given this dangerous public health crisis.

DATED this 18th day of March 2020, in Monroe, Washington.

I am unable to sign this document as it was prepared in Washington, but I have had it read to me over the telephone and authorize Nick Straley to sign it on my behalf.

Maurice Phillip-Meadows, by Nicholas B. Straley, WSBA #25963

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Nicholas B. Straley, declare under penalty of perjury under the laws of the State of Washington:

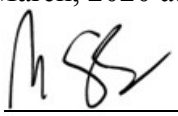
1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

3. I personally spoke with following declarants over the telephone on the dates and times stated herein. I drafted each declarant's declaration while on the telephone with them. At the conclusion of the call, I read each declarant's declaration to them, and each declarant stated to me that they believed the contents to their declaration to be true and correct, and authorized me to sign the declaration on their behalf.

Declarant	Date
Linda Graham	March 19, 2020
Daniel Ralph Maples	March 19, 2020
Maurice Phillip-Meadows	March 18, 2020
Shanell Duncan	March 19, 2020

DATED this 22nd day of March, 2020 at Seattle, Washington.



Nicholas B. Straley, WSBA #25963

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:15 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- janet.chung@columbialegal.org
- jeffe@atg.wa.gov
- nick.straley@columbialegal.org
- tim.lang@atg.wa.gov

Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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Note: The Filing Id is 20200324191458SC929335

FILED
SUPREME COURT
STATE OF WASHINGTON
3/25/2020 10:05 AM
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF SHANELL DUNCAN

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Shanell Duncan, declare under penalty of perjury under the laws of the Washington that the following statements are true and correct to my best knowledge and belief:

1. I am 40 years old and am competent to testify as to the contents of this declaration.
2. I am currently in detention at Monroe Correctional Complex at MSU camp.
3. I have been here for six months. I've been locked up for six years.
4. My ERD date is December 27, 2020.
5. My partner is a nurse and has a home and I can move in there upon my release.
6. DOC has already approved my placement there.
7. I would have a job working within a week in Spokane when I get out.
8. I completed a lot of classes and am two tests away from getting my GED.
9. I'm not on community custody when I get out of here. They approved my housing situation because I was supposed to go to work release.
10. I authorize Columbia Legal Services to file litigation against DOC to address the COVID health crisis in prisons.

DATED this 19th day of March 2020 in Aberdeen, Washington.

I am unable to sign this document as it was prepared in Seattle, but I have had it read to me over the telephone and authorize Nick Straley to sign it on my behalf.

Shanell Duncan, by Nicholas B. Straley, WSBA #25963

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Nicholas B. Straley, declare under penalty of perjury under the laws of the State of Washington:

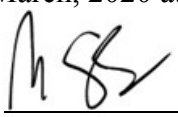
1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

3. I personally spoke with following declarants over the telephone on the dates and times stated herein. I drafted each declarant's declaration while on the telephone with them. At the conclusion of the call, I read each declarant's declaration to them, and each declarant stated to me that they believed the contents to their declaration to be true and correct, and authorized me to sign the declaration on their behalf.

Declarant	Date
Linda Graham	March 19, 2020
Daniel Ralph Maples	March 19, 2020
Maurice Phillip-Meadows	March 18, 2020
Shanell Duncan	March 19, 2020

DATED this 22nd day of March, 2020 at Seattle, Washington.



Nicholas B. Straley, WSBA #25963

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 25, 2020 - 10:05 AM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- 983178_Affidavit_Declaration_20200325100522SC350673_6867.pdf
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  Affidavit/Declaration - Other
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- tim.lang@atg.wa.gov

Comments:

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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FILED
SUPREME COURT
STATE OF WASHINGTON
3/25/2020 8:00 AM
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF SHYANNE COLVIN

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Shyanne N. Colvin, declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct to my best knowledge and belief:

1. I am 21 years old and I am seven months pregnant.

2. By birthday is [redacted], 1998.

3. I am over the age of 18 and am competent to testify as to the contents of this declaration.

Background

4. I am currently in detention at the Washington Corrections Center for Women (WCCW) in Gig Harbor, Washington.

5. My DOC number is #411211.

6. I have been at this facility since the beginning of March 2020.

7. My ERD is January 12, 2021.

8. I am in the Reception and Diagnostic Center at WCCW. This is where women who are coming in straight from local jails are first housed when they come into DOC.

9. They are being brought right into the pod when they get here from outside jails and then into the cells where the rest of us are already. They are just put into the cells, given a mat and told to sleep on the floor.

10. I am in a cell with two other women. We have a bunk bed with two beds, and the one woman sleeps on the ground.

11. We are all really close together whenever we are locked in our cell.

12. We have a sink and a toilet in our cell which all three of us use.

13. We are all very close together whenever anyone uses the toilet, or uses sink to brush her teeth or wash her hands or face.

14. The woman sleeping on the floor sleeps only about a foot away from the edge of the toilet.

15. In our pod, there are 23 total cells and almost three women per cell.

16. There is at least one woman sleeping on the floor of most of the cells.

17. There are four showers for all of the women in our pod and over fifty women using those showers.

18. Two girls came in right after me. One had a fever and one had a cough. They were put into quarantine, but they are in cells on my pod, in my tier.

19. One of the women is in a cell right next to mine. The other is one door down from me.

20. I've been exposed to a crowd of about 50 women six times a day. We eat three meals together, and three hours out to shower, clean, and use the phone.

21. Just yesterday, they started splitting the mealtimes up among groups of people. Now they are having us sit with a seat empty between us. But even still they don't clean the tables between when one group eats and another group sits down.

22. There are three phones for the pod, and everyone uses them. The telephone is not cleaned after people use it.

23. People are still congregating in the day room.

Medical History

24. I am currently pregnant.

25. My due date is May 27, 2020.

26. I saw an OB about a week and a half after I came into the prison. I have not seen a doctor since.

27. At the end of 2019, prior to my incarceration, I had a grand-mal seizure. I had never had seizures before. My mother took me to the emergency room. I'm now on preventative seizure medication that is low risk for the baby.

28. I worry about my pregnancy while I am detained here. The impacts of coronavirus on pregnant women and unborn children is still unknown and it scares me to be exposed.

29. This is my first child. I don't know what to expect and I am away from my mother. I do not have support for my pregnancy while incarcerated.

Who I Am

30. I have always wanted to be a mother.

31. I am married to Andrew Dunnagan. He is an apprentice lineman.

32. My mother and father live in Spokane, Washington with my younger brother.

33. I could immediately move back into our family home upon my release.

34. I want nothing more than to return to my family and start my life as a mother with the support of my family.

35. This is my first criminal offense. I made a mistake two years ago by delivering drugs after being pressured by a man that I was dating. I was sentenced to residential DOSA two years, but then resentenced this year when the judge who originally sentenced me came after investigation and we learned I was improperly sentenced.

36. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given this dangerous public health crisis.

Dated this 20th day of March 2020 in Gig Harbor, Washington.

I am unable to sign this document as it was prepared in Seattle, Washington, but I have had it read to me over the telephone and authorize Nick Straley to sign it on my behalf.

Shyanne Colvin, by Nicholas B. Straley, WSBA #25963

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANT

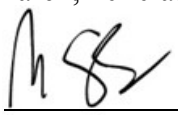
I, Nicholas B. Straley, declare under penalty of perjury under the laws of the State of Washington:

1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

3. I personally spoke with Shyanne Colvin over the telephone on March 22, 2020. I drafted Ms. Colvin's declaration while on the telephone with her. At the conclusion of the call, I read Ms. Colvin's declaration to her, and Ms. Colvin stated to me that she believed the contents of her declaration to be true and correct, and authorized me to sign the declaration on her behalf.

DATED this 22nd day of March, 2020 at Seattle, Washington.



Nicholas B. Straley, WSBA #25963

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:10 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

The following documents have been uploaded:

- 983178_Other_20200324190949SC223117_9776.pdf
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  Other - Declaration
  The Original File Name was 20 0322 Colvin Decl - FINAL_Redacted.pdf

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- Jeff.Even@atg.wa.gov
- janet.chung@columbialegal.org
- jeffe@atg.wa.gov
- nick.straley@columbialegal.org
- tim.lang@atg.wa.gov

Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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101 Yesler Way, Suite 300
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FILED
SUPREME COURT
STATE OF WASHINGTON
3/25/2020 8:00 AM
BY SUSAN L. CARLSON
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF COUNSEL, NICHOLAS B. STRALEY

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
COLUMBIA LEGAL SERVICES
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Nicholas B. Straley, declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct to the best of my knowledge:

1. I am one of the attorneys for the Petitioners in this action.

2. I am an attorney with Columbia Legal Services (CLS). My Washington State Bar Number is 25963.

FACTS DEMONSTRATING COMPLIANCE WITH NOTIFICATION REQUIREMENT OF RAP 17.4(b)

3. In compliance with RAP 17.4(b), I notified Secretary Sinclair, Governor Inslee's Office, and their respective legal representatives on March 23, 2020 at 4:10 p.m. by electronic mail that Columbia Legal Services would be filing a motion for accelerated review of the Petition Seeking a Writ of Mandamus in the Washington State Supreme Court *See* Attachment 1.

FACTS DEMONSTRATING THAT ADEQUATE RELIEF CANNOT BE GIVEN IF THE MOTION AND MERITS ARE CONSIDERED IN THE NORMAL COURSE BECAUSE OF THE IMMINENT, SERIOUS AND UNPRECEDENTED THREAT OF COVID 19 TO PEOPLE INCARCERATED IN WASHINGTON'S PRISONS

4. When this motion is heard, CLS will have filed 14 declarations from Petitioners and other people currently living in DOC facilities or family members of such people, and five (5) declarations from

public health experts, correctional health care experts and other experts. All of these declarations prove the level of danger to people living in DOC facilities and demonstrate that Secretary Sinclair and Governor Inslee must immediately begin releasing many people from DOC custody.

5. The declarations from Petitioners and people living in DOC facilities show that people live on top of each other, sleep in extremely close proximity to many other people, use the same bathrooms, including sinks, showers, and toilets. *See* Declaration of Shyanne Colvin at ¶¶ 9-17, 20; Declaration of Linda Graham at ¶¶ 12-14; Declaration of Francis Cota at ¶¶ 9-14, 18-19; Declaration of Daniel Maples at ¶¶ 4-17, 20; Declaration of Maurice Meadows at ¶¶ 9-16, 18; Declaration of Tim Pauley at ¶¶ 16-19, 23; Declaration of Terry Kill at ¶¶ 9-20; Declaration of ¶¶ Leondis Berry at 5-9, 17; Declaration of William Burkett at ¶¶ 8-12; Declaration of Brian Stark at ¶ 6. They have limited access to essential cleaning supplies and lack basic information. *See* Colvin Decl. at ¶¶ 18; Cota Decl. at ¶¶ 15-17; Maples Decl. at ¶¶ 18-19, 59-61, 66-69; Meadows Decl. at ¶¶ 17-21, 34-35; Pauley Decl. at ¶¶ 11, 20-22, 25-26; Kill Decl. at ¶19-20, 44; Berry Decl. at 7-9, 16, 18; Burkett Decl. at 8, 12, 14-17, 29; Stark Decl. at ¶ 7. Declarations also show that outbreaks are likely because of the close living conditions and because of the way in which food service and janitorial services are provided, even now months after the

need to begin COVID protections became apparent. *See* Colvin Decl. at ¶¶ 21-22; Cota Decl. at ¶¶ 11-15, ¶¶ 19-20; Maples Decl. at ¶¶ 42-58; Meadows Decl. at ¶¶ 39-48; Pauley Decl. at ¶ 14, ¶¶ 31-32; Kill Decl. at ¶¶ 12-14, ¶¶ 17-23, ¶¶ 25-44; Berry Decl. at ¶¶ 7-13, ¶¶ 16-19, ¶¶ 30-32; Burkett Decl. at ¶ 10, ¶¶ 12-16, ¶¶ 20-21, ¶ 29; Stark Decl. at ¶¶ 5-7.

6. The declarations from experts show that the risk is extreme and outbreaks are likely inevitable. Once COVID gets into prisons, it will spread quickly and likely create a health emergency that will overwhelm the ability of DOC medical systems to handle the pandemic. *See* Declaration of Dan Pacholke at ¶ 5; Declaration of Robert B. Greifinger, M.D. at ¶¶ 14-15; Declaration of Dr. Michael Puisis and Dr. Ronald Shansky at ¶¶ 9-13; Declaration of Frederick L. Altice, M.D. at ¶¶ 14-20; Declaration of Cassie Sauer at ¶¶ 13-16, ¶ 21.

7. People will then be sent out to the community hospitals in the generally rural communities in which Washington's prisons are located, thereby adding new people in need of intensive medical care and trained medical personnel to the already stretched rural community hospitals. *See* Sauer Decl. at ¶¶ 5-12, 21 (declaration from President and Chief Executive Officer of Washington State Hospital Association).

8. Colleagues at CLS and I have been working to address the dangers that COVID-19 represents to people incarcerated in Washington's jails and prisons for the last several weeks.

9. We have gathered and analyzed as much available public health research and other sources as possible regarding the dangers that COVID-19 poses to people living in Washington's prisons and the correctional and medical staff who work in them. *See* Declaration of Alex Bergstrom and Attachment thereto.

10. We have also gathered and analyzed other relevant information, reports, articles and directives regarding the need to reduce prison populations as an essential public health step in the fight against COVID-19. *Id.*

11. Importantly, CLS staff members have not found a single source from any public health expert stating that prisons should **not** reduce their prison populations. In fact, the World Health Organization has just issued guidance instructing jails and prisons to take steps to reduce their populations as an important step in heading off a COVID-19 epidemic in prisons. *Id.* at ¶¶ 10; 13-14.

12. We have provided these sources to the Court. *See id.*

13. The resources we have gathered and the expert testimony that has been presented are sufficient to show that Governor Inslee and

Secretary Sinclair must take action now, because any further delay in reducing the number of people in our prisons will likely lead to larger outbreaks and cause needless injury and deaths.

14. As detailed below, we have already provided Secretary Sinclair and Governor Inslee with much of this information and a number of the declarations. We and many others have implored the Governor and Secretary Sinclair to begin releasing people.

15. Unfortunately, to date, Secretary Sinclair and the Governor have refused to agree to the release of anyone from confinement as a part of the effort to fight the COVID-19 virus.

16. As the evidence presented in support of the Petition and brief in support demonstrates, this Court may have never confronted a circumstance in which extremely quick Court action is as necessary and justified as it is in these circumstances.

FACTS DEMONSTRATING THE COMMUNICATIONS WITH SECRETARY SINCLAIR AND THE GOVERNOR'S OFFICE ABOUT THE DANGERS OF COVID IN PRISONS AND THE URGENCY OF IMMEDIATE ACTION, AND THEIR REFUSAL TO BEGIN RELEASING ANYONE

17. Over the last week we and other interested parties have corresponded with the Governor's office and with Secretary Sinclair through various means about the need to begin releases of people from

DOC facilities and about the need to impose other measures to protect people living in DOC facilities from COVID-19.

18. Attached are true and correct copies of the letters and electronic communications and attachments that I have sent to or received from Secretary Sinclair regarding the COVID epidemic. *See* Attachments 1-16.

19. On Monday, March 16, I sent a letter to Secretary Sinclair as an attachment to an email. *See* Attachments 2 and 3. The Governor's Chief of Staff, David Postman, and the Governor's General Counsel, Kathryn Leathers, were copied on this electronic mail and attached letter, as was the Assistant Secretary for Prisons, Robert Herzog, among others. *See* Attachment 2.

20. This March 16 letter asked Secretary Sinclair to begin immediately using his existing authority to release people from DOC prisons who are at high risk from COVID-19 due to age or health conditions, and those who are within six months of their earned early release date. *See* Attachment 3.

21. On Monday, March 16, I sent a separate letter by electronic mail to Governor Inslee through Mr. Postman, his Chief of Staff, and Ms. Leathers, his General Counsel. The electronic cover sheet for this correspondence is Attachment 4 and the March 16 letter to Governor

Inslee is Attachment 5. I copied Secretary Sinclair and Assistant Secretary Herzog with this letter to the Governor, among others. *See* Attachment 4.

22. The March 16 letter to Governor Inslee asks that he immediately call an emergency meeting of the clemency and pardons board in order to begin broadscale clemency proceedings to address the urgent health COVID-19 health crises. *See* Attachment 5.

23. Both letters lay out the urgent nature of the need to begin reducing the number of people in our prisons, particularly people most at risk of serious injury from COVID-19. *See* Attachments 3 and 5.

24. Secretary Sinclair sent out an email on Tuesday, March 17, to a group of stakeholders acknowledging receipt of our letter and informing us that DOC would respond to us at some point. I was included on this email. *See* Attachment 6

25. That same day, I received another email sent just to me requesting that he and I speak by telephone. Attachment 7.

26. I responded by email, that I was happy to speak with him. In a subsequent email regarding the logistics of setting up the phone call, I stated that we needed to include other stakeholders in that conversation, and we had particular questions to which we needed answers. Of particular interest were any plans that DOC and the Governor's office had to release

people. Mr. Postman was copied on this electronic mail that I sent to Secretary Sinclair. *See* Attachment 8.

27. We received no further communication from Secretary Sinclair or anyone with the Governor's office regarding our March 16 letter until Friday, March 20.

28. Not having heard anything further from Secretary Sinclair or the Governor's office since the prior Tuesday, I sent Secretary Sinclair and copied Mr. Postman with an email on Friday, March 20. *See* Attachment 9.

29. In this email, I noted that we had received no further communication from Secretary Sinclair or the Governor's Office. I also noted that our understanding of the seriousness of the epidemic and its risks to people in our prisons was changing. *Id.*

30. Based upon our research and information we received from experts in public and correctional health, we came to realize that limiting releases to only the original categories of people who we had identified in our March 16 letter would not be sufficient to adequately address the serious and unique dangers facing people living in Washington's prisons.

31. I expressed in my March 20 email that Secretary Sinclair and Governor Inslee must begin immediately releasing people who are

over 50, people with underlying health concerns, and people who are within 18 months of their earned early release dates. *Id.*

32. I also stated in this email that Columbia Legal Services was preparing to file litigation on Monday, March 23 to protect people living in DOC facilities. I informed him that I was available to speak with him anytime over the weekend. *Id.*

33. I included a number of attachments with my March 20 email to Secretary Sinclair. These attachments included five (5) redacted declarations from people living in DOC facilities who attested to the serious risks that they and their fellow incarcerated people are facing right now, the limited information that incarcerated people are receiving, the serious health concerns that they have and other relevant information. *See* Attachments 9 to 14.

34. I also attached the then most current list of relevant news accounts, studies and other information that CLS staff members have been gathering. *See* Attachment 15.

35. In my March 20 email, I asked to speak with him as quickly as possible. I said that I was available anytime Saturday or Sunday. *See* Attachment 9.

36. I also indicated in my March 20 email, that CLS was preparing to file suit on Monday, March 23 unless the State began wide-

scale releases of people within the categories of people I identified in that email. *Id.*

37. Though my March 20 email I requested a meeting as soon as possible over the weekend. Although my email also stated that CLS was preparing to file litigation on Monday, the earliest time Secretary Sinclair offered to have a telephone conversation was not until 10:15 a.m. on Monday morning.

38. I again contacted Secretary Sinclair by email on Sunday, March 22, and I again reiterated the need for DOC to begin immediately releasing people from DOC facilities. I included links to recent news stories regarding outbreaks of COVID in a federal correctional center and in New York state prisons and jails in my March 22 email to him. *See* Attachment 16.

39. My CLS colleague, Nick Allen, and I joined the Monday conference call. In addition, representatives from Disability Rights Washington and the ACLU of Washington participated, as did Sonja Hallum, a Senior Policy Advisor to Governor Inslee. Secretary Sinclair and Assistant Secretary Herzog were also on the call, as were other DOC officials.

40. During the call, DOC officials and Ms. Hallum stated that they were compiling a list of particularly vulnerable people and that they

were considering releasing some people, but that they had not yet made a decision as to whether any releases would occur, who the people released might be, the timing of any releases or the conditions under which any releases might occur.

41. Secretary Sinclair stated that the "trigger" for any release would likely be when DOC experienced a critical staffing shortage or had an "outbreak" in one of the prisons.

42. When I asked what they were doing about asymptomatic staff members with COVID entering the prisons and spreading infection, DOC staff responded that they are following CDC guidelines and that there was nothing more they could to do address the danger of an asymptomatic staff member working in the prisons.

43. We have received no further communication from the Governor's Office or Secretary Sinclair since the conference call this morning.

44. Therefore, as the emergent nature of this crisis is evident and the lack of responsiveness demonstrated by the Governor and by Secretary Sinclair, Columbia Legal Services must seek expedited review on behalf of their clients in order to provide them with meaningful relief before it is too late.

DATED this 23nd day of March, 2020 at Seattle, Washington.

Nicholas B. Straley, WSBA #25963

TABLE OF ATTACHMENTS

Attachment	Description
1	March 23 email from Nick Straley to Governor Inslee, Secretary Sinclair and others
2	March 16 email cover sheet to Secretary Sinclair and others
3	March 16 letter from stakeholders to Secretary Sinclair
4	March 16 email cover sheet to Governor Inslee and others
5	March 16 letter from stakeholders to Governor Inslee
6	March 17 email from Secretary Sinclair to stakeholders
7	March 17 email from Secretary Sinclair to Nick Straley
8	March 17 email from Nick Straley to Secretary Sinclair
9	March 20 email from Nick Straley to Secretary Sinclair
10	Redacted declaration A
11	Redacted declaration B
12	Redacted declaration C
13	Redacted declaration D
14	Redacted declaration. E
15	List of COVID research and articles gathered and organized by Columbia Legal Services
16	March 22 email from Nick Straley to Secretary Sinclair

From:	Nick Straley
To:	Sinclair, Stephen D. (DOC); Postman, David (GOV); Leathers, Kathryn (GOV); Lang, Tim N (ATG)
Cc:	Merf Ehman; Nick Allen; Janet Chung; Antonio Ginatta
Subject:	Notice of imminent filing of suit and request for expedited review before the Washington State Supreme Court.
Date:	Monday, March 23, 2020 4:09:00 PM
Attachments:	image003.png image004.png image005.png image006.png

Governor Inslee, Mr. Postman, Ms. Leathers, Secretary Sinclair and Mr. Lang:

I am emailing to inform you that Columbia Legal Services will be filing a petition for relief pursuant to Article IV, Section 4 of the Washington State Constitution, RCW 7.16.160, .170. and RAP 16.2 in the Washington State Supreme Court later today on behalf of a number of people currently incarcerated in prisons across Washington. This electronic mail also serves as notice to you that we will be seeking expedited review of this matter by the Supreme Court pursuant to RAP 17.4(b). We will provide you with the time and date of the hearing on this motion as soon as we confirm it with the Court.

We will be asking the Court to order the Governor and Secretary Sinclair to take immediate steps to reduce the population of people in Washington's prisons because of the extreme and unprecedented COVID 19 pandemic and take other immediate actions to reduce the dangers confronting people living in DOC facilities, the people working in those facilities and the communities in which DOC facilities are located.

You are aware of our concerns given the letters, emails and attached documents that we have provided to you and given the questions we and others posed during our conference call this morning. You have also received many other correspondence from many other stakeholders and concerned citizens asking for the release of people from DOC custody as an essential public health action necessary to protect the lives of people currently under your care.

In our letter of Friday, March 20, we stated that we would be filing suit today unless the State agreed to release people in the categories that we outlined in that email. Today, during the call we were told that the State has not yet agreed or decided to begin releasing anyone from DOC facilities in response to the COVID 19 pandemic, with the possible exception of some people incarcerated in facilities for violations of their community custody conditions. Accordingly, we are moving forward with litigation.

We will of course provide you with copies of all of the materials we file with the Court. We will be effecting proper service, but I will also send each of you copies of everything that we file by electronic mail as soon as they are available.

Mr. Lang and Ms. Leathers, please let me know if the Attorney General's Office will accept service on Secretary Sinclair's or the Governor's behalf or if you wish that I direct all further correspondence solely to you.

Sincerely,

Nick Straley

Nick Straley, Staff Attorney
Pronouns: he/him/his

Phone: (206) 287-8611
Email: Nick.Straley@Columbialegal.org
Address: Columbia Legal Services, 101 Yesler Way, Suite 300, Seattle, WA 98104

Connect with us: www.columbialegal.org

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October 16, 2019 | 5:00 pm | Impact Hub Seattle
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From:	Nick Straley
To:	Sinclair, Stephen D. (DOC)
Cc:	Merf Ehman; Janet Chung; Rachael Seevers; Jamie Hawk; Nick Allen; Herzog, Robert L. (DOC); david.postman@gov.wa.gov; kathryn.leathers@gov.wa.gov; Antonio Ginatta
Subject:	Letter regarding DOC response to COVID 19 emergency
Date:	Monday, March 16, 2020 1:54:00 PM
Attachments:	20 0316 letter to Sec Sinclair re COVID.pdf image003.png image004.png image005.png image006.png
Importance:	High

Secretary Sinclair:

Attached is a letter from a coalition of community-based organizations, legal services providers and other concerned stakeholders that calls upon the Department of Corrections to immediately begin taking additional steps to address the COVID 19 public health crisis. This group would like an opportunity to speak directly with you regarding these requests as soon as possible. Please contact me at your earliest convenience to schedule a conference call.

Sincerely,

Nick Straley
Columbia Legal Services

Nick Straley, Staff Attorney
Pronouns: he/him/his

Phone: (206) 287-8611
Email: Nick.Straley@Columbialegal.org
Address: Columbia Legal Services, 101 Yesler Way, Suite 300, Seattle, WA 98104

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March 16, 2020

Secretary Stephen Sinclair
Washington State Department of Corrections
PO BOX 41100, Mail Stop 41100
Olympia, WA 98504-1100

BY ELECTRONIC MAIL

Dear Secretary Sinclair:

We, a broad coalition of community-based organizations, legal services providers and concerned stakeholders, are calling on you to take immediate action to protect the health of people incarcerated by the Washington's Department of Corrections (DOC). The coronavirus threatens the lives of more than 18,000 people under DOC's care and control. Given the current health crisis, without decisive action, a prison sentence in Washington may quickly turn into a death sentence.

Accordingly, we are writing to ask that you take a number of steps to protect the people in Washington's prisons and slow the spread of COVID-19 within this vulnerable population. These actions include the following:

- Release people most at risk of serious harm or death from COVID-19 from DOC custody;
- Release those who are less than 6 months from release to community supervision;
- Utilize community custody officers to provide assistance to people leaving facilities and refrain from placing anyone in any local jail as a result of an alleged community custody violation;
- Ensure that all people in custody receive the same level of care that people living outside prison walls receive, including appropriate COVID-19 testing;

- Provide all people in custody unfettered access to soap and water, hand sanitizers, and single use towels;
- Implement social distancing measures to the extent possible, without locking people in their cells for extended periods of time;
- Provide telephone and email access to incarcerated people free of cost in those facilities that have limited visitation;
- Disseminate accurate, timely, and thorough information about COVID-19 and its spread within DOC to people in custody and their families.

The Emergency Facing DOC, Its Staff, and the People in Its Custody.

The danger that COVID-19 poses to the people living under DOC's care cannot be overstated. Current projections of the spread of this virus indicate that as many as 50% of people living in the United States could become infected, with roughly 20% of that number requiring intensive hospital care.[1]

Prisons and jails are particularly ill-suited to address the current pandemic. People live in close contact with one another, social distancing is difficult, hygiene services and essential medical equipment is in short supply, and medical treatment is not easily accessible. Once COVID-19 breaks out, it will likely spread quickly through our prisons.[2] Unfortunately, with Friday's announcement that a correctional officer at the Monroe Correctional Complex has tested positive for COVID-19, the danger is here and additional infections will occur, if they haven't already. The burden upon DOC and its resources will be extreme. Given the rate of infection in the community, and the close quarters of the prisons, it is not alarmist to believe that DOC could be facing many thousands of people infected with the virus with hundreds, if not thousands of them, requiring intensive medical interventions. DOC is simply not equipped for providing the level and quality of medical care that will be required in such an outbreak, and unless immediate and serious steps are taken to slow transmission within the prison, people will die needlessly.

DOC has recently suspended visitation and announced that it will not charge people in custody co-pays for COVID-19 related testing and treatment. These steps are essential but not sufficient. More action is needed. In order to rise to the coming crisis, advocates, community members, and families demand that you take the actions detailed below.

Immediately release the most vulnerable people under DOC's care.

As you know, COVID-19 poses the greatest risk of death to the elderly as well as to those who are immunocompromised, or those who suffer from diabetes, chronic obstructive pulmonary disorder and other lung conditions, high blood pressure, and

[1] See https://www.washingtonpost.com/health/coronavirus-forecasts-are-grim-its-going-to-get-worse/2020/03/11/2a177e0a-63b4-11ea-acca-80c22bbee96f_story.html.
[2] See https://www.newyorker.com/news/q-and-a/how-prisons-and-jails-can-respond-to-the-coronavirus.

those with cancer.[3] Many people currently living in DOC facilities fall into one or more of these vulnerable groups.

As of June 2018, roughly ten percent of the DOC population, or more than 1,900 people, were at least 56 years old. While people in this age group are at the greatest risk of death from COVID-19, they also pose the lowest public safety risk to our communities.[4] This vulnerable population should be released immediately.

Not only will release remove this population from the extreme risk of infection they face in prison but reducing the overall population will provide more flexibility to DOC custody and medical staff in relation to housing placements and other exigencies that DOC will undoubtedly have to implement in the coming months.

These releases should be coordinated with local and state public health agencies and social service providers to ensure that medically fragile people leaving DOC's custody receive an appropriate continuum of care. Coordinated care will ensure that the most vulnerable members of our communities are protected and reduce the likelihood of unnecessary spread of the virus.

Importantly, DOC has the authority under existing policy to furlough these medically fragile individuals and to allow for emergency medical releases. *See* DOC policy 350.270; also, RCW 9.94A.728. DOC should immediately exercise that authority and begin releasing anyone at serious risk of harm from COVID-19 as a result of their age or health condition. To the extent that any existing policy may limit these powers or create obstacles to immediate action, DOC should amend its rules and policies on an emergency basis.

This crisis highlights the need for DOC and policymakers to take further action to permanently reduce the numbers of people living in custody. Mass incarceration has provided the breeding ground for the spread of infection and the lack of necessary resources to combat it in our jails and prisons and keep people safe. This crisis will affect everyone both inside and outside prison. However, people and their communities will always be much safer when they can receive appropriate health care within the existing community-based, health care system rather than rely on the prisons or jails.

Immediately release people who are within 6 months of their release date.

In order to further decrease the overall population and provide more flexibility and resources to meet the coming crisis, DOC should immediately release those people who are within 6 months of their estimated release date to community supervision. These people are overwhelmingly in the lowest level security classifications and removing this large category of people will alleviate stress on the institutions and allow

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[3] See https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html ; https://www.nytimes.com/2020/03/12/health/coronavirus-midlife-conditions.html?auth=login-email&login=email

[4] See Beckett, Katherine, About Time: How Life and Long Sentences Fuel Mass Incarceration in Washington, p. 48 (2020).

resources to be focused where most needed. It will also provide increased flexibility as the virus spreads and DOC faces inevitable staff shortages.

DOC already has the authority to take this action under its graduated reentry policy, and should take immediate steps to release people.[5]

DOC should also work with Governor Inslee's office, the Sentencing Guidelines Commission, and local prosecutors to explore other avenues for decreasing the overall prison population in the face of this public health emergency, including expedited clemency proceedings and discretionary resentencing.

Repurpose community custody officers away from issuing violations to people under supervision and toward providing assistance and supports to keep people safe.

The dangers facing people currently housed in DOC custody are significant. However, many local and county jails are even more unprepared to address the coming health crisis in their facilities. DOC must not add to the burdens of local jails by issuing community custody violations to people under supervision, thereby adding more people to these risky locations. Thus, DOC should immediately place a moratorium on violations and instead provide resources and support to people under its supervision in order to keep them, their families, and their communities safe. More appropriately, all people currently under community custody should be released from that status to allow community custody officers to focus on assisting people being released from DOC custody to stay safe and effectively reintegrate into their communities.

Provide COVID-19 testing and treatment in a manner that meets or exceeds community-based standards of care.

People living in DOC facilities must be provided at least the same level of care that people living outside prison receive. In order to ensure that people are seeking medical care when appropriate, DOC should immediately suspend all medical co-pays, not only those associated with COVID-19. DOC must issue clear standards that meet current best practices regarding testing for the virus and follow-up medical care; it must also train staff to implement these measures effectively. To the extent that DOC will continue to hold people facing serious medical crises in custody, it must be able to meet their needs. Specifically, there must be adequate medical services, supplies, and practitioners available. DOC must ensure that it has enough ventilators, intensive care beds, negative pressure rooms, quarantine areas, and practitioners who are skilled in treating the extremely sick people who may soon be requiring care. In line with recently

[5] See RCW 9.94A.733

passed SB 6063, DOC should also establish clear criteria for transferring sick people to community hospitals when more intensive care is needed.

Provide all people living in its care unfettered access to soap and water, hand sanitizers, and single use towels.

While we understand that DOC is already taking steps to ensure that it protects its staff and people living under its care, we want to underscore how important these steps are to effectively address this crisis. To this end, DOC should immediately suspend any prohibition on the possession of alcohol-based hand sanitizer and provide all people living in DOC facilities with an adequate supply of essential hygiene products at no cost. It should also ensure that all people, including those in segregation, suicide watch, and infirmaries, have access to hot water and soap.

To the extent that DOC or specific facilities are having difficulty accessing sufficient supplies to meet these basic public health requirements, resources must be expended immediately.

Implement social distancing measures to the extent possible.

Releasing as many people as possible is the most likely strategy to mitigate risks to the most vulnerable people in custody. DOC should also implement social distancing, one of the most effective measures to prevent the spread of COVID-19. To that end, DOC should cease transfer of prisoners between institutions unless medically necessary. Additionally, DOC should immediately assess its programming, dining, yard, movement, and work schedules to assess what measures can be taken to limit large gatherings within its facilities. Additionally, pill lines and infirmary waiting rooms should have limited numbers of people, particularly given that these locations are more likely to have medically compromised individuals present. However, these efforts should not result in prolonged, widespread lockdowns. Any lockdowns or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration. Releasing many people will likely relieve much of the need for long term isolation or lockdowns.

Provide telephone and email access to incarcerated people free of cost in those facilities that have limited visitation.

In all circumstances, the exorbitant phone and email charges that people living in DOC facilities face is unconscionable. However, at this time of great social disruption and widespread fear, when DOC has stopped all in person visitation, denying people access to family and loved ones because they are unable to afford these charges is particularly inappropriate. DOC must accordingly take all necessary steps during this public health crisis to ensure that people can maintain contact with their spouses, children and other family members without being forced to pay for that right.

Ensure that people in custody and their families receive updated, comprehensive, timely and thorough information.

Many people living in DOC facilities lack basic information about how to protect themselves, or what to expect should they become infected. DOC must issue appropriate, thorough, regularly updated, and accessible instructions and directives to all people under its care, as well as their family members. DOC must take steps to ensure that this information is accessible to people for whom English is not their primary language, those who lack literacy skills, and people with cognitive or sensory disabilities who may require assistance in accessing this crucial information. DOC must also ensure that any information that is distributed via kiosk or JPay is made accessible to those who do not have access to that technology, including those in segregation.

Request for a Meeting

We understand that DOC, like all of us, is struggling to keep up with this rapidly changing situation, and we believe that the above steps are needed and we would like to meet with you, remotely, within the next few days to address these requests and share information. Please have your staff contact us [add specific contact info] to set up such a meeting as soon as possible.

Please have your staff contact Nick Straley, Columbia Legal Services, at nick.straley@columbialegal.org to arrange a telephone call.

Sincerely,

s/ Merf Ehman
Executive Director
Columbia Legal Services

s/ David Carlson
Director of Advocacy
Disability Rights Washington

s/ Jorge L. Baron
Executive Director
Northwest Immigrant Rights Project

s/ Hillary Behrman
Director of Legal Services
Washington Defender Association

s/ Robert S. Chang
Executive Director
Fred T. Korematsu Center for Law and Equality

s/ Suzanne Cook
Co-Chair
Statewide Family Council

s/ Prachi Dave
Staff Attorney
Public Defender Association

s/ Anne Lee
Executive Director
TeamChild

s/ Liz Moore
Director
Peace and Justice Action League of Spokane

s/ Carmen Pacheco-Jones
Chair
Racial Equity Committee of the Spokane Regional Law and Justice Council

s/ Megan Pirie
Vice President
ALL OF US OR NONE Eastern
Washington Chapter

s/ Kurtis Robinson
President
Spokane NAACP #1137

s/ Tarra Simmons
Civil Survival Project

s/ Michele Storms
Executive Director
ACLU of Washington

From:	Nick Straley
To:	david.postman@gov.wa.gov; kathryn.leathers@gov.wa.gov
Cc:	Janet Chung; Nick Allen; Rachael Seevers; Jamie Hawk; Antonio Ginatta; Merf Ehman; Charlie McAteer; Sinclair, Stephen D. (DOC); Herzog, Robert L. (DOC)
Subject:	Steps to be taken by State to protect people currently incarcerated in Washington"s prisons and jails.
Date:	Monday, March 16, 2020 1:57:00 PM
Attachments:	20 0316 ltr Gov Inslee re coronavirus and institutions.pdf image003.png image004.png image005.png image006.png 20 0316 letter to Sec Sinclair re COVID.pdf

Governor Inslee:

Attached is a letter from a coalition of community-based organizations, legal services providers and other concerned stakeholders that calls upon you to take additional steps to protect the men and women currently incarcerated in Washington's prisons and jails during this unprecedented, public health crisis. I have also attached another letter that we have sent to DOC Secretary Sinclair regarding steps DOC must take immediately. Please have your staff contact me at nick.straley@columbialegal.org if you have any questions about these letters or would like to set up a conference call to discuss these requests.

Sincerely,

Nick Straley
Columbia Legal Services

Nick Straley, Staff Attorney
Pronouns: he/him/his

Phone: (206) 287-8611
Email: Nick.Straley@Columbialegal.org
Address: Columbia Legal Services, 101 Yesler Way, Suite 300, Seattle, WA 98104

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March 16, 2020

The Honorable Jay Inslee
Office of the Governor
PO Box 40002
Olympia, WA 98504-0002

Delivered by electronic mail

Dear Governor Inslee:

Thank you for taking necessary steps to protect the public from the coronavirus pandemic. We, a broad coalition of community-based organizations, legal services providers and concerned stakeholders, urge you to take similar steps to protect people in custody in state correctional facilities, juvenile facilities and local jails.

The danger that COVID-19 poses to the people living in custody and the staff people responsible for their care cannot be overstated. Prisons and jails are particularly ill-suited to address the current pandemic. People live in close contact with one another, social distancing is difficult, hygiene services and essential medical equipment is in short supply, and medical treatment is not easily accessible. Once COVID-19 breaks out, it will likely spread quickly through our prisons and jails.[1]

Unfortunately, with Friday's announcement that a correctional officer at the Monroe Correctional Complex has tested positive for COVID-19, the danger is here and additional infections will occur, if they haven't already.

The burden upon DOC and its resources will be extreme. Given the rate of infection in the community, and the close quarters of the prisons, it is not alarmist to believe that DOC could be facing many thousands of people infected with the virus with hundreds, if

[1] See https://www.newyorker.com/news/q-and-a/how-prisons-and-jails-can-respond-to-the-coronavirus.

not thousands, of people requiring intensive medical interventions. DOC is simply not equipped to provide the level and quality of medical care that will be required in such an outbreak. Unless immediate and serious steps are taken, people will die needlessly.

The most effective step to prevent spread in our prisons is to release the elderly and people within 6 months of release.

As you know, COVID-19 poses the greatest risk of death to the elderly as well as to those who are immunocompromised, or those who suffer from diabetes, chronic obstructive pulmonary disorder and other lung conditions, high blood pressure, and those with cancer.[2] Many people currently living in DOC facilities fall into one or more of these vulnerable groups.

As of June 2018, roughly ten percent of the DOC population, or more than 1,900 people, were at least 56 years old. While people in this age group are at the greatest risk of death from COVID-19, they also pose the lowest public safety risk to our communities.[3] This vulnerable population should be released immediately.

In order to further decrease the overall population and provide more flexibility and resources to meet the coming crisis, DOC should also immediately release those people who are within 6 months of their estimated release date to community supervision. These people are overwhelmingly in the lowest level security classifications and removing this large category of people will alleviate stress on the institutions and allow resources to be focused where most needed. It will also provide increased flexibility as the virus spreads and DOC faces inevitable staff shortages. DOC already has the authority to take this action under its graduated reentry policy and should take immediate steps to release people.[4]

These releases should be coordinated with local and state public health agencies and social service providers to ensure that medically fragile people leaving DOC's custody receive an appropriate continuum of care. Coordinated care will ensure that the most vulnerable members of our communities are protected and reduce the likelihood of unnecessary spread of the virus.

Not only will releasing people reduce the extreme risk of infection they face in prison but reducing the overall population will provide more flexibility to DOC custody and medical staff to address special housing placements and other exigencies that DOC will undoubtedly have to implement in the coming months. Releasing people is also

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[2] See https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html ; https://www.nytimes.com/2020/03/12/health/coronavirus-midlife-conditions.html?auth=login-email&login=email

[3] See Beckett, Katherine, About Time: How Life and Long Sentences Fuel Mass Incarceration in Washington, p. 48 (2020).

[4] See RCW 9.94A.733

important to relieve pressures upon DOC staff. Undoubtedly, as the virus spreads, many DOC staff members will be required to quarantine themselves and take care of family members. Staff shortages will occur. Reducing the number of people under DOC's care will protect everyone and ensure that appropriate safety and security are maintained.

This crisis highlights the need for policymakers to take further action to permanently reduce the numbers of people living in custody. Mass incarceration provides a breeding ground for the spread of infection, even under normal circumstances; in a pandemic such as this it creates a humanitarian and public health crisis. Moreover, the high cost of incarceration has drained money from other community supports, including health care, that keep our communities safe. This crisis will affect everyone, both inside and outside prison. However, people and their communities will be safer when they receive appropriate health care within the existing community-based, health care system, rather than in our prisons or jails.

Immediate steps you should take that are within your authority as Governor.

You have the authority to act quickly and decisively in the face of this imminent public health crisis inside Washington's prisons and jails.

Under RCW 9.94A.885, you may, upon recommendation from the clemency and pardons board, grant extraordinary releases for reasons of "serious health problems."

Moreover, under RCW 9.94A.870, you may call an emergency meeting of that board to recommend whether you should exercise your clemency power to meet an emergency related to prison capacity. The COVID-19 pandemic has created such an emergency. Addressing the coronavirus pandemic requires social distancing, isolation, and quarantine practices that are likely not possible in a correctional setting due to structural and staffing limitations; these immediate steps will help decrease the likelihood of widespread infection within our prisons.

Furthermore, pursuant to RCW 43.06.220 you have broad authority to take any other necessary actions during a state of emergency. You exercised this authority in ordering all schools across the state to close. You should exercise the same authority to protect people currently held in custody in Washington's prisons and jails.

Based upon this authority, we urge you to take the following steps:

- Direct Department of Corrections Secretary Sinclair to identify all people in confinement in DOC facilities who fall under the CDC definition of "higher risk" populations: older persons and persons with serious chronic medical conditions, like heart disease, lung disease, or diabetes;
- Direct Secretary Sinclair to provide that list to the Clemency and Pardons Board;

- Call the Clemency and Pardons Board into an emergency session to advise you as to whether to commute the sentences of people in confinement who are in those "higher risk" populations or have a short time remaining on their sentences;
- Direct the Clemency and Pardons Board to waive the 30-day hearing notice requirement under RCW 9.94A.885(3);
- Direct Secretary Sinclair to take all other actions laid out in our letter to him dated today, and work with him to ensure that those actions are taken swiftly.

For any releases you decide to undertake related to the coronavirus pandemic, we would urge a release plan that takes into account the medical needs of those persons who are released, including linkages to community-based health care as needed.

We would also urge you to take similar emergency steps for other people confined under state authority. For example, younger people in juvenile facilities with serious, chronic medical conditions or those who are nearing their release dates, should be released to the community immediately as well.

Finally, local and county jails are even less prepared than DOC to address the dangers facing their incarcerated populations. Therefore, we ask that you issue guidance to local and county officials directing them to significantly reduce their jail populations, both by limiting the number of people coming into these settings, as well as releasing as many people as possible back into the community. Again, decreasing the overall jail population will provide the flexibility that will be needed in these facilities to address the coming health crisis within their walls.

We are available to discuss this request at your convenience. Please have your staff contact Nick Straley, Columbia Legal Services, at nick.straley@columbialegal.org to arrange a telephone call.

Sincerely,

s/ Merf Ehman
Executive Director
Columbia Legal Services

s/ David Carlson
Director of Advocacy
Disability Rights Washington

s/ Jorge L. Baron
Executive Director
Northwest Immigrant Rights Project

s/ Hillary Behrman
Director of Legal Services
Washington Defender Association

s/ Robert S. Chang
Executive Director
Fred T. Korematsu Center for Law and Equality

s/ Suzanne Cook
Co-Chair
Statewide Family Council

s/ Prachi Dave
Staff Attorney
Public Defender Association

s/ Anne Lee
Executive Director
TeamChild

s/ Liz Moore
Director
Peace and Justice Action League of Spokane

s/ Carmen Pacheco-Jones
Chair
Racial Equity Committee of the Spokane Regional Law and Justice Council

s/ Megan Pirie
Vice President
ALL OF US OR NONE Eastern Washington Chapter

s/ Kurtis Robinson
President
Spokane NAACP #1137

s/ Tarra Simmons
Civil Survival Project

s/ Michele Storms
Executive Director
ACLU of Washington

From:	Sinclair, Stephen D. (DOC)
To:	Nick Straley
Cc:	Merf Ehman; Janet Chung; Rachael Seevers; Jamie Hawk; Nick Allen; Herzog, Robert L. (DOC); Postman, David (GOV); Leathers, Kathryn (GOV); Antonio Ginatta
Subject:	RE: Letter regarding DOC response to COVID 19 emergency
Date:	Tuesday, March 17, 2020 1:01:17 PM
Attachments:	image003.png image004.png image005.png image006.png image002.png image008.png image011.png image012.png image013.png

Dear Mr. Straley:

Thank you for your email and your letter dated March 16, 2020. We are in the process of reviewing your concerns and will contact you to schedule a conference call once we have answers to your concerns. Thank you for your patience during this time.

Stephen Sinclair, Secretary
Pronouns: he/him/his
Washington State Department of Corrections
(360) 725-8810 | stephen.sinclair@doc.wa.gov

From: Nick Straley [mailto:Nick.Straley@ColumbiaLegal.org]
Sent: Monday, March 16, 2020 1:55 PM
To: Sinclair, Stephen D. (DOC) <sdsinclair@DOC1.WA.GOV>
Cc: Merf Ehman <Merf.Ehman@ColumbiaLegal.org>; Janet Chung <janet.chung@columbialegal.org>; Rachael Seevers <Rachaels@dr-wa.org>; Jamie Hawk <jhawk@aclu-wa.org>; Nick Allen <Nick.Allen@ColumbiaLegal.org>; Herzog, Robert L. (DOC) <rlherzog@DOC1.WA.GOV>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Leathers, Kathryn (GOV) <kathryn.leathers@gov.wa.gov>; Antonio Ginatta <Antonio.Ginatta@columbialegal.org>
Subject: Letter regarding DOC response to COVID 19 emergency
Importance: High

Secretary Sinclair:

Attached is a letter from a coalition of community-based organizations, legal services providers and other concerned stakeholders that calls upon the Department of Corrections to immediately begin taking additional steps to address the COVID 19 public health crisis. This group would like an opportunity to speak directly with you regarding these requests as soon as possible. Please contact me at your earliest convenience to schedule a conference call.

Sincerely,

Nick Straley
Columbia Legal Services

Nick Straley, Staff Attorney
Pronouns: he/him/his

Phone: (206) 287-8611
Email: Nick.Straley@Columbialegal.org
Address: Columbia Legal Services, 101 Yesler Way, Suite 300, Seattle, WA 98104

Connect with us: www.columbialegal.org

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From: Sinclair, Stephen D. (DOC)
To: Nick Straley
Subject: RE: Letter regarding DOC response to COVID 19 emergency
Date: Tuesday, March 17, 2020 1:18:49 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image008.png
image009.png
image010.png
image011.png

Do you have time for a call and if so what number?

Stephen Sinclair, Secretary
Pronouns: he/him/his
Washington State Department of Corrections
(360) 725-8810 | stephen.sinclair@doc.wa.gov

From: Nick Straley [mailto:Nick.Straley@ColumbiaLegal.org]
Sent: Tuesday, March 17, 2020 1:16 PM
To: Sinclair, Stephen D. (DOC) <sdsinclair@DOC1.WA.GOV>
Cc: Merf Ehman <Merf.Ehman@ColumbiaLegal.org>; Janet Chung <janet.chung@columbialegal.org>; Rachael Seevers <Rachaels@dr-wa.org>; Jamie Hawk <jhawk@aclu-wa.org>; Nick Allen <Nick.Allen@ColumbiaLegal.org>; Herzog, Robert L. (DOC) <rlherzog@DOC1.WA.GOV>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Leathers, Kathryn (GOV) <kathryn.leathers@gov.wa.gov>; Antonio Ginatta <Antonio.Ginatta@columbialegal.org>
Subject: RE: Letter regarding DOC response to COVID 19 emergency

Thank you Secretary Sinclair for your response during this very difficult time. We look forward to speaking with you as soon as possible.

Nick Straley

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Sent: Tuesday, March 17, 2020 1:01 PM
To: Nick Straley <Nick.Straley@ColumbiaLegal.org>
Cc: Merf Ehman <Merf.Ehman@ColumbiaLegal.org>; Janet Chung <janet.chung@columbialegal.org>; Rachael Seevers <Rachaels@dr-wa.org>; Jamie Hawk <jhawk@aclu-wa.org>; Nick Allen <Nick.Allen@ColumbiaLegal.org>; Herzog, Robert L. (DOC) <rlherzog@DOC1.WA.GOV>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Leathers, Kathryn (GOV) <kathryn.leathers@gov.wa.gov>; Antonio Ginatta <Antonio.Ginatta@columbialegal.org>
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Washington State Department of Corrections
(360) 725-8810 | stephen.sinclair@doc.wa.gov

From: Nick Straley [mailto:Nick.Straley@ColumbiaLegal.org]
Sent: Monday, March 16, 2020 1:55 PM
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Cc: Merf Ehman <Merf.Ehman@ColumbiaLegal.org>; Janet Chung <janet.chung@columbialegal.org>; Rachael Seevers <Rachaels@dr-wa.org>; Jamie Hawk <jhawk@aclu-wa.org>; Nick Allen <Nick.Allen@ColumbiaLegal.org>; Herzog, Robert L. (DOC) <rlherzog@DOC1.WA.GOV>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Leathers, Kathryn (GOV) <kathryn.leathers@gov.wa.gov>; Antonio Ginatta <Antonio.Ginatta@columbialegal.org>
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Importance: High

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Attached is a letter from a coalition of community-based organizations, legal services providers and other concerned stakeholders that calls upon the Department of Corrections to immediately begin taking additional steps to address the COVID 19 public health crisis. This group would like an opportunity to speak directly with you regarding these requests as soon as possible. Please contact me at your earliest convenience to schedule a conference call.

Sincerely,

Nick Straley
Columbia Legal Services

Nick Straley, Staff Attorney
Pronouns: he/him/his

Phone: (206) 287-8611
Email: Nick.Straley@Columbialegal.org
Address: Columbia Legal Services, 101 Yesler Way, Suite 300, Seattle, WA 98104

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From:	Nick Straley
To:	Sinclair, Stephen D. (DOC)
Cc:	Rachael Seevers; Neil Fox; Jamie Hawk; Nick Allen; Janet Chung; Antonio Ginatta; Postman, David (GOV)
Subject:	RE: Letter regarding DOC response to COVID 19 emergency
Date:	Tuesday, March 17, 2020 4:54:00 PM
Attachments:	image001.png image002.png image003.png image004.png image005.png image009.png image010.png image011.png image012.png

Steve:

As you know there's a big coalition of folks who are very concerned about the impact of COVID on folks inside. We also know that you and your staff share those concerns and are working diligently to address them. I am not the only person who needs to hear the information that you have. As you know, we really want to know when DOC will begin releasing people, who those people will be and the conditions under which they will be released. DOC clearly has the authority to do so and/or can ask Governor Inslee to grant you any additional authority you may need pursuant to his emergency powers. We'd also like to talk with you about the other items laid out in our letter. Will you be able to answer those questions for us when we talk? I'm attaching today's editorial in the Washington Post about the need to immediately begin reducing prison and jail populations. We need to know that DOC is going to begin taking this essential public health stance immediately. https://www.washingtonpost.com/opinions/2020/03/17/we-must-release-prisoners-lessen-spread-coronavirus/.

Thanks,

Nick

From: Sinclair, Stephen D. (DOC) <sdsinclair@DOC1.WA.GOV>
Sent: Tuesday, March 17, 2020 1:40 PM
To: Nick Straley <Nick.Straley@ColumbiaLegal.org>
Subject: RE: Letter regarding DOC response to COVID 19 emergency

Yes but it will just be me and I would hope it is not a call like the CBCC thing. Not trying to be snarky we just have a lot going on and I'd be happy to give you some info. Also, you should check our external website because we put a bunch more information on it. We are preparing a formal response to your letter but an informal discussion would appreciated. What number do you want me to call?

Stephen Sinclair, Secretary
Pronouns: he/him/his
Washington State Department of Corrections
(360) 725-8810 | stephen.sinclair@doc.wa.gov

From: Nick Straley [mailto:Nick.Straley@ColumbiaLegal.org]
Sent: Tuesday, March 17, 2020 1:28 PM
To: Sinclair, Stephen D. (DOC) <sdsinclair@DOC1.WA.GOV>
Subject: RE: Letter regarding DOC response to COVID 19 emergency

Can we do it later today? I'm tied up with a bunch of things until after 4.

From: Sinclair, Stephen D. (DOC) <sdsinclair@DOC1.WA.GOV>
Sent: Tuesday, March 17, 2020 1:18 PM
To: Nick Straley <Nick.Straley@ColumbiaLegal.org>
Subject: RE: Letter regarding DOC response to COVID 19 emergency

Do you have time for a call and if so what number?

Stephen Sinclair, Secretary
Pronouns: he/him/his
Washington State Department of Corrections
(360) 725-8810 | stephen.sinclair@doc.wa.gov

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Sent: Tuesday, March 17, 2020 1:16 PM
To: Sinclair, Stephen D. (DOC) <sdsinclair@DOC1.WA.GOV>
Cc: Merf Ehman <Merf.Ehman@ColumbiaLegal.org>; Janet Chung <janet.chung@columbialegal.org>; Rachael Seevers <Rachaels@dr-wa.org>; Jamie Hawk <jhawk@aclu-wa.org>; Nick Allen <Nick.Allen@ColumbiaLegal.org>; Herzog, Robert L. (DOC) <rlherzog@DOC1.WA.GOV>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Leathers, Kathryn (GOV) <kathryn.leathers@gov.wa.gov>; Antonio Ginatta <Antonio.Ginatta@columbialegal.org>
Subject: RE: Letter regarding DOC response to COVID 19 emergency

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Nick Straley

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Sent: Tuesday, March 17, 2020 1:01 PM
To: Nick Straley <Nick.Straley@ColumbiaLegal.org>
Cc: Merf Ehman <Merf.Ehman@ColumbiaLegal.org>; Janet Chung <janet.chung@columbialegal.org>; Rachael Seevers <Rachaels@dr-wa.org>; Jamie Hawk

<jhawk@aclu-wa.org>; Nick Allen <Nick.Allen@ColumbiaLegal.org>; Herzog, Robert L. (DOC) <rlherzog@DOC1.WA.GOV>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Leathers, Kathryn (GOV) <kathryn.leathers@gov.wa.gov>; Antonio Ginatta <Antonio.Ginatta@columbialegal.org>
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Washington State Department of Corrections
(360) 725-8810 | stephen.sinclair@doc.wa.gov

From: Nick Straley [mailto:Nick.Straley@ColumbiaLegal.org]
Sent: Monday, March 16, 2020 1:55 PM
To: Sinclair, Stephen D. (DOC) <sdsinclair@DOC1.WA.GOV>
Cc: Merf Ehman <Merf.Ehman@ColumbiaLegal.org>; Janet Chung <janet.chung@columbialegal.org>; Rachael Seevers <Rachaels@dr-wa.org>; Jamie Hawk <jhawk@aclu-wa.org>; Nick Allen <Nick.Allen@ColumbiaLegal.org>; Herzog, Robert L. (DOC) <rlherzog@DOC1.WA.GOV>; Postman, David (GOV) <David.Postman@gov.wa.gov>; Leathers, Kathryn (GOV) <kathryn.leathers@gov.wa.gov>; Antonio Ginatta <Antonio.Ginatta@columbialegal.org>
Subject: Letter regarding DOC response to COVID 19 emergency
Importance: High

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Sincerely,

Nick Straley
Columbia Legal Services

Nick Straley, Staff Attorney

Pronouns: he/him/his

Phone: (206) 287-8611
Email: Nick.Straley@Columbialegal.org
Address: Columbia Legal Services, 101 Yesler Way, Suite 300, Seattle, WA 98104

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From:	Nick Straley
To:	Sinclair, Stephen D. (DOC)
Cc:	Nick Allen; Janet Chung; Merf Ehman; Antonio Ginatta; Charlie McAteer; Herzog, Robert L. (DOC); Postman, David (GOV); Leathers, Kathryn (GOV)
Subject:	Following up with you regarding need to immediately release people from custody and other recommendations in March 16 letter.
Date:	Friday, March 20, 2020 8:41:00 PM
Attachments:	List of News and Publications re COVID-19.pdf image003.png image004.png image005.png image006.png email from woman re husband in shelton_Redacted.pdf 20 0320 Decl A - redacted_Redacted.pdf 20 0320 Decl B - redacted_Redacted.pdf 20 0320 Decl C - redacted2.pdf 20 0320 Decl D - redacted_Redacted.pdf 20 0320 Decl E - redacted_Redacted.pdf
Importance:	High

Dear Secretary Sinclair,

I am writing to follow up on the community letter you received on March 16, 2020 and our emails from the next day and to provide you additional information. You told us that DOC would provide us with a response to the concerns and recommendations laid out in our March 16 letter. To date we have not received any such response from you or from the Governor.

In light of the expanding COVID-19 emergency, we continue to be extremely concerned for the safety and wellbeing of the people in DOC custody. As you know, the COVID-19 pandemic continues to emerge as a growing crisis throughout Washington State. Public health organizations, including the World Health Organization, Centers for Disease Control and Prevention, Washington State Department of Health, and other organizations around the world have put out a consistent, resounding message to the global community: The COVID-19 virus is a public health emergency. Failure to take immediate, comprehensive, and sweeping steps to reduce the spread of this virus will have grave consequences for our communities and loved ones.

Governor Inslee in his press conference today indicated that he is not ordering mandated shelter in place because so many people in the broader community are voluntarily taking steps to keep themselves and their families safe. As the attachments we have provided you here prove, people locked up in Washington's prisons cannot volunteer to take such actions. They are reliant upon you and your staff to take appropriate actions to keep them safe.

The dangers of COVID-19 to prisons and the people locked up within them cannot be overstated. Our team has been monitoring the news and relevant research around these issues and have found a wealth of information that prove that releasing people from prisons must be undertaken in order to mitigate the COVID-19 outbreak. These sources also show that many other jurisdictions have already begun to reduce the number of people in custody. We have attached a (non-exhaustive) list of resources that speak to the need to act swiftly and decisively to reduce the risk of a massive COVID-19 outbreak in DOC facilities. All of these materials are readily available to the public.

The public health consensus is universal and clear – states must immediately begin to reduce the numbers of people living in prisons and take other crucial steps to protect people incarcerated in

prisons. In fact, the emerging evidence indicates that our original request to release anyone over 60, people with underlying health conditions and anyone within 6 months of their release date, was much too limited.

Studies of the cruise ships where COVID took root prove that the infection spread many times faster in the lockdown conditions onboard the ships, much faster than it would have in freer, more community-based settings. In addition, the CDC has reported that many people currently hospitalized with COVID in the United States are under 50. These two scientific realities mean that many more people need to be released from DOC custody than we identified in our prior letter. And they prove that locking people down or placing them in isolation in an environment like a prison will greatly increase the likelihood and rapidity of spread through the entire population. Any plans to respond to COVID by locking down facilities is therefore contrary to the best available science and will dramatically increase the number and severity of the infections.

In addition, the science proves that you should also begin to release anyone with an earned early release date within the next 18 months. Current projections for the widespread availability of a vaccine for COVID are 18 months or more. DOC should immediately release anyone who will be released within that time frame. Should DOC delay, any person leaving DOC custody in the next 18 months might be a carrier of COVID who could reignite an outbreak in the broader community.

The current best public health and scientific information proves that anyone over 50 should be released immediately, as should anyone with a serious medical condition, and anyone within 18 months of their earned early release date. In addition to releasing many people, DOC must also immediately begin to implement the other recommendations laid out in the March 16 letter. However, as the pandemic continues, even more expansive steps may become necessary, particularly, if DOC does not immediately begin taking the steps outlined here and in the March 16 letter.

We have also attached a few representative declarations from people currently living in DOC facilities. As you can see, the conditions they and their fellow prisoners face are completely antithetical to limiting the spread of COVID within the prisons. They live on top of one another, sharing toilets, showers, sinks, and ice machines. They eat from communal dishes and utensils that are inadequately cleaned and have limited access to hand soap or hand sanitizers or other essential cleaning supplies. Even where possible, few people are practicing social distancing. Staff apparently is not confident in the measures imposed to keep COVID out of the facilities. Concerningly, it appears that these fears may be well founded.

Reports indicate that COVID may already be present inside the prisons. Included is an email I received today from a woman who reports that her husband at CBCC has seen what appears to be a quarantine facility at CBCC. Declarations we have attached demonstrate the same facts. Other people in other facilities report that entire wings or pods have been shut down and people transferred to make room for people who have tested positive for COVID or shown symptoms. Overcrowding is occurring in some wings as a result of the recent transfer of people between prisons or wings of prisons. To date, DOC has not publicly acknowledged the existence of COVID inside its prisons. However, the evidence shows that COVID is either already present or at the very least that

DOC is preparing for its imminent arrival.

DOC's failure to appropriately address the COVID crisis as set out in this and other correspondence will inevitably place even greater strain on the community hospital networks in the communities in which prisons sit; communities that are mostly rural with few public resources. As the prison medical systems become quickly overwhelmed, people will be sent out to nearby hospitals and emergency departments, taking up valuable medical personnel and equipment that will not be available for people living in those rural communities. DOC's refusal to act now directly imperils the health of every person who lives in communities near prisons.

Therefore, the State must immediately begin releasing the most vulnerable individuals, those over age 50, those with preexisting health conditions that put them at risk and everyone within 18 months of his or her early release date. Many can be released into stable housing situations with family or loved ones. Others will require assistance to ensure appropriate housing and medical care. The State must provide DOC with the resources and staffing to allow it to appropriately address the reentry needs of these people releasing. You have broad pre-existing authority to utilize furlough and release under the present circumstances. In addition, to the extent that you believe that DOC does not have current authority to act, the Governor can make appropriate orders eliminating any barriers pursuant to his emergency powers.

These steps are the only ways to dramatically reduce the number of people who will become sick and die in DOC custody. Taking these actions will also significantly reduce the stress that will fall upon DOC correctional and health care staff in the coming months. We are sure that you do not wish for DOC medical professionals or those in nearby communities to face the type of terrible decisions that doctors in Italy are now being forced to make. The immediate release of many people and the implementation of the other March 16 recommendations are the only ways to avoid such a possibility.

Because the State has not taken the steps necessary to combat the COVID virus and because the lack of action constitutes an immediate and serious threat to the lives of every person in DOC custody, Columbia Legal Services will be bringing suit on Monday to protect those people. Please let me know before then if the State will take the actions we have requested or if it has any other information it would like us to consider before we file suit. I can be reached at this email address anytime on Saturday, Sunday or Monday.

Sincerely,

Nick Straley, Staff Attorney
Pronouns: he/him/his

Phone: (206) 287-8611
Email: Nick.Straley@Columbialegal.org
Address: Columbia Legal Services, 101 Yesler Way, Suite 300, Seattle, WA 98104

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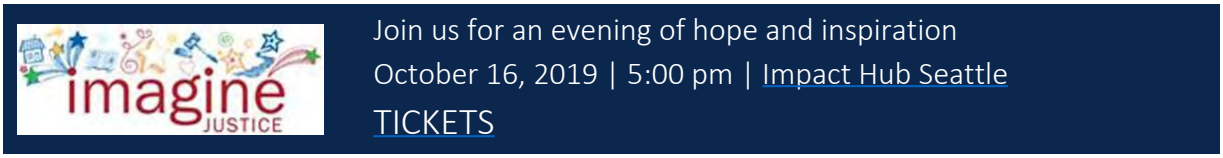

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I, [redacted] declare under penalty of perjury under the laws of the United States of America that the following statements are true and correct to my best knowledge and belief:

1. I am 59 years old and I had triple bypass surgery on [redacted], 2018.

2. My birthday is [redacted],

3. I am over the age of 18 and am competent to testify as to the contents of this declaration.

Background

4. I am currently in detention at the Twin Rivers Unit at Monroe Correctional Center.

5. My DOC number is [redacted].

6. I have been at this facility since July 2007.

7. My ERD is [redacted] 2027. I've been in for 20 years.

8. I'm trying to get clemency right now.

9. I'm in a single cell in [redacted] at TRU.

10. I have a wet cell without a shower.

11. The showers are community showers.

12. 40 guys share six showers in the wing.

13. At least half of us are in the dayroom all of the time. It's mostly single cells on my wing.

14. All of us go to yard and to meals at the same time with other men from other units.

15. Everyone is out during the day.

16. We share ice, there's an ice chest and we scoop into it with a communal scoop . So people are sharing the scoop and it doesn't get washed that often.

17. They have not given us hand sanitizer for use in our cells. They have some in a few areas around the prison, but no hand sanitizer in our dayroom.

18. We're still going to yard. They cut down religious programs. There is no visiting right now.

19. There are four units at Twin Rivers Unit and they closed one wing down.

20. They opened a different unit and quarantined a whole wing.

21. People are in cell unit quarantine. People are now in isolation.

Medical History

22. I had triple bypass heart surgery in [redacted] 2018.

23. For a bunch of time before my surgery, they didn't want to send me out to get my heart checked by a cardiologist. They denied me. It took a long time to get anything done.

24. I had 5 or 6 heart attacks while in DOC custody before I received any out of prison or saw a cardiologist.

25. They sent me a paper saying that my chest pains were deemed not medically necessary to see a cardiologist.

26. My wife had to fight for me, because the medical team here were not going to give me any help. Finally, headquarters ordered them to send me out for an echo-cardiogram with a cardiologist.

27. I was coming out of anesthesia from the echo-cardiogram and the outside doctor in the hospital told me that my condition was so urgent that they were admitting me to the hospital that day.

28. That day they admitted immediately after getting the echo-cardiogram and I was in surgery within 5 days.

29. I had to rehab after my surgery by myself. They didn't do anything for my rehab after surgery.

30. They haven't sent me back out to see my cardiologist in over a year, even though I was supposed to see him in January.

31. The last time I saw him my ejection fraction test I was at 16%. Normal would be 100%.

32. I asked to go see him because I don't know what is going on. My chest is still numb from the surgery. They've failed to get me back to see him, even though I've asked.

33. I have hypertension. They have me on medication for hypertension.

34. I worry about my health condition while I am detained here. Due to my medical conditions I am aware that I am at a higher risk of contracting the coronavirus than most.

35. Based on the information I have been able to gather, I am aware that my existing medical conditions expose me to more severe symptoms of the corona virus than most.

36. I've completed around 40 different programs, including CD treatment, stress anger management, redemption mentorship, I have a long list.

37. They've told us to go to sick call if we start feeling sick.

38. Sick call is at 7:30 in the morning. You're called out with everyone else going to sick call and you walk down to the infirmary. You fill out a piece of paper and then wait to be seen with the other guys who are waiting for sick call. While waiting, you are in a small room with lots of guys, sometimes 10 or 15 other people.

My work in the Kitchen

39. I work in the kitchen and am worried about that too, because population comes through to get food and then they sit at tables all together to eat. We eat at the same tables.

40. We prepare 750 meals and there are two sides for eating, a south and north side line.

41. So around 375 men will come through each of the chow line two times a day, at lunch and at dinner.

42. They don't have any hand sanitizers for men when they come into the chow hall.

43. It's a blind feed and you grab a tray and go around the corner to sit down.

44. They don't sanitize the transfer area very often.

45. Six men share a single table while eating.

46. There are about 40 tables. The tables are within about 3 feet of each other.

47. Up to 50 guys work in the kitchen area at any one time. There are a lot of different stations where people are working.

48. DOC has told us that we can't use some pink cleaners. But no other training or protocol since the coronavirus outbreak for how to keep the kitchen area clean or how not to spread germs to other men who we are working with or feeding.

Who I am

49. I'm trying to get clemency.

50. I've helped create a culinary arts mentorship program and been a leader for African-Americans, in side I was the president for Full Gospel Businessmens Fellowship International. I'm a worship leader and also a Christian representative. I mentor other men.

51. I have a job waiting for me if I am released. I'm married and could immediately move in with my wife in Edmonds.

52. I haven't had a major infraction since 2006.

53. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given this dangerous public health crisis.

DATED this 18th day of March 2020, in Monroe, Washington.

[redacted]

I, [redacted], declare under penalty of perjury under the laws of the Washington that the following statements are true and correct to my best knowledge and belief:

1. I am 62 years old and am competent to testify as to the contents of this declaration.

Background

2. I am currently in detention at Stafford Creek Correctional Center in Aberdeen.

3. I have been here since 2009. I've been incarcerated since December 2005.

4. My cell has 2 beds and meant to house 2 of us.

5. I'm in a tank with 150 people or more and we all breath the same air.

6. There are about 78 cells on my tank and all of them have 2 people.

7. I'm on A side and there is another B side with just as many cells on it. We all breath the same air. Staff, inmates. We all breath the same air.

8. I'm in a dry cell. There is no sink, shower or toilet in my cell.

9. So lockdown would be terrible.

10. I have to use a catheter for a medical condition.

11. I have Parkinsons and the stage that I am right now is not good.

12. I need to use a catheter and would have no way of cleaning my catheter or getting rid of my urine if we were on lockdown.

13. There are 4 communal bathrooms for everyone on A side. There are no wet cells in on A or B side.

14. There is only one unit in all of Stafford Creek that have the cells toilets or sinks in them this is G unit.

15. None of the other units have toilets or sinks in the cells.

16. Everyone who does not live in G unit has to use communal bathrooms.

17. We all share the same toilets, sinks and showers.

18. All DOC has done is put up signs telling us to wash our hands more often.

19. The bathrooms are cleaned by porters but not very well.

20. Right now we're not on lockdown so we're all out in the dayrooms, yard and chow halls with all the other guys.

21. I have an early release date of [redacted] 2020. I am supposed to get out on [redacted].

Medical History

22. I currently suffer from young-onset Parkinsons, like what Michael J. Fox has. I've had it for a while.

23. I have to use a walker or a cane when I have the energy to get around. I have a mobility issue.

24. Because my system has slowed down, I now have to use a catheter to urinate.

25. I have to use certain medications to be able to defecate because my system doesn't work properly.

26. My cellmate helps me get my clothes together and provides me with care.

27. I take medications to control the symptoms of my Parkinsons.

28. I suffer from tremors.

29. I also have COPD.

30. I've had to deal with it since 2003.

31. I use an inhaler when I get short of breath sometimes.

32. High stress causes me to get short of breath and when I get stressed I have hard time communicating because I have serious cognitive issues that sometimes make it difficult for me to communicate.

33. Parkinsons is like a roller coaster ride. Sometimes right after taking my medications I have no or little cognitive problems and then I can start having difficulty as the meds wear off or if I am stressed.

34. DOC has not taken good care of me. The only time I get chronic care is when I beg for it.

35. I've been losing my vision since October. My vision loss is due to my Parkinsons.

36. This is problem that many people with Parkinsons get and so the doctors should have been ready to deal with it as soon as I started getting symptoms.

37. I saw a doctor who recommended an eye specialist. But they still haven't sent me to see a specialist.

38. I filed a grievance on it. They've been trying not to do anything for me because they know I should be getting out soon.

39. I'm deaf in my right ear and have limited hearing in my left ear.

40. I asked that they put a notice on my door so that I don't get a write up if I can't respond to orders from the corrections officers because I don't hear them. But they haven't done it.

41. They haven't given me a hearing aid either, even though I've asked for one.

Problems with the Kitchen and living units in controlling disease

42. I work in the kitchen. I sit at a desk and fold napkins right next to the dish pit. They wash all the silverware, the trays, the glasses that we use in the dish pit.

43. All of these dishes get handwashed by other inmates.

44. They handwash everything because there are no dishwashers. The process is horrible. We basically have to eat off dirty dishes.

45. The sometimes run out of the cleaning supplies for the dishes. Sometimes they have to use oven cleaner or floor cleaner. Things don't get rinsed off real well and we're eating it.

46. The dishes are washed by inmates, some of whom don't care much about their job and do a bad job.

47. Since the COVID outbreak, DOC has done nothing to make sure that things in the kitchens are done more hygienically.

48. They are preparing to lock us down, I think.

49. If they lock us down, they bring trays by of the pre-made food and they drop it off at each cell.

50. The dishwashing will be done the same way. The trays, silverware, and glasses will go back to the kitchens and be washed the same way if we are locked down.

51. Inmates will be preparing all of the food and the trays on lockdown, just like they do now.

52. Staff will do the delivery of the food and so if staff get sick they will transmit COVID to us when they deliver the trays.

53. They can also get us sick, just by being around us.

54. When the staff come into to the prison now, they check their temperature but even the staff are complaining that its not being done right. It's not taking very accurate temperatures. I know this because staff in the kitchen are telling us this.

55. I've heard from the correctional officers that they are worried about the things DOC is doing to keep COVID out of the units.

56. This is really worrisome to us because there are a lot of elderly in Stafford Creek.

57. There is no COVID testing or nothing for people inside. If they put is on quarantine or lockdown they will just lock us in our cells and wait for us to die.

58. Being short I am very freaked out about how little DOC is doing and how many people could get really sick here inside.

59. We don't have access to hand sanitizer. We only have basic body wash like soap that we wash our hands with. This soap is only in the bathrooms. These are communal soap dispensers that we all use. We

have no way of washing our hands in our cells and we aren't allowed hand sanitizer. There are no paper towels in the bathrooms for us to use.

60. We have our own personal towels.

61. They do laundry every day, but I'm not sure how things are going to happen when we are on lockdown.

62. I am a veteran and should have a place to get help through the VA.

63. I am not exactly sure where I am going to go on release, but even though I am not sure where I will go, I think I should be released.

64. I get free medical through the VA. I am not hopeless. I will come up with something.

65. I worry about my health condition while I am detained here. Due to my medical conditions I am aware that I am at a higher risk of contracting the corona virus than most.

66. Based on the information I have been able to gather, I am aware that my existing medical conditions expose me to more severe symptoms of the corona virus than most.

67. I have told staff that I am worried about it, but it doesn't do any good around here, because no one listens.

68. DOC has not given us any real idea what to do if we get sick. We think they will just quarantine us, which will be much worse than

where we are now. This will dissuade guys from telling DOC that they are sick.

69. Also, guys won't tell staff or doctors about being sick because they don't want to be the guy that forces everyone else to go onto lockdown or quarantine.

70. So, people inside have strong reasons not to tell staff even when they are sick.

71. I give Columbia Legal Services permission to file litigation on my behalf against DOC in order to do whatever needs to be done to protect people in DOC custody.

DATED this 19th day of March 2020 in Aberdeen, Washington.

I, [redacted], declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct to my best knowledge and belief:

1. I am 65 years old and am competent to testify as to the contents of this declaration.

2. My address is [redacted].

3. My husband's name is [redacted] and he is currently locked up at the prison in Shelton.

4. He is 67 years old. His DOC number is [redacted].

5. He entered prison on [redacted], 2020. He has an early release date of [redacted], 2020.

6. We've been married for 28 years. We own a home together in Puyallup where he would come when he is released.

7. He currently has no serious medical needs.

8. He is low risk and low security but been stuck in Shelton since January. He should be in minimum security, but they haven't moved him yet.

9. No one else lives with me and so, my husband and I could take care of each other if he was home here with me.

10. He'd be happy to do home monitoring to serve out the rest of his sentence.

11. I talked to his counselor yesterday to start his early release package.

12. I spoke with him today. He is now in a cell designed for two people. They now have put an extra person in his cell who has no bed. He is sleeping on the floor. There are now three men sharing a cell designed only for two.

13. DOC apparently has opened a quarantine wing and so needs to push more people into the existing cells.

14. They are beginning to overcrowd the cells because of the quarantine in other parts of the prison.

15. I just got my visitation approved this week by DOC to see him. I haven't been able to see him because DOC requires people to get approved before they can visit people.

16. It takes DOC weeks to approve people for visitation after someone comes into DOC.

17. So since they hadn't approved me yet I have not seen my husband since he entered prison in January.

18. But now the prisons are barring visitation so I can't see him anyway.

19. There is no video visitation at Shelton or any way for me to visit him any longer because there is no visitation.

20. Now there are so many people in the wing that its really hard to get phone time.

21. He said all of the guys are concerned about what is going on and trying to reach loved ones and there are long lines for the phone.

22. He said the younger guys always beat him to the phone.

23. I authorize Columbia Legal Services to file litigation against DOC to address the COVID health crisis in prisons.

DATED this 19th day of March 2020 in Puyallup, Washington.

I, [redacted], declare under penalty of perjury under the laws of the United States of America, that the following statements are true and correct to my best knowledge and belief:

1. My name is [redacted].

2. My birthdate is [redacted]. I am currently 70 years old.

3. My DOC # is [redacted].

4. I am over the age of 18 and am competent to testify as to the contents of this declaration.

5. My ERD is [redacted] 2029. I have been in DOC custody for 25 years.

6. I am currently at Stafford Creek Corrections Center (SCCC) in Aberdeen, Washington. I have been at this facility since 2015.

7. I am in [redacted].

8. I am in a cell for people who are disabled because I need a wheelchair to get around. I am in a two-man cell, like all of the other cells in my unit, with the person who is my wheelchair pusher. My unit is not a wet cell. Neither are any of the other cells in my unit.

9. There are approximately 228 prisoners in my unit.

10. There is only one handicap shower in my unit that I can use. About 30 other prisoners use this shower over the course of a day. It

is cleaned three times per day with hepastat. There have been no changes in cleaning protocol for the showers since the COVID-19 pandemic.

11. There are 4 bathrooms in my unit, with 5 sinks in each bathroom, which are used by each of the over 200 prisoners each day. They are cleaned with hepastat each day. They may have increased use of hepastat since COVID-19.

12. In each bathroom, there are 2 toilets and 2 urinals. There is protocol that these be cleaned after every use. They can get pretty dirty over the course of the day between cleanings. Individuals can use hepastat to clean before and after use, but it is not required.

13. There is a big dayroom in my unit. There are approximately 20 tables in the dayroom, with 4 seats at every table, and the space between tables is about 3 feet. The space between individuals at each table is about 1 foot. The day room remains pretty crowded every day and evening. Most of the day room is full during the day and evening with people sitting in close contact with each other.

14. There are common use items in the dayroom for use by all prisoners, including 2 microwaves per tier and 1 ice machine. They are cleaned every time the bathroom is cleaned. Otherwise, you are required to clean up after your own mess, but this does not always occur.

15. There are 7 phones in this unit, for use by all of the prisoners. They are not cleaned after every use and there have been no efforts to increase cleaning of the phones due to COVID-19. There is no one specifically assigned to clean the phones – it is on individual prisoners to decide whether to clean them.

16. DOC has not provided prisoners with access to hand sanitizer due the COVID-19 outbreak, or any additional cleaning supplies. I asked for hand sanitizer and was denied. I was told there is soap in bathrooms to wash hands, and that I don't need hand sanitizer. I asked commissary if we could get it put on store, so we could buy it, and was told "no" because there is alcohol in it. There are also no masks at all available in the prison.

17. DOC has not had any formal conversations with prisoners about COVID-19 – no formal classes or in-person discussions. They have only taped up a few notices around the prison. But if you can't read, you would not know what is going on. The only other way you could figure out what is going on is by watching the news. There is nobody from DOC giving information verbally.

18. DOC is still transporting prisoners for non-critical visits with the doctor. For example, last week, I was scheduled to go out for a colonoscopy, which I refused because of fear of coronavirus.

19. DOC has stopped visitation and programming, but people are still working in the prison. No other steps have been taken to reduce social distancing. They have not shut down the yard or the gym.

20. 2 units go to the yard at any time, which amounts to about 300 prisoners at a time. I don't go out to the yard because it is too cold and damp out there and I am susceptible to pneumonia.

21. There have been no restrictions on access to the dining hall. I go to "B" dining hall. It seats about 300 people for lunch and dinner – about a unit and a half go through each feeding schedule. It is crowded in there. There are about 35-38 tables, with the capacity to sit up to 4 people at a table. Everyone is in close contact with one another – they are bumping into each other. Usually there are people waiting in line to get a place to sit. I am still going to the dining hall because that is the only way I can get food. But I am worried about going to dining hall because I have to be in close proximity to other people who may be infected.

22. I am a 70-year old disabled veteran. I am at a heightened risk of harm for exposure to coronavirus due to my age and extensive medical history. I have several serious medical conditions: stage-4 liver disease; compensated cirrhosis; Type-2 diabetes; COPD and asthma; stomach issues, including the removal of my gall bladder; arrythmia, and

arthritis. I have also broken my back twice – once in a hang-gliding accident in 1974; a year later, I fell at work and reinjured the same area.

23. I also have metal implants in my right foot and right arm. Metal implants in my foot are due to a fall resulting from high blood pressure. My right arm has implants due to an ulnar bone shortening.

24. In 2013 or 2014, half of my colon was removed due to excess polyps.

25. I recently contracted pneumonia on two occasions: once in [redacted] 2019, which required transport to the hospital, and again in [redacted] of 2020.

26. I currently take 24-medications related to high blood pressure, diabetes, arrythmia, COPD, colon-related issues, and my other medical conditions.

27. While I am in the unit, I can walk a little bit, but it causes pain. As a result, I am almost exclusively limited to getting around in a wheelchair.

28. My last major infraction was in 2008.

29. I am in constant fear about the impact that COVID-19 would have on me should I be exposed to it in prison. There have been no efforts to reduce social distancing among the prison population and I worry that once it gets into Stafford Creek, I will face harm or even death.

30. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given this dangerous public health crisis.

DATED this 20th day of March 2020, in Aberdeen, Washington.

I, [redacted], declare under penalty of perjury under the laws of the United States of America, that the following statements are true and correct to my best knowledge and belief:

1. My name [redacted].

2. My birthdate is [redacted].

3. My DOC number is [redacted].

4. I have been at Stafford Creek Corrections Center (SCCC) in Aberdeen, Washington, since [redacted] 2018. I am in [redacted].

5. I live in a cell with another individual. The entire B-Wing is 2-man cells. The entire prison is set up that way, with the exception of segregation.

6. There are approximately 136 prisoners in B-Wing.

7. All of the 16 showers in my unit are community showers. They are separated just over chest level. They clean them pretty regularly and then once per week, they spray bleach all over them. But considering what is going on, no amount of cleaning is enough.

8. There are 4 bathrooms in B-Wing. Each bathroom has 2 urinals and 2-3 toilets. Toilets and urinals are shared throughout the day by all 136 prisoners in the unit. The toilets and urinals are cleaned about 3 times per day – morning, afternoon, and evening. Prisoners also have

access to a pink disinfectant spray in the bathroom to spray the area. However, no extra cleaning efforts have been taken in light of the COVID-19 crisis. There are signs posted to make people aware of the risk of COVID-19, but that is it.

9. There are about 6 sinks in each bathroom in the unit, for a total of 24. The sinks are shared by all 136 prisoners in the unit. The sinks are cleaned three times per day.

10. In B-Wing, there is a dayroom full of tables, a microwave, and 7 phones.

11. In the dayroom, there are 4 people to a table and there are 24 tables that are approx. 2-3 feet apart from each other. Generally, there are about 50-60 people in the dayroom. People in the dayroom are always within close proximity to each other. While DOC suspended visits, this has not been adequate to address social distancing problems among prisoners in the wing. Furthermore, DOC is not enforcing any social distancing practices among prisoners in the wing.

12. There are two community microwaves that are being used all day everyday by all 136 individuals. They are not cleaned very often – only about once per day.

13. There are 7 general phones in my unit and 1 attorney phone, and 2 JPay machines and 1 kiosk. Phones are not being cleaned

after every use. Kiosks require you to touch the palm of your hand on the machine and it is not cleaned after every use. 136 people share these phones over the course of the day.

14. People are still going to the yard, the gym, and to work and school areas.

15. On the yard, there is no social distancing. Anywhere from 100 – 400 people might be out on the yard at any given time, and there are groups of people who are in close proximity to each other.

16. In the dayroom, there is one community ice machine and one community sink. These are not well maintained over the course of the day. These are generally not cleaned daily.

17. I am in bunk beds with my cellmate. He sleeps right above me. We have two individual sides of the room that are about 3-5 ft. apart from each other. This is the case for each of the 64 cells.

18. Prisoners in my wing have not been provided with hand sanitizer. There are 3 soap dispensers in each bathroom, and that is the only access to hand washing materials I have in my wing. DOC has only posted signs requesting that people wash their hands more often and the proper way to wash hands. However, there have been no formal gatherings by DOC to explain the seriousness of COVID-19 and the steps people should be taking to address it. Staff, however, have plenty hand sanitizer

for themselves. We dry our hands with hand towels. We are issued 3 hand towels that we can turn in every day to laundry, but there is no requirement that we turn them in every day, and oftentimes people will not turn them in every day.

19. The only thing DOC has cut back on is visitation – anything from the outside is cutdown. But there have been not reductions to other facility activities. Prisoners are still programing.

Medical History

20. In 2007, I had a massive heart attack. At the time I was a DOC out-of-state placement in Oklahoma. I was airlifted from Oklahoma to Texas and had emergency surgery because 2 of my arteries were blocked. 3 months later, I had another massive heart attack and was again airlifted from Oklahoma to Texas for another surgery to clear a third blocked artery.

21. As a result of those heart attacks, the muscles in the entire bottom left side of my heart are dead. That means that I have been diagnosed for sudden cardiac death.

22. In 2011, I had another surgery where a pacemaker put in my heart. I take 5 different medications 2 times per day to maintain heart health.

23. In 2018, the battery on my pacemaker died, so I had a fourth surgery to replace it. So, in total, I have had 4 surgeries on my heart over the past 12 years.

24. I see a cardiologist 2 times per year minimum. I am limited physically. I can only do limited exercises, not including cardio exercises. I also require a healthy diet.

25. I have an Ejection Fracture (EF) of 30%, where normal is between 50-60%.

26. I am very concerned about COVID-19 at SCCC. From everything I know, I fall into the category of vulnerable people should I be exposed to it. I am in constant fear about what would happen to me should I be exposed to the virus, especially since DOC has not provided me with a clear plan about what would happen if I were to become infected with COVID-19. I know there is no cure for COVID-19 and that people are dying every day.

27. People are not taking steps at this prison to address COVID-19. DOC is not enforcing or putting any emphasis on any of the best practices, besides suspending visits.

28. Yesterday, I experienced shortness of breath and heart palpitations, which is common with my condition; however, I am hypersensitive about this due to COVID-19. There is an onsite nurse in my

unit that I went to. The nurse said if this gets worse, I should call a medical emergency.

Work

29. I work from 7 am – 2 pm as a mentor in my unit. I am in a unit for people with serious mental illness called the Skill Building Unit (SBU). I assist with people who are physically ill – push people in their wheelchair, etc. I am also a TA for education classes in the unit. Whatever the SB program participants need, I help out with. As a result, I have to be in close contact with about 50 people per day.

Chow Hall

30. I am social distancing, so right now I am not going to chow hall. I eat in my room. Last time I went to chow hall was about 1-2 months ago because of COVID-19. So, I eat only off of commissary so I don't risk anything. I know that exposure to COVID-19 for me could result in very serious harm or even death, so I have to self-isolate with regards to meals.

31. Everyone else is going to chow hall. It is set up like the day room. There are 3 – 4 times more tables in the chow hall than in the day room – about 40-60 tables. There is also close proximity between the tables and close proximity between people at the tables, with four seats at a table. There are 2-3 feet of space between the tables.

32. Using commissary as the only source of food requires me to use my limited resources.

Who I am

33. I have been a mentor since April 2019. I want to be able to help out fellow prisoners in my unit because I know they are vulnerable and seen as different from the general population. I know this because I have family member who has mental health issues too.

34. My ERD is [redacted] 2029. I have been in DOC since 2001.

35. I have been married for about 10 and-a-half years. I have 4 kids and 6 grandkids If I was released, I would live with my wife in Arlington, Washington. I have many members of the community who have advocated for my release and would support me if released.

36. I have a clemency petition in place, which was filed in September 2019 by my attorney.

37. I would have a job in the community if released.

38. My last major infraction was in 2015.

39. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given the dangerous public health crisis.

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DATED this 19th day of 2020, in Aberdeen, Washington.

This document contains publicly available information, news, and media resources that show that release of inmates from correctional facilities is the primary means by which prisons should be addressing COVID-19. Categories of news, media and publications is as follows:

(1) **Examples of Counties, Cities, States and/or Countries that are releasing people from correctional facilities**

(2) **Studies & News/Public Media about Necessity of Release and/or Removal from Congregate Settings**

Category 1: Examples of Counties, Cities, States and/or Countries that are releasing people from correctional facilities

Title of Article:	Date Published:	Publication/News Source:
Los Angeles Is Releasing Inmates Early And Arresting Fewer People Over Fears Of The Coronavirus In Jails	March 16, 2020	BuzzFeed News
Dozens released from Spokane County custody following Municipal Court emergency order	March 17, 2020	The Spokesman-Review
Travis County judges releasing inmates to limit coronavirus spread	March 16. 2020	Statesman
Dozens of inmates released from Ohio jail over coronavirus concerns	March 16, 2020	New York Daily News
Order to authorize Hamilton County sheriff to release low-risk, nonviolent jail inmates	March 16, 2020	Cincinnati Enquirer
Bexar County Sheriff announces COVID-19 prevention plan for jail inmates, deputies	March 14, 2020	KSAT San Antonio
Cuyahoga County jail releasing some inmates early to help minimize potential coronavirus outbreak	March 14, 2020	Fox 8 Cleveland
Iran has released 85,000 prisoners in an emergency bid to stop the spread of the coronavirus	March 17, 2020	Business Insider
Plans to release 200 prisoners to minimize COVID-19 threat not enough, say IPRT	March 16, 2020	Irish Examiner

Category 2: Studies & News/Public Media about Necessity of Release and/or Removal from Congregate Settings

Title of Article:	Date Published:	Publication/News Source:
"COVID-19 quarantine of cruise ship may have led to more infections"	March 3, 2020	Medical News Today
Prisons and jails are vulnerable to COVID-19 outbreaks	March 7, 2020	The Verge
No Escape From Virus Threat for 2 Million Crammed in Prisons	March 11, 2020	Bloomberg Quint
A coronavirus outbreak in jails or prisons could turn into a nightmare	March 17, 2020	Vox
Advocates and Sheriffs Worry Prison, Jails Could Be Incubators For COVID-19	March 18, 2020	Oregon Public Broadcasting (OPB)
What Coronavirus Quarantine Looks Like in Prison	March 18, 2020	The Marshall Project
As Washington nursing home assumed it faced influenza outbreak, opportunities to control coronavirus exposure passed	March 16, 2020	The Washington Post
How Prisons and Jails Can Respond to the Coronavirus	March 14, 2020	The New Yorker
We Must Release Prisoners to Lessen the Spread of Coronavirus	March 17, 2020	The Washington Post
An Epicenter of the Pandemic Will Be Jails and Prisons, if Inaction Continues	March 16, 2020	The New York Times
COVID-19 Outbreak on the Diamond Princess Cruise Ship: Estimating the Epidemic Potential and Effectiveness of Public Health Countermeasures	February 28, 2020	Journal of Travel Medicine
Prisons and custodial settings are part of a comprehensive response to COVID-19	March 17, 2020	The Lancet, Public Health

From:	Nick Straley
To:	Sinclair, Stephen D. (DOC)
Cc:	Nick Allen; Janet Chung; Antonio Ginatta; Heather McKimmie; Rachael Seevers; Jamie Hawk; Postman, David (GOV); Herzog, Robert L. (DOC); Lang, Tim N (ATG)
Subject:	People testing positive in federal and New York correctional systems.
Date:	Sunday, March 22, 2020 5:53:00 PM
Attachments:	image003.png image004.png image005.png image006.png

Dear Secretary Sinclair:

I wanted to bring these reports to your attention. The first federal prisoner has now tested positive for COVID 19. https://www.usatoday.com/story/news/politics/2020/03/22/first-federal-inmate-tests-positive-coronavirus-new-york/2893959001/. And a number of state prisoners in New York have also tested positive, including potentially Harvey Weinstein. https://www.nbcnewyork.com/news/local/inmates-test-positive-for-coronavirus-at-harvey-weinstein-prison-source/2339003/. Many more people incarcerated in the New York City jail system have also tested positive. https://www.nbcnewyork.com/news/coronavirus/21-inmates-17-employees-test-positive-for-covid-19-on-rikers-island-officials/2338242/.

It is abundantly clear that DOC must begin releasing people immediately before it is too late here.

We would like to join you on the call at 10:15. I will send a request to Ms. Grigg for the call in information.

Sincerely,

Nick Straley

Nick Straley, Staff Attorney
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March 24, 2020 - 6:56 PM

Transmittal Information

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Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- nick.straley@columbialegal.org
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Comments:

Declaration in Support of Petition for Writ of Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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FILED
SUPREME COURT
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SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF DAN PACHOLKE

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Dan Pacholke, declare as follows:

1. I am over the age of 18, have personal knowledge of the facts set forth herein, and, if called as a witness, I could and would testify competently as set forth below.

2. I have more than 37 years of experience, training, and education in the field of adult institutional corrections. This experience includes over three decades as an employee of the Washington State Department of Corrections (DOC), beginning as a correctional officer and retiring as Secretary. In that time, I served as Chief of Emergency Operations; Superintendent of three DOC facilities (Cedar Creek Corrections Center, Stafford Creek Corrections Center, and Monroe Correctional Complex); Deputy Director; Director of Prisons; and Deputy Secretary. In October 2015, Governor Inslee appointed me to serve as Secretary of Corrections, a position I held until March 2016. As a DOC employee in administration and leadership positions, I was one of the individuals responsible for the development and implementation of DOC policies, practices, and procedures.

3. My experience also includes work as a consultant for the National Institute of Corrections, a federal agency with a legislative mandate to provide specialized services to corrections from a national perspective, and as a Senior Research Scholar with New York University

Marron Institute of Urban Management. Currently, I am a principal at Dan Pacholke Consulting, LLC and frequently consult with and collaborate with correctional systems, researchers, and policymakers on strategies to create safer correctional institutions. Attached as Exhibit 1 is a copy of my curriculum vitae.

4. As a result of my many years of experience in corrections in Washington State, I have extensive knowledge of DOC policies as well as with Washington laws relating to the operation of prisons, including the standards regarding when and how individuals are released from DOC custody, and, how and when DOC can exercise its discretion to take immediate affirmative actions to address issues impacting the health and safety of people in DOC custody into account.

5. In my opinion, the COVID-19 virus represents a serious and unprecedented risk to the health and safety of people in DOC custody and DOC staff. This risk makes it imperative that DOC immediately take steps to proactively respond to the virus to protect those individuals. Among those steps is considering how DOC can exercise its authority and discretion to reduce the prison population. This includes releasing people from custody, which allows individuals to maintain social distancing and have better access to testing and treatment. This will also help mitigate the impact of staff shortages and lessens the burden on prison medical

services. Reducing the population will improve the health and safety of people in custody who are currently symptomatic and/or test positive as well as individuals who have been exposed to COVID-19 but are not yet showing symptoms and have not yet been tested. As in the community outside DOC facilities, the numbers of individuals in both categories will increase exponentially.

6. Current DOC policies and Washington State laws provide DOC with several different ways in which DOC could exercise its discretion to quickly and efficiently release people from DOC facilities to help mitigate the effects of COVID-19.

7. First, DOC has broad authority under the furlough statute, RCW chapter 72.66, to provide for authorized leave for people confined in state correctional institutions or state-approved work release facilities. Among the grounds for granting furlough is to enable incarcerated people to obtain medical care unavailable in the prison or work release facility. Ordinarily, furloughs granted to a prisoner may not exceed thirty consecutive days or a total of sixty days in a calendar year, but this excludes furloughs for medical care. Further, the furlough statute allows the Secretary of DOC to waive time-served requirements and other furlough prerequisites when an emergency furlough is at issue.

8. The Graduated Reentry Program, outlined in RCW 9.94A.733 and RCW 9.94A.734, also provides DOC with authority to release people who are within six months of their estimated release date to community supervision, if those individuals have served at least twelve months in total confinement. This law was designed to provide broad parameters to allow placement of people in the community, whose charges and convictions do not otherwise disqualify, to be released to home detention if medical or health-related conditions, concerns, or treatment would be better addressed under the home detention program, or in situations where the health and welfare of the individual, other prisoners, or staff would be jeopardized by the individual's incarceration.

9. DOC also has authority under RCW 9.94A.728 to allow for Extraordinary Medical Placement (EMP) of prisoners with serious medical conditions in an alternative care setting, in lieu of total or partial confinement. The Secretary of DOC has discretion to exercise that authority.

10. Finally, for individuals who qualify, DOC's Community Parenting Alternative (CPA) allows the Secretary to transfer an individual from prison to home detention for the final twelve months of his or her sentence, if the CPA is determined to be in the best interest of the prisoner's minor children. DOC has a policy and established guidelines in

place for the CPA and it would also provide a way for DOC to release prisoners to a home environment where they would both have better access to medical care for COVID-19 and also be able to care for their children.

11. Shortly after I was appointed Secretary of DOC, I was faced with a crisis that, though different from the current COVID-19 emergency, was similar in that it required immediate and decisive action. In December of 2015, it was brought to my attention that DOC had, for thirteen years, miscalculated certain sentences, resulting in approximately 3,600 inmates being released from prison early an average of approximately 60 days. We employed a number of strategies to resolve this error, one of which was the use of the furlough statute. This was used when it was determined that an offender released early had: (1) performed and continued to perform appropriately on community supervision; (2) had an appropriate residence; and (3) had not absconded while on supervision or committed additional felony offenses. If these conditions were met, I authorized a furlough for 30 days, completed a follow-up check-in, and subsequently extended the furlough for an additional 30 days. This helped the impacted individuals maintain their job, living arrangement, and family responsibilities.

12. If faced with the current COVID-19 crisis, to reduce the prison population for the benefit of inmates and staff, I would determine who, within prisons and work release, is within 60 days of release and establish objective criteria, such as having an appropriate release address, to establish who could safely be released into the community under furlough authority. I would also develop criteria to greatly increase releases under CPA and EMP authority. Concurrently, I would direct that all eligible inmates be assessed for release under the Graduated Reentry statute, a tool that did not exist in 2015. The timely implementation of measures to reduce the prison population will decrease the density and slow the spread of this virus in our state prisons and work releases. It also returns those individuals, who would otherwise be releasing within the next year, to their homes now, where they can self-isolate with their families, provide child and elder care, and receive testing and treatment as needed. The staff and the people who live in prisons and work releases are placed at greater risk for the spread of diseases. It is imperative that DOC do everything in its power to "flatten the curve" in these facilities during this crisis to protect the health and safety of its staff and the people in its custody. The best way to do this is to quickly implement strategies to reduce the population, in a way that supports public health and safety, to

reduce the spread of this virus and maintain increasingly limited staff and medical resources.

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

DATED: March 21, 2020

Dan Pacholke

DAN PACHOLKE

PROFILE

Served the Washington State Department of Corrections for 33 years, starting as a Correctional Officer and retiring as Secretary. Leader in segregation reform and violence reduction in prisons. Extensive experience in program development and implementation, facility management, and marshaling and allocating resources. Proven ability to make change. Led efforts resulting in a 30% reduction in violence and a 52% reduction in use of segregation in Washington State Prisons. Co-founder of Sustainability in Prisons Project. Champion of humanity, hope and legitimacy in corrections.

EMPLOYMENT HISTORY

Principal, Dan Pacholke Consulting, LLC. 2018 to Present

Offering a full range of consulting services in the field of corrections.

New York University, Litmus at Marron Institute of Urban Management
Associate Director 2016-2017

Collaborate with researchers and practitioners to develop alternatives to segregation and transform corrections management. Advance stakeholder-led research and innovation by soliciting, supporting, and disseminating the best new strategies to create safer, more rehabilitative corrections environments.

Washington State Department of Corrections
Secretary 2015-2016

Governor appointee providing executive oversight of the agency with a yearly operating budget of 850 million and 8,200 full time employees. Reorganized agency to allow for greater emphasis on effective reentry. Led department through response and recovery from a crisis resulting from the discovery of a sentencing calculation error that had occurred for over 13 years.

Deputy Secretary 2014-2015

Oversight over operations divisions: Offender Change; Correctional Industries; Community Corrections (16 Work Releases and 150 field offices); Prisons (15 facilities); and Health Services. These combined operations had a yearly operating budget of 700 million and 7,166 full time employees. Emphasis on core correctional operations, violence reduction, and performance management leadership to affect positive and sustainable system wide change.

Director, Prisons Division 2011-2014

Oversight over 15 institutions and contract relationships with jails and out of state institutions incarcerating approximately 18,000 offenders. Also responsible for providing emergency response and readiness oversight to all facilities and field offices of all divisions. Advanced multi-faceted violence reduction strategy to include the development and implementation of the “Operation Ceasefire” group violence reduction strategy for application in close custody units in prisons. Expanded Sustainability in Prisons Project programs to all prison facilities. Implemented classroom-setting congregant programming in intensive management units.

Deputy Director, Prisons Division 2008-2011

Administrator over 6 major facility prisons, multi-custody level for adult male offenders with a biennial budget of 290 million. Provided leadership and appointing authority decision making to six facility Superintendents. Through Great Recession implemented staffing reductions, offender movement alterations and cost savings initiatives while maintaining safety and security. Represented the Department in legal issues, labor relations, media, staff discipline hearings, union relations and bargaining. Oversaw statewide operations of Emergency Preparedness and Response, Intelligence & Investigations, Intensive Management Units, Offender Grievance Program, Offender Disciplinary Program, Food Service, Sustainability and Close Custody Operations. Implemented statewide system of security advisory councils and security forums to improve staff safety.

Monroe Correctional Complex
Interim Superintendent 2008

Led a 2,486-bed, multi-custody facility for adult male offenders.

Stafford Creek Corrections Center
Superintendent 2007-2008

Led a 2,000-bed, multi-custody facility for adult male offenders with a biennial budget of 39 million. Implemented Sustainability in Prisons Project initiatives to include large scale composting to include zero-waste garbage sorting. Initiated first dog training programs for male offenders.

Cedar Creek Corrections Center
Superintendent 2003-2007

Led a 400-bed, minimum-security adult male correctional facility, with a biennial budget of 7.3 million.-Directed operational and related program activities to include security and custody programs, medical services, plant maintenance, education, and food service. Co-founded the Sustainability in Prisons Project with Nalini Nadkarni, PhD.

Monroe Correctional Complex
Special Assignment Deputy Superintendent 2002

Formulated new strategic direction in order to enhance operations and security at the Complex, which consists of four separate units and houses approximately 2,300 adult male felons. Managed unit operations and security. Supervised the Intelligence Investigative Unit and Offender Grievance System. Developed and implemented capital construction initiatives at the Special Offender Unit and the Washington Reformatory Unit to enhance security of these Units.

Headquarters
Performance System Administrator 1999-2002

Led the development and implementation shift from staff training department to an organizational performance system. Administered staff performance academies, supervised five regional teams, four Program Managers and provided leadership for policy development to support this department wide program. Administered the Department's Emergency Response Plan, Emergency Operations, Officer Safety Program and Firearms Training Unit.

Headquarters
Emergency Response Manager 1995-1999

Developed and implemented statewide emergency response system. Directed the development of departmental policy, emergency response team academies and

response protocols. Managed emergencies and security events. Directed Critical Incident Review Teams in the post incident analysis of critical incidents department wide. Led development of security plans for the management of high-risk operations to include 400 offenders out of state, Y2K, and execution security.

Clallam Bay Corrections Center
Correctional Captain 1989-1995

Responsible for the security management of a maximum, close, and medium custody male facility. Oversaw facility mission changes including: close custody conversion; implementation of blind feeding; facility double bunking; opening of an intensive management unit; opening of first direct supervision unit; and developed the facility's Emergency Response Plan.

Clallam Bay Corrections Center
Correctional Lieutenant 1986 -1989

Washington Corrections Center
Correctional Sergeant 1985-1986

McNeil Island Corrections Center
Correctional Officer 1982-1985

PUBLICATIONS

Useem, Bert, Dan Pacholke, and Sandy Felkey Mullins. "Case Study–The Making of an Institutional Crisis: The Mass Release of Inmates by a Correctional Agency." *Journal of Contingencies and Crisis Management* (2016)
Pacholke, Dan (2016, July 27). Change is relative to where you begin. Vera Institute of Justice. Think Justice Blog. https://www.vera.org/blog/addressing-the-overuse-of-segregation-in-u-s-prisons-and-jails/change-is-relative-to-where-you-begin

Pacholke, Dan and Sandy Felkey Mullins. *More Than Emptying Beds: A Systems Approach to Segregation Reform*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, 2016. NCJ 249858.

Pacholke, D. (2014, March). Dan Pacholke: How prisons can help inmates lead meaningful lives [Video file]. Retrieved from https://www.ted.com/talks/dan_pacholke_how_prisons_can_help_inmates_live_meaningful_lives?language=en

Young, C., Dan Pacholke, Devon Schrum, and Philip Young. *Keeping Prisons Safe: Transforming the Corrections Workplace*. 2014.

Aubrey, D., LeRoy, C. J., Nadkarni, N., Pacholke, D. J., & Bush, K. Rearing endangered butterflies in prison: Incarcerated women as collaborating conservation partners. 2012.

AWARDS

Olympia Rotary Club, Environmental Protection Award, 2013
Governor's Distinguished Managers Award, 2012
Secretary of State, Extra Mile Award, 2007
Governor's Sustaining Leadership Award, 2003

CONSULTING

Sustainability in Prisons Project, Co-Director
2004-2015

Nebraska Department of Correctional Services
2015

With Bert Useem, PhD, provided system assessment following May 2015 disturbance at Tecumseh State Correctional Institution in which two inmates were killed. Identified underlying causal factors and provided recommendations.

National Institute of Corrections
1998 to 2002

Provided training and consultation services to state, territory and federal correctional systems. Responsible for delivering of training to include: Management of Security, Entry Level Supervision, Emergency Preparedness Assessment, Disturbance Management and Basic Security.

Defensive Technology Corporation
Senior Instructor
1995 to 1998

Provided tactical and specialty munitions training to correctional and law enforcement personnel throughout the U.S.

Security Auditing & Critical Incident Reviews
Lead Auditor

Completed security audits and critical incident fact finding reviews in facilities throughout the Washington State Department of Corrections and two correctional jurisdictions in other states, one of which involved multi-jurisdictional entities.

EDUCATION:

The Evergreen State College, BA, Olympia, Washington

Career Highlights

- Reduced violence in Washington State prison system by over 30% while also reducing the number of people held in long-term administrative segregation by over 50%.

- Designed and implemented congregate group programming in the intensive management units (IMU's). The programs offered included evidence based programs and other complimentary offerings. Today all IMU's in Washington State prisons offer congregate programming.

- Designed and implemented the first prison Ceasefire model. This deterrence-based model reduced serious violent incidents (assault against staff, use of a weapon and multi on single man fights) by 50% and continues to be utilized in Washington State close custody (Level IV) prison to reduce serious violence.

- Co-authored a protocol for in-custody Swift, Certain and Fair sanctioning. This deterrence-based model offers a strategy for the reduction of low-level in-custody violations.

- Implemented the Correctional Officer Pre-Service training model at Clallam Bay Corrections Center. This 10-week program offered half-time course work and half-time OJT in order to certify newly hired correctional officers. This program was implemented state wide as the CORE Program, a six-week standardized training required of all staff that work in prisons.

- Served as a lead design team member on the creation and implementation of the Correctional Officer Achievement Program (COACH), a yearlong, on-the-job training program accredited by the WA State Board for Technical and Community Colleges.

- Led the design and development of a comprehensive agency-wide Emergency Response Plan and complimentary learning academies: Emergency Response Instructor (40 hrs.); Emergency Response Team (40 hrs.); Special Emergency Response Team (40 hrs.); Crisis Negotiator (40 hrs.); Joint Operations (24 hrs.); and the Designated Incident Management Team (multiple ICS certifications).

- Co-Authored, *Keeping Prisons Safe, Transforming the Corrections Workplace* and accompanying field guide which are used in CORE and Annual In-Service Training at WA DOC.

- Co-founder and past co-director of the Sustainability In Prisons Project; this program brings nature into prison and features science education. It is recognized internationally and features programs to restore endangered species e.g., Oregon Spotted Frog, Taylor Checker spot Butterfly, Indigenous Box Turtles and over fifty different rare and endangered native prairie plants. http://sustainabilityinprisons.org.

- Offered two TEDx events in prison. These events featured inmates, staff and volunteers as TEDx speakers.

- Implemented Dog retraining programs in all Washington State Prisons.

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

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Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF HOZIE HOLLEY

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Hozie Holley, do hereby certify and declare as follows:

1. I am an inmate at Stafford Creek Corrections Center in Aberdeen. My DOC # is 735723.

2. I was born on [redacted] 1959. I am 60 years old and suffer from a series of chronic health problems, including an irregular heart beat and COPD. I had a lung scan recently and a node was found in my lungs.

3. I am very worried about getting the COVID-19 virus, and am afraid that if I get the virus, there will not be sufficient medical resources in the DOC to care for me.

4. I consent to Columbia Legal Services filing a lawsuit on my behalf to address the issues raised by COVID-19 and the provision of proper medical care in the Washington Department of Corrections.

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this 18th day of March 2020, at Aberdeen, Washington.

I am unable to sign this document as it was prepared in Seattle, but I have had it read to me and I am authorizing Neil Fox to sign it on my behalf.

Hozie Holley, by Neil Fox
H15277

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Neil Fox, certifies and declares as follows:

1. Due to shortened time and limitations on personal access to the declarants listed below, based on the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

2. I personally spoke with following declarants over the telephone on the dates stated herein. I drafted each declarant's declaration while on the telephone with them. After drafting the declarations, I read each declarant's declaration to them word for word including the wording in the unsworn declaration section. Each declarant stated to me that the declarations were accurate and true and correct , and authorized me to sign the declaration on their behalf.

Declarant	Date
Theodore Roosevelt Rhone	March 18, 2020
Joseph Siriani	March 18, 2020
Brian Stark	March 18, 2020
Hozie Holley	March 18, 2020

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

3/22/20 Seattle WA
DATE AND PLACE

NEIL M. FOX
WSBA NO. 15277

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:08 PM

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Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF JOSEPH SIRIANI

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Joseph Siriani , do hereby certify and declare as follows:

1. I am an inmate at Stafford Creek Corrections Center in Aberdeen. My DOC # is 779627.

2. I was born on [redacted], 1955. I am almost 65 years old.

3. I am very worried about getting the COVID-19 virus, and am afraid that if I get the virus, there will not be sufficient medical resources in the DOC to care for me.

4. I consent to Columbia Legal Services filing a lawsuit on my behalf to address the issues raised by COVID-19 and the provision of proper medical care in the Washington Department of Corrections.

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this 18th day of March 2020, at Aberdeen, Washington.

I am unable to sign this document as it was prepared in Seattle, but I have had it read to me and I am authorizing Neil Fox to sign it on my behalf.

Joseph Siriani by [signature]

Joseph Siriani, by Neil Fox

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Neil Fox, certifies and declares as follows:

1. Due to shortened time and limitations on personal access to the declarants listed below, based on the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

2. I personally spoke with following declarants over the telephone on the dates stated herein. I drafted each declarant's declaration while on the telephone with them. After drafting the declarations, I read each declarant's declaration to them word for word including the wording in the unsworn declaration section. Each declarant stated to me that the declarations were accurate and true and correct , and authorized me to sign the declaration on their behalf.

Declarant	Date
Theodore Roosevelt Rhone	March 18, 2020
Joseph Siriani	March 18, 2020
Brian Stark	March 18, 2020
Hozie Holley	March 18, 2020

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

3/22/20 Seattle WA
DATE AND PLACE

NEIL M. FOX
WSBA NO. 15277

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:19 PM

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SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF TERRY KILL

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Terry Kill, declare under penalty of perjury under the laws of the State of Washington that the following statements are true and correct to the best of my knowledge:

1. I am 52 years old.

2. My birthday is [redacted], 1967.

3. I am over the age of 18 and competent to testify as to the contents of this declaration.

Background

4. I am currently in detention at the Monroe Correctional Complex in the Minimum Security Unit.

5. My DOC number is #936030.

6. I have been at this facility since February 25, 2018. I was at the Penitentiary in Walla Walla before that. I entered DOC in the summer of 2017.

7. I'm on track for the graduated reentry program. I've been approved for graduated reentry and for work release. My next review date is in June. I should be going to work release under the graduated reentry program after that review.

8. My ERD is June 10, 2021.

9. I am currently in a dormitory setting. In my unit, there are two dormitory style tiers and two room style tiers. The room style tiers have about eighteen two-man cells.

10. There are twelve cubicles in my tier. There's another tier with an additional twelve cubicles. Most of the cubicles have three beds in them, others have two beds. The cubicles are about six and a half feet by six and a half feet. The bunks are only a few feet apart and there are three bunks in that space; one bunkbed and a single.

11. There's another unit with cubicles that has four men per cubicle and there more men sharing the same space over there.

12. The walls of the cubicles do not go all the way to the ceiling and so you can look over into the next cubicle if you stand on the bed.

13. There are no doors on any of the cubicles. There are no showers, sinks or toilets in any of the cubicles.

14. We all share the same air. There are guys coughing and sneezing and not covering their mouths in our dorm all day and night.

15. There are two dayrooms where the people in here congregate. We are out most of the day and hanging out in these rooms.

16. They seem to be putting in place some stuff to keep people separated. I don't know how successful it has been.

17. There is one communal bathroom for the roughly thirty guys on my tier. Each of the other tiers have the same bathroom layout. But other tiers may have up to forty guys using the same bathroom.

18. There are four sinks in each bathroom, two toilet stalls and two urinals, and four showers, but only two of them are used. All of these are in close proximity to one another.

19. There is hand sanitizer on the unit. There are two of them. And bleach is made available to us.

20. The bathrooms are cleaned based on the abilities of the janitor to clean them and so the quality of cleaning varies depending on the person that is doing it.

21. There is a microwave that we share. I'm not sure how often it gets cleaned.

22. We also have an ice machine that we all access all of the time. There's an ice chest which is filled with ice from the ice maker. The ice chest is used by every inmate on the unit. They are supposed to use a glove and ice scoop to scoop the ice, but generally they don't put on gloves and sometimes guys just scoop the ice out with the cup that they have been drinking from.

23. We can clean around the unit, but not everyone is consistent with doing the cleaning and it is not done correctly by everyone.

24. DOC has told us if we have a fever, shortness of breath or feel sick we are supposed to report it to medical staff.

25. But guys in prison may not take the coronavirus thing seriously. Guys will cough in other people's face. I don't have a lot of faith that the population is going to take it seriously.

26. I work in the kitchen. They started slowing down the serving process in the last day or so. But people are still sitting three or four at a table.

27. They are not filling up the dining rooms anymore. But they are keeping between forty and eighty inmates in the dining rooms at the same time on a rotating basis during meals. They are limiting the numbers from around two hundred and forty people who used to eat meals at the same time.

28. They are starting to clean the tables more often.

29. All the inmates who work in the kitchen are supposed to wash their hands and put on gloves before they start work.

30. I do various things in the kitchen. I serve food and I clean the dining hall.

31. They just put in some requirements for sanitation and washing hands.

32. We're continuing to follow normal procedures for washing dishes. But we are trying to keep the door handles clean with bleach.

33. I don't think we're safe, especially in the dormitory and in the way in which the meals are being run. I think people will end up getting sick if coronavirus ends up in this facility.

34. I'm worried that the open-air dormitory living is a breeding ground for germs like COVID.

35. The continual close contact will cause problems when COVID gets in.

36. There are a bunch of guys who are older than me and I'm really concerned for them. My cubicle mate is sixty. Another of my friends is in his late 60s.

37. I'm worried about the kitchen. There are about twenty-five guys working in the kitchen. A bunch of them stand on either side of line that the trays go down to get food put on them. The tray goes down the line between two sets of people who are serving food. There are also a bunch of guys in the dishwashing area. Altogether, there are about fifteen to nineteen people working in close proximity to each other for hours in the back of the kitchen.

38. As the dining hall fills up, people are not sitting six feet apart. They are still sitting three or four to a table.

39. They come together to the meal line from their units and then they get in line to wait for their trays. There are fifteen to thirty guys deep at all times waiting for their trays.

40. Approximately three hundred and fifty guys go through the line at every meal.

41. This happens twice a day, once at lunch and again at dinner.

42. They've told us about social distancing and keeping distance from each other.

43. They are trying to enforce this rule, but guys are still congregating together.

44. I have not heard about any of the population being tested for coronavirus or having their temperatures being taken regularly. They are stopping staff when they come in and taking their temperatures before they come inside.

Who I Am

45. I am married to Twyla Kill. She lives in Gold Bar, Washington. I would be able to move in immediately with her upon my release.

46. We are buying the house she lives in through a private loan with the current owner.

47. I'd agree to be on any kind of monitoring system that they want upon my release.

48. My wife is permanently and totally disabled because of a lower lumbar injury to her spine. She also suffers from a knee contracture. This means that she can't stretch her leg out fully. These disabilities cause her a lot of pain and severely affect her mobility. She has to often use a walker and has difficulty driving for long distances and is significantly limited in taking care of herself.

49. This caused her to fall yesterday in the front yard. She fell and broke her hand.

50. She's on L & I for her disabilities.

51. Just this year in January she had a pulmonary episode that compromised her lung. She needed to have arteries in her right lung cauterized.

52. This has compromised her breathing and makes her at risk of something bad happening if she gets COVID.

53. She is home by herself now. And she has no one home with her. Her roommate was exposed to COVID and is now living elsewhere to not infect her.

54. Now with the coronavirus epidemic and people being told to stay in their homes she is not able to get the help that she needs like she gets during normal times.

55. She needs my help to do regular things around the house, because she has no one else right now.

56. I've done extensive programming during the little more than a year and a half since I've been in prison. I've completed a construction trades apprenticeship program. I'm in NA and AA. I worked in the Sustainable Practices Lab in Walla Walla when I was there. I also completed the Green Planet Academy at Walla Walla. I received certificates for these efforts. I'm in International Toastmasters. I've done Parenting Inside and Out, a nationally recognized parenting class. I've completed Communication Breakdown. I also did Reformers Unanimous, a Christian based drug and alcohol rehabilitation program at Walla Walla.

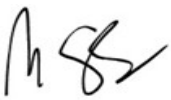
57. I've worked for Roads and Grounds outside the gate here at Monroe Correctional Center. I've also worked in the kitchen and as a painter.

58. I tried to get into chemical dependency, but they don't have room because there are too many DOSA inmates.

59. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given this dangerous public health crisis.

Dated this 22nd day of March 2020 in Monroe, Washington.

I am unable to sign this document as it was prepared in Seattle, Washington, but I have had it read to me over the telephone and authorize Nicholas B. Straley to sign it on my behalf.



_____

Terry Kill, by Nicholas B. Straley, WSBA #25963

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANT

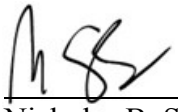
I, Nicholas B. Straley, declare under penalty of perjury under the laws of the State of Washington:

1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain a physical signature from the declarant.

3. I personally spoke with Terry Kill over the telephone on March 22, 2020. I drafted Mr. Kill's declaration while on the telephone with him. At the conclusion of the call, I read Mr. Kill's declaration to him, and Mr. Kill stated to me that he believed the contents of his declaration to be true and correct, and authorized me to sign the declaration on his behalf.

DATED this 22nd day of March, 2020 at Seattle, Washington.



Nicholas B. Straley, WSBA #25963

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:07 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

Address:
Columbia Legal Services, Institutions Project
101 Yesler Way, Suite 300
Seattle, WA, 98104
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FILED
SUPREME COURT
STATE OF WASHINGTON
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF THEODORE ROOSEVELT RHONE

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Theodore Roosevelt Rhone, do hereby certify and declare as follows:

1. I am an inmate at Stafford Creek Corrections Center in Aberdeen. My DOC # is 708234.

2. I was born on [redacted], 1958. I am 62 years old.

3. I am diabetic and insulin dependent and take oral medications for diabetes. I have high blood pressure, neuropathy, and some eye problems. I was once stabbed in the heart in the 1990s and require medical testing to make sure I am okay.

4. I am very worried about getting the COVID-19 virus, and am afraid that if I get the virus, there will not be sufficient medical resources in the DOC to care for me.

5. I consent to Columbia Legal Services filing a lawsuit on my behalf to address the issues raised by COVID-19 and the provision of proper medical care in the Washington Department of Corrections.

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated this 18th day of March 2020, at Aberdeen, Washington.

I am unable to sign this document as it was prepared in Seattle, but I have had it read to me and I am authorizing Neil Fox to sign it on my behalf.

Theodore Roosevelt Rhone, by Neil Fox

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Neil Fox, certifies and declares as follows:

1. Due to shortened time and limitations on personal access to the declarants listed below, based on the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

2. I personally spoke with following declarants over the telephone on the dates stated herein. I drafted each declarant's declaration while on the telephone with them. After drafting the declarations, I read each declarant's declaration to them word for word including the wording in the unsworn declaration section. Each declarant stated to me that the declarations were accurate and true and correct , and authorized me to sign the declaration on their behalf.

Declarant	Date
Theodore Roosevelt Rhone	March 18, 2020
Joseph Siriani	March 18, 2020
Brian Stark	March 18, 2020
Hozie Holley	March 18, 2020

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

3/22/20 Seattle WA
DATE AND PLACE

NEIL M. FOX
WSBA NO. 15277

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:20 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- tim.lang@atg.wa.gov

Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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Seattle, WA, 98104
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SUPREME COURT
STATE OF WASHINGTON
3/25/2020 8:00 AM
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF TIMOTHY PAULEY

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, Timothy Pauley, declare under penalty of perjury under the laws of the United States of America that the following statements are true and correct to my best knowledge and belief:

1. I am 61 years old. I've been in prison for forty years.

2. By birthday is [redacted], 1958.

3. I am over the age of 18 and am competent to testify as to the contents of this declaration.

Background

4. I am currently in detention at Monroe Correctional Center, Washington State Reformatory, Unit C.

5. My DOC number is #273053.

6. I have been at this facility for almost 10 years.

7. I am serving an indeterminate sentence with a maximum of life.

8. I've been incarcerated since 1980.

9. I am challenging the Indeterminate Sentence Review Board's July 2019 decision related to my parolability. When I previously challenged the ISRB through a personal restraint petition, I was granted a new hearing by the appellate court.

10. I'm in a single cell in Unit C of WSR.

11. I have access to a sink in my cell and a toilet. I have soap and warm water. There is no hand sanitizer provided for me to use in my cell.

12. Porters clean the common areas and they are given bleach. They clean several times a day.

13. The showers are community showers.

14. There are 3 showers for 38 people on my tier.

15. Currently there is no programming. It would be impossible to practice social distancing in the programs here.

16. When I go to the yard, there are sometimes 50 people there.

17. I also use the communal gym. I try to maintain a distance. Right now not many people are using the gym.

18. When I use the law library, like I will tonight, the computers are close together and it is difficult to maintain distance from others. There can 8-16 people in the law library together.

19. When I go to the chow hall, two times a day, it is impossible to maintain distance. The seats are at communal tables and the tables are closer than 6 feet apart from each other. There are a couple hundred people in the chow hall at any one time, could be a maximum of 350 people.

20. They don't have any hand sanitizers for men when they come into the chow hall.

21. There is no place to wash hands in the chow hall.

22. I don't know how often the chow hall is cleaned. I have never witnessed it.

23. I use the day room once in a while. There is no social distancing there—there is no space. It's set up like the chow hall. Often there are 30-40 people in the day room.

24. When people in my unit are on quarantine they are locked in their cell for a few days, and then I see them taken somewhere else and I am not told where they go.

25. The officers carry bottles of hand sanitizer, but they are not provided to inmates.

26. To clean my cell, I am only provided two substances – one is green and one is red. The red one is supposed to be a disinfectant. It's supposed to sit on the surface for ten minutes, but the substance evaporates within minutes. So, I don't see how it can be effective. The green one is supposed to be a detergent.

Medical History

27. I have had medical problems in the past.

28. I had a bowel obstruction and reported to medical. I was locked in a room for 3 days in the inpatient unit with an I.V. and nothing else. I was not diagnosed. I finally called my family and my attorney at the time came to the facility and was able to get me taken to care outside the facility. The outside facility diagnosed me immediately and provided treatment.

29. I started bleeding internally in 2014 and was taken to an outside hospital for emergency surgery.

30. A medical doctor at this facility, Dr. Julia Barnett, was fired in 2019 for failing to provide adequate care to inmates and lacking proper qualifications. There were several deaths on her watch.

My work in the Hallway

31. I work as a shift porter. I clean the hallway and shift office, and anything else they need cleaned. I use spray bottles with bleach and soap to clean during my job.

32. I'm usually in the hallway in the morning as staff enters. I try to maintain a safe distance.

Who I am

33. I am subject to an indeterminate sentence.

34. I have presented uncontroverted evidence of my rehabilitation. As the appeals court found even the ISRB acknowledged I

have made concerted and continuous efforts to continue my education, learn vocational skills, and to help others within the prison walls.

35. The ISRB has called my engagement in programming prolific.

36. Psychological evaluations have found me to be a low risk.

37. My last general infraction was in 2012. I haven't had a serious infraction since 1995.

38. If I am released, I have family support and several places I could live. I could live with my sister, my brother, or with several friends.

39. I plan to work when released. I have two options. I completed a web design course that has employment support. I have also been a personal trainer for 30 years. I could get a job doing that work. I am also a published author and could work on getting additional works published online.

40. I also have a scholarship with Post-Prison Education Program. Upon release, I could continue my education. I'd like to get a master's degree in sociology or criminology so I can be an asset.

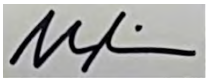
Authorization

41. Columbia Legal Services has permission to use this declaration, to move forward with litigation against DOC on my behalf,

and to try to help the situation here given this dangerous public health crisis.

DATED this 19th day of March 2020, in Monroe, Washington.

I am unable to sign this document as it was prepared in Seattle, Washington, but I have had it read to me over the telephone and authorize my attorney Marla Zink to sign it on my behalf.



Timothy Pauley, by Marla Zink (WSBA #39042)

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANT

I, Marla Zink, declare under penalty of perjury under the laws of the State of Washington:

1. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

2. I personally spoke with Timothy Pauley over the telephone on March 19, 2020. I drafted Mr. Pauley's declaration while on the telephone with him. At the conclusion of the call, I read Mr. Pauley's declaration to him, and Mr. Pauley stated to me that he believed the contents to his declaration to be true and correct, and authorized me to sign the declaration on his behalf.

DATED this 22nd day of March, 2020 at Seattle, Washington.

Marla Zink, WSBA #39042

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:16 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- janet.chung@columbialegal.org
- jeffe@atg.wa.gov
- nick.straley@columbialegal.org
- tim.lang@atg.wa.gov

Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

Address:
Columbia Legal Services, Institutions Project
101 Yesler Way, Suite 300
Seattle, WA, 98104
Phone: (206) 287-9662

Note: The Filing Id is 20200324191543SC372556

FILED
SUPREME COURT
STATE OF WASHINGTON
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No. _____

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, SHANELL DUNCAN, TERRY KILL, LEONDIS BERRY, and THEODORE ROOSEVELT RHONE,

Petitioners,

v.

JAY INSLEE, Governor of the State of Washington, and STEPHEN SINCLAIR, Secretary of the Washington State Department of Corrections,

Respondents.

DECLARATION OF WILLIAM BURKETT

Nicholas Allen, WSBA #42990
Nicholas B. Straley, WSBA #25963
Janet S. Chung, WSBA #28535
Columbia Legal Services
101 Yesler Way, Suite 300
Seattle, WA 98104
Telephone: (206) 464-1122
Attorneys for Petitioners

I, William Burkett, declare under penalty of perjury under the laws of the United States of America, that the following statements are true and correct to my best knowledge and belief:

1. My name is William Burkett.

2. My birthdate is [redacted]1950. I am currently 70 years old.

3. My DOC # is 736299.

4. I am over the age of 18 and am competent to testify as to the contents of this declaration.

5. My ERD is March 10, 2029. I have been in DOC custody for 25 years.

6. I am currently at Stafford Creek Corrections Center (SCCC) in Aberdeen, Washington. I have been at this facility since 2015.

7. I am in H-6 Unit, A Tier, Cell 34-L.

8. I am in a cell for people who are disabled because I need a wheelchair to get around. I am in a two-man cell, like all of the other cells in my unit, with the person who is my wheelchair pusher. My unit is not a wet cell. Neither are any of the other cells in my unit.

9. There are approximately 228 prisoners in my unit.

10. There is only one handicap shower in my unit that I can use. About 30 other prisoners use this shower over the course of a day. It

is cleaned three times per day with hepastat. There have been no changes in cleaning protocol for the showers since the COVID-19 pandemic.

11. There are 4 bathrooms in my unit, with 5 sinks in each bathroom, which are used by each of the over 200 prisoners each day. They are cleaned with hepastat each day. They may have increased use of hepastat since COVID-19.

12. In each bathroom, there are 2 toilets and 2 urinals. There is protocol that these be cleaned after every use. They can get pretty dirty over the course of the day between cleanings. Individuals can use hepastat to clean before and after use, but it is not required.

13. There is a big dayroom in my unit. There are approximately 20 tables in the dayroom, with 4 seats at every table, and the space between tables is about 3 feet. The space between individuals at each table is about 1 foot. The day room remains pretty crowded every day and evening. Most of the day room is full during the day and evening with people sitting in close contact with each other.

14. There are common use items in the dayroom for use by all prisoners, including 2 microwaves per tier and 1 ice machine. They are cleaned every time the bathroom is cleaned. Otherwise, you are required to clean up after your own mess, but this does not always occur.

15. There are 7 phones in this unit, for use by all of the prisoners. They are not cleaned after every use and there have been no efforts to increase cleaning of the phones due to COVID-19. There is no one specifically assigned to clean the phones – it is on individual prisoners to decide whether to clean them.

16. DOC has not provided prisoners with access to hand sanitizer due the COVID-19 outbreak, or any additional cleaning supplies. I asked for hand sanitizer and was denied. I was told there is soap in bathrooms to wash hands, and that I don't need hand sanitizer. I asked commissary if we could get it put on store, so we could buy it, and was told "no" because there is alcohol in it. There are also no masks at all available in the prison.

17. DOC has not had any formal conversations with prisoners about COVID-19 – no formal classes or in-person discussions. They have only taped up a few notices around the prison. But if you can't read, you would not know what is going on. The only other way you could figure out what is going on is by watching the news. There is nobody from DOC giving information verbally.

18. DOC is still transporting prisoners for non-critical visits with the doctor. For example, last week, I was scheduled to go out for a colonoscopy, which I refused because of fear of coronavirus.

19. DOC has stopped visitation and programming, but people are still working in the prison. No other steps have been taken to reduce social distancing. They have not shut down the yard or the gym.

20. 2 units go to the yard at any time, which amounts to about 300 prisoners at a time. I don't go out to the yard because it is too cold and damp out there and I am susceptible to pneumonia.

21. There have been no restrictions on access to the dining hall. I go to "B" dining hall. It seats about 300 people for lunch and dinner – about a unit and a half go through each feeding schedule. It is crowded in there. There are about 35-38 tables, with the capacity to sit up to 4 people at a table. Everyone is in close contact with one another – they are bumping into each other. Usually there are people waiting in line to get a place to sit. I am still going to the dining hall because that is the only way I can get food. But I am worried about going to dining hall because I have to be in close proximity to other people who may be infected.

22. I am a 70-year old disabled veteran. I am at a heightened risk of harm for exposure to coronavirus due to my age and extensive medical history. I have several serious medical conditions: stage-4 liver disease; compensated cirrhosis; Type-2 diabetes; COPD and asthma; stomach issues, including the removal of my gall bladder; arrythmia, and

arthritis. I have also broken my back twice – once in a hang-gliding accident in 1974; a year later, I fell at work and reinjured the same area.

23. I also have metal implants in my right foot and right arm. Metal implants in my foot are due to a fall resulting from high blood pressure. My right arm has implants due to an ulnar bone shortening.

24. In 2013 or 2014, half of my colon was removed due to excess polyps.

25. I recently contracted pneumonia on two occasions: once in November 2019, which required transport to the hospital, and again in January of 2020.

26. I currently take 24-medications related to high blood pressure, diabetes, arrythmia, COPD, colon-related issues, and my other medical conditions.

27. While I am in the unit, I can walk a little bit, but it causes pain. As a result, I am almost exclusively limited to getting around in a wheelchair.

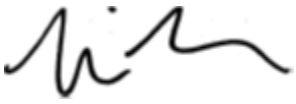
28. My last major infraction was in 2008.

29. I am in constant fear about the impact that COVID-19 would have on me should I be exposed to it in prison. There have been no efforts to reduce social distancing among the prison population and I worry that once it gets into Stafford Creek, I will face harm or even death.

30. Columbia Legal Services has permission to move forward with litigation against DOC on my behalf to try and help the situation here given this dangerous public health crisis.

DATED this 20th day of March 2020, in Aberdeen, Washington.

I am unable to sign this document as it was prepared in Washington, but I have had it read to me over the telephone and authorize Nick Allen to sign it on my behalf.



_____

William Burkett by Nicholas B. Allen, WSBA #42990

CERTIFICATION RE AUTHORIZATION TO SIGN
ON BEHALF OF DECLARANTS

I, Nicholas B. Allen, declare under penalty of perjury under the laws of the State of Washington:

1. I am counsel for the petitioners in this action.

2. Due to shortened time and limitations on access to the declarants due to the current public health emergency, distance, shortened time, and prison procedures, I was unable to obtain physical signatures from the declarants.

3. I personally spoke with following declarants over the telephone on the dates and times stated herein. I drafted each declarant's declaration while on the telephone with them. At the conclusion of the call, I read each declarant's declaration to them, and each declarant stated to me that they believed the contents to their declaration to be true and correct, and authorized me to sign the declaration on their behalf.

Declarant	Date
Leondis Berry	March 19, 2020
William Burkett	March 20, 2020
Francis Cota	March 29, 2020

DATED this 22nd day of March, 2020 at Seattle, Washington.

Nicholas B. Allen, WSBA #42990

COLUMBIA LEGAL SERVICES, INSTITUTIONS PROJECT

March 24, 2020 - 7:18 PM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	98317-8
Appellate Court Case Title:	Shyanne Colvin et al. v. Jay Inslee et al.

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- janet.chung@columbialegal.org
- jeffe@atg.wa.gov
- nick.straley@columbialegal.org
- tim.lang@atg.wa.gov

Comments:

Declaration in Support of Petition for Mandamus

Sender Name: Maureen Janega - Email: maureen.janega@columbialegal.org
Filing on Behalf of: Nicholas Brian Allen - Email: nick.allen@columbialegal.org (Alternate Email: nick.allen@columbialegal.org)

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