

1 PRISON LAW OFFICE
2 DONALD SPECTER (83925)
3 STEVEN FAMA (99641)
4 ALISON HARDY (135966)
5 SARA NORMAN (189536)
6 1917 Fifth Street
7 Berkeley, California 94710
8 Telephone: (510) 280-2621
9 Fax: (510) 280-2704
10 dspecter@prisonlaw.com

11 *Attorneys for Plaintiffs*

12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

Case No. 01-1351 JST

**PLAINTIFFS' EMERGENCY MOTION
REGARDING PREVENTION AND
MANAGEMENT OF COVID-19**

NOTICE OF MOTION AND MOTION

TO THE PARTIES AND ALL COUNSEL OF RECORD:

PLEASE TAKE NOTICE THAT as soon as the matter may be heard before the Honorable Jon S. Tigar, Plaintiffs will move the Court for an order directing Defendants and Receiver to develop a plan to manage and prevent the further spread of COVID-19 in California state prisons.

Given the urgency, Plaintiffs request that the Court set an expedited briefing schedule and review this motion as soon as practicable. Plaintiffs waive any right to file a reply. The motion is based on this Notice of Motion and Motion, the accompanying Memorandum of Points and Authorities, Plaintiffs' Emergency Motion to Modify Population Reduction Order (ECF No. 3219) and Reply (ECF No. 3248), and all declarations and evidence filed in support of the previous Motion and Reply, and in support of this Motion.

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 The COVID-19 pandemic poses an enormous and unprecedented risk of harm to the
 4 people living in California's significantly overcrowded prisons, where tens of thousands in the
 5 Plaintiff class are crowded into dorms and where many are elderly and/or chronically ill and thus
 6 particularly at risk of severe illness and death from COVID-19. To date, Defendants' response to
 7 the pandemic has been insufficient to protect the lives of the over 114,000 people housed in the
 8 prisons. Plaintiffs seek an order from this Court requiring further action to address this
 9 unprecedented health crisis.

10 On April 4, 2020, the Three-Judge Court empaneled jointly in this case and in *Coleman v.*
 11 *Newsom*, 90-cv-0520 (E.D. Cal.), denied Plaintiffs' Emergency Motion to Modify Population
 12 Reduction Order, holding that the Motion was not properly before them. The Three-Judge Court
 13 did so "without prejudice to Plaintiffs' seeking relief" before this Court, noted "the undisputed risk
 14 of further contagion in a carceral environment," and advised that "Plaintiffs may go before a single
 15 judge to press their claim that Defendants' response to the COVID-19 pandemic is constitutionally
 16 inadequate." ECF No. 3261 at 2 and 12 (footnote omitted). Accordingly, Plaintiffs now seek an
 17 order from this Court to reduce population levels to safe and sustainable levels in light of the
 18 COVID-19 pandemic.

19 **II. FACTS**

20 Plaintiffs incorporate by reference the facts set forth in their Emergency Motion and Reply
 21 before the Three-Judge Court. ECF Nos. 3219, 3248. The number of staff and incarcerated
 22 people testing positive for the disease continues to climb. As of 3:25 p.m. on April 8, 2020,
 23 Defendants report that at least 25 members of the Plaintiff class and 62 prison staff are infected
 24 with the virus. Declaration of Patrick Booth, filed herewith, ¶ 2 ("Booth Decl."). Fifteen of the
 25 state's 35 prisons now are affected. *Id.*, Exhs. A, B. Those numbers, of course, are likely to be
 26 lower than the actual number of infections. ECF 3219-4 at ¶ 3. Less than 0.4% of the
 27 incarcerated population has been tested to date, and the data regarding infected staff is self-
 28

1 reported. Booth Decl. ¶ 14. If experience in other jurisdictions is any indication, those numbers
2 will increase dramatically absent appropriate action.¹

3 In the meantime, people at high risk of getting very sick or dying from COVID-19
4 continue to be crowded in dorms. As of April 7, 2020, most dorms remain dangerously
5 overcrowded. Booth Decl. ¶¶ 5, 7, Exh. C. Consider the California Institution for Men (“CIM”),
6 where 18 staff and 14 incarcerated people now have tested positive. *Id.*, Exhs. A, B. Plaintiffs
7 previously introduced photographs of conditions in Joshua Hall, which has a design capacity of 80
8 people and was 161% overcrowded (housing 129 people) as of March 23, 2020, with people
9 sleeping sometimes as close as 26 inches apart. ECF 3219 at 15-17. As of April 7, 2020, the
10 population there has decreased by only **one** person. Booth Decl. ¶ 5, Exh. C at 18

11 On April 3, 2020, the California Correctional Health Care Services (“CCHCS”) issued
12 additional interim guidance related to COVID-19. Booth Decl. ¶ 8, Exh. D. The updated
13 guidance notes that “[t]he virus is highly transmissible, even when only having mild symptoms,”
14 “[t]ransmission from asymptomatic individuals has been demonstrated and may be responsible for
15 6-13% of COVID-19 cases,” and “airborne transmission (virus suspended in air or carried by dust
16 that may be transported further than 6 feet from the infectious individual) is a possible mode of
17 transmission.” *Id.* at 14-15.

18 **III. DEFENDANTS’ RESPONSE TO THE COVID-19 PANDEMIC IS** 19 **CONSTITUTIONALLY INADEQUATE.**

20 Prison officials may not be deliberately indifferent “to a substantial risk of serious harm
21 to” the people in their custody. *Farmer v. Brennan*, 511 U.S. 825, 828 (1994). As the Three-
22 Judge Court recognized, “the Eighth Amendment requires Defendants to take adequate steps to

23
24 ¹ See Booth Decl. ¶ 12, Exh. F (April 6, 2020 “Opening Statement” from The Marshall
25 Project) (reporting that at least 200 prisoners in Michigan have COVID-19, there are almost 300
26 confirmed cases in Cook County Jail in Illinois, “[t]here is a growing outbreak in the jail in
27 Washington, D.C.,” an outbreak at a federal prison in Connecticut “also is spreading,” and “[a]t
28 least 650 staff and prisoners have now tested positive” at Rikers Island). Indeed, Cook County
Jail—with 238 incarcerated people and 115 staff members testing positive—“has emerged as the
largest-known source of U.S. virus infections, according to data compiled by The Times.” Booth
Decl., Exh. I (April 8, 2020 New York Times Article).

1 curb the spread of disease within the prison system.” ECF No. 3261 at 8; *see Jolly v. Coughlin*, 76
2 F.3d 468, 477 (2d Cir. 1996) (“correctional officials have an affirmative obligation to protect
3 inmates from infectious disease.”); *Helling v. McKinney*, 509 U.S. 25, 33 (1993) (second-hand
4 smoke); *Clark v. Taylor*, 710 F.2d 4, 14 (1st Cir. 1983) (carcinogens); *Powers v. Snyder*, 484 F.3d
5 929, 931 (7th Cir. 2007) (hepatitis); *Wallis v. Baldwin*, 70 F.3d 1074, 1076 (9th Cir. 1995)
6 (asbestos).

7 “Defendants themselves acknowledge that the virus presents a ‘substantial risk of serious
8 harm’ and that the Eighth Amendment therefore requires them to take reasonable measures to
9 abate that risk.” ECF No. 3261 at 9 (citations omitted). The only question before this Court, then,
10 is whether Defendants have taken reasonable steps to mitigate this threat. They have not.

11 Prison officials must implement reasonable measures to ensure that people in their custody
12 are safely housed and are not unnecessarily exposed to infectious diseases. When they fail to do
13 so, courts will intervene to ensure appropriate housing. *See, e.g., Hutto v. Finney*, 437 U.S. 678,
14 682-87 (1978) (affirming limits on placements in crowded punitive segregation); *Gates v. Collier*,
15 501 F.2d 1291, 1300, 1303 (5th Cir. 1974) (holding that plaintiffs were entitled to relief where
16 prison officials allowed inmates with serious contagious diseases in general population);
17 *Hernandez v. Cty. of Monterey*, 110 F. Supp. 3d 929, 944 and n.88, 959 (N.D. Cal. 2015) (granting
18 preliminary injunction requiring plan to address prevention and control of tuberculosis, including
19 related to placement in medical isolation).

20 Indeed, this Court already has intervened to enforce plaintiffs’ right to be housed without
21 unreasonable risk to their health. Seven years ago, when Defendants failed to safely house people
22 who were most at risk of contracting severe coccidioidomycosis (Valley Fever), this Court
23 required Defendants to exclude certain class members from certain prisons. *See* ECF No. 2661,
24 *Plata v. Brown*, No. CO1-1351-TEH, 2013 WL 3200587, at *14 (N.D. Cal. June 24, 2013). In
25 concluding Defendants’ proposed Valley Fever plan was inadequate with respect to certain
26 vulnerable populations, this Court noted both those persons’ particular vulnerability due to age,
27 underlying medical condition(s), and/or race, as well as the heightened exposure they faced at
28

1 certain prisons. *See id.* at *2, *13.

2 In the face of the COVID-19 pandemic, Defendants again have failed to take appropriate
3 steps to ensure the safe housing of vulnerable class members who are at high risk, based on age or
4 underlying medical conditions, of getting very sick or dying. This time, their failure imperils not
5 only the people incarcerated in the prisons, but also the staff and people living in communities
6 surrounding the prison, as explained below. Unless Defendants initiate dramatic housing changes,
7 the impact of COVID-19 on the prison system will be two-fold. First, many people, and
8 particularly the elderly and those who are medically compromised, will become infected in the
9 overcrowded prisons. Second, a substantial number of people will become so sick that they will
10 require hospitalization and community health care infrastructure will be overwhelmed. *See*
11 *Madrid v. Gomez*, 889 F. Supp. 1146, 1257 (N.D. Cal. 1995) (“The prison may refer inmates to
12 outside facilities for treatment; however, if defendants choose to refer inmates outside the prison,
13 they must provide ‘reasonably speedy access’ to these other facilities.”).

14
15 **A. Defendants Have Failed to Remedy Dangerously Crowded Dorms.**

16 According to a recent analysis by the Receiver’s office, 45,110 people in California prisons
17 (37% of the total population) are at risk of “adverse COVID-19 outcomes” due to age or pre-
18 existing health conditions. Specter Decl., Exh. B (ECF 3249 at 17). These medically vulnerable
19 individuals remain at substantial risk of “severe respiratory illness, as well as damage to other
20 major organs, and death” once the virus spreads throughout the prison system. Stern Decl. ¶ 5.

21 As the Three-Judge Court recognized, “the only way to stop its spread is through
22 preventive measures—principal among them maintaining physical distancing sufficient to hinder
23 airborne person-to-person transmission.” ECF 3261 at 8. Indeed, every correctional and public
24 health official testifying in this case agrees that physical distancing in the prison system is
25 imperative to prevent the rapid spread of COVID-19, a disease for which there is no vaccine or
26 cure, and which is easily transmissible. *See* ECF 3219-4 ¶ 8; ECF 3243-3 ¶¶ 3, 6-8; ECF 3241
27 ¶ 1; ECF 3240 ¶¶ 4, 11; ECF 3225-1 ¶¶ 19, 26. The U.S. Centers for Disease Control and
28 Prevention (“CDC”), in guidance on management of COVID-19 in correctional facilities, named

1 address the magnitude of the problem and the needs of medically vulnerable class members. None
 2 of these transfers or releases target those who are medically vulnerable, and even Defendants do
 3 not claim that these steps will render crowded conditions in dorms throughout the state safe. See
 4 Bien Decl. ¶ 17 & Exh. 3 (ECF 3221 & 3221-1); Diaz Decl. ¶¶ 4-5 (ECF 3241). Even with these
 5 modest reductions, adequate physical distancing will remain impossible in the dorms, leaving
 6 thousands of medically vulnerable people in settings where they are at high risk of contracting,
 7 and spreading, COVID-19.

8 **B. Defendants’ Failure to Initiate Appropriate Relief Will Overwhelm**
 9 **Community Resources**

10 The failure to address the needs of medically vulnerable people in the dorms will stress
 11 community health resources. “An outbreak of COVID-19 in any prison where community health
 12 resources are already stressed by COVID-19 will put significant pressure on or exceed the
 13 capacity of local health infrastructure. To the extent that the health care infrastructure is
 14 overloaded, incarcerated people and local people from the community will die unnecessarily
 15 because necessary respirators and hospital facilities are unavailable.” Stern Decl. ¶ 11.

16 Put differently, Defendants will not be able to treat those who fall severely ill from
 17 COVID-19 within the prison system. Defendants already have “shortages of masks, gloves,
 18 gowns, and faceshields, which endangers staff and patients.” Golding Decl. ¶ 6 (ECF 3238). And
 19 the effects of COVID-19 are very serious, and include “respiratory illness, as well as damage to
 20 other major organs.” Stern Decl. ¶¶ 6-7 (ECF 3219-4). “Treatment for serious cases of COVID-
 21 19 requires significant advanced support, including ventilator assistance for respiration and
 22 intensive care support.” *Id.* ¶ 7; see also *id.* ¶ 17.

23 Thus, Defendants will have no choice but to turn to community health care systems to treat
 24 its most acutely ill patients. Stern Decl. ¶ 7 (ECF 3219-4); Supp. Stern Decl. ¶ 4 (ECF 3251). But
 25 these “rural or semirural community hospitals that serve the prisons will quickly become
 26 overwhelmed with a high concentration of very sick and possibly dying people who require
 27 intensive care.” Supp. Stern Decl. ¶¶ 5-6 (ECF 3251); see also *id.*, Exh. A (“[A] surge in
 28 incarcerated people with serious respiratory illness is likely to impose an unmanageable burden on

1 community hospitals, particularly in rural areas where many U.S. prisons are located.”). Without
 2 access to necessary medical treatment, class members “will die unnecessarily.” *See* Stern Decl.
 3 ¶ 7 (ECF 3219-4).

4 Indeed, in Illinois, a news report stated that “[t]he National Guard was called in . . . to
 5 assist overwhelmed local hospitals” after “14 incarcerated people from the Stateville Correctional
 6 Center required hospitalization, dozens of inmates and staff [were] isolated with coronavirus
 7 symptoms, and one inmate . . . died from the virus.” *Supp. Stern Decl.* ¶ 6 (ECF 3251). Only then
 8 did the Governor of Illinois significantly expand the availability and length of medical furloughs,
 9 noting that “the Illinois Department of Corrections (IDOC) currently has a population of more
 10 than 36,000 male and female inmates in 28 facilities, the vast majority of whom, because of their
 11 close proximity and contact with each other in housing units and dining halls, are especially
 12 vulnerable to contracting and spreading COVID-19.”³ *Booth Decl.* ¶ 13, Exh. G (April 6, 2020
 13 Executive Order in Response to COVID-19).

14 Defendants cannot wait for disaster to strike or the numbers to climb higher. Their failure
 15 to take appropriate remedial steps constitutes deliberate indifference to the profound risk of harm
 16 to medically vulnerable people in their custody. Defendants must take immediate and complete
 17 steps now to ensure that people are safely housed so that the disease does not continue its spread
 18 throughout the prison system, attack the most vulnerable, and overrun prison and community
 19 health care infrastructure. *See Helling*, 509 U.S. at 33 (“It would be odd to deny an injunction to
 20 inmates who plainly proved an unsafe, life-threatening condition in their prison on the ground that
 21 nothing yet had happened to them.”).

22
 23 ³ California, of course, is not alone in dealing with the COVID-19 pandemic in its prison
 24 system. The problem in the California, however, is particularly acute due to the severe
 25 overcrowding in its prisons, a problem not shared by many of the other larger jurisdictions. *Booth*
 26 Decl. ¶¶ 8-10, Exh. E. In addition, California’s prison health care system already has been found
 27 to violate the Eighth Amendment, and currently 16 of the 35 state prisons have failed to provide
 28 adequate health care such that the Receiver can delegate the management of their health care back
 to the State. *See Receiver’s Forty-Third Tri-Annual Report*, ECF No. 3182, at 7 (Jan. 15, 2020).

1 tailoring requires a fit between the remedy’s ends and the means chosen to accomplish those
2 ends.” *Brown v. Plata*, 563 U.S. 493, 531 (2011) (alterations and citation omitted). “The scope of
3 the remedy must be proportional to the scope of the violation, and the order must extend no further
4 than necessary to remedy the violation.” *Id.* Here, an order reducing population density in the
5 prison system would be tailored directly to the constitutional violations at issue.

6 In light of the case history, the order sought would be narrowly drawn, extend no further
7 than necessary to remedy ongoing constitutional violations, and constitute the least intrusive
8 means to that end. The State would retain maximal discretion as to specific methods of
9 implementation. *Plata*, 563 U.S. at 533 (“While the order does in some respects shape or control
10 the State’s authority in the realm of prison administration, it does so in a manner that leaves much
11 to the State’s discretion.”).

12 Finally, this Court has authority to order a reduction in population density. In 2013, this
13 Court determined that an order to transfer a group of people out of a prison where they were at
14 undue risk of serious harm was not a “prisoner release order” under the Prison Litigation Reform
15 Act. ECF No. 2661 at 14 (“Either a ‘transfer’ is a ‘release from’ a prison or it is not, and
16 Defendants have now conceded that it is not”). Under the “law of the case” doctrine, this prior
17 determination controls. *See Nordstrom v. Ryan*, 856 F.3d 1265, 1269–70 (9th Cir. 2017) (holding
18 that “[b]ecause this case returns our court in virtually the same procedural posture . . . the prior
19 determination that Nordstrom had standing is both the law of the case and binding precedent we
20 must follow” and noting that any exceptions to the law of the case doctrine are rare) (citations
21 omitted).

22 ///

23 ///

24 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

DATED: April 8, 2020

Respectfully submitted,

PRISON LAW OFFICE

By: /s/ Alison Hardy
Donald Specter
Alison Hardy
Rita Lomio
Sara Norman
Corene Kendrick
Sophie Hart
Patrick Booth

Attorneys for Plaintiffs

1 PRISON LAW OFFICE
DONALD SPECTER (83925)
2 STEVEN FAMA (99641)
ALISON HARDY (135966)
3 SARA NORMAN (189536)
1917 Fifth Street
Berkeley, California 94710
4 Telephone: (510) 280-2621
Fax: (510) 280-2704
5 dspecter@prisonlaw.com
Attorneys for Plaintiffs

6
7
8 **UNITED STATES DISTRICT COURT**
9 **NORTHERN DISTRICT OF CALIFORNIA**
10 **SAN FRANCISCO**

11 MARCIANO PLATA, et al.,

12 *Plaintiffs,*

13 v.

14 GAVIN NEWSOM., et al.,

15 *Defendants.*

Case No. C01-1351 JST

**DECLARATION OF MARC STERN,
M.D. IN SUPPORT OF PLAINTIFFS'
MOTION**

DECLARATION OF MARC STERN, M.D.

I, Marc Stern, declare as follows:

1. I am a physician, board-certified in internal medicine, specializing in correctional health care. I most recently served as the Assistant Secretary for Health Care at the Washington State Department of Corrections. I served for four years as a medical subject matter expert for the Officer of Civil Rights and Civil Liberties, U.S. Department of Homeland Security, and as a medical subject matter expert for one year for the California Attorney General's division responsible for monitoring the conditions of confinement in Immigration and Customs Enforcement (ICE) detention facilities. I am a court-appointed medical expert in the class action *Parsons v. Ryan*, CV-12-00601-PHX-ROS. Currently, I am the Medical Advisor for the National Sheriffs' Association on matters related to preventive measures responding to COVID-19. Additionally, in 2009, at the request of the California Receiver Clark Kelso, I toured 10 California State Prisons to assess whether or not the Receiver's assignment – to restore the delivery of health services within the California State Prisons – to constitutionally adequate levels – had been completed. Attached as Exhibit A is a copy of my curriculum vitae.

COVID-19 FACTS

2. COVID-19 is a serious disease and has reached pandemic status. Over 1.4 million people around the world have received confirmed diagnoses of COVID-19 as of April 7, 2020, including 374,329 people in the United States. COVID-19 is a novel virus. It is very easily spread from person to person, and people can become infected by simply touching surfaces with the virus after the person with the virus has left the area.

3. There is no vaccine for COVID-19, nor is there a cure. The time course of the disease can be very rapid. Individuals can show the first symptoms of infection in as little as two days after exposure and their condition can seriously deteriorate in as little as five days (perhaps sooner) after that.

4. The effects of COVID-19 are very serious, especially for people who are most vulnerable. Vulnerable people include people over the age of 50, and those of any age with

1 12. Based on the crowded conditions, coupled with the increased concentration of
2 people with high risk of complications, including death, from COVID-19, incarcerated people in
3 California state prisons are at an extraordinary risk of dying from the COVID-19 virus.

4 MITIGATION MEASURES

5 13. To mitigate the impact of this pandemic in the prisons, the CDCR must identify
6 those people who are at highest risk for severe complications from the virus and ensure that they
7 are safely situated, either by releasing them or ensuring that they are safely housed where they
8 can best practice physical distancing and otherwise reduce the opportunities for infection to the
9 extent possible. This will reduce the number of people who are likely to become seriously ill
should they become infected and require treatment at the community hospital.

10 14. I further recommend taking immediate and concerted efforts to downsize the
11 population to the lowest number possible at each prison, and particularly those with crowded
12 dormitories. This process should prioritize rehousing outside the prison system, or releasing
13 those who are elderly or have underlying medical conditions defined by the CDC and can safely
14 be released consistent with public safety. This process will permit greater flexibility when
15 prisons have outbreaks and require space to isolate and/or quarantine people. This will also
16 permit those people remaining in prison to have greater opportunities to physically distance
themselves, in keeping with the CDC Guidelines.

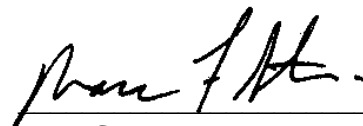
17 15. In addition to recommending every effort towards immediate downsizing, I also
18 recommend that the prisons begin planning now to downsize further as conditions change. The
19 change in conditions we need to anticipate is reduction in workforce (custody and health care
20 staff) as workers respond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

23 16. Taking immediate and concerted efforts to implement preventive steps as well as
24 reducing the population to the lowest number possible to avoid infection benefits the

1 incarcerated population, the staff and the community. Priority should be given to those who are
2 elderly or have underlying medical conditions defined by the CDC. These measures will
3 increase public safety via reducing public health risk.

4
5 Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and
6 correct.

7 Executed this 8th day in April, 2020 in Tumwater, Washington.

8
9 
10 _____
11 Marc Stern, M.D.

PRISON LAW OFFICE
DONALD SPECTER (83925)
STEVEN FAMA (99641)
ALISON HARDY (135966)
SARA NORMAN (189536)
1917 Fifth Street
Berkeley, California 94710
Telephone: (510) 280-2621
Fax: (510) 280-2704
ahardy@prisonlaw.com

Attorneys for Plaintiffs

IN THE UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants

No. C-01-1351 JST

**DECLARATION OF MEGAN LYNCH IN
SUPPORT OF EMERGENCY MOTION**

DECLARATION OF MEGAN LYNCH ISO EMERGENCY MOTION

PRISON LAW OFFICE
DONALD SPECTER (83925)
STEVEN FAMA (99641)
ALISON HARDY (135966)
SARA NORMAN (189536)
1917 Fifth Street
Berkeley, California 94710
Telephone: (510) 280-2621
Fax: (510) 280-2704
ahardy@prisonlaw.com

Attorneys for Plaintiffs

IN THE UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants

No. C-01-1351 JST

**DECLARATION OF PATRICK BOOTH
IN SUPPORT OF EMERGENCY
MOTION**

DECLARATION OF PATRICK BOOTH IN SUPPORT OF EMERGENCY MOTION

1 counsel has remote access to the Healthcare Services Dashboard as part of our monitoring in
2 *Plata*.

3 18. Attached hereto as **Exhibit I** is a true and correct copy of a news article dated
4 April 8, 2020 from The New York Times entitled “Chicago’s Jail Is Top U.S. Hot Spot as Virus
5 Spreads Behind Bars,” available at: [https://www.nytimes.com/2020/04/08/us/coronavirus-cook-](https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html)
6 [county-jail-chicago.html](https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html).

7 I declare under penalty of perjury under the laws of the United States of America that the
8 foregoing is true and correct, and that this declaration is executed at Berkeley, California this 8th
9 day of April, 2020.

10
11 /s/ Patrick Booth
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

EXHIBIT A

EXHIBIT B

CDCR/CCHCS COVID-19 Employee Status

Updated 5:55 p.m. Tuesday April 7, 2020

Staff information is self-reported

Locations	Staff Confirmed
Calipatria State Prison (CAL)	2
Central California Women's Facility (CCWF)	1
Centinela State Prison (CEN)	2
California Health Care Facility (CHCF)	4
California Institution for Men (CIM)	18
California Institution for Women (CIW)	1
Folsom State Prison (FSP)	4
California State Prison, Los Angeles County (LAC)	4
North Kern State Prison (NKSP)	1
California State Prison, Sacramento (SAC)	5
Substance Abuse Treatment Facility and State Prison, Corcoran (SATF) *please note this is a separate facility from Corcoran State Prison*	2
San Quentin State Prison (SQ)	5
Salinas Valley State Prison (SVSP)	1
Valley State Prison (VSP)	1
Wasco State Prison (WSP)	4
Northern California Youth Correctional Center (NCYCC)	1
Richard A McGee Correctional Training Center—Galt	4
CDCR/CCHCS Worksite Location—Sacramento County	1
CDCR/CCHCS Worksite Location—San Bernardino County	1
TOTAL	62

EXHIBIT C

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ASP-Facility F	650	F 650 1	270 Dorm	68	68	0	136	85	51	125%
		F 650 2	270 Dorm	62	62	0	124	74	50	119%
ASP-Facility F Total				485	485	0	970	688	282	142%
Grand Total				2899	2899	0	5798	4243	1554	146%

ASP - Avenal State Prison Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
ASP-Central Service	INF	S INF 1	Cell	11	0	2	13	9	3	82%
			Dorm	0	0	15	15	7	8	
ASP-Central Service Total				11	0	17	28	16	11	145%
Grand Total				11	0	17	28	16	11	145%

CCI - California Correctional Institution Male Only NA OHU

Facility Name	Housing Area Name	Facility Building ID	Type of Bed	Design Bed Count	Overcrowd Bed Count	Medical Bed Count	Total Capacity	Occupied Count	Empty Bed Count	O/C %
CCI-Facility B	INF	B INF 1	Cell	16	0	0	16	0	0	0%
CCI-Facility B Total				16	0	0	16	0	0	0%
Grand Total				16	0	0	16	0	0	0%

