

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

MICHAEL GRAHAM; ALEXUS DIGGS; and
HEATHER CONNOLLY, *on behalf of
themselves and all others similarly situated,*

Plaintiffs-Petitioners,

v.

ALLEGHENY COUNTY; and ORLANDO
HARPER, *Warden of Allegheny County Jail,*

Defendants-Respondents.

Civil Action No. 2:20-cv-00496

PLAINTIFFS-PETITIONERS' MOTION FOR PRELIMINARY INJUNCTION

Pursuant to 28 U.S.C. § 2241 and Federal Rule of Civil Procedure 65(a), Plaintiffs-Petitioners ("Petitioners") hereby move this Court to issue writs of habeas corpus and a preliminary injunction that bars Defendants from continuing to detain Petitioners and other medically vulnerable class members in the Allegheny County Jail ("ACJ") and requires Defendants to remedy their unconstitutional conditions of confinement and violations of the Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12101 *et seq.*, by instituting policies and reasonable accommodations consistent with the Centers for Disease Control and Prevention's ("CDC") public health guidelines. As grounds therefore, Petitioners aver as follows:

1. Defendants are detaining Petitioners in conditions that violate the Fourteenth Amendment Due Process Clause and the ADA.
2. Petitioners have satisfied the four-part test for the issuance of a preliminary injunction.
3. As set forth in the Memorandum of Law in Support of Petitioners' Motion for Preliminary Injunction and Complaint for Declaratory and Injunctive Relief ("Memorandum"),

and supporting declarations, which are incorporated herein by reference, Petitioners are likely to succeed on the merits of their constitutional and ADA claims.

4. Petitioners will suffer irreparable harm unless the requested injunctive relief is granted, as set forth in the Memorandum.

5. The government has no legally cognizable interest in detaining Petitioners in clear violation of their rights under the Constitution and the ADA.

6. Granting the requested injunctive relief will not result in any foreseeable, serious harm to Defendants or the public. To the contrary, it is in the public interest for the government to respect constitutional due process rights and rights under the ADA, and avoid the rampant spread of COVID-19 in jails.

7. Through the undersigned counsel, Petitioners gave notice to Defendants' counsel, about the filing of this action and motion for preliminary injunction.

8. Petitioners request that the Court immediately schedule a hearing and issue a preliminary injunction enjoining Defendants from continuing to detain Petitioners and other medically vulnerable class members in violation of their constitutional rights, and requiring Defendants to remedy their unconstitutional conditions of confinement and violations of the ADA by instituting policies and reasonable accommodations consistent with the CDC's public health guidelines.

WHEREFORE, Petitioners respectfully request that this Court enter a preliminary injunction enjoining Defendants from continuing to detain Petitioners and other medically vulnerable class members in violation of their constitutional rights, and requiring that Defendants remedy the unconstitutional conditions of confinement and violations of the ADA occurring at the

ACJ by instituting policies and reasonable accommodations consistent with the CDC's public health guidelines.

Date: April 9, 2020

Respectfully submitted,

/s/ Will W. Sachse

Will W. Sachse, Esq. (PA 84097)*
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/s/ Bret Grote

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/s/ Quinn Cozzens

Quinn Cozzens, Esq.
PA ID No. 323353

/s/ Jaclyn Kurin*

Jaclyn Kurin, Esq.
D.C. Bar ID No. 1600719

/s/ Jules Lobel,*

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N.Y. Bar No. 1262732

/s/ Swain Uber

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PA I.D. No. 323477

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**pro hac vice admission pending*

/s/ Sara J. Rose

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/s/ Witold J. Walczak

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Washington, DC 20005
(202) 548-6603

Counsel for Plaintiffs-Petitioners

**Petition for permission to file pro hac vice forthcoming*

CERTIFICATE OF SERVICE

I hereby certify that I will send true copies of this Motion and the associated memorandum via ECF to counsel for Defendants. I further certify that I will send a courtesy copy of this Motion and the associated memorandum via email to Defendants' Counsel.

Dated: April 9, 2020

/s/ Bret Grote

Bret D. Grote, Esq.

PA ID No. 317273

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**IN THE UNITED STATES DISTRICT COURT
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MICHAEL GRAHAM; ALEXUS DIGGS; and
HEATHER CONNOLLY, *on behalf of themselves
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ALLEGHENY COUNTY; and ORLANDO
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Defendants-Respondents.

Civil Action No. 2:20-cv-00496

**[PROPOSED] ORDER GRANTING PLAINTIFFS-PETITIONERS’
MOTION FOR PRELIMINARY INJUNCTION**

COME NOW, this _____ day of _____, 2020, after consideration of Plaintiffs-Petitioners’ (“Petitioners”) Class Action Complaint for Declaratory and Injunctive Relief and Petition for Writs of Habeas Corpus, Petitioners’ Brief in Support of their Motion for Preliminary Injunction, and the Declarations submitted in support of Petitioners’ Motion; and it appearing that Petitioners will suffer immediate and irreparable harm, injury, and damage from Defendants’ conduct unless they are enjoined and restrained as requested in Petitioners’ Motion, it is hereby ORDERED, ADJUDGED, and DECREED as follows:

1. The Court makes the following findings:

a. Defendants’ continued detention in Alleghany County Jail (“ACJ”) of individuals at increased risk for severe illness, including all people over ages 55 and older and persons of any age with underlying medical conditions that may increase the risk of serious

COVID-19, violates the Due Process Clause of the Fourteenth Amendment to the United States Constitution and the Americans with Disabilities Act (“ADA”) 42 U.S.C. § 12101 *et seq.*;

b. There is a likelihood that Petitioners will succeed on the merits of their claims that the Defendants’ actions violate Petitioners’ constitutional rights and the ADA;

c. Petitioners will suffer substantial and irreparable injury unless this Order is entered;

d. Greater injury will be inflicted upon Petitioners by the denial of the requested relief than will be inflicted upon Defendants by the granting of the requested relief;

e. Petitioners have no adequate remedy at law; and

f. The public interest will be served by the Order.

2. IT IS THEREFORE ORDERED THAT Defendants, together with their representatives, agents, servants, and all others acting on their behalf or in concert with them, are hereby ENJOINED and RESTRAINED, until further Order of the Court, from continuing to detain Petitioners and other medically vulnerable class members, and are required to remedy the unconstitutional conditions of confinement and violations of the ADA at ACJ by instituting policies and reasonable accommodations consistent with the CDC’s public health guidelines.

3. Petitioners, by their attorneys, agents, or other designees, may serve copies of this Order upon Defendants and upon any person acting in concert or participating with them in the activities referred to above.

BY THE COURT

CYNTHIA R. EDDY
Chief United States Magistrate Judge

Exhibit A

DECLARATION OF DR. JONATHAN LOUIS GOLOB

I, Jonathan Louis Golob, declare as follows:

1. I am an Assistant Professor at the University of Michigan School of Medicine in Ann Arbor, Michigan, where I am a specialist in infectious diseases and internal medicine. I am also a member of the Physicians for Human Rights. At the University of Michigan School of Medicine, I am a practicing physician and a laboratory-based scientist. My primary subspecialization is for infections in immunocompromised patients, and my recent scientific publications focus on how microbes affect immunocompromised people. I obtained my medical degree and completed my residency at the University of Washington School of Medicine in Seattle, Washington, and also completed a Fellowship in Internal Medicine Infectious Disease at the University of Washington. I am actively involved in the planning and care for patients with COVID-19. Attached as Exhibit A is a copy of my curriculum vitae.
2. COVID-19 is an infection caused by a novel zoonotic coronavirus SARS-COV-2 that has been identified as the cause of a viral outbreak that originated in Wuhan, China in December 2019. The World Health Organization has declared that COVID-19 is causing a pandemic. As of April 2, 2020, there are over 800,000 confirmed cases of COVID-19 worldwide. COVID-19 has caused over 45,000 deaths, with exponentially growing outbreaks occurring at multiple sites worldwide, including within the United States in regions like New York, New Jersey, Louisiana, Michigan and Illinois.
3. COVID-19 makes certain populations of people severely ill. People over the age of fifty are at higher risk, with those over 70 at serious risk. As the Center for Disease Control and Prevention has advised, certain medical conditions increase the risk of serious COVID-19 for people of any age. These medical conditions include: those with lung disease, heart disease, diabetes, or immunocompromised (such as from cancer, HIV, autoimmune diseases), blood disorders (including sickle cell disease), chronic liver or kidney disease, inherited metabolic disorders, stroke, developmental delay, or pregnancy.
4. For all people, even in advanced countries with very effective health care systems such as the Republic of Korea, the case fatality rate of this infection is about ten fold higher than that observed from a severe seasonal influenza. In the more vulnerable groups, both the need for care, including intensive care, and death is much higher than we observe from influenza infection: In the highest risk populations, the case fatality rate is about 15%. For high risk patients who do not die from COVID-19, a prolonged recovery is expected to be required, including the need for extensive rehabilitation for profound

deconditioning, loss of digits, neurologic damage, and loss of respiratory capacity that can be expected from such a severe illness.

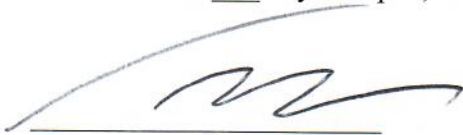
5. In most people, the virus causes fever, cough, and shortness of breath. In high-risk individuals as noted above, this shortness of breath can often be severe. Even in younger and healthier people, infection of this virus requires supportive care, which includes supplemental oxygen, positive pressure ventilation, and in extreme cases, extracorporeal mechanical oxygenation.
6. The incubation period (between infection and the development of symptoms) for COVID-19 is typically 5 days, but can vary from as short as two days to an infected individual never developing symptoms. There is evidence that transmission can occur before the development of infection and from infected individuals who never develop symptoms. Thus, only with aggressive testing for SARS-COV-2 can a lack of positive tests establish a lack of risk for COVID-19.
7. When a community or institution lacks a comprehensive and rigorous testing regime, a lack of proven cases of COVID-19 is functionally meaningless for determining if there is a risk for COVID-19 transmission in a community or institution.
8. Most people in the higher risk categories will require more advanced support: positive pressure ventilation, and in extreme cases, extracorporeal mechanical oxygenation. Such care requires highly specialized equipment in limited supply as well as an entire team of care providers, including but not limited to 1:1 or 1:2 nurse to patient ratios, respiratory therapists and intensive care physicians. This level of support can quickly exceed local health care resources.
9. COVID-19 can severely damage the lung tissue, requiring an extensive period of rehabilitation and in some cases a permanent loss of respiratory capacity. The virus also seems to target the heart muscle itself, causing a medical condition called myocarditis, or inflammation of the heart muscle. Myocarditis can affect the heart muscle and electrical system, which reduces the heart's ability to pump, leading to rapid or abnormal heart rhythms in the short term, and heart failure that limits exercise tolerance and the ability to work lifelong. There is emerging evidence that the virus can trigger an over-response by the immune system in infected people, further damaging tissues. This cytokine release syndrome can result in widespread damage to other organs, including permanent injury to the kidneys (leading to dialysis dependence) and neurologic injury.

10. There is no cure and vaccine for this infection. Unlike influenza, there is no known effective antiviral medication to prevent or treat infection from COVID-19. Experimental therapies are being attempted. The only known effective measures to reduce the risk for a vulnerable person from injury or death from COVID-19 are to prevent individuals from being infected with the COVID-19 virus. Social distancing, or remaining physically separated from known or potentially infected individuals, and hygiene, including washing with soap and water, are the only known effective measures for protecting vulnerable communities from COVID-19.
11. Nationally, without effective public health interventions, CDC projections indicate about 200 million people in the United States could be infected over the course of the epidemic, with as many as 1.5 million deaths in the most severe projections. Effective public health measures, including social distancing and hygiene for vulnerable populations, could reduce these numbers.
12. In early March, the highest known person-to-person transmission rates for COVID-19 were in a skilled nursing facility in Kirkland, Washington and on afflicted cruise ships in Japan and off the coast of California. More recently, the highest transmission rates have been recorded in the Rikers Island jail complex in New York City, which is over seven times the rate of transmission compared to the spread in New York City. To illustrate, the number of confirmed cases among inmates soared from one to nearly 200 in the matter of 12 days.
13. This is consistent with the spread of previous viruses in congregate settings. During the H1N1 influenza ("Swine Flu") epidemic in 2009, jails and prisons were sites of severe outbreaks of viral infection. Given the avid spread of COVID-19 in skilled nursing facilities and cruise ships, it is reasonable to expect COVID-19 will also readily spread in detention centers such as prisons and jails, particularly when residents cannot engage in social distancing measures, cannot practice proper hygiene, and cannot isolate themselves from infected residents or staff. With new individuals and staff coming into the detention centers who may be asymptomatic or not yet presenting symptoms, the risk of infection rises even with symptom screening measures.
14. This information provides many reasons to conclude that vulnerable people, people over the age of 50 and people of any age with lung disease, heart disease, diabetes, or immunocompromised (such as from cancer, HIV, autoimmune diseases), blood disorders (including sickle cell disease), chronic liver or kidney disease, inherited metabolic disorders, stroke, developmental delay, or pregnancy living in an institutional setting, such as a prison, or jail, or an immigration detention center, with limited access to

adequate hygiene facilities, limited ability to physically distance themselves from others, and exposure to potentially infected individuals from the community are at grave risk of severe illness and death from COVID-19.

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

Executed this 3 day in April, 2020 in Ann Arbor, Michigan.

A handwritten signature in dark ink, consisting of a series of loops and a long horizontal stroke, positioned above a solid horizontal line.

Dr. Jonathan Louis Golob

Jonathan Louis Golob, M.D. Ph.D.

Assistant Professor

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golobj@med.umich.edu jonathan@golob.org

Education and Training

- | | |
|-----------------|---|
| 6/1997 – 6/2001 | Bachelor of Science , Johns Hopkins University, Baltimore, MD
Dual degree in Biomedical Engineering and Computer Science
conferred June 2001. |
| 7/2001 – 6/2011 | MSTP MD/PhD Combined Degree , University of Washington,
Seattle, WA.
Ph.D. on the basic science of embryonic stem cells, specifically
epigenetic regulation of differentiation
Ph.D. conferred in June 2009.
MD conferred in June 2011. |
| 6/2011 – 6/2013 | Internal Medicine Residency , University of Washington,
Seattle, WA |
| 6/2013 – 6/2017 | Infectious Diseases Fellowship , University of Washington,
Seattle, WA |

Certifications and Licensure

Board Certifications

- | | |
|------|---|
| 2014 | Diplomate in Internal Medicine, American Board of Internal Medicine. |
| 2016 | Diplomate in Infectious Disease, American Board of Internal Medicine. |

Current Medical Licenses to Practice

- | | |
|------|---|
| 2013 | Washington State Medical License, Physician, MD60394350 |
| 2018 | Michigan State Medical License, Physician, 4301114297 |

Academic, Administrative, and Clinical Appointments

Academic

- | | |
|------------------|--|
| 6/2014 – 6/2018 | Senior Fellow, Vaccine and Infectious Disease Division , Fred
Hutchinson Cancer Research Center, Seattle, WA |
| 8/2016 – 6/2018 | Joel Meyers Endowment Fellow , Vaccine and Infectious
Disease Division, Fred Hutchinson Cancer Research Center,
Seattle, WA |
| 8/2017 – 6/2018 | Research Associate, Vaccine and Infectious Disease Division ,
Fred Hutchinson Cancer Research Center, Seattle, WA |
| 8/2017 – 6/2018 | Acting Instructor , Division of Allergy and Infectious Diseases,
Department of Medicine, University of Washington, Seattle, WA |
| 8/2018 – Present | Assistant Professor, Division of Infectious Diseases ,
Department of Medicine, University of Michigan, Ann Arbor,
MI |

Clinical

12/2015 – 12/2016	Infectious Disease Locums Physician , Virginia Mason Medical Center, Seattle, WA
7/2017 – 6/2018	Hospitalist Internal Medicine Physician , Virginia Mason Medical Center, Seattle, WA
8/2017 – 6/2018	Attending Physician , Seattle Cancer Care Alliance, Seattle, WA
8/2017 – 6/2018	Attending Physician , Division of Allergy and Infectious Diseases, Department of Medicine, University of Washington, Seattle, WA
8/2018 – Present	Attending Physician , Division of Infectious Diseases, Department of Medicine, University of Michigan, Ann Arbor, MI

Research Interests

1. I am primarily interested in understanding how the human gut microbiome *mechanistically* affects how patients respond to treatments. I have a particular focus on patients undergoing hematopoietic cell transplant, who are at risk for recurrence of their underlying disease, treatment-related colitis (from both conditioning and graft versus host disease), and infection. In human observational trials the human gut microbiome correlates with each of these aspects. My research program uses advanced stem-cell based *in-vitro* models of the human colonic mucosa to verify if the correlations in observational trials can cause similar effects *in vitro*, and then determine by which pathways (e.g. receptors) and broad mechanisms (e.g. epigenetics) the microbes affect the host.
2. Host-microbiome interactions are contextual. A beneficial interaction in health can turn pathologic. For example, my ongoing work focused on the microbial metabolite butyrate. Butyrate enhances the health of healthy and intact colonic epithelium, acting as a substrate for cellular respiration and through receptor-mediate processes reduces cellular inflammation. However, butyrate also blocks the ability of colonic stem cells to differentiate into mature epithelium. Thus, in colitis that results in a loss of colonic crypts, an intact and butyrogenic gut microbiome results in colonic stem cells being exposed to butyrate and inhibits recovery. My ongoing work uses a primary stem-cell based model of the human colonic mucosa to establish how butyrate blocks the differentiation of colonic stem cell with a hope of generating new treatments for patients with steroid-refractory colitis.
3. I am interested in validating and improving computational tools for biological research. I have a computer science and biomedical engineering background that combined with my clinical and molecular biology training positions me optimally to understand both major aspects of computational biology: what are the needs to make biological inferences from big data, and how can tools specifically be improved to achieve such inferences.

Grants

Present and Active

ASBMT New Investigator Award J. Golob (PI) 7/2018 – 7/2020

Hematopoietic Cell Transplant Outcomes and Microbial Metabolism

Role: PI

\$30,000/yr for up to two years

NIH / NIAID R01

D. Fredricks (PI)

11/2017 – 11/2021

The Gut Microbiota and Graft versus Host Disease (GVHD), AI-134808

Role: Senior / key personnel

\$823,701

NIH P01

T. Schmidt (PI)

Pending / Reviewed

ENGINEERING MICROBIOMES AND THEIR MOLECULAR DETERMINANTS FOR PRODUCTION OF BUTYRATE AND SECONDARY BILE ACIDS FROM RESISTANT STARCH

Role: Key Personnel

NIH / NCI R21

J. Golob (PI)

Pending / Submitted

Establishing a physiologic human colonic stem/progenitor cells model of regimen-related colitis

Role: PI

NIH R21

J. Golob (PI)

Pending / Submitted

Manipulating Butyrate Production by the Gut Microbiome during Chronic HIV Infection

Role: PI

Completed

Joel Meyers Endowment Fellowship

6/2016 – 6/2018

Role: Research Fellow

\$63,180

DCDR Grant

R. Harrington (PI)

6/2014 – 6/2018

Support for data queries into the Deidentified Clinical Data Repository

Role: PI

\$1000

NIH T32 Institutional Training Grant

M. Boeckh (PI)

8/2016 – 8/2017

1T32AI118690-01A1

Role: Post-Doc Trainee

\$315,972

NIH T32 Institutional Training Grant

W. van Voorhis (PI)

7/1/14 – 6/30/16

5T32AI007044

Role: Post-Doc Trainee

\$1,527,801

Honors and Awards

2001 Tau Beta Pi Engineering Honor Society

2001 Alpha Eta Mu Beta Biomedical Engineering Honor Society

2005 ARCS Fellowship
 2015 Consultant of the Month Award. University of Washington Housestaff.
 2016 Joel Meyer Endowment Fellow

Membership in Professional Societies

2013 Member, Infectious Diseases Society of America
 2011 Member, American Board of Internal Medicine

Bibliography

Peer-Reviewed Journals and Publications

1. Gao Z, **Golob J**, Tanavde VM, Civin CI, Hawley RG, Cheng L. High levels of transgene expression following transduction of long-term NOD/SCID-repopulating human cells with a modified lentiviral vector. *Stem Cells* 19(3): 247-59, 2001.
2. Cui Y, **Golob J**, Kelleher E, Ye Z, Pardoll D, Cheng L. Targeting transgene expression to antigen-presenting cells derived from lentivirus-transduced engrafting human hematopoietic stem/progenitor cells. *Blood* 99(2): 399-408, 2002.
3. Boursalian TE, **Golob J**, Soper DM, Cooper CJ, Fink PJ. Continued maturation of thymic emigrants in the periphery. *Nature Immunology* 5(4): 418-25, 2004.
4. Osugi T, Kohn AD, **Golob JL**, Pabon L, Reinecke H, Moon RT, Murry CE. Biphasic role for Wnt/beta-catenin signaling in cardiac specification in zebrafish and embryonic stem cells. *PNAS* 104(23): 9685-9690, 2007.
5. **Golob JL**, Paige SL, Muskheli V, Pabon L, Murry CE: Chromatin Remodeling During Mouse and Human Embryonic Stem Cell Differentiation. *Developmental Dynamics* 237(5): 1389-1398, 2008.
6. **Golob JL**, Kumar RM, Guenther MG, Laurent LC, Pabon LM, Loring JF, Young RA, Murry CE: Evidence That Gene Activation and Silencing during Stem Cell Differentiation Requires a Transcriptionally Paused Intermediate State. *PLoS ONE* 6(8): e22416, 2011.
7. **Golob JL**, Margolis E, Hoffman NG, Fredricks DN. Evaluating the accuracy of amplicon-based microbiome computational pipelines on simulated human gut microbial communities. *BMC Bioinformatics* 18(1):283, 2017.
8. MacAllister TJ, Stednick Z, **Golob JL**, Huang, ML, Pergam SA. Under-utilization of norovirus testing in hematopoietic cell transplant recipients at a large cancer center. *Am J Infect Control* pii: S0196-6553(17)30783-6. doi: 10.1016/j.ajic.2017.06.010. [Epub ahead of print], 2017.
9. **Golob JL**, Pergam SA, Srinivasan S, Fiedler TL, Liu C, Garcia K, Mielcarek M, Ko D, Aker S, Marquis S, Loeffelholz T, Plantinga A, Wu MC, Celustka K, Morrison A, Woodfield M, Fredricks DN. The Stool Microbiota at Neutrophil Recovery is Predictive for Severe Acute Graft versus Host Disease after Hematopoietic Cell Transplantation. *Clin Infect Dis* doi: 10.1093/cid/cix699. [Epub ahead of print], 2017.
10. Bhattacharyya A, Hanafi LA, Sheih A, **Golob JL**, Srinivasan S, Boeckh MJ, Pergam SA, Mahmood S, Baker KK, Gooley TA, Milano F, Fredricks DN, Riddell SR, Turtle CJ. Graft-Derived Reconstitution of Mucosal-Associated Invariant T Cells after Allogeneic Hematopoietic Cell Transplantation. *Biol Blood Marrow Transplant* pii: S1083-8791(17)30758-9. doi: 10.1016/j.bbmt.2017.10.003. Epub 2017 Oct 9.
11. Ogimi C, Krantz EM, **Golob JL**, Waghmare A, Liu C, Leisenring WM, Woodard CR, Marquis S, Kuypers JM, Jerome KR, Pergam SA, Fredricks DN, Sorror ML, Englund JA, Boeckh M. Antibiotic Exposure Prior to Respiratory Viral Infection Is Associated with Progression to Lower Respiratory Tract Disease in Allogeneic Hematopoietic Cell

- Transplant Recipients. *Biol Blood Marrow Transplant*. 2018 May 16. pii: S1083-8791(18)30268-4. doi: 10.1016/j.bbmt.2018.05.016. [Epub ahead of print]
12. **Golob JL**, Stern J, Holte S, Kitahata MM, Crane HM, Coombs RW, Goecker E, Woolfrey AE, Harrington RD. HIV DNA levels and decay in a cohort of 111 long-term virally suppressed patients. *AIDS*. 2018 Sep 24;32(15):2113-2118. doi: 10.1097/QAD.0000000000001948.
 13. **Golob JL**, DeMeules MM, Loeffelholz T, Quinn ZZ, Dame MK, Silvestri SS, Wu MC, Schmidt TM, Fiedler TL, Hoostal MJ, Mielcarek M, Spence J, Pergam SA, Fredricks DN. Butyrogenic bacteria after acute graft-versus-host disease (GVHD) are associated with the development of steroid-refractory GVHD. *Blood Adv*. 2019 Oct 8;3(19):2866–2869.

Preprint publications

1. **Golob JL** and Minot SS. Functional Analysis of Metagenomes by Likelihood Inference (FAMLI) Successfully Compensates for Multi-Mapping Short Reads from Metagenomic Samples. Preprint. doi: <https://doi.org/10.1101/295352>

Other Publications

1. Science Columnist and Writer for *The Stranger*, Seattle, WA, 2004 – Present
2. Freelance contributor, *Ars Technica*, 2016 – Present.

Abstracts (presenter underlined)

1. **Golob JL**, Srinivasan S, Pergam SA, Liu C, Ko D, Aker S, Fredricks DN. Gut Microbiome Changes in Response to Protocolized Antibiotic Administration During Hematopoietic Cell Transplantation. ID Week, Infectious Diseases Society of America, October 2015 (Oral)
2. **Golob JL**, Stern J, Holte S, Kitahata M, Crane H, Coombs R, Goecker E, Woolfrey AE, Harrington RD. HIV reservoir size and decay in 114 individuals with suppressed plasma virus for at least seven years: correlation with age and not ARV regimen. IDWeek 2016, October 26-30, 2016, New Orleans. Abstract 953 (Oral).
3. **Golob JL**, Stohs E, Sweet A, Pergam SA, Boeckh M, Fredricks DN, and Liu C. Vancomycin is Frequently Administered to Hematopoietic Cell Transplant Recipients Without a Provider Documented Indication and Correlates with Microbiome Disruption and Adverse Events. ID Week, Infectious Diseases Society of America, October 2018 (# 72504).
4. Impact of Intestinal Microbiota on Reconstitution of Mucosal-Associated Invariant T Cells after Allogeneic Hematopoietic Stem Cell Transplantation. ASH 2018 (#3393).

Invited Lectures

1. Keynote Speaker, ARCS Foundation Annual Dinner. Seattle, WA Nov 3, 2008
2. Primary Care Conference: Direct to Consumer Genetic Testing, Seattle, WA, Mar 14, 2013
3. “IRIS and TB”, Harborview Medical Center Housestaff Lunchtime Conference, Seattle, WA, Jun 9, 2014
4. “Complicated Enterococcal Endocarditis”, University of Washington Medical Center (UWMC) Chief of Medicine Conference, Seattle, WA, Jul 14, 2014
5. “Coccidiomycosis”, UWMC Chief of Medicine Conference, Seattle, WA, Oct 7, 2014
6. “HIV and CMV encephalitis”, UWMC Chief of Medicine Conference, Seattle, WA, Apr 14, 2015
7. Research Presentation for GVHD Group Meeting, Seattle, WA, Nov 2015

8. "CMV Ventriculitis", Clinical Case Presentation to the Virology Working Group, Fred Hutchinson Cancer Research Center (Fred Hutch), Seattle, WA, Nov 2015
9. "Microbiome and HCT Outcomes". 1st Infectious Disease in the Immunocompromised Host Symposium – Tribute to Joel Meyers. Fred Hutch, Seattle, WA, Jun 13 2016.
10. "Microbiome and GVHD". Infectious Disease Sciences / Virology Symposium, Fred Hutch / UW, Seattle, WA, Jan 17 2017
11. "Microbiome and GVHD". 2nd Symposium on Infectious Disease in the Immunocompromised Host. June 19 2017
12. "The Gut Microbiome Predicts GVHD. Can It Be Engineered to Protect?". St Jude. February 18th 2019

Exhibit B

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

I, Joseph J. Amon, declare as follows:

Background and Expertise

1. I am an infectious disease epidemiologist, Director of Global Health and Clinical Professor in the department of Community Health and Prevention at the Drexel Dornsife School of Public Health. I also hold an appointment as an Associate in the department of epidemiology of the Johns Hopkins University Bloomberg School of Public Health. My Ph.D. is from the Uniformed Services University of the Health Sciences in Bethesda, Maryland and my Master of Science in Public Health (MSPH) degree in Tropical Medicine is from the Tulane University School of Public Health and Tropical Medicine.
2. Prior to my current position, I have worked for a range of non-governmental organizations and as an epidemiologist in the Epidemic Intelligence Service of the US Centers for Disease Control and Prevention. Between 2010 and 2018, I was a Visiting Lecturer at Princeton University, teaching courses on epidemiology and global health. I currently serve on advisory boards for UNAIDS and the Global Fund against HIV, TB and Malaria and have previously served on advisory committees for the World Health Organization.
3. I have published 60 peer-reviewed journal articles and more than 100 book chapters, letters, commentaries and opinion articles on issues related to public health and health policy.
4. One of my main areas of research focus relates to infectious disease control, clinical care, and obligations of government related to individuals in detention settings, in which I have published a number of reports assessing health issues in prison and detention settings and more than a dozen peer-reviewed articles. In 2015-2016, I was a co-editor of a special issue of the British journal, "The Lancet," on HIV, TB and hepatitis in prisons. I also serve on the editorial boards of two public health journals. My resume is attached as Exhibit A.

Information on COVID-19 and Vulnerable Populations

5. COVID-19 is a coronavirus disease that has reached pandemic status. As of today (4/3), according to the World Health Organization 932,166 confirmed cases have been diagnosed in 205 countries or territories around the world and more than 46,764 deaths due to COVID-19 have been reported.¹ In the United States, which has the highest number of reported cases in the world, 245,573 confirmed cases have been reported with the disease and 6,058 people have died thus far,² though these numbers likely

¹ See <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> accessed April 3, 2020.

² See <https://coronavirus.jhu.edu/map.html> accessed April 3, 2020

underreport the actual infections and deaths.³ In Pennsylvania, as of 12:00 pm on April 5, 2020, there were 11,510 confirmed cases and 150 deaths reported by the state department of health.⁴ Since March 6, there have been 1,072 individuals hospitalized due to COVID-19, with 98% of those cases occurring in individuals age 25 years or older.⁵ There has been an exponential increase in cases and deaths in Pennsylvania over the past three weeks with the number of people infected increasing, on average, by 32% every day⁶:

Date	Cases (cumulative)	Deaths (cumulative)
12-Mar	28	0
13-Mar	41	0
14-Mar	58	0
15-Mar	63	0
16-Mar	76	0
17-Mar	96	0
18-Mar	133	1
19-Mar	185	1
20-Mar	268	1
21-Mar	371	2
22-Mar	479	3
23-Mar	644	6
24-Mar	851	7
25-Mar	1,127	11
26-Mar	1,687	16
27-Mar	2,218	22
28-Mar	2,751	34
29-Mar	3,394	38
30-Mar	4,087	48
31-Mar	4,843	63
1-April	5,805	74
2-April	7,016	90
3-April	8,420	102
4-April	10,017	136
5-April	11,510	150

³ See https://www.washingtonpost.com/national/us-deaths-from-coronavirus-top-1000-amid-incomplete-reporting-from-authorities-and-anguish-from-those-left-behind/2020/03/26/2c487ba2-6ad0-11ea-9923-57073adce27c_story.html accessed April 3, 2020.

⁴ See <https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Situation%20Reports/20200325nCoVSituationReportExt.pdf>; accessed April 5, 2020 see also: <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx> accessed April 5, 2020

⁵ Ibid.

⁶ See <http://91-divoc.com/pages/covid-visualization/> accessed April 5, 2020

6. COVID-19 is a serious disease, ranging from no symptoms or mild ones for people at low risk, to respiratory failure and death. There is no vaccine to prevent COVID-19. There is no known cure or anti-viral treatment for COVID-19 at this time. The specific mechanism of mortality of critically ill COVID-19 patients is uncertain but may be related to virus-induced acute lung injury, inflammatory response, multiple organ damage and secondary nosocomial infections.
7. The World Health Organization (WHO) identifies individuals at highest risk to include those over 60 years of age and those with cardiovascular disease, diabetes, chronic respiratory disease, and cancer.⁷ The WHO further states that the risk of severe disease increases with age starting from around 40 years.
8. The US CDC identifies “older adults [65 and older] and people of any age who have serious underlying medical conditions” as at higher risk of severe disease and death.⁸ The CDC identifies underlying medical conditions to include: blood disorders, chronic kidney or liver disease, compromised immune system, endocrine disorders, including diabetes, metabolic disorders, heart and lung disease (“including asthma or chronic obstructive pulmonary disease [chronic bronchitis or emphysema] or other chronic conditions associated with impaired lung function”), neurological and neurologic and neurodevelopmental conditions “[including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability...]”, and current or recent pregnancy.⁹ The CDC also identifies individuals with a body mass index (BMI) greater than 40 to be at higher risk for severe illness.¹⁰ Based upon reports of a high proportion of ICU patients with cerebrovascular disease and diabetes, some researchers have speculated that increased risk of severe illness may be associated with common medicines (ACE2-stimulating drugs) prescribed for hypertension and diabetes.¹¹
9. Data from US COVID-19 cases published by the CDC on March 19, 2020, found that hospitalization rates and intensive care unit (ICU) admission rates were nearly identical for individuals aged 45-54 and individuals aged 55-64 (between approximately 20-30% for both groups for hospitalization and between 5-11% for both

⁷ See https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_4 accessed March 21, 2020

⁸ See <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> accessed March 21, 2020

⁹ See <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf> accessed March 21, 2020

¹⁰ See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html> accessed April 3, 2020

¹¹ See [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30116-8/fulltext?fbclid=IwAR2oRXHweQuw3CLmgJuAh7q556SJ83lnw4m8_G9LK8GtppeAPUtwGG1Fn9o](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30116-8/fulltext?fbclid=IwAR2oRXHweQuw3CLmgJuAh7q556SJ83lnw4m8_G9LK8GtppeAPUtwGG1Fn9o) accessed April 3, 2020

groups for ICU admission).¹² This suggests that individuals >45 years could be considered high risk for severe disease while those ≥ 54 years could be considered high risk for severe disease and death.

Health profile of declarants

10. I have reviewed the declarations of the following individuals and/or the attorneys for the following individuals: Heather Connolly, Alexis Diggs, Larnell Jones, Terry Suggs, and Michael Graham.
11. Heather Connolly is a 48 year old woman who reports having hepatitis C, a viral infection of the liver commonly associated with liver disease. This conditions indicates that she is likely at heightened risk for severe illness and death from COVID-19. She also indicates current symptoms of fever and that her cellmate was ill with a high fever.
12. Alexis Diggs is a 24 year old woman who reports having high blood pressure. Hypertension is a form of cardiovascular disease and may be associated with other conditions such as atherosclerosis. Because of her hypertension, Ms. Diggs may be at increased risk of severe disease or death due to COVID-19.
13. Larnell Jones is a 45 year old man who reports having asthma and hypertension which indicates that his is likely at heightened risk for severe disease and death from COVID-19.
14. Terry Suggs is a 35 year old man who reports having asthma, hypertension, and diabetes, all of which likely puts him at heightened risk for severe disease and death from COVID-19.
15. Michael Graham is a 38 year old man who reports having hepatitis C and asthma, both of which likely puts him at heightened risk for severe disease and death from COVID-19.

Understanding of COVID-19 Transmission

16. According to the US CDC, the disease is transmitted mainly between people who are in close contact with one another (within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes.¹³ It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.¹⁴

¹² See <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>, accessed March 21, 2020

¹³ See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html> accessed March 21, 2020

¹⁴ See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html> accessed March 21, 2020

17. People are thought to be most contagious when they are most symptomatic (the sickest), however there is increasing evidence of asymptomatic¹⁵ and presymptomatic transmission. A recent report by the CDC of presymptomatic transmission in Singapore identified seven clusters of COVID-19 in which presymptomatic transmission likely occurred, accounting for 6.4% of locally acquired cases examined.¹⁶ These findings are similar to research outside of Hubei province, China, which found that 12.6% of transmissions could have occurred before symptom onset in the source patient.¹⁷ Speech and other vocal activities such as singing have been shown to generate air particles which could transmit the virus responsible for COVID-19, with the rate of emission corresponding to voice loudness. News outlets have reported that during a choir practice in Washington on March 10, presymptomatic transmission likely played a role in SARS-CoV-2 transmission to approximately 40 of 60 choir members.¹⁸
18. **The understanding of direct transmission as the most likely means of SARS-CoV-2 transmission combined with evidence of asymptomatic and presymptomatic transmission suggests that, while hand washing and disinfecting surfaces is advisable, the main strategy for limiting disease transmission is social distancing and that for such distancing to be effective it must occur before individuals display symptoms.**
19. Recognizing the importance of social distancing, 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 risk mitigation strategy. 50 states, 7 territories, and the District of Columbia have taken some type of formal executive action in response to the COVID-19 outbreak.¹⁹ Through one form or another, these jurisdictions have declared, proclaimed, or ordered a state of emergency, public health emergency, or other preparedness and response activity for the outbreak. Earlier this month Pennsylvania Governor, Tom Wolf, declared a state of emergency, which he buttressed on March 19 with an order closing non-essential businesses.²⁰ On April 1, Governor Wolf extended county-by-county stay at home orders to cover the entire state of Pennsylvania.²¹ These kinds of orders are quickly spreading nationwide, after beginning in California on March 19. As of April 2, at least 297 million people in at least 38 states, 48 counties, 14 cities, the District of Columbia, and Puerto Rico are being directed to stay home.²²

¹⁵ See <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html> accessed March 21, 2020; See also: Bai Y, Yao L, Wei T, et al. Presumed asymptomatic carrier transmission of COVID-19. JAMA. Published online February 21, 2020. doi:10.1001/jama.2020.2565 and Zhang W, Du RH, Li B, et al. Molecular and serological investigation of 2019-nCoV infected patients: implication of multiple shedding routes. Emerg Microbes Infect. 2020;9(1):386-389.

¹⁶ See https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e1.htm?s_cid=mm6914e1_w accessed April 2, 2020

¹⁷ See https://wwwnc.cdc.gov/eid/article/26/6/20-0357_article accessed April 2, 2020

¹⁸ See <https://www.latimes.com/world-nation/story/2020-03-29/coronavirus-choir-outbreak> accessed April 2, 2020

¹⁹ See <https://www.astho.org/COVID-19/> accessed March 21, 2020

²⁰ See <https://www.governor.pa.gov/wp-content/uploads/2020/03/20200319-TWW-COVID-19-business-closure-order.pdf>

²¹ See <https://www.governor.pa.gov/newsroom/gov-wolf-sec-of-health-pennsylvania-on-statewide-stay-at-home-order-beginning-at-8-pm-tonight-most-prudent-option-to-stop-the-spread/> accessed April 2, 2020.

²² See <https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html> accessed April 2, 2020.

20. These public health measures aim to “flatten the curve” of the rates of infection so that those most vulnerable to serious complications from infection will be least likely to be exposed and, if they are the numbers of infected individuals will be low enough that medical facilities will have enough beds, masks, and ventilators for those who need them.
21. US cities are starting to see the level of COVID-19 cases seen in previous global hotspots. On Thursday, March 26, Governor Cuomo announced that 100 people had died of the coronavirus between Wednesday and Thursday morning.²³ As of Friday, March 27, the cumulative death toll in the state stood at 450.²⁴ In response, the city’s health commissioner again urged all New Yorkers to follow the stay at home order, emphasizing the impact on the city’s already strained health system.²⁵ As of April 1, 2020, New York’s death toll had reached 1,374.²⁶ Pennsylvania is roughly 10 days behind New York City, following a similar trendline of cases and deaths.²⁷

Risk of COVID-19 in Jail Facilities

22. The conditions of jail facilities pose a heightened public health risk to the spread of COVID-19, even greater than other non-carceral institutions.
23. Jails are enclosed environments. These kinds of enclosed environments, like cruise ships and nursing homes, have seen higher rates of COVID-19 infection than the general population. Jails have even greater risk of COVID-19 transmission than other enclosed environments because of crowding within the facility, and limited access to hygiene, and structural limitations. People in jails are housed in crowded spaces of limited size and are subjected to security measures that force them into close contact with guards. They cannot practice the “social distancing” necessary to effectively prevent the spread of COVID-19. Bathrooms facilities—toilets, showers, and sinks—and other common areas are shared, without adequate surface disinfection between users. Food preparation and distribution without proper precautions also presents a further site for the virus to spread. Infectious spread presents a particular challenge in these facilities where the population often is disproportionately vulnerable, while facilities provide limited

²³ See https://www.nytimes.com/2020/03/26/world/coronavirus-news.html?action=click&pgtype=Article&state=default&module=styln-coronavirus&variant=show®ion=TOP_BANNER&context=storyline_menu?action=click&pgtype=Article&state=default&module=styln-coronavirus&variant=show®ion=TOP_BANNER&context=storyline_menu#link-18cce12f accessed March 26, 2020.

²⁴ <https://nypost.com/2020/03/27/another-84-people-killed-by-coronavirus-in-new-york-city/> accessed March 28, 2020.

²⁵ See <https://nypost.com/2020/03/25/de-blasio-warns-half-of-all-new-yorkers-will-get-covid-19/> accessed March 26, 2020.

²⁶ See <https://coronavirus.jhu.edu/map.html> accessed April 1, 2020.

²⁷ See <https://www.businessinsider.com/new-york-city-coronavirus-cases-over-time-chart-2020-3> accessed March 26, 2020.

medical care.²⁸

24. CDC guidance on correctional and detention facilities,²⁹ posted March 23, 2020, specifically recommends implementing social distancing strategies to increase the physical space between incarcerated/detained persons “ideally 6 feet between all individuals, regardless of the presence of symptoms” including: 1) increased space between individuals in holding cells, as well as in lines and waiting areas such as intake; stagger time in recreation spaces; restrict recreation space usage to a single housing unit per space; stagger meals; rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table); provide meals inside housing units or cells; limit the size of group activities; reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions.
25. The CDC guidance also describes necessary disinfection procedures including to thoroughly clean and disinfect all areas where a confirmed or suspected COVID-19 case spent time.³⁰
26. Based upon the declarations I reviewed (paragraph 10 above), Allegheny County Jail (ACJ) does not appear to be adopting the procedures necessary to prevent COVID-19 transmission. The infrastructure and routine practice of Allegheny County Jail raise significant challenges to maintaining distancing between detainees in the facilities. These physical infrastructure and security challenges, which are typical of most detention centers, include:
 - Individuals are held for extended periods of time in the intake area, typically with 10 or more people sharing a single toilet and sink. Only cursory medical screening is conducted.
 - A significant number of people housed at ACJ are double-celled.
 - Access to soap is a constant problem in ACJ as is, in some pods, access to personal hygiene and cleaning supplies.
 - There are only a few showers per pod, with many people sharing the same shower area, without any sanitation between individual uses.
 - Dining tables are small and fit four people, with one person on each side. A table is only four feet by four feet, at most, so no one can social distance from others during meal times.
 - As is true in detention facilities generally, communal bathroom facilities pose a risk of transmission and it is not usually possible for an incarcerated person to move throughout ACJ without coming into contact with many other people. The use of elevators also poses a problem bringing individuals in close contact. If someone is housed in a special unit or restrictive housing, they must also be closely escorted everywhere in the facility and security incidents can put an

²⁸ <https://www.prisonpolicy.org/health.html> accessed March 26, 2020.

²⁹ See: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> accessed March 23, 2020

³⁰ Ibid

incarcerated person into close contact with staff members.

- Access to medical care is inadequate at ACJ. There are extreme delays in individuals' ability to access care, as well as huge staffing shortages.

27. Based upon the information provided to me, and my prior knowledge of detention facilities, I am concerned that the Alleghany County Jail does not have the ability to implement the critically important principle of social distancing, such as maintain six feet of separation at all times including meals and location of beds. Where detention facilities are housing detained individuals in small cells where they are bunked together and where they are crowded together to eat meals, they will not be able to prevent COVID-19 transmission once introduced into the jail.
28. Nor am I aware of the necessary measures being taken at the Alleghany County Jail to identify and properly isolate individuals at high risk, those with potential exposure (e.g., from work detail) or those with symptoms consistent with COVID-19. These steps are essential to preventing transmission of COVID-19.
29. Introduction of new people into detention facilities who have had contact with the community outside the facility—be it correctional officers and other staff, new individuals coming into custody, people on work release, or individuals serving intermediate sentences—creates a link from transmission occurring in the community to those who are detained. The possibility of asymptomatic transmission means that monitoring fever of staff or detainees is inadequate for identifying all who may be infected and preventing transmission. This is also true because not all individuals infected with COVID-19 report fever in early stages of infection.
30. The alternative is to test all staff and detainees entering the facility. However, this would require frequent (daily) tests, implemented at multiple times a day as staff and detainees entered the facility. In addition to the cost and labor required to implement this approach, the United States is currently facing a shortage of COVID-19 tests that make such a solution impracticable: In a survey of U.S. cities (that included Philadelphia, Pittsburgh, Erie, and Easton), 92.1% of cities reported that they do not have an adequate supply of test kits.³¹ Shortages are likely to become more severe over the next three to four weeks when there will be a major shortage of chemical reagents for COVID-19 testing and enormous increases in demand.³² Given the shortage of COVID-19 testing in the United States, it is likely that jails are and will continue to be unable to conduct aggressive, widespread testing to identify all positive cases of COVID-19. The lack of widespread testing in communities and the current presence of COVID-19 in all 50 states means that it is impractical to ask detainees about their travel history— all communities should be assumed to have community transmission which is why statewide and national restrictions on movement and gatherings have been put in place.

³¹ <https://www.usmayors.org/issues/covid-19/equipment-survey/> accessed March 28, 2020.

³² <https://www.nytimes.com/2020/03/27/opinion/coronavirus-trump-testing-shortages.html> accessed March 28, 2020.

Heightened Rates of COVID-19 Infection and Spread Within Detention Facilities

31. The rates of spread in the facilities that have been testing for COVID-19 illustrates the dangers the conditions in these facilities pose to those who are detained there, and to the broader community. In Cook County Jail, Chicago in a matter of two days, the number of individuals infected jumped from 38 inmates³³ to 89 inmates and 12 staff members.³⁴ As of April 1, there were 167 confirmed cases among detained individuals, even after the jail released 400 individuals.³⁵ At Rikers Island in New York, on Saturday March 21, a jail oversight agency indicated that 21 inmates and 17 employees tested positive.³⁶ Four days later, on Wednesday, March 26, 75 inmates and 37 employees tested positive.³⁷ As of Tuesday, March 31, 141 staff and 180 individuals in custody had tested positive at Rikers and city jails in New York City.³⁸ **The Legal Aid Society in New York recently reported that the infection rate for COVID-19 at local jails is more than seven times higher than the rate citywide and 87 times higher than the country at large.**³⁹
32. The data above also confirms high rates of infection among correctional officers and other staff. These individuals all face an increased risk of COVID-19 exposure as they are less able to practice the recommended strategy of social distancing in carrying out their official duties. If corrections officers are significantly affected by COVID-19, whether through being infected, exposed by detainees, their fellow officers or in the community, large numbers will be unavailable to work due to self-quarantine or isolation, at the same time that large numbers of detainees who are potentially exposed will need to be put into individual isolation or transferred to advanced medical care, putting tremendous stress on detention facilities.
33. At least one detained individual from Pike County Correctional Facility and at least 3 staff and one contract employee have already tested positive for COVID-19.⁴⁰ The detained individual was so ill that they had to be hospitalized for the infection. Pike County, as of April 1, 2020, has reported 57 cases and 1 death due to COVID-19. York has had 79 reported cases.⁴¹ These are likely underestimates. It is reasonable to expect

³³ See <https://www.nbcchicago.com/news/local/cook-county-jail-says-17-inmates-have-tested-positive-for-coronavirus/2244652/> accessed March 26, 2020.

³⁴ See <https://www.politico.com/news/2020/03/29/federal-prison-first-coronavirus-death-153387> accessed March 29, 2020.

³⁵ See <https://www.nbcchicago.com/news/local/167-cook-county-jail-detainees-have-tested-positive-for-covid-19-officials-say/2248892/> accessed April 2, 2020.

³⁶ <https://www.nbcnewyork.com/news/coronavirus/21-inmates-17-employees-test-positive-for-covid-19-on-rikers-island-officials/2338242/> accessed March 23, 2020.

³⁷ See <https://nypost.com/2020/03/25/new-coronavirus-cases-in-nyc-jails-outpacing-rest-of-the-city/> accessed March 26, 2020.

³⁸ See <https://www.theguardian.com/us-news/2020/apr/01/rikers-island-jail-coronavirus-public-health-disaster> accessed April 2, 2020.

³⁹ See: <https://newyork.cbslocal.com/2020/03/26/coronavirus-rikers-island/> accessed March 26, 2020.

⁴⁰ <https://news.pikepa.org/post/2020/03/09/COVID-19-Update> accessed April 3, 2020.

⁴¹ <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx> accessed April 1, 2020.

this kind of introduction of COVID-19 into the detention facilities from staff exposed in the community given the current local transmission of COVID-19 in Pennsylvania, reflecting the continued movement of people between specific locales.

Infrastructure in Detention Facilities Will Likely Be Insufficient to Address Needs of COVID-19 Patients

34. If COVID-19 enters into detention facilities, these facilities will likely be unable to address the infectious spread and the needs of infected individuals due to lack of testing and insufficient physical and medical infrastructure.
35. In cases where there are confirmed or suspected cases of COVID-19, the CDC recommends medical isolation, defined by the CDC confining the case “ideally to a single cell with solid walls and a solid door that closes” to prevent contact with others and to reduce the risk of transmission. Individuals in isolation should also be provided their own bathroom space.⁴²
36. Individuals in close contact of a confirmed or suspected COVID-19 case - defined by the CDC as having been within approximately 6 feet of the individual for a prolonged period of time or having had direct contact with secretions of a COVID-19 case (e.g., have been coughed on) – should be quarantined for a period of 14 days. The same precautions should be taken for housing someone in quarantine as for someone who is a confirmed or suspected COVID-19 case put in isolation.⁴³
37. The CDC guidance recognizes that housing detainees in isolation and quarantine individually, while “preferred”, may not be feasible in all county jail settings and discusses the practice of “cohorting” when individual space is limited. The term “cohorting” refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group or quarantining close contacts of a particular case together as a group. The guidance states specifically that “Cohorting should only be practiced if there are no other available options” and exhorts correctional officials: **“Do not cohort confirmed cases with suspected cases or case contacts.”** [emphasis in original]. Individuals who are close contacts of different cases should also not be kept together.
38. The CDC guidance also says that detention facilities should “Ensure that cohorted cases wear face masks at all times.”⁴⁴ This is critical because not all close contacts may be infected and those not infected must be protected from those who are if individuals are cohorted. However, it’s important to note that face masks are in short supply. In a joint letter to President Trump, the American Medical Association, the American Hospital Association, and the American Nurses Association called on the administration to “immediately use the Defense Production Act to increase the domestic production of medical supplies and equipment that hospitals, health, health systems, physicians, nurses

⁴² Ibid.

⁴³ Ibid

⁴⁴ Ibid

and all front line providers so desperately need.”⁴⁵ In a survey United States cities, 91.5% of the cities reported that they do not have an adequate supply of face masks for their first responders and medical personnel.⁴⁶ There are also widespread shortages of personal protective equipment — particularly N-95 masks — sufficient to provide even for health care workers, in our nation’s hospitals, let alone medical providers and other individuals coming into contact with the virus in county jails.⁴⁷ Many public health leaders are calling for masks to be reserved for health care staff, who face increased risk and are vitally needed to sustain emergency care. Hospitals in the New York City area, unable to access masks locally, are reportedly turning to a private distributor to airlift millions of protective masks out of China.⁴⁸ Face masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water. Detainees should be instructed in how to properly put on and take off masks, including cleaning their hands every time they touch the mask, covering the mouth and nose with the mask and making sure there are no gaps, avoiding touching the mask while using it; and replacing the mask with a new one if it becomes damp (e.g., from sneezing) and not to re-use single-use masks. There are times when detainees will necessarily not be able to wear masks, if available. For example, during meals. In these instances, detainees should eat individually or with proper distancing from others.

39. Where individual rooms are not available, the CDC guidance describes a hierarchy of next best options for cohorting, which in order from lesser risk to greater risk includes housing individuals under medical isolation: 1) in a large, well-ventilated cell with solid walls and a solid door that closes fully; 2) in a large, well-ventilated cell with solid walls but without a solid door; 3) in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells; 4) in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells.⁴⁹
40. Many jails and prisons also lack adequate medical care infrastructure to address the spread of infectious disease and treatment of high-risk people in detention. As examples, jails often use practical nurses who practice beyond the scope of their licenses; have part-time physicians who have limited availability to be on-site; and facilities with no formal linkages with local health departments or hospitals.
41. Large numbers of ill detainees and corrections staff will also strain the limited medical infrastructure in the rural counties in which these detention facilities are located. If infection spreads throughout the detention center, overwhelming the center’s own limited resources, the burden of caring for these individuals will shift to local medical facilities. The few facilities will likely not be able to provide care to all infected

⁴⁵ See: <https://www.aha.org/lettercomment/2020-03-21-aha-ama-and-ana-letter-president-use-dpa-medical-supplies-and-equipment> accessed March 26, 2020

⁴⁶ <https://www.usmayors.org/issues/covid-19/equipment-survey/> accessed March 28, 2020.

⁴⁷ <https://www.nytimes.com/2020/03/27/opinion/coronavirus-trump-testing-shortages.html> accessed March 28, 2020.

⁴⁸ See: https://lancasteronline.com/news/health/hospital-suppliers-take-to-the-skies-to-combat-dire-shortages/article_0830ffb0-6f89-11ea-89ed-bbd859186614.html accessed March 26, 2020

⁴⁹ Ibid

individuals with serious cases, increasing the likelihood that these individuals will die.⁵⁰

Conclusions

42. CDC guidance on correctional and detention facilities,⁵¹ posted March 23, 2020 reiterates many of the points previously made in this declaration, including: 1) Incarcerated/detained persons are at “heightened” risk for COVID-19 infection once the virus is introduced; 2) There are many opportunities for COVID-19 to be introduced into a correctional or detention facility, including from staff and transfer of incarcerated/detained persons; 3) Options for medical isolation of COVID-19 cases are limited; 4) Incarcerated/detained persons and staff may have medical conditions that increase their risk of severe disease from COVID-19; 5) The ability of incarcerated/detained persons to exercise disease prevention measures (e.g., frequent handwashing) may be limited and many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants; and 6) Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation.
43. The only viable public health strategy available is risk mitigation. Even with the best-laid plans to address the spread of COVID-19 in detention facilities, the release of individuals who can be considered at high-risk of severe disease if infected with COVID-19 is a key part of a risk mitigation strategy. In my opinion, the public health recommendation is to release high-risk people from detention, given the heightened risks to their health and safety, especially given the lack of a viable vaccine for prevention or effective treatment at this stage.
44. To the extent that vulnerable detainees have had exposure to known cases with laboratory-confirmed infection with the virus that causes COVID-19, they should be tested immediately in concert with the local health department. Those who test negative should be released to home quarantine for 14 days. Where there is not a suitable location for home quarantine available, these individuals could be released to housing identified by the county or state Department of Health.
45. Other individuals who may not be identified as high risk should also be considered for release. Reducing the overall number of individuals in detention facilities will facilitate social distancing for remaining detainees and lessen the burden of ensuring the safety of detainees and corrections officers.
46. Given the physical infrastructure of facilities, the challenges of providing security

⁵⁰ See <https://www.post-gazette.com/news/health/2020/03/20/Rural-counties-in-Pennsylvania-struggle-on-their-own-as-COVID-19-spreads/stories/202003180034> accessed March 23, 2020. Even in regions with highly developed health systems, COVID-19 is straining ability to care, creating cause for alarm for less-equipped health care systems in regions that do not act to mitigate risk of infection. See

<https://www.nytimes.com/2020/03/12/world/europe/12italy-coronavirus-health-care.html> accessed March 23, 2020

⁵¹ See: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> accessed March 23, 2020

without close contact, and the lack of proper equipment (such as masks) to prevent transmission, I do not believe detention facilities are equipped to ensure the safety of those in their custody. Releasing individuals at highest risk who can then self-isolate – either in their homes or in facilities arranged by the local department of health – provides a significantly better likelihood of preventing infection, disease spread and death, both in the facility and in the community at large.

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

Executed this fifth day in April 2020 in Princeton, New Jersey.

A handwritten signature in black ink, appearing to read "Joseph Amon", with a stylized flourish at the end.

Joseph J. Amon, PhD MSPH

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EDUCATION

08/1998-10/2002	Dept. of Preventive Medicine/Biometrics, Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine <i>PhD, Dissertation: Molecular Epidemiology of Malaria in Kenya</i>	Bethesda, MD
08/1991-12/1994	Dept. of Parasitology and Tropical Medicine, Tulane University School of Public Health & Tropical Medicine <i>MSPH, Tropical Medicine</i>	New Orleans, LA
08/1987-05/1991	Hampshire College <i>BA, Interdisciplinary Studies</i>	Amherst, MA

ACADEMIC APPOINTMENTS

9/2018 – Present	Dornsife School of Public Health, Drexel University <i>Director, Global Health</i> <i>Clinical Professor, Dept of Community Health and Prevention</i>	Philadelphia, PA
01/2010 – Present	Dept. of Epidemiology and Center for Public Health and Human Rights, Bloomberg School of Public Health, Johns Hopkins <i>Associate</i>	Baltimore, MD
09/2010 – 06/2018	Woodrow Wilson School of Public and International Affairs, Princeton University <i>Visiting Lecturer</i>	Princeton, NJ
01/2015 – 05/2018	Dept. of Epidemiology, Mailman School of Public Health, Columbia University <i>Adjunct Associate Professor</i>	New York, NY
06/2014 – 07/2014	School of Social Science, Institute for Advanced Study <i>Short-term Visitor</i>	Princeton, NJ
09/2012 – 12/2012	Institut d'Études Politiques de Paris (SciencesPo) <i>Distinguished Visiting Lecturer</i>	Paris, France
01/2003–06/2007	Dept. of Preventive Medicine, Hebert School of Medicine, Uniformed Services University of the Health Sciences <i>Adjunct Assistant Professor</i>	Bethesda, MD

TEACHING EXPERIENCE

Professor

2019 - Present	Drexel University	Theory and Practice of Community Health (graduate) Health and Human Rights (undergrad/graduate) Community Health: Cuba (graduate)
2011 – 2018	Princeton University	Health and Human Rights (undergraduate) Epidemiology (undergraduate)
09-12/2012	SciencesPo	Health and Human Rights (graduate)

Co-Instructor

2012-2013	Global School of Socioeconomic Rights, Harvard University	Health Rights Litigation (graduate)
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COMMITTEES AND ADVISORY BOARD MEMBERSHIP

Editorial

09/2019 – Present	Senior Editor, Health and Human Rights Journal
01/2010 – Present	Journal of the International AIDS Society, Editorial Board
07/2012 – Present	Journal of the International AIDS Society, Ethics Committee
01/2015 – 07/2016	Co-Editor, The Lancet HIV Special Issue on HIV and Prisoners
09/2017 – 06/2018	Co-Editor, Health and Human Rights Journal Special Issue on NTDs and Human Rights

Advisory

09/2016 – Present	The Global Fund, Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services
12/2014 – Present	UNAIDS, Strategic and Technical Advisory Group
07/2008 – Present	UNAIDS, HIV and Human Rights Reference Group (co-chair Aug 2014 – present)
06/2012 – 6/2018	Global Institute for Health and Human Rights, University at Albany, International Advisory Board
02/2012 – 01/2016	Founding member, Coalition for the Protection of Health Workers in Armed Conflict
01/2014 – 01/2016	Founding member: Robert Carr Award for Research on HIV and Human Rights
07/2011 – 07/2012	XIX International AIDS Conference, Scientific Programme Committee
11/2009 – 09/2012	WHO/STOP TB Partnership, TB and Human Rights Task Force

FULL-TIME WORK EXPERIENCE

- 09/2018-Present **Drexel University, Dornsife School of Public Health, Philadelphia, PA.**
 - *Director, Global Health*
 - *Clinical Professor, Dept of Community Health and Prevention*
- 02/2016–08/2018 **Helen Keller International, New York, NY.**
 - *Vice President, Neglected Tropical Diseases*
- Provided strategic, technical and overall management for >\$125m portfolio of work on NTDs. Led development of proposals resulting in >\$80m in new projects.
- 08/2005–01/2016 **Human Rights Watch, New York, NY.**
 - *Director, Health Division (Sept 2008 – Jan 2016)*
 - *Founded Disability Rights Division (2013); Environment Division (2015)*
 - *Director, HIV/AIDS Program (August 2005 – August 2008)*
- Led research and advocacy division focused on human rights and health. Founded programs on disability rights and environment. Responsible for financial and personnel management, fundraising and communications.
- 07/2003–06/2005 **Centers for Disease Control and Prevention, Atlanta, GA.**
 - *Epidemiologist, EIS Officer*
- Led hepatitis outbreak investigations in US and overseas. Collaborated with U.S. and international academic and government researchers. Analyzed trends in hepatitis prevalence and vaccination rates in diverse populations.
- 07/2000–09/2002 **Walter Reed Army Institute of Research, Silver Spring, MD.**
 - *Research Fellow*
- Conducted molecular epidemiologic and immunologic research on malaria, examining host-parasite interaction, vaccine efficacy, and correlates of disease severity.
- 07/1995–06/1998 **Family Health International, Arlington, VA.**
 - *Technical Officer (Jan – June 1998)*
 - *Evaluation Officer (Aug 1996 – Dec 1997)*
 - *Associate Evaluation Officer (July 1995 – July 1996)*
- Designed and analyzed HIV behavioral research and program evaluation studies. Supervised field-based research and evaluation staff in U.S., Brazil, Jamaica, Dominican Republic, Kenya, Ghana, and Haiti.
- 09/1992–11/1994 **U.S. Peace Corps, Lomé, Togo.**
 - *Volunteer*
- Designed and implemented process monitoring system for national Guinea Worm eradication program. Conducted health education training. Supervised village health workers.

SHORT-TERM AND CONSULTING EXPERIENCE

Human Rights Watch, New York, NY.	Provide technical review for research design, analysis and documents related to health and environment and human rights.	Sept 2018 – Present
The Futures Group International, REACH Project, Washington DC.	Co-investigator for HIV/AIDS operations research related to orphans and vulnerable children and adolescent-oriented HIV volunteer counseling and testing.	Mar 2002 – June 2003
Walter Reed Army Institute of Research, Silver Spring, MD.	Developed database and provided statistical support to malaria vaccine clinical trial project.	Apr 2002 – June 2003
John Snow, Inc., Arlington, VA.	Developed curriculum and provided training on HIV/AIDS monitoring and evaluation to Ministry of Health staff from 8 countries.	Dec. 2002 – June 2003
TvT Associates, SYNERGY Project, Washington, DC.	Designed \$20+ million comprehensive HIV/AIDS strategy for USAID Ukraine and USAID Russia.	Dec. 2001 – April 2003
PACT, Washington, DC.	Designed outcome and impact evaluation of HIV behavioral intervention project.	June 2002
Encompass LLC, Bethesda, MD.	Designed evaluation of World Bank health sector reform training.	January – May 2002
U of Washington, Center for Health Education and Research.	Developed guidelines and training materials for monitoring and evaluating HIV/AIDS programs.	April – May 2002
Family Health International, Arlington, VA.	Analyzed HIV-related behavioral surveillance results from studies in Honduras, Nigeria, Ghana, and Senegal.	Sept 1998 – Mar 2002
Datex Inc., Falls Church, VA.	Provided expert review for USAID-funded HIV/AIDS behavioral intervention grants competition.	May– Jun 2001 Jan – Feb 2000
PLAN International Bamako, Mali and Arlington, VA.	Designed and implemented quantitative and qualitative evaluation of HIV/AIDS program and developed \$6 million follow-on program.	May – Dec 2000
Ministry of Health, Kingston, Jamaica.	Analyzed behavioral surveillance results and facilitated workshop examining HIV trends.	Oct 1998
Eli Lilly Foundation, Diabetes Control Program, Accra, Ghana.	Designed and implemented outcome and impact evaluation of diabetes prevention and care program.	Sept 1996
Carter Center, Niger Guinea Worm Eradication Program, Zinder, Niger.	Designed and implemented outcome and impact evaluation of guinea worm eradication program.	Mar – May 1995

PEER REVIEW JOURNAL PUBLICATIONS

- 1 Kotellos KA, **Amon JJ**, Githens Benazerga W. *Field Experiences: measuring capacity building efforts in HIV/AIDS prevention programmes*. AIDS 1998; 12 (supl 2):109-17.
- 2 Figuerola JP, Brathwaite AR, Wedderburn M, Ward E, Lewis-Bell K, **Amon JJ**, Williams Y, Williams E. *Is HIV/STD control in Jamaica making a difference?* AIDS 1998; 12 (supl 2):S89-S98.
- 3 Hayman JR, Hayes SF, **Amon J**, Nash TE. *Developmental expression of two spore wall proteins during maturation of the microsporidian Encephalitozoon intestinalis*. Infect Immun 2001; 69(11):7057-66.
- 4 **Amon JJ**. *Preventing HIV Infections in Children and Adolescents in Sub-Saharan Africa through Integrated Care and Support Activities*. African Journal on AIDS Research. 2002; 1(2):143-9.
- 5 Gourley IS, Kurtis JD, Kamoun M, **Amon JJ**, Duffy PE. *Profound bias in interferon-gamma and interleukin-6 allele frequencies in an area of western Kenya where severe malarial anemia is common in children*. Journal of Infectious Disease. 2002; 186(7):1007-12.
- 6 Wheeler C, Vogt T, Armstrong GL, Vaughan G, Weltman A, Nainan OV, Dato V, Xia G, Waller K, **Amon J**, Lee TM, Highbaugh-Battle A, Hembree C, Evenson S, Ruta MA, Williams IT, Fiore AE, Bell BP. *A Foodborne Outbreak of Hepatitis A in Pennsylvania Associated with Green Onions*. New England Journal of Medicine 2005, 353(9):890-7.
- 7 **Amon JJ**, Nedsuwan S, Chantra S, Bell BP, Dowell SF, Olsen SJ, Wasley A. *Trends in Liver Cancer, Sa Kaeo Province, Thailand*. Asian Pacific Journal of Cancer Prevention 2005, 6(3):382-6.
- 8 **Amon JJ**, Devasia R, Xia G, Nainan OV, Hall S, Lawson B, Wolthuis JS, Macdonald PD, Shepard CW, Williams IT, Armstrong GL, Gabel JA, Erwin P, Sheeler L, Kuhnert W, Patel P, Vaughan G, Weltman A, Craig AS, Bell BP, Fiore A. *Molecular Epidemiology of Foodborne Hepatitis A Outbreaks in the United States, 2003*. Journal of Infectious Disease. 2005 Oct 15;192(8):1323-30.
- 9 **Amon JJ**, Drobeniuc J, Bower W, Magaña JC, Escobedo MA, Williams IT, Bell BP, Armstrong GL. *Locally Acquired Hepatitis E Virus Infection, El Paso, TX*. Journal of Medical Virology 2006, 78(6):741-6.
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- 12 Kippenberg J, Baptiste J, **Amon JJ**. *Detention of Insolvent Patients in Burundian Hospitals*. Health Policy and Planning. 2008; Jan;23(1):14-23.
- 13 **Amon JJ**. *Dangerous Medicines: Unproven AIDS Cures and Counterfeit Antiretroviral Drugs*. Globalization and Health. 2008; Feb 27;4:5.
- 14 **Amon JJ**, Garfein R, Adieh-Grant L, Armstrong GL, Ouellet LJ, Latka MH, Vlahov D, Strathdee SA, Hudson SM, Kerndt P, Des Jarlais D, Williams IT. *Prevalence of HCV infection among injecting drug users in 4 U.S. cities at 3 time periods, 1994 – 2004*. Clinical Infectious Diseases. 2008, Jun 15;46(12):1852-8.

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- 16 **Amon JJ** and Todrys K. *Fear of Foreigners: HIV-related restrictions on entry, stay, and residence*. Journal of the International AIDS Society. 2008, Dec 16;11:8..
- 17 **Amon JJ** and Kasambala T. *Structural Barriers and Human Rights Related to HIV Prevention and Treatment in Zimbabwe*. Global Public Health. 2009, Mar 26:1-17.
- 18 **Amon JJ** and Todrys K. *Access to Antiretroviral Treatment for Migrant Populations in the Global South*. SUR: International Journal on Human Rights. 2009, 6 (10), 162-187.
- 19 Todrys K. and **Amon JJ**. *Within but Without: Human Rights and Access to HIV Prevention and Treatment for Internal Migrants*. Globalization and Health. 2009, 5, 17.
- 20 Hafkin J, Gammimo VM, **Amon JJ**. *Drug Resistant Tuberculosis in Sub-Saharan Africa*. Current Infectious Disease Reports 2010, 12(1), 36-45.
- 21 Lohman D, Schleifer R, **Amon JJ**. *Access to Pain Treatment as a Human Right*. BMC Medicine. 2010 Jan 20;8(1):8.
- 22 Jurgens R, Csete J, **Amon JJ**, Baral S, Beyrer C. *People who use drugs, HIV, and human rights*. Lancet 2010 Aug 7;376(9739):475-85.
- 23 Thomas L, Lohman D, **Amon J**. *Access to pain treatment and palliative care: A human rights analysis*. Temple International and Comparative Law Journal. Spring 2010. 24, 365
- 24 Todrys K*, **Amon JJ***, Malembeka G, Clayton M. *Imprisoned and imperiled: access to HIV and TB prevention and treatment, and denial of human rights, in Zambian prisons*. Journal of the International AIDS Society 2011, 14:8. (*co-first authors)
- 25 Todrys K, **Amon JJ**. *Health and human rights of women imprisoned in Zambia*. BMC International Health and Human Rights 2011, 11:8.
- 26 Todrys K, **Amon JJ**. *Human rights and health among juvenile prisoners in Zambia*. International Journal of Prisoner Health, 2011, 7(1):10-17.
- 27 Barr D, **Amon JJ**, Clayton M. *Articulating a rights-based approach to HIV treatment and prevention interventions*. Current HIV Research, 2011, 9, 396-404.
- 28 Granich R, Gupta S, Suthar AB, et al. (**Amon J**, as member of the ART in Prevention of HIV and TB Research Writing Group) *Antiretroviral therapy in prevention of HIV and TB: update on current research efforts*. Current HIV Research, 2011 9, 446-69.
- 29 Jones L, Akugizibwe P, Clayton M, **Amon JJ**, Sabin ML, Bennett R, Stegling C, Baggaley R, Kahn JG, Holmes CB, Garg N, Obermeyer CM, Mack CD, Williams P, Smyth C, Vitoria M, Crowley S, Williams B, McClure C, Granich R, Hirsenschall G. *Costing human rights interventions as a part of universal access to HIV treatment and care in a Southern African setting*. Current HIV Research, 2011, 9, 416-428.
- 30 Todrys KW, **Amon JJ**. *Criminal Justice Reform as HIV and TB Prevention in African Prisons*. PLoS Medicine, 2012, 9(5): e1001215.
- 31 Biehl J, **Amon JJ**, Socal MP, Petryna A. *Between the court and the clinic: Lawsuits for medicines and the right to health in Brazil*. Health and Human Rights Journal. June 2012, 12(6).
- 32 **Amon JJ**, Beyrer C, Baral S., Kass N. *Human Rights Research and Ethics Review: Protecting Individuals or Protecting the State?* PLoS Med 9(10): e1001325. Oct 2012

- 33 Dekker AM, **Amon JJ**, le Roux KW, Gaunt CB. *What is Killing Me Most: Chronic Pain and the Need for Palliative Care in Eastern Cape, South Africa*. Journal of Pain and Palliative Care Pharmacotherapy. 2012;26:1–7.
- 34 **Amon JJ**, Buchanan J, Cohen J, Kippenberg J. *Child Labor and Environmental Health: Government Obligations and Human Rights*. International Journal Pediatrics. 2012, #938306
- 35 Cohen JE, **Amon JJ**. *China’s Lead Poisoning Crisis*. Health and Human Rights Journal. 2012: Dec 15;14(2):74-86
- 36 Todrys KW, Howe E, **Amon JJ**. *Failing Siracusa: Governments’ Obligations to Find the Least Restrictive Options for Tuberculosis Control*. Public Health Action. 2013: 3(1):7-10.
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- 39 Denholm JT, **Amon JJ**, O’Brien R et al. *Attitudes towards involuntary incarceration for tuberculosis: a survey of Union members*. International Journal of Tuberculosis and Lung Disease 2014: 18(2):155-9.
- 40 **Amon JJ**, Wurth M, McLemore M. *Evaluating Human Rights Advocacy: A Case Study on Criminal Justice, HIV and Sex Work*. Health and Human Rights Journal 17/1. March 2015.
- 41 Lohman D, **Amon JJ**. *Evaluating a Human Rights-Based Advocacy Approach to Expanding Access to Pain Medicines and Palliative Care: Global Advocacy and Case Studies from India, Kenya, and Ukraine*. Health and Human Rights Journal 17/2. Dec 2015.
- 42 Meier BM, Gelpi A, Kavanagh MM, Forman L, **Amon JJ**. *Employing Human Rights Frameworks to Realize Access to an HIV Cure*. J Int AIDS Soc. 18(1):20305.
- 43 Biehl J, Socal M, **Amon JJ**. *The Judicialization of Health and the Quest for State Accountability: Evidence from 1,262 Lawsuits for Access to Medicines in Southern Brazil*. Health and Human Rights Journal 18/1. June 2016.
- 44 Rich JD, Beckwith CG, Macmadu A, Marshall BD, Brinkley-Rubinstein L, **Amon JJ**, Milloy MJ, King MR, Sanchez J, Atwoli L, Altice FL. *Clinical care of incarcerated people with HIV, viral hepatitis, or tuberculosis*. The Lancet. 2016 Jul 14.
- 45 Dolan K, Wirtz AL, Moazen B, Ndeffombah M, Galvani A, Kinner SA, Courtney R, McKee M, **Amon JJ**, Maher L, Hellard M. *Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees*. The Lancet. 2016 Jul 14.
- 46 Rubenstein LS, **Amon JJ**, McLemore M, Eba P, Dolan K, Lines R, Beyrer C. *HIV, prisoners, and human rights*. The Lancet. 2016 Jul 14.
- 47 Telisinghe L, Charalambous S, Topp SM, Herce ME, Hoffmann CJ, Barron P, Schouten EJ, Jahn A, Zachariah R, Harries AD, Beyrer C, **Amon JJ**. *HIV and tuberculosis in prisons in sub-Saharan Africa*. The Lancet. 2016 Jul 14.
- 48 Beletsky L, Arredondo J, Werb D, Vera A, Abramovitz D, **Amon JJ**, Brouwer KC, Strathdee SA, Gaines TL. *Utilization of Google enterprise tools to georeference survey data among hard-to-reach groups: strategic application in international settings*. International Journal of Health Geographics. 2016 Jul 28;15(1):24.

- 49 Doyle KE, El Nakib SK, Rajagopal MR, S Babu, G Joshi, V Kumarasamy, P Kumari, P Chaudhri, S Mohanthi, D Jatua, D Lohman, **Amon JJ**, G Palat. *Predictors and prevalence of pain and its management in four regional cancer hospitals in India*. Journal of Global Oncology. (2017): JGO-2016.
- 50 Hamdi H, Ba O, Niang S, Ntizimira C, Mbengue M, Coulbary AS, Niang R, Parsons M, **Amon JJ**, Lohman D. *Palliative Care Need and Availability in Four Referral Hospitals in Senegal: Results from a Multi-Component Assessment*. Journal of Pain and Symptom Management. 2017 Dec 7.
- 51 Traoré L, Dembele B, Keita M, Reid S, Dembélé M, Mariko B, Coulibaly F, Goldman W, Traoré D, Coulibaly D, Guindo B, **Amon JJ**, Knieriemen M, Zhang Y. *Prevalence of trachoma in the Kayes region of Mali eight years after stopping mass drug administration*. PLoS neglected tropical diseases. Feb 2018;12(2):e0006289.
- 52 Biehl J, Socal MP, Gauri V, Diniz D, Medeiros M, Rondon G, **Amon JJ**. *Judicialization 2.0: Understanding right-to-health litigation in real time*. Global Public Health. May 2018 22:1-0.
- 53 Sun N and **Amon JJ**. *Addressing Inequity: Neglected Tropical Diseases and Human Rights*. Health and Human Rights Journal. June 2018.
- 54 **Amon JJ**, Addiss D. *"Equipping Practitioners": Linking Neglected Tropical Diseases and Human Rights*. Health and Human Rights Journal. June 2018.
- 55 Géopogui A, Badila CF, Baldé MS, Nieba C, Lamah L, Reid SD, Yattara ML, Tougoue JJ, Ngondi J, Bamba IF, **Amon JJ**. Baseline trachoma prevalence in Guinea: Results of national trachoma mapping in 31 health districts. PLoS neglected tropical diseases. June 2018; 12(6):e0006585.
- 56 Coltart CE, Hoppe A, Parker M, Dawson L, **Amon JJ**, Simwinga M, Geller G, Henderson G, Laeyendecker O, Tucker JD, Eba P. Ethical considerations in global HIV phylogenetic research. The Lancet HIV. Aug 2018
- 57 **Amon JJ**, Eba P, Sprague L, Edwards O, Beyrer C. Defining rights-based indicators for HIV epidemic transition. PLoS medicine. Dec 2018; 15(12):e1002720.
- 58 Bah YM, Bah MS, Paye J, Conteh A, Saffa S, Tia A, Sonnie M, Veinoglou A, **Amon JJ**, Hodges MH, Zhang Y. *Soil-transmitted helminth infection in school age children in Sierra Leone after a decade of preventive chemotherapy interventions*. Infectious diseases of poverty. 2019 Dec;8(1):41.
- 59 Addiss DG, **Amon JJ**. *Apology and Unintended Harm in Global Health*. Health and Human Rights. 2019 Jun;21(1):19.
- 60 Socal MP, **Amon JJ**, Biehl J. *Institutional Determinants of Right-to-Health Litigation: The Role of Public Legal Services on Access to Medicines in Brazil*. Global Public Health. (in press)
- 61 Ward E, Hannass-Hancock J, **Amon JJ**. *Invisible: The Exclusion of Persons with Disabilities from HIV Research and National Strategic Plans in East and Southern Africa*. (Article: submitted)

BOOK CHAPTERS

- 1 **Amon J**. *Africa, Southern* in: Encyclopedia of AIDS, Ray Smith, ed. Chicago: Fitzroy Dearborn Publishers, 1998.
- 2 **Amon JJ**, Kotellos KA, Githens Benazerga W. *Evaluating Capacity Building*. HIV/AIDS Prevention and Control Synopsis Series. Family Health International, Arlington, VA: 1997.
- 3 **Amon JJ**, Saidel TJ, Mills S. *Behavioral Surveillance Survey Methodology: Experiences from Senegal and India*. WHO/UNAIDS Best Practices Series. WHO/UNAIDS. Geneva, June 2000.

- 4 **Amon J**, Brown T, Hogle J, MacNeil J, et al. *Behavioral Surveillance Surveys: Guidelines for repeated behavioral surveys in populations at risk of HIV*. FHI/IMPACT, USAID, DFID Publication. August 2000.
- 5 Kolars-Sow C, Saidel T, Hogle J, **Amon J**, Mills S. Indicators and questionnaires for behavioral surveys. In: Rehle T, Saidel T, Mills S, and Magnani R., (eds.) *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers*. Family Health International, Arlington, VA. August 2001.
- 6 **Amon JJ**, Bond KC, Brahmabhatt MN, et al. *Bellagio Principles on Social Justice and Influenza*. Johns Hopkins. Berman Institute of Bioethics. July 2006.
- 7 Cohen J. and **Amon J**. Governance, Human Rights and Infectious Disease: Theoretical, Empirical and Practical Perspectives. in: K.H. Mayer and H. F. Pizer, (eds.) *Social Ecology of Infectious Diseases*. New York: Academic Press. December 2007.
- 8 **Amon J**. *High Hurdles for Health*. In: M. Worden (ed.) *China's Great Leap: The Beijing Games and Olympian Human Rights Challenges*. Seven Stories Press. May 2008.
- 9 **Amon J**. *Preventing the Further Spread of HIV/AIDS: The Essential Role of Human Rights*. In: N. Sudarshan (ed.) *HIV/AIDS, Health Care and Human Rights Approaches*. Amicus Books. Jan 2009.
- 10 **Amon J**. *Abusing Patients*. In: Human Rights Watch, 2010 World Report. New York: Seven Stories Press. Jan 2010.
- 11 **Amon JJ** and Kasambala T. Structural barriers and human rights related to HIV prevention and treatment in Zimbabwe. In: M. Seglid and T. Pogge (eds) *Health Rights*. London: Ashgate. Oct 2010.
- 12 **Amon JJ**. *HIV and the Right to Know: Whose right to know what? The discourse of human rights in the global HIV response*. In: J. Biehl and A. Petryna (eds.) "When people come first: Anthropology and social innovation in global health". Princeton: Princeton University Press. July 2013.
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- 14 **Amon JJ** and Friedman E. *Human Rights Advocacy for Global Health*. In: LO Gostin and BM Meier (eds) "Foundations of Global Health & Human Rights". New York: Oxford University Press. 2020

EDITORIAL/COMMENT

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- 2 Biehl J, Petryna A, Gertner A, **Amon JJ**, Picon PD. *Judicialization of the Right to Health in Brazil*. Lancet. 2009, 373(9682):2182-4.
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- 4 Thomas L, Lohman D, **Amon J**. *Doctors take on the state: championing patients' right to pain treatment*. Int J Clin Pract. 2010, 64(12):1599-600.
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- 10 Pearshouse R, **Amon JJ.** *The Ethics of Research in Compulsory Drug Detention Centers in Asia.* Journal of the International AIDS Society. 2012, 15:18491
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- 12 **Amon JJ.** *Political Epidemiology of HIV.* Journal of the International AIDS Society. 2014, 17:19327
- 13 **Amon JJ.** *Law, Human Rights and Health Databases: A roundtable discussion.* Health and Human Rights Journal. September 2014.
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- 16 **Amon JJ.** *The impact of climate change and population mobility on neglected tropical disease elimination.* International Journal of Infectious Diseases 53 (2016): 12.
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- 21 Williams C, **Amon JJ**, Bassett MT, Roux AV, Farmer PE. *25 Years: Exploring the Health and Human Rights Journey.* Health and Human Rights. 2019 Dec;21(2):279.
- 22 **Amon JJ**, Sun N. *HIV, human rights and the last mile.* Journal of the International AIDS Society. 2019 Dec 1;22(12).
- 23 **Amon JJ.** *Ending discrimination in healthcare.* Journal of the International AIDS Society. 2020 Feb;23(2).

LETTERS

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- 2 Lohman D, **Amon JJ.** *HIV Testing.* Lancet. 2008 Feb 16;371(9612):557-8.
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- 4 Tarantola D, **Amon J**, Zwi A, Gruskin S, Gostin L. *H1N1, public health security, bioethics, and human rights.* Lancet. 2009 Jun 20;373(9681):2107-8
- 5 Hsieh A, **Amon JJ.** *Ratification of human rights treaties: the beginning not the end.* Lancet. 2009 Aug 8;374(9688):447
- 6 **Amon J**, Lohman D, Thomas L. *Access to pain treatment a luxury for most.* Lancet 2009 Nov 14; 374:1676

- 7 **Amon J.** *Harm reduction and the Catholic Church.* Conscience. Winter 2010.
- 8 **Amon J.** *Human Rights Abuses, Ethics, and the Protection of Subjects When Conducting Research on Intravenous Drug Users in China.* JAIDS: Journal of Acquired Immune Deficiency Syndromes. June 2011.
- 9 Cohen EJ, **Amon JJ.** *Lead Poisoning in China.* Lancet, 2011, 378(9803):e3.
- 10 **Amon JJ.** *Chinese Addiction Study and Human Rights.* Science, 2012, 337:522-523.
- 11 Pearshouse R and **Amon JJ.** *Human Rights and HIV Interventions in Chinese Labour Camps.* Sex Transm Infect. doi:10.1136/sextrans-2015-052193
- 12 Biehl J, **Amon JJ,** Socal M, Petryna A. *The Challenging Nature of Gathering Evidence and Analyzing the Judicialization of Health in Brazil.* Cadernos de Saúde Pública. July 2016.
- 13 Biehl J, Socal M, **Amon JJ.** *On the Heterogeneity and Politics of the Judicialization of Health in Brazil.* Health and Human Rights Journal. Dec 2016.
- 14 **Amon J.** *Re: Attacks on Ebola Health Workers in the Democratic Republic of Congo.* New York Times. May 23, 2019.
- 15 Rubenstein L, **Amon JJ.** *Global health, human rights, and the law.* The Lancet. 2019 Nov 30;394(10213):1987-8.

OPINION

- 1 Empowering Women and Realizing Rights. *Toronto Star.* August 11, 2006
- 2 Why We Need an International AIDS Conference. *Toronto Globe and Mail.* August 15, 2006
- 3 Curb HIV infection rates in Texas prisons. *Austin American Statesman.* May 10, 2007
- 4 Diagnosis and Prescriptions. *Foreign Affairs.* May/June 2007
- 5 The Bush Policy On AIDS. *Huffington Post.* July 26, 2007
- 6 Saudi Move on HIV/AIDS will make the epidemic worse. *Saudi Debate.* Oct 24, 2007
- 7 How not to fight HIV/Aids. *The Guardian.* Jan 28, 2008
- 8 Blaming Foreigners. *The Korea Times.* March 12, 2009
- 9 Progress against HIV at risk. *Phnom Penh Post.* November 16, 2009
- 10 HIV Travel Bans: Small Steps, Big Gaps. *Huffington Post.* January 11, 2010
- 11 Don't Improve Drug Detention: End It. *Huffington Post.* January 15, 2010
- 12 Torture in health care. *Huffington Post.* January 22, 2010
- 13 Treatment or punishment? *Bangkok Post.* January 24, 2010
- 14 Rights abuses threaten HIV risk. *Phnom Penh Post.* January 27, 2010
- 15 Cambodian drug rehab centers: Abusive, illegal, ineffective. *The Nation (Bangkok).* Jan 27 2010
- 16 Drug dependence is not a moral issue. *Phnom Penh Post.* January 29, 2010
- 17 Condoms and Bibles. *The National (PNG).* February 8, 2010
- 18 Chronic Pain and Torture. *Huffington Post.* February 23, 2010
- 19 Invisible Women. *Huffington Post.* March 8, 2010
- 20 How Not to Protect Children. *Phnom Penh Post.* March 8, 2010
- 21 Choam Chao needs independent investigation. *Phnom Penh Post.* March 24, 2010

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 23 Who Will Defend Children in Cambodian Drug Rehab Centres? *The Nation*. March 31, 2010
 24 Holiday in Cambodia? *Huffington Post*. April 6, 2010
 25 When the Government Sponsors Stigma. *Huffington Post*. April 27, 2010 (with M. McLemore)
 26 Zambia's TB-ridden prisons. *The Guardian*. April 27, 2010
 27 Chinese Corruption Is Hazardous to Your Health. *Asia Wall Street Journal*. May 13, 2010
 28 Why the Vietnamese Don't Want to Go to Rehab. *Foreign Policy*. May 28, 2010
 29 Aids and TB are breaking out of prisons. *East African*. June 7, 2010
 30 Uganda AIDS Policy: from Exemplary to Ineffective. *The Observer* (Kampala) June 24, 2010
 31 When a Problem Comes Along, You Must Whip It. *Huffington Post*. June 26, 2010
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 35 HIV and Human Rights: Here and Now? *Huffington Post*. July 19, 2010
 36 The HIV and TB Prison Crisis in Southern Africa. *Huffington Post*. July 23, 2010
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 38 Rights and Health, Right Now, for Migrants. *Africa Now* (Tokyo). October 2010 (with Kanae Doi)
 39 Why Democracies Don't Get Cholera. *Foreign Policy*. October 25, 2010.
 40 The Beginning of the End for the War on Drugs? *San Francisco Chronicle*. November 21, 2010
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 46 'Utterly Irresponsible': Donor Funding in Drug 'Treatment' Centers. *Huff. Post*. Sept 14, 2011
 47 National Cashew Day: More Than Nuts. *Global Post*. October 3, 2011
 48 A centre for abuse and beating. *The Nation* (Bangkok). October 11, 2011
 49 Laos' Murky War on Drugs. *The Diplomat*. October 12, 2011
 50 One AIDS march that should end. *Washington Blade*. October 28, 2011
 51 Seoul's Broken Promises on HIV Testing. *The Diplomat*. June 29, 2013
 52 Drug treatment centres give more abuse than therapy. *Bangkok Post*. December 18, 2013
 53 Enlightened drug policies emerge globally, Cambodia remains rigid. *Global Post*. Jan 9, 2014
 54 Health Under Attack. HRW Dispatch. May 19, 2014 (with Jennifer Pierre)
 55 Canada's prostitution bill a step in the wrong direction. *Ottawa Citizen*. June 18, 2014
 55 In The HIV Response, Who is 'Hard to Reach'? HRW Dispatch. July 23, 2014
 56 Defeating AIDS. HRW Dispatch. June 30, 2015
 57 How not to handle Ebola. CNN. September 12, 2014

- 58 Taking Care of the Caregivers. HRW Dispatch. December 17, 2014
- 59 Alert in a Time of Cholera. HRW Dispatch. March 26, 2015
- 60 Stop Using Hospitals as Debtor Prisons. HRW Dispatch. April 14, 2015
- 61 COP21: The Impact of Climate Change on the World's Marginalized Populations: Turkana County, Kenya. Health and Human Rights Journal Blog. October 27, 2015. (with Katharina Rall)
- 62 An Important, but Imperfect, Agreement by an Unprecedented Coalition. *US News and World Report*. December 18, 2015
- 63 Health workers are under attack around the world. Here's how bad it's getting. *Philadelphia Inquirer*. May 28, 2019. (with Jennifer Taylor)

INVITED PRESENTATIONS (SELECT)

- 1 *Surveillance design and evaluation approach of the Togo Guinea Worm Eradication Program*. III West African Guinea Worm Eradication Conference, Abidjan, Cote d'Ivoire, November 1993.
- 2 *Knowledge, attitudes and behaviors related to Guinea Worm Eradication, Togo*. IV West African Guinea Worm Eradication Conference, Ouagadougou, Burkina Faso, October 1994.
- 3 *Synthesis of evaluation results from the AIDSCAP project: 1992-1996*. HIV/STD/AIDS National Forum, Port-au-Prince, Haiti, June 3-5, 1996. Research and Evaluation Panel Chair.
- 4 *International Trends in HIV-Risk Related Behavior Change*. National Conference on HIV/AIDS, Kingston, Jamaica, November 25-26, 1996.
- 5 *HIV/AIDS and Adolescents in Ukraine*. Ukrainian-American Medical Society Annual Meeting. Philadelphia, PA, May 2003.
- 6 *Expanding HIV testing and respecting rights*. International conference on HIV/AIDS and Human Rights. Smolny College. St Petersburg, Russia. October 2005.
- 7 *HIV in Conflict Settings*. Joint Congressional Human Rights Caucus meeting. Washington DC. March 2006.
- 8 *Reflections and recollections*. Masters Internationalist - US Peace Corps Symposium. Washington DC. April 2006. (Keynote)
- 9 *Civil Society Participation in the Response to HIV/AIDS and Accountability*. Presented in panel 1: Breaking the cycle of infection for sustainable AIDS responses. United Nations General Assembly Special Session on HIV/AIDS. New York. June 2006.
- 10 *HIV testing and human rights*. Public Health Agency of Canada Meeting on HIV Testing. Toronto. August 2006.
- 11 *Hot Topics in Human Rights*. XVI International AIDS Conference. Toronto. August 2006.
- 12 *Burma, HIV and Human Rights*. Asia Society. New York. September 2007.
- 13 *HIV and Youth*. 12th Annual Herbert Rubin and Justice Rose Luttan Rubin International Law Symposium. New York University. New York. October 2007.
- 14 *HIV testing: human rights considerations*. Funders Network on Population, Reproductive Health and Rights. Annual Meeting, San Antonio, TX. October 2007.
- 15 *Human Rights and Epidemic Disease: TB control and constraints on rights*. Human Rights Funders Group. Annual Meeting. New York, NY. July 2008.
- 16 *Promoting Public Health and Human Rights in MDR-TB Care*. International Union against Lung and Tuberculosis Disease. Paris, France. October 2008.
- 17 *Public Health and Human Rights: Challenges around the World*. New York Academy of Sciences and Johns Hopkins School of Public Health Conference on Public Health and Human Rights. New York, NY. Dec 2008.

- 18 *Human Rights and Anti-Narcotics Policy*. UN General Assembly, Special Session on Drugs. Vienna, Austria. March 2009.
- 19 *Rights-based approaches to health*. Interaction Annual Meeting. Arlington, VA. July 2009. (panel moderator)
- 20 *Health and Human Rights: New orthodoxies and on-going conflicts in repressive states*. Stanford University, Palo Alto, CA. October 2010.
- 21 *HIV in Asia*. Asia Society. December 1, 2010.
- 22 *HIV Rights and Wrongs*. GlobeMed National Conference. Northwestern University, Chicago, IL. April 2011. (Keynote)
- 23 *Human Rights Perspective*. International Workshop on Treatment as Prevention. Vancouver, Canada. May 2011.
- 24 *Sustaining Environmental, Occupational and Public Health and Community Security: Lead Poisoning in China and Nigeria*. 12th National Conference on Science, Policy and the Environment. Washington, DC. January 2012.
- 25 *Health and Human Rights in Prisons*. European Infectious Disease meeting. Italy. September 2012. (Keynote)
- 26 *Measuring Violence against Children and the Effectiveness of Violence Prevention and Reduction Initiatives*. Columbia University. October 2013. (Panel Discussion Moderator)
- 27 *Political Epidemiology of HIV*. HIV 2014: Science, Community and Policy for Key Vulnerable Populations. New York Academy of Sciences. May 2014.
- 28 *On the Radar: Police Brutality, Politics & Public Health*. Princeton University. March 2015.
- 29 *Global Inequalities of Wealth and Health*. Bernstein Institute for Human Rights Annual Conference. New York University School of Law. April 2015.
- 30 *Environmental and occupational health and human rights*. Health and Human Rights Principles and Pedagogy. Florence, Italy. June 2015.
- 31 *Interviewing Victims of Human Rights Abuses*. BuzzFeed. New York. June 2015.
- 32 *Global Health and Governance*. Brookings Institution. May 2016.
- 33 *Access to pain medicine and human rights*. O'Neill Institute Health Rights Litigation. June 2016
- 33 *The Morbidity Management and Disability Prevention Project*. Global Alliance for Elimination of Trachoma 2020. Geneva, Switzerland. April 2017.
- 34 *Human Rights and Phylogenetic Analysis*. Ethics of Phylogenetics. Gates Foundation, UNAIDS, National Institutes for Health. London, UK. May 2017.
- 35 *Judicialization and access to medicines in Brazil*. O'Neill Institute Health Rights Litigation. Washington DC. June 2016.
- 36 *Implementing health related SDGs through a human rights perspective*. United Nations Social Forum. Geneva. October 2017.
- 37 *Indicators, Equity, Rights*. Making the end of AIDS real: Consensus building around what we mean by “epidemic control”. Glion, Switzerland. October 2017.

CONFERENCE PRESENTATIONS

- 1 Wedderburn M, **Amon J**, Samiel S, Brathwaite A, Figueroa P. *Knowledge, attitudes, beliefs and practices (KABP) about HIV/AIDS among male STD clinic attendees in Jamaica*. XI Latin American Congress on STIs/V Panamerican Conference on AIDS, Lima, Peru, December 3-7, 1997.
- 2 **Amon J**, Bolanos L, Gonzales MT, Zelaya A, Lopez C, Rodriguez J. *Knowledge of, availability, and use of condoms among commercial sex workers in four cities in Honduras*. XI Latin American Congress on STIs/V Panamerican Conference on AIDS, Lima, Peru, December 3-7, 1997.
- 3 Wedderburn M, **Amon J**, Samiel S, Brathwaite A, Figueroa P. *Knowledge, attitudes, beliefs and practices (KABP) about HIV/AIDS among youth aged 12-14 in Jamaica*. XII Int Conf AIDS. 1998; 12:191 (abstract no. 13527).
- 4 Wedderburn M, **Amon J**, Samiel S, Brathwaite A, Figueroa P. *Behavioral explanations for elevated prevalence of HIV in St. James Parish, Jamaica*. XII Int Conf AIDS. 1998; 12:216-7 (abstract no. 14171).
- 5 D'Angelo LA, **Amon J**, Lemos ME, Rebeiro MA, Gitchens W, Kotellos K. *Evaluating capacity building of implementing agencies in the AIDSCAP Brazil project*. XII Int Conf AIDS. 1998;12:945 (abstract no. 43503).
- 6 Saidel T, Mills S, **Amon J**, Rehle T. *Behavioral Surveillance Surveys (BSS) on specific target groups: a valuable complement to standardized general population surveys*. XII Int Conf AIDS. 1998;12:233 (abstract no.14256).
- 7 Essah KAS, Jackson D, Attafuah JD, **Amon J**, Yeboah KG. *Findings from the 2000 behavioral surveillance survey in Ghana*. XIV International AIDS Conference: Abstract no. C11062
- 8 Chatterji M, Murray N, Dougherty L, Alkenbrack S, Winfrey B, **Amon J**, Ventimiglia T, Mukaneza A. *Examining the impact of orphanhood on schoolleaving among children aged 6-19 in Rwanda, Zambia, and Cambodia*. XV Int Conf on AIDS, 2004 (Abstract WePeD6602).
- 9 Murray NJ, Chatterji M, Dougherty L, Winfrey B, Buek K, **Amon J**, Mulenga Y, Jones A. *Examining the impact of orphanhood and duration of orphanhood on sexual initiation among adolescents ages 10-19 in Rwanda and Zambia*. XV Int Conf on AIDS, 2004 (Abstract TuOrD1218).
- 10 **Amon J**, Devasia R, Xia G, *et al.* *Molecular Epidemiologic Investigation of Hepatitis A Outbreaks, 2003*. 4th International Conference on Emerging Infectious Disease, Atlanta, GA, March 2004.
- 11 **Amon J**, Devasia R, Xia G, *et al.* *Multiple Hepatitis A Outbreaks Associated with Green Onions among Restaurant Patrons – Tennessee, Georgia, and North Carolina, 2003*. 53rd EIS Conference, Atlanta, GA, April 2004. (Winner, Mackel Award)
- 12 Chatterji M, Murray N, Dougherty L, Ventimiglia T, Mukaneza A, Buek K, Winfrey B, **Amon J**. *Examining the impact of orphanhood on schoolleaving among children aged 6-19 in Rwanda, Zambia, and Cambodia*. International Union for the Scientific Study of Population XXV International Population Conference Tours, France, July, 2005.
- 13 Murray NJ, Chatterji M, Dougherty L, Mulenga Y, Jones A, Buek K, Winfrey B, **Amon J**. *Examining the impact of orphanhood and duration of orphanhood on sexual initiation among adolescents ages 10-19 in Rwanda and Zambia*. International Union for the Scientific Study of Population. International Population Conference France, July, 2005.
- 14 Cohen J, Schleifer R, Richardson J, Kaplan K, Suwannawong P, Nagle J, **Amon J**. *Documenting Human Rights Violations Against Injection Drug Users: Advocacy for Health*. 17th International Conference on the Reduction of Drug Related Harm. May 2006. Vancouver.

- 15 Schleifer R, Cohen J, Nagle J, **Amon J.** *Injection Drug Users, Harm Reduction, and Human Rights in Ukraine.* 17th International Conference on the Reduction of Drug Related Harm. May 2006. Vancouver, Canada.
- 16 Bencomo C, **Amon J,** Iordache R, Schleifer R, Asandi S, Bohiltea A, Bucata C, Terragni C, Velica L. *How gaps in Romania's social support undermine HIV/AIDS prevention and treatment for children and youth.* XVI International AIDS Conference: Abstract no. MOPE0922. August 2006.
- 17 Tate T, Bencomo C, Lisumbu J, Mafu Sasa R, Schleifer R, **Amon J.** *Local and cultural beliefs about HIV transmission fuel children's rights abuses in the Democratic Republic of Congo (DRC).* XVI International AIDS Conference: Abstract no. CDE0086. August 2006.
- 18 Cohen J, Epstein H, **Amon J.** *Human rights implications of AIDS-affected children's unequal access to education.* XVI International AIDS Conference: Abstract no. TUAE0202. August 2006.
- 19 Schleifer R, Skala P, Lezhentsev K, **Amon J.** *Rhetoric and risk: human rights abuses impeding Ukraine's fight against HIV/AIDS.* XVI International AIDS Conference: Abstract no. THAE0302. August 2006.
- 20 **Amon, J.** *Using a Human Rights Framework to Examine HIV/AIDS Programs and Policies.* Abstract #139834. American Public Health Association Annual Meeting. November 2006. Boston, MA.
- 21 Ngonyama L, Lohman D, Clayton M, **Amon J.** *The Role of Lay Counselors in Expanding HIV Testing: Lesotho's Know Your Status Campaign.* Abstract 1631. 2008 HIV/AIDS Implementers Meeting. Kampala, Uganda. June 2008.
- 22 Lohman D, Ovchinnikova M, **Amon J.** *The role of Russia's drug dependence treatment system in fighting HIV.* XVII International AIDS Conference: Abstract no. TUAX0102. August 2008.
- 23 **Amon J.** *HIV-specific travel restrictions: human rights, legal and ethical considerations.* XVII International AIDS Conference: Abstract no. TUSS0406. August 2008.
- 24 Lohman D, Ngonyama L, Clayton M, **Amon J.** *Expanding HIV testing and human rights: Lesotho's Know Your Status Campaign.* XVII International AIDS Conference: Abstract no. TUPE0469. August 2008.
- 25 Cohen JE, **Amon J.** *Human Rights abuses and threats to health: recent experiences of Chinese drug users in detoxification and re-education through labor centers in Guangxi Province.* XVII International AIDS Conference: Abstract no. THPE1085. August 2008.
- 26 **Amon J.** Protecting the human rights of people at risk of and affected by TB. 3rd Stop TB Partners Forum, Rio March 2009
- 27 **Amon J.** *Undocumented Migrants and Drug Users in Asia: Tuberculosis Care and Human Rights.* 3rd Stop TB Partners Forum, Rio March 2009
- 28 **Amon J.** *Protecting the rights of drug users in China.* 20th International Conference of the International Harm Reduction Association meeting. April, 2009.
- 29 Lohman D, **Amon J.** *Pain and Policy: The Battle with Needless Suffering.* Unite for Sight, Yale University. April, 2009.
- 30 **Amon J.** *HIV testing for hard-to-reach populations.* In: New Strategies and Controversies in HIV Testing and Surveillance, International AIDS Society Conference. Cape Town, South Africa. July 2009.
- 31 **Amon J.** *Human Rights context of routine testing.* In: Maximizing the benefits of treatment for individuals and communities. International AIDS Society Conference. Cape Town, South Africa. July 2009.
- 32 **Amon J.** *Scaling up HIV testing through scaling up human rights protections.* In: Scaling up

Biomedical Prevention and Treatment Interventions - The Critical Role of Social Science, Law and Human Rights. International AIDS Society Conference. Cape Town, South Africa. July 2009.

- 33 **Amon J.** *HIV testing and human rights: competing claims and conflicting views.* American Anthropological Association. Philadelphia, PA. December 2009.
- 34 Pearshouse R, **Amon JJ.** *Engagement with compulsory drug detention centers: a legal and ethical framework.* 21st International Conference of the International Harm Reduction Association meeting. April, 2010.
- 35 Lohman D, Tymoshevska V, Rokhanski A, Kotenko G, Druzhinina A, Schleifer R, **Amon J.** *Availability and accessibility of opioid medications in Ukraine.* XVIII International AIDS Conference. July 2010. Abstract no. MOAF0202
- 36 Jones L, Akugizibwe P, **Amon J,** et al. *Human rights costing of ART for prevention.* XVIII International AIDS Conference. July 2010. Abstract no. TUPE1033
- 37 Lemmen K, Wiessner P, Haerry DHU, Todrys K, **Amon J.** *Deportation of HIV-positive migrants in 29 countries: impact on health and human rights.* XVIII International AIDS Conference. July 2010. Abstract no. TUA0101
- 38 McLemore M, Winter M, **Amon J.** *Sentenced to stigma: segregation of HIV-positive prisoners.* XVIII International AIDS Conference. July 2010. Abstract no. THPE0942
- 39 Todrys K, Malembeka G, Clayton M, McLemore M, Shaeffer R, **Amon J.** *HIV and TB management in 6 Zambian prisons demonstrate improved but ongoing prevention, testing and treatment gaps.* XVIII International AIDS Conference. July 2010. Abstract no. THPDX105 (Awarded prize for best abstract on HIV/TB integration)
- 40 Pearshouse R, Cohen JE, **Amon J.** *Drug detention centers and HIV in China and Cambodia.* XVIII International AIDS Conference. July 2010. Abstract no. MOAF0203
- 41 Lohman D, Palat G, Nair S, **Amon J,** Schleifer R. *Palliative care: needs of and availability for people living with HIV in India.* XVIII International AIDS Conference. July 2010.
- 42 Kippenberg J, Thomas L, Lohman D, **Amon J.** *Children's access to HIV testing, treatment and palliative care in Kenya.* XVIII International AIDS Conference. July 2010.
- 43 Lohman D, Thomas L, **Amon J.** *Access to pain treatment and palliative care as a human right.* XVIII International AIDS Conference. July 2010. Abstract no. WEPE0982.
- 44 **Amon J.** *HIV and human rights.* XVIII International AIDS Conference. July 2010.
- 45 **Amon J.** *HIV treatment as prevention: human rights issues.* HIV10 Conference. Glasgow, Scotland. November 2010.
- 46 **Amon J.** *TB and human rights in Zambian prisons.* IULTB. Berlin, Germany. Nov 2010.
- 47 **Amon J.** *TB and Human Rights.* IULTB. Berlin, Germany. November 2010. (panel chair)
- 48 Todrys K, Kwon S-R, Burnett M, Lamia M, **Amon J.** *HIV and TB Prevention, Testing, and Treatment in 16 Ugandan Prisons.* 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Rome, July, 2011.
- 49 Pearshouse R, **Amon J.** *Drug Detention Centers and HIV In Vietnam.* 10th International Congress on AIDS in Asia. August, 2011.
- 50 **Amon J.** *Reforms to protect health and rights in East African prisons.* IULTB. Lille, France. Oct. 2011.
- 51 **Amon J.** *Ethics and Human Rights in Publishing.* (Meet the Editors session). XIX International AIDS Conference. July 2012.
- 52 **Amon J.** *Balance Between Justice System and Provision of Services.* XIX International AIDS Conference. Washington, DC. July 2012. (co-moderator)
- 53 **Amon J.** *Advancing global health through human rights accountability.* IV Consortium of

Universities for Global Health. Washington, DC. March 2013.

- 54 **Amon J.** *Enhanced HIV testing in the context of human rights*. 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Vancouver, July 2015.
- 55 Beletsky L, Vera A, Gaines T, Arredondo J, Werb D, Bañuelos A, Rocha T, Rolon ML, Abramovitz D, **Amon J**, Brower K, Strathdee SA. *Utilization of Google Earth to Georeference Survey Data among People who Inject Drugs: Strategic Application for HIV Research*. 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Vancouver, July 2015.
- 56 **Amon J.** *The impact of climate change and population mobility on neglected tropical disease elimination*. International Meeting on Emerging Diseases and Surveillance (IMED). Vienna, Nov 2016.
- 57 **Amon J.** *Getting to Zero: Lessons for NTD Elimination from Successful STH Control Programs*. Neglected Tropical Disease NGO Network Annual Meeting. Dakar, Senegal, Sept 2017. (moderator)
- 58 Hoppe A, Coltart C, Parker M, Dawson L, **Amon JJ**, et al. *Ethical Considerations in HIV Phylogenetic Research*. 2018 International AIDS Conference. Amsterdam, Netherlands.
- 59 **Amon J.** *Epidemic transition: How will we achieve it while ensuring equity and quality?* 2018 International AIDS Conference. Amsterdam, Netherlands.

INVITED LECTURES

- 1 University of North Carolina School of Public Health (March 2006)
- 2 Duke University School of Public Policy (October 2006)
- 3 University of Chicago (October 2006)
- 4 University of Toronto Law School (November 2006)
- 5 Columbia University Law School (Dec 2006, 2007, 2009)
- 6 University of Denver School of International Affairs (March 2007)
- 7 Georgetown University Law School (April 2007)
- 8 Columbia University School of International and Public Affairs (Feb and Oct 2007)
- 9 University of Connecticut School of Law (April 2009)
- 10 New York University (January 2011, November 2014)
- 11 University of Zurich (September 2011)
- 12 Columbia University Mailman School of Public Health (Feb, Nov 2009; Dec 2013; Nov 2014,-15)
- 13 Yale University Law School (March 2013)
- 14 Johns Hopkins University Bloomberg School of Public Health (annually: May 2008-2019)
- 15 UCLA Law School (January 2014)
- 16 Stanford University Law & Medical Schools (January 2014)
- 17 University of Melbourne, Nossal Institute for Global Health (July 2014)
- 18 Fordham Law School (October 2014)
- 19 Northwestern University (November 2014; Nov 2015)
- 20 Dornsife School of Public Health, Drexel University (February 2018)
- 21 University of California San Diego (March 2018)

AWARDS

Centers for Disease Control and Prevention, Epidemic Intelligence Service, Mackel Award (Apr 2004)
Department of Health and Human Services, Public Health Service, Unit Commendation (Oct 2004)
Department of Health and Human Services, Secretary's Award for Distinguished Service (Aug 2005)

AD HOC REVIEWER

Journals:

New England Journal of Medicine, Lancet, International Journal of Epidemiology, STI, Global Public Health, Addiction, Hepatology, Health and Human Rights, Bulletin of the World Health Organization, Journal of the International AIDS Society, PLoS One, PLoS Medicine, Journal of the American Public Health Association, Anthropological Quarterly, Drug and Alcohol Dependence, Conflict and Health, BMC Public Health, Harm Reduction Journal, Law & Social Inquiry, Social Science and Medicine, Health and Human Rights Journal, International Journal of Drug Policy.

Grants:

Open Society Foundations, Public Health Program

Exhibit C

5. During the week of March 22nd, I was found to have a fever of 99.1 degrees. I was subsequently locked in my cell, with my cellmate for 3 days, Sunday, March 22 through Tuesday, March 24. At that time they took my cellmate to the infirmary, where she remains. I was forced to lock in my cell for one more day.

6. In our cell we shared a sink, a toilet, a table. Our cell does not allow us to be more than six feet away, the bunks are on top of each other, and if we stood at opposite ends of the cell and put our arms out they would touch.

7. While locked in my cell I never again had my temperature taken although I continued to feel feverish.

8. During this time I felt other symptoms, including shortness of breath, nausea and vomiting, and loss of appetite.

9. I was never taken to the infirmary, or otherwise provided any medical care.

10. While locked in my cell during this time, I experienced sewage leaking into my cell from the floor above. The water was foul, contaminated with human waste. I was forced to use personal belongings including her underwear, commissary towel, and t-shirts to clean the water up. These items were not replaced.

11. My cellmate had a high fever and was suffering extreme shortness of breath those days we were locked in together

12. She was eventually taken to the infirmary.

13. No further precautions were taken for those who were confined on the pod or otherwise had interaction with either myself or my cellmate.

14. I remain double-celled, as another person was moved right into my cell. The cell was not cleaned prior to her moving in. My new cellmate has a colostomy bag and serious medical conditions.

15. I was never tested for Covid-19.

16. I have not been provided any information, advise, or instruction from medical or other staff at ACJ pertaining to Covid-19. When I spoke with an attorney on the telephone on Saturday, March 28, 2020, it was the first time I had ever heard of the term “social distancing.”

17. There are 48 cells on 4F and about 20 of them are empty. All of the rest except two are occupied by two people.

18. On Saturday, April 4 staff began offering us a mask to wear on a daily basis. No instruction was provided as to how to properly take on and remove the masks, nor why they were important. They are not mandatory, and most people are not wearing them. Staff are not wearing masks either.

19. We have not been allowed cleaning supplies inside of our cells. No additional cleaning is taking place in the cells.

20. The showers are also not being cleaned any more than usual. They are supposed to be cleaned every night, though this does not always happen. This means that people are always using the shower after many others have without any cleaning.

21. While there was initially some increased cleaning with bleach, it has been inconsistently done. They stopped doing it for about a week at one point around the end of March.

22. Group meals and recreation continue without any alteration. Showers and phones are all shared without sanitation in between.

23. I fear for my health and my life if I remain at ACJ.

I, Bret Grote, certify that I reviewed this declaration with Heather Connolly by reading it to her over the telephone on April 2, 2020 and that she certified that the declaration was true and correct to the best of her knowledge.

/s/ Bret Grote

Bret Grote

PA I.D. No. 317273

Legal Director

Abolitionist Law Center

Pittsburgh, PA

15221

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bretgrote@abolitionistlawcenter.org

Dated: April 2, 2020

Exhibit D

[illegible]

IMMEDIATE RELIEF SOUGHT

1

6. Yesterday I began feeling scratchiness in my throat, and today I have been experiencing a runny nose and sneezing. I have no way of knowing if these symptoms are because I have a cold or Covid-19.

7. Prior to April 1st, I had not been provided any information, advice, or instruction from medical or other staff at ACJ pertaining to Covid-19. The first time I heard the term social distancing was during a phone call with counsel on or around March 28.

8. On the morning of Wednesday, April 1st, I saw a new posting on a column on the pod, which included information about changes to the local court system and other Covid-19-related information that was court-related and notified us about cleaning measures that are supposed to take place on the pod. I requested to the correctional officer on-duty, CO Thomas, "Let us know when you post things and explain them to us." CO Thomas replied, "You're not kids. You don't need anybody to read you anything."

9. Later that morning, Warden Harper entered the pod to speak about "social distancing". He threatened to lock down the entire pod if we did not stay six feet away from each other. He stated, "I'm going be watching on the cameras, and if you don't stay 6 feet apart, you're going be locked in, and only come out two at a time."

10. I asked, "What do you expect us to do when trays come?", as we eat in a communal setting and there are a limited number of tables. Warden Harper replied, "You can figure it out. I'm not going into technicalities."

11. Heather Connolly, a fellow plaintiff, asked, "How can you not care that we've got two people in each cell?" Warden Harper repeated, "You guys can figure it out."

I'm not going into technicalities. [...] Well, do you guys want me to shut you down? [...] We can't do nothing about double-celling."

12. He then stated, "I'm only answering two questions." He left the room immediately after.

13. I spoke to Major Vanchieri about what ACJ were doing to prevent people from contracting Covid-19. Major Vanchieri said that Warden Harper only came and spoke about social distancing to "scare" us, and that they know that social distancing is impossible to do in the jail.

14. Last Monday staff came and confiscated the second roll of toilet paper, limiting everybody to one roll each, and took the extra rolls off the pod. I have run out toilet paper in recent days and have to rely on other incarcerated people to be willing to share. Staff will not provide toilet paper as needed.,

15. There are 48 cells on 4F and about 20 of them are empty. All of the rest except two are occupied by two people.

16. Nobody on 4F has gloves or masks at the time of this declaration. Neither staff nor incarcerated people have masks.

17. We have not been allowed cleaning supplies inside of our cells. No additional cleaning is taking place in the cells.

18. The showers are also not being cleaned any more than usual. They are supposed to be cleaned every night, though this does not always happen. This means that people are always using the shower after many others have without any cleaning.

19. While there was initially some increased cleaning with bleach, it has been inconsistently done. They stopped doing it for about a week until cleaning again last night.

20. Group meals and recreation continue without any alteration. Showers and phones are all shared without sanitation in between.

21. I fear for my health and my life if I remain at ACJ.

I, Bret Grote, certify that I reviewed this declaration with Alexis Diggs by reading it to her over the telephone on April 2, 2020 and that she certified that the declaration was true and correct to the best of her knowledge.

/s/ Bret Grote

Bret Grote

PA I.D. No. 317273

Legal Director

Abolitionist Law Center

Pittsburgh, PA

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bretgrote@abolitionistlawcenter.org

Dated: April 5, 2020

Exhibit E

7. I am also concerned that my age and hypertension will also make it harder for me to survive Covid-19.

8. I am currently single-celled, but that could change at any time.

9. There are 56 cells on 3A. Almost all of them are double-celled, meaning two people are celled in each. There are just two one-person cells.

10. Some people were moved out recently, and I was told there are 87 people on the pod right now.

11. Since August we have had recreation/out of cell time and meal time divided by tier. That is still the case. There are two tiers, so that means each time there is recreation time there are about 40-50 people out at a time. Same with meals.

12. People are still exercising as normal, playing basketball, moving next to each other in crowded areas.

13. Meals are eaten at tables on the pod that are about 4 by 4 feet, with chairs pulled up to each table and four guys sitting around it.

14. No ACJ officials or staff or medical personal have come to talk to us or provide us any information, advice, or instruction pertaining to Covid-19.

15. All they have done is put up some flyers announcing some changes, some additional cleaning in the common areas, and advising people to wash their hands.

16. Whenever I use the phone I typically use it right after somebody else has, and I am packed in next to people on either side who are using other phones. After I use it, other people use it without the phone being sanitized.

17. There are 10 phones on the pod and they are almost always all in use the limited times we are allowed out of our cells.

18. They are now cleaning the phones when we are locked in, but we use them right after other people without any sanitizing in between.

19. Showers are supposed to be cleaned each night, but they are used throughout the day by many people without cleaning in between.

20. We have not been provided any cleaning materials for use in our cells.

21. Today, we were allowed to clean our cells for the first time in over a month.

22. Nobody on 3D has gloves or masks. Neither staff nor incarcerated people have masks.

23. Those exhibiting symptoms consistent with Covid-19 on 3A are not given regular if any medical attention, they are not quarantined, and they are not tested.

24. Just last week I vomited a couple of days in a row. Correctional Officers told me they would send me upstairs to medical, but they never did.

25. More than a week ago I was experiencing very bad chest pains. I was taken to medical where they did an EKG. Medical sought a second opinion about her EKG and ordered stronger medication for my inhaler. Medical staff did not follow up yet, and said they will see me in two weeks.

26. I fear for my health and my life if I remain in ACJ.

I, Bret Grote, certify that I reviewed this declaration with Larnell Jones by reading it to him over the telephone on April 3, 2020 and that he certified that the declaration was true and correct to the best of his knowledge.

/s/ Bret Grote
Bret Grote
PA I.D. No. 317273
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Dated: April 3, 2020

Exhibit F

- IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

8. On 6F, neither I nor anyone else on the pod has been provided any information, advice, or instruction from medical or other staff at ACJ pertaining to Covid-19.

9. I have been in the jail since November 19, 2018.

10. Since that date, I have not had access to my inhaler and have been denied access to it multiple times. I have likewise been denied breathing treatments. I have been told that they don't have a record of my illness.

11. When not in jail I use my inhaler as needed, which is typically once to three times per day.

12. Over the past week, I have been experiencing symptoms such as a low dry cough, runny nose, upset stomach and I vomited once.

13. I have seen sick call on approximately 5-6 occasions since October 2019, requesting my inhaler each time. To date, they have not provided that to me.

14. On 6F, all of those incarcerated are still eating our meals communally at tables, with typically four people per table. Most individuals continue to utilize the same liquid dispensers for juice.

15. They began split recreation today, meaning they are letting us out in smaller groups, but there are still about 25 people out at a time in close proximity to each other. We sit four at a table, we are shoulder to shoulder and across from one another in the phone, we use the phones after each other without them being sanitized, and people are still playing handball and basketball.

16. We are provided with one (1) roll of toilet paper per week per cell. There is a limited supply of soap, deodorant, and other hygiene products. Right now I have been

without a bar of soap since Wednesday, April 1. My cellmate and I use the same soap in our sink, and we frequently drink out of the same cups.

17. I estimate that there are 60 cells on 6F. Around half are empty, and most of the rest are occupied by two people.

18. Today, for the first time, they came onto the tier to provide us with masks. They were given to us by Corrections Officers who handled them with their bare hands. Nobody gave us any instructions on how to properly put them or take them off so that they retain their effectiveness

19. While there was initially some increased cleaning with bleach, it has been inconsistently done. And they do not let us clean our cells, we do not have cleaning supplies.

20. I fear for my health and my life if I remain at ACJ.

I, Bret Grote, certify that I reviewed this declaration with Michael Graham by reading it to her over the telephone on April 4, 2020 and that she certified that the declaration was true and correct to the best of her knowledge.

/s/ Bret Grote
Bret Grote
PA I.D. No. 317273
Legal Director
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Dated: April 4, 2020

Exhibit G

6. I am very concerned that my breathing problems and exposure to Covid-19 could result in a medical crisis or even my death.

7. I am also concerned that my diabetes and hypertension will make it harder for me to survive Covid-19.

8. I am currently double-celled. My cellmate was recently brought to ACJ. He is 57 years-old. He came from the community and spent only four days in intake, meaning he was not quarantined.

9. It is impossible to be six-feet away from my cellmate, and we are in the cell about 21 hours each day.

10. There are 56 cells on 3D. Almost all of them are double-celled, meaning two people are celled in each. There are just two one-person cells.

11. For the last 8 months or so we have had recreation/out of cell time and meal time divided by tier. That is still the case. There are two tiers, so that means each time there is recreation there are about 50 people out at a time. Same with meals.

12. People are still exercising as normal, playing basketball, moving next to each in crowded areas.

13. Meals are eaten at tables on the pod that are about 4 by 4 feet, with chairs pulled up to each table and four guys sitting around it.

14. No ACJ officials or staff or medical personal have come to talk to us or provide us any information, advice, or instruction pertaining to Covid-19.

15. All they have done is put up some flyers announcing some changes, some additional cleaning in the common areas, and advising people to wash their hands.

16. Whenever I use the phone I typically use it right after somebody else has, and I am packed in next to people on either side who are using other phones. After I use it, other people use it without the phone being sanitized.

17. Showers are supposed to be cleaned each night, but they are used throughout the day by many people without cleaning in between.

18. We have not been provided any cleaning materials for use in our cells. Cells are cleaned once per week, every Friday, and that has been the routine the entire time I have been at ACJ.

19. Nobody on 3D has gloves or masks. Neither staff nor incarcerated people have masks.

20. We are given one bar of soap and one roll of toilet paper per person per week. They used to give two of each until about two weeks ago when they cut back due to alleged shortages.

21. At one point, this led to a fight over limited toilet paper after somebody ran out.

22. People have run out of toilet paper in the middle of the week and have taken to using request forms to wipe themselves.

23. Those exhibiting symptoms consistent with Covid-19 on 3D are not given regular if any medical attention, they are not quarantined, and they are not tested.

24. Just last week I felt I had a fever and the medical staff did not see me for five days after I put in a request slip. When they saw me they told me that the fever was because of my blood pressure. There was no follow up, my temperature was not taken again, I was not given a mask, not taken to the infirmary, and nobody sought to assess who

I had been in close proximity to in order to monitor them for any potential symptoms of Covid-19.

25. I fear for my health and my life if I remain in ACJ.

I, Bret Grote, certify that I reviewed this declaration with Terry Suggs by reading it to him over the telephone on April 3, 2020 and that he certified that the declaration was true and correct to the best of his knowledge.

/s/ Bret Grote

Bret Grote

PA I.D. No. 317273

Legal Director

Abolitionist Law Center

Pittsburgh, PA

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Dated: April 3, 2020

Exhibit H

myself, are at risk of living in the same cell where it impossible to practice social distancing.

5. We are only allowed to exercise in recreation cages. The cages are less than 6 feet apart. Anywhere from four to eight inmates can be in the cages at a time.

6. For the past two weeks, pod 8E has been the only men's solitary confinement unit at ACJ.

7. Pod 1C was a men's solitary confinement unit. I was housed there until about March 26, 2020, when ACJ shuttered Level 1. More than a dozen inmates, who were housed on pod 1C have been moved to pod 8E.

8. To my knowledge, the housing units on Level 7 is also shuttered.

9. As of April 8, 2020, there are about 80 inmates housed on pod 8E.

10. After my housing pod was consolidated into pod 8E, I began having symptoms that are associated with Covid-19, including coughing, shortness of breath, and congestion.

11. I have never been tested for Covid-19. So, on or about April 6, 2020, after my symptoms continued to worsen, I asked to be tested for the virus. But ACJ denied my requests.

12. ACJ has also denied my requests for a medical exam and for breathing treatments.

13. It has been exceedingly difficult to speak with a healthcare practitioner because starting about April 1, the medical staff stopped making routine rounds and now comes by only two to three days a week.

14. To my knowledge, ACJ did not make wearing masks obligatory for its staff until after an inmate tested positive for Covid-19, on April 8, 2020. Before, corrections officers would not wear masks even when they are within 6 feet of us.

15. On or about April 4, 2020, we were given masks but nobody explained how to wear them and when we should use them. If our masks get contaminated, we are not given a new one until the following day. Also, we haven't been given gloves.

16. Collectively, I have spent almost a year in solitary confinement, and the living conditions since late March 2020, are the worse I have ever experienced.

17. While there was initially some increased cleaning with bleach, it has been inconsistently done, if at all. Warden Harper ordered corrections officers to clean cell door handles, slots, keys, and handcuffs on an hourly basis. The following day, two of the three corrections officer shifts did not clean at all. For the last week, this cleaning has stopped altogether.

18. Our cells, toilets, and sinks have not been cleaned or sanitized for almost two weeks. We are unable to clean them ourselves because ACJ does not give us access to cleaning supplies even if we request them. Trash frequently piles up in our cells because we are not allowed to leave our cells to dispose of it. We also do not have access to supplies to clean the slots in our cell doors through which we receive our food and medicines.

19. We are short on hygienic supplies. There is no hand sanitizer. Many people run out of toilet paper and have nothing to clean themselves.

20. Showers and phones are all shared without sanitation in between individual users.

21. ACJ has not been committed to us living in sanitary conditions. On or about March 31, 2020, I witnessed several corrections officers use force on an inmate because he had refused to go into a cell that was infested with bed bugs and had not been sanitized after the previous person. The corrections officers ignored the inmate even after he showed them the bug bites on his body, which he received the last time he lived there. Instead, they forced the inmate to ground, cuffed him, and placed him in a restraint chair for several hours. After which, they housed the inmate in that cell without cleaning it first.

22. I fear for my health and my life if I remain at ACJ.

I, Jaclyn Kurin, certify that I reviewed this declaration with Shaquille Howard by reading it to him over the telephone on April 8, 2020 and that he certified that the declaration was true and correct to the best of his knowledge.

/s/ Jaclyn Kurin
Jaclyn Kurin
D.C. Bar No. 1600719
Staff Attorney
Abolitionist Law Center
Pittsburgh, PA
15221
jkurin@alcenter.org

Dated: April 8, 2020

Exhibit I

	Allegheny County Employees	2/26/2020	4/2/2020		
1	HEALTH SERVICES ADMINISTRATOR	0	1		
2	DEPUTY HEALTH SERVICES ADMINISTRATOR	0	0		
3	DIRECTOR OF NURSING	0	1		
4	ASSISTANT DIRECTOR OF NURSING	2	2		
5	DIRECTOR OF SUBSTANCE USE PROGRAMS	1	1		
6	DIRECTOR OF MENTAL HEALTH PROGRAMS	0	0		
7	CLINIC MANAGER	0	1		
8	STAFF EDUCATOR	0	0		
9	INFECTIOUS DISEASE COORDINATOR	0	0		
10	DETOX NURSE COORDINATOR	0	0		
11	ADMINISTRATIVE ASSISTANTS	2	2		
12	SUPPLY CLERK	0	0		
13	PAYROLL CLERK	0	0		
14	ACCOUNTS PAYABLE	0	0		
15	IT MANAGER	0	0		
16	DISCHARGE PLANNERS	0	0		
17	LICENSED PRACTICAL NURSE	6	6		
18	LICENSED PRACTICAL NURSE - PT (16 hours/week)	2	2		
19	MEDICAL ASSISTANT	4	4		
20	MEDICAL ASSISTANT - PT (16 hours/week)	3	3		
21	MEDICAL RECORDS CLERK	0	0		
22	MEDICAL RECORDS CLERK - PT (16 hours/week)	0	0		
23	MENTAL HEALTH REG NURSE	0	0		
24	MENTAL HEALTH REG NURSE -PT (16 hours/week)	2	2		
25	MENTAL HEALTH SPECIALIST	0	0		
26	MENTAL HEALTH SPECIALIST - PT (16 hours/week)	2	2		
27	PHARMACY/ MEDICATION TECHNICIAN	1	1		
28	PHARMACY/ MEDICATION TECHNICIAN - PT (16 hours/week)	0	0		
29	PSYCHIATRIC AIDE	1	2		
30	REGISTERED NURSE	6	6		
31	REGISTERED NURSE - PT (16 hours/week)	8	8		
32	SUBSTANCE ABUSE COUNSELOR	1	0		
33	SUBSTANCE ABUSE COUNSELOR - PT (16 hours/week)	2	2		
34					
35	Allegheny Health Network Employees				
36	MEDICAL DIRECTOR	0	0		
37	PHYSICIANS (Physical Health)	0	0		
38	PHYSICIANS (Physical Health) - PT (16 hours/week)	0	0		
39	MID LEVEL PRACTITIONERS (Physical Health)	0	0		
40	MID LEVEL PRACTITIONERS (Physical Health) - PT (16 hours/week)	0	0		
41	Physicians (Psychiatrists)	2	2		
42	Physicians (Psychiatrists) - PT (8 hours/week)	0	0		
43	MID LEVEL PRACTITIONERS (Mental Health)	0	0		
44	MID LEVEL PRACTITIONERS (Mental Health) - PT	0	0		
45	PSYCHOLOGIST - PT (20 hours/week)	0	0		
46	X-RAY TECHNICIANS	0	0		
	Total Vacancies:	45	48		

Dept.	AB	Date Started	Employee Name	Home Cost Center	Unit ID	Job Title
30	2215543	2/21/2016	KATCHMAR, JILL	300101	70130	ACCOUNT CLERK 1
30	2365666	5/1/2017	EVANS, SHAWNA L	300101	70130	ACCOUNT CLERK 1
30	2099145	8/11/2014	MCGRAW, LISA M	300101	70130	ACCOUNT CLERK 2
30	743431	6/30/2003	URBAN, DAVID C.	300101	130130	ACCOUNT CLERK SUPERVISOR
30	2598149	3/9/2020	CORTES, LINDSEY M	304301	9999	ACCOUNTS PAYABLE CLERK
30	100974	6/13/1983	PISCHKE, JOHN R	300101	7777	ADM OF INMATE PROGRAMS
30	1998572	12/2/2013	CLARK, CONNIE N	300101	7777	ADM REINTEGRATION ALT HOUSING
30	107582	5/1/2000	KROLL, AMY M.	300101	7777	ADMIN OF REENTRY SERVICES
30	2216630	9/1/2015	RAMSEY, DIANA L	304301	9999	ADMINISTRATIVE ASSISTANT
30	2524260	4/1/2019	FROELICH, NICHOLE M	304301	9999	ADMINISTRATIVE ASSISTANT
30	2550146	6/10/2019	WILSON, DOROTHY R	304301	9999	ADMINISTRATIVE ASSISTANT
30	1094282	6/11/2018	REYNOLDS, APRIL L.	300101	9999	ALTERNATIVE HOUSING COORD
30	1917341	3/25/2013	THOMAS, RONELE E	300101	9999	ALTERNATIVE HOUSING COORD
30	2346594	3/27/2017	SPIELER, SUSAN	304301	7777	ANALYST-BUSINESS/APPLICATIONS
30	2031203	2/24/2014	SUZIO, CHARLES A	300101	7777	APPLICATION SUPPORT ADMIN
30	2238995	1/24/2016	VENSEL, JENNIFER	304301	7778	ASSISTANT DIRECTOR NURSING
30	2336153	2/6/2017	KELLY, JENNIFER LYNN	304301	7778	ASSISTANT DIRECTOR NURSING
30	2478278	7/23/2018	MARTIN, HOLLY L	304301	7778	ASSISTANT DIRECTOR NURSING
30	2523924	4/1/2019	AUGUSTINE, DEBRA L	304301	7778	ASSISTANT DIRECTOR NURSING
30	101653	12/27/1994	YOUNG JR, FRED R	300101	7778	CAPTAIN
30	103265	8/1/1999	FRANK, STEPHANIE M.	300101	7778	CAPTAIN
30	103978	1/13/2002	EDWARDS, DWIGHT D.	300101	7778	CAPTAIN
30	808006	3/5/2006	PIENDEL, JONATHAN D.	300101	7778	CAPTAIN
30	911677	12/1/2004	HUNGERMAN, DAVID J.	300105	7778	CAPTAIN
30	1459433	10/10/2010	MERLINO, JAMIE L	300101	7778	CAPTAIN
30	1508240	6/19/2011	BOSI, DANIEL E	300101	7778	CAPTAIN
30	1508251	11/6/2011	MILICEVIC, IVAN	300101	7778	CAPTAIN
30	2244488	1/25/2016	TERRY, MICHAEL D	300101	7778	CAPTAIN
30	2279531	5/16/2016	WALKER, GARY R	300101	7778	CAPTAIN
30	2510484	1/22/2019	WISEMAN, KENNETH A	300101	7778	CAPTAIN
30	2557521	7/22/2019	JOSEPH, BRYAN M	300101	7778	CAPTAIN

30 649139	1/27/2003 BENNETT, JEFFREY J	300101	80130 CASEWORKER
30 853393	12/9/2019 D'ANTONIO, ANGELA V.	300101	80130 CASEWORKER
30 1102581	6/26/2006 WILLIAMS, CASEY	300101	80130 CASEWORKER
30 1787711	7/2/2012 VACSULKA, KRISTIN M	300101	80130 CASEWORKER
30 1812177	10/22/2012 DOUBT, KIMBERLY D	300101	80130 CASEWORKER
30 1812238	10/22/2012 EICHENLAUB, EDWARD H	300101	80130 CASEWORKER
30 2146852	1/12/2015 WAGNER, EDWARD G	300101	80130 CASEWORKER
30 2482815	8/20/2018 FULLEN, MAUREEN M	300101	80130 CASEWORKER
30 2503033	11/26/2018 HARRIS, TAMARA L	300101	80130 CASEWORKER
30 2585892	12/9/2019 DUNTON, MALKA	300101	80130 CASEWORKER
30 100450	10/1/2001 STEPHENS, MONTE L.	300101	80130 CASEWORKER (Longevity Step)
30 101598	5/21/1990 APKE, STEVEN J	300101	80130 CASEWORKER (Longevity Step)
30 101664	12/6/1999 CARL, DAVID B	300101	80130 CASEWORKER (Longevity Step)
30 2215544	8/26/2015 WILLIAMS, LAURA K	304301	7777 CHIEF DEP WARD-HEALTHCARE SERV
30 2375308	6/5/2017 ZETWO, DAVID E	300101	7777 CHIEF DEPUTY WARDEN
30 2377637	6/12/2017 MAHR, JOSEPH G	300101	70130 CLERK
30 2447656	4/16/2018 DILLON, FRANCES M	304301	7777 CLINIC MANAGER
30 100527	9/25/1995 FLAHERTY, THOMAS E	300101	1101 CORRECTIONAL OFFICER
30 101094	6/8/1987 ZINSSER, EARL J	300101	1101 CORRECTIONAL OFFICER
30 101153	7/27/1987 PRICE, CHRISTOPHER	300105	1101 CORRECTIONAL OFFICER
30 101176	11/9/1987 RUFFOLO, MICHAEL J	300101	1101 CORRECTIONAL OFFICER
30 101260	10/25/1993 FALLON, MICHAEL J	300101	1101 CORRECTIONAL OFFICER
30 101497	9/25/1989 BRUNICK, JOHN E	300105	1101 CORRECTIONAL OFFICER
30 101498	9/25/1989 GOODMAN, RICHARD J	300101	1101 CORRECTIONAL OFFICER
30 101504	9/25/1989 NEYMAN, LEROY E	300101	1101 CORRECTIONAL OFFICER
30 101556	1/2/1990 PARZICH JR, RONALD S	300101	1101 CORRECTIONAL OFFICER
30 101592	4/23/1990 COSGROVE, ROBERT E	300101	1101 CORRECTIONAL OFFICER
30 101630	11/6/1989 DUNEGAN, MICHAEL G	300101	1101 CORRECTIONAL OFFICER
30 101800	3/18/1991 SCHAFER, WILLIAM T	300101	1101 CORRECTIONAL OFFICER
30 101814	2/25/1991 HEDDERMAN, LEO T	300101	1101 CORRECTIONAL OFFICER
30 101815	2/25/1991 CHRASKA, MICHAEL J	300101	1101 CORRECTIONAL OFFICER
30 101879	11/17/1994 WAGNER, WILLIAM M	300101	1101 CORRECTIONAL OFFICER
30 101883	7/29/1991 SCASSERA, JOSEPH P	300101	1101 CORRECTIONAL OFFICER
30 102064	8/10/1992 COMER, ROBERT L	300105	1101 CORRECTIONAL OFFICER

30 102066	8/10/1992 ZELEPOS, LOUIE I	300105	1101 CORRECTIONAL OFFICER
30 102068	8/10/1992 CATES, ROBERT J	300101	1101 CORRECTIONAL OFFICER
30 102087	8/10/1992 STEVENSON JR, RICHARD M	300101	1101 CORRECTIONAL OFFICER
30 102090	8/10/1992 BARRY, DOUGLAS D	300101	1101 CORRECTIONAL OFFICER
30 102095	8/24/1992 COLEMAN, CARLOS R	300101	1101 CORRECTIONAL OFFICER
30 102169	3/24/1993 YOST, BART R	300101	1101 CORRECTIONAL OFFICER
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30 102401	10/17/1994 YAGATICH, JANET M	300105	1101 CORRECTIONAL OFFICER
30 102404	10/24/1994 BROWN, WILLIAM P	300101	1101 CORRECTIONAL OFFICER
30 102436	11/17/1994 HANEY, STEPHEN R	300101	1101 CORRECTIONAL OFFICER
30 102437	11/17/1994 ISENBERG, DAVID A	300101	1101 CORRECTIONAL OFFICER
30 102441	11/17/1994 MACMASTER, DAVID W	300101	1101 CORRECTIONAL OFFICER
30 102446	11/28/1994 CURLEY, RAYMOND J	300101	1101 CORRECTIONAL OFFICER
30 102459	11/17/1994 PARKINSON, DAVID W	300101	1101 CORRECTIONAL OFFICER
30 102464	11/17/1994 ZANGARO, JOHN M	300101	1101 CORRECTIONAL OFFICER
30 102465	12/27/1994 VIRGILI JR, ROBERT L	300101	1101 CORRECTIONAL OFFICER
30 102475	12/27/1994 COLAIZZI, SALVATORE B	300101	1101 CORRECTIONAL OFFICER
30 102477	12/27/1994 JONES, ROBERT F	300101	1101 CORRECTIONAL OFFICER
30 102485	12/27/1994 RAPNETH IV, RAOUL C	300105	1101 CORRECTIONAL OFFICER
30 102486	12/27/1994 BELL, CARLA J	300101	1101 CORRECTIONAL OFFICER
30 102495	12/27/1994 MANGIS, JOHN F	300105	1101 CORRECTIONAL OFFICER
30 102558	7/31/1995 CIBULA, MICHAEL A	300101	1101 CORRECTIONAL OFFICER
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30 102586	7/31/1995 NESBITT, DAVID N	300101	1101 CORRECTIONAL OFFICER
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30 102657	12/18/1995 SCHMITT, RONALD J	300101	1101 CORRECTIONAL OFFICER
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30 643455	1/8/2006 TURNER-ALLEN, TAMMY O.	300101	1101 CORRECTIONAL OFFICER
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30 1118791	3/30/2008 DAVIS, JAYVON A	300101	1101 CORRECTIONAL OFFICER
30 1118794	6/24/2007 BURNETT, RONALD P	300101	1101 CORRECTIONAL OFFICER
30 1118796	7/8/2007 PANAIA, RICHARD J.	300101	1101 CORRECTIONAL OFFICER
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30 1118801	4/27/2008 LEONE, SERGIO	300101	1101 CORRECTIONAL OFFICER
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30 1152544	6/22/2008 HARPER-SLABY, KARA L.	300101	1101 CORRECTIONAL OFFICER
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30 1459426	6/6/2010 TEGTMEIER, JAMES R	300101	1101 CORRECTIONAL OFFICER
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30 1475012	2/18/2018 BRICKLEY, JAMIE L	300101	1101 CORRECTIONAL OFFICER
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30 1643020	6/1/2014 HANDERHAN, CHRISTOPHER J	300101	1101 CORRECTIONAL OFFICER
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30 1643049	6/15/2014 CUNNINGHAM, DION A	300101	1101 CORRECTIONAL OFFICER
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30 1724025	7/20/2014 ASPRILLA-GAMBOA, ERIC A	300101	1101 CORRECTIONAL OFFICER
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30 1724548	7/27/2014 IRELAND, JOHN L	300101	1101 CORRECTIONAL OFFICER
30 1782904	8/24/2014 IRELAND, MICHAEL K	300101	1101 CORRECTIONAL OFFICER
30 1782907	10/20/2013 GLOVER, JACOB E	300101	1101 CORRECTIONAL OFFICER
30 1782908	8/24/2014 SCHROTT JR, DANIEL W	300101	1101 CORRECTIONAL OFFICER
30 1782911	8/24/2014 GILLILAND, JOHN L.	300101	1101 CORRECTIONAL OFFICER
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30 1782918	8/24/2014 DEAN, CALVIN E	300101	1101 CORRECTIONAL OFFICER
30 1782920	8/24/2014 KNIGHT, FELICA L	300101	1101 CORRECTIONAL OFFICER
30 1782921	8/24/2014 FLEISNER, RAYMOND W	300101	1101 CORRECTIONAL OFFICER
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30 1825680	9/21/2014 KELLY, BRIAN A	300101	1101 CORRECTIONAL OFFICER
30 1825684	12/6/2017 KELLY, BRUCE A	300101	1101 CORRECTIONAL OFFICER
30 1825695	9/21/2014 NOVAKOWSKI, JESSICA M	300101	1101 CORRECTIONAL OFFICER
30 1825700	9/21/2014 RIZZO, RONALD N	300101	1101 CORRECTIONAL OFFICER
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30 1986431	9/21/2014 JENNINGS, JENELLE N	300101	1101 CORRECTIONAL OFFICER
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30 2107332	3/8/2015	FITZWILLIAM, KASEY D	300101	1101	CORRECTIONAL OFFICER
30 2146339	4/19/2015	CERDA, MICHAEL J	300105	1101	CORRECTIONAL OFFICER
30 2146342	6/28/2015	GUMKOWSKI, ERIC D	300101	1101	CORRECTIONAL OFFICER
30 2146346	8/9/2015	HARRIGAN, DEREK S	300101	1101	CORRECTIONAL OFFICER
30 2146351	4/19/2015	KRAMER, JOSEPH C	300101	1101	CORRECTIONAL OFFICER
30 2146354	8/9/2015	RETHAGE, PEARL JOY	300101	1101	CORRECTIONAL OFFICER
30 2146357	5/31/2015	ROBINSON, ALLEN E	300101	1101	CORRECTIONAL OFFICER
30 2146358	5/31/2015	STADELMAN, JUSTIN M	300101	1101	CORRECTIONAL OFFICER
30 2146366	6/14/2015	VERBANICK, STEPHEN M	300101	1101	CORRECTIONAL OFFICER
30 2146368	8/9/2015	WALL, ROUDY L	300101	1101	CORRECTIONAL OFFICER
30 2161459	9/6/2015	STREICH, DAVID	300101	1101	CORRECTIONAL OFFICER
30 2161574	9/6/2015	ROBINSON, ANTOINETTE	300101	1101	CORRECTIONAL OFFICER
30 2161578	9/6/2015	PAVLECIC, JONATHAN	300101	1101	CORRECTIONAL OFFICER
30 2161580	10/18/2015	ZIEGLER, JEFFREY	300101	1101	CORRECTIONAL OFFICER
30 2200423	12/27/2015	ANDERSON, BRANDON J	300101	1101	CORRECTIONAL OFFICER
30 2200431	11/15/2015	BANE, JOSHUA J	300101	1101	CORRECTIONAL OFFICER
30 2200435	12/27/2015	AMRHEIN, BRETT M	300101	1101	CORRECTIONAL OFFICER
30 2200440	12/27/2015	DALLY, JUSTIN M	300101	1101	CORRECTIONAL OFFICER
30 2200451	3/6/2016	GRAY, EDWARD N	300101	1101	CORRECTIONAL OFFICER
30 2200475	11/29/2015	INGRAM, SHANE R	300101	1101	CORRECTIONAL OFFICER
30 2200507	1/24/2016	ZELEPOS, NEAKO G	300101	1101	CORRECTIONAL OFFICER
30 2200519	3/6/2016	MCCLELLAND, KEATON D	300101	1101	CORRECTIONAL OFFICER
30 2200539	11/15/2015	COLEMAN, TOBIAS A	300101	1101	CORRECTIONAL OFFICER

30 2216783	7/23/2017 CALDWELL, TONYA M	300101	1101 CORRECTIONAL OFFICER
30 2228207	11/25/2018 LANEY, TAMARA L	300101	1101 CORRECTIONAL OFFICER
30 2237986	7/10/2016 TUCKER, RYAN E	300101	1101 CORRECTIONAL OFFICER
30 2237987	5/29/2016 TALBERT, DORMAYNE R	300101	1101 CORRECTIONAL OFFICER
30 2237990	5/29/2016 STEPHENS-GREGORY, CHINNIE L	300105	1101 CORRECTIONAL OFFICER
30 2237994	5/29/2016 SCHULTZ, JOSHUA S	300101	1101 CORRECTIONAL OFFICER
30 2237996	7/10/2016 PANZA, JOSEPH P	300101	1101 CORRECTIONAL OFFICER
30 2237997	8/21/2016 MCCLAIN, BONNYE J	300101	1101 CORRECTIONAL OFFICER
30 2237998	5/29/2016 LENHART, WILLIAM H	300105	1101 CORRECTIONAL OFFICER
30 2238026	5/29/2016 KOPCHO, RYAN H	300105	1101 CORRECTIONAL OFFICER
30 2238028	8/7/2016 DILTS, GUY P	300101	1101 CORRECTIONAL OFFICER
30 2238030	8/7/2016 DENILLO, DANIEL M	300101	1101 CORRECTIONAL OFFICER
30 2238031	5/29/2016 DAWSON, DEAN K	300105	1101 CORRECTIONAL OFFICER
30 2238032	5/29/2016 CAMARA, DAVID E	300101	1101 CORRECTIONAL OFFICER
30 2238051	7/22/2018 HOLT, JASON C	300105	1101 CORRECTIONAL OFFICER
30 2251248	5/29/2016 DEMIS, MICHAEL C	300101	1101 CORRECTIONAL OFFICER
30 2251249	5/29/2016 SIMERAL, SHANE R	300101	1101 CORRECTIONAL OFFICER
30 2251253	5/29/2016 JACKSON, IAN R	300101	1101 CORRECTIONAL OFFICER
30 2251257	8/7/2016 HALEY, MICHAEL S	300101	1101 CORRECTIONAL OFFICER
30 2279395	6/4/2017 JONES, CURTIS J	300101	1101 CORRECTIONAL OFFICER
30 2279399	3/19/2017 KORB, JASON J	300101	1101 CORRECTIONAL OFFICER
30 2279402	3/26/2017 FARLEY, SHARON D	300101	1101 CORRECTIONAL OFFICER
30 2279422	7/23/2017 KEARNS, MATTHEW	300101	1101 CORRECTIONAL OFFICER
30 2279451	11/13/2016 MACK, KIAH	300105	1101 CORRECTIONAL OFFICER
30 2279452	7/23/2017 MALESIC, CHRISTOPHER D	300101	1101 CORRECTIONAL OFFICER
30 2279460	4/30/2017 MCVEIGH, JAMES J	300101	1101 CORRECTIONAL OFFICER
30 2279464	4/30/2017 NALLEY, SHAWN M	300101	1101 CORRECTIONAL OFFICER
30 2279466	7/23/2017 POINDEXTER, JOHN	300101	1101 CORRECTIONAL OFFICER
30 2279468	6/4/2017 RENDA, CHRISTOPHER F	300105	1101 CORRECTIONAL OFFICER
30 2279496	7/23/2017 TRALONGO, ANTONIO	300101	1101 CORRECTIONAL OFFICER
30 2279497	8/6/2017 VENSEL, JAMES T	300101	1101 CORRECTIONAL OFFICER
30 2279499	1/8/2017 VOJTAS, ANTHONY J	300101	1101 CORRECTIONAL OFFICER
30 2279501	7/23/2017 WEATHERFORD, KAYLEE M	300101	1101 CORRECTIONAL OFFICER
30 2279502	1/8/2017 LESLIE, BRANDON T	300101	1101 CORRECTIONAL OFFICER

30 2279506	10/24/2016	DEVLIN, ALBERT L	300101	1101	CORRECTIONAL OFFICER
30 2279508	7/23/2017	DENNIS, STEPHEN M	300101	1101	CORRECTIONAL OFFICER
30 2279511	2/19/2017	ARLOTTA, NICHOLAS	300105	1101	CORRECTIONAL OFFICER
30 2279517	8/6/2017	CAWLEY, SHANE M	300101	1101	CORRECTIONAL OFFICER
30 2279518	7/23/2017	ALDER, DAVID J	300101	1101	CORRECTIONAL OFFICER
30 2279519	3/19/2017	KEMP III, WILLIAM C	300101	1101	CORRECTIONAL OFFICER
30 2279522	8/6/2017	FLEMING, PAUL S	300101	1101	CORRECTIONAL OFFICER
30 2279739	4/30/2017	DEEMS, SHANNON T	300101	1101	CORRECTIONAL OFFICER
30 2279740	1/22/2017	HYDE, JEFFREY A	300101	1101	CORRECTIONAL OFFICER
30 2309712	9/19/2016	BRENNAN, THOMAS K	300101	1101	CORRECTIONAL OFFICER
30 2330933	4/1/2018	TAYLOR, SHYRA E	300101	1101	CORRECTIONAL OFFICER
30 2338234	2/4/2018	OVERDORF, MATHEW R	300101	1101	CORRECTIONAL OFFICER
30 2338235	9/17/2017	MCGUIRE, RYAN M	300105	1101	CORRECTIONAL OFFICER
30 2338237	9/3/2017	MARTIN, MICHAEL A	300101	1101	CORRECTIONAL OFFICER
30 2338238	9/3/2017	YOUNKINS JR, DAVID	300105	1101	CORRECTIONAL OFFICER
30 2338239	9/17/2017	JONES, NICOLE	300101	1101	CORRECTIONAL OFFICER
30 2338240	9/3/2017	GREGG, NATALIE M	300101	1101	CORRECTIONAL OFFICER
30 2338243	10/1/2017	WEAVER, ANDREW J	300101	1101	CORRECTIONAL OFFICER
30 2338244	2/4/2018	COSCARELLI, DYLAN	300101	1101	CORRECTIONAL OFFICER
30 2338245	10/29/2017	WARD-BLACK, AUTUMN N	300101	1101	CORRECTIONAL OFFICER
30 2338246	12/10/2017	STAWIARSKI, SCOTT A	300101	1101	CORRECTIONAL OFFICER
30 2338247	10/1/2017	SPATH, MICHAEL P	300105	1101	CORRECTIONAL OFFICER
30 2338249	12/10/2017	CARR, MICHAEL E	300101	1101	CORRECTIONAL OFFICER
30 2338250	11/26/2017	BROWN, JACOB J	300101	1101	CORRECTIONAL OFFICER
30 2372273	2/4/2018	FITZPATRICK, ERIC M	300101	1101	CORRECTIONAL OFFICER
30 2372275	2/4/2018	MARTIN, WILLIAM D	300101	1101	CORRECTIONAL OFFICER
30 2372277	2/4/2018	LORANT, DAVID M	300101	1101	CORRECTIONAL OFFICER
30 2372278	2/4/2018	MAUST, WALTER F	300101	1101	CORRECTIONAL OFFICER
30 2402955	4/1/2018	COULTER, CASEY D	300101	1101	CORRECTIONAL OFFICER
30 2402956	5/13/2018	HOLMES, JEFFREY D	300101	1101	CORRECTIONAL OFFICER
30 2402957	2/18/2018	JOHNSON, JEREMY J	300101	1101	CORRECTIONAL OFFICER
30 2402958	3/18/2018	MCGUIRE, ZACHARY A	300101	1101	CORRECTIONAL OFFICER
30 2402960	4/1/2018	MIKAN, SEAN C	300105	1101	CORRECTIONAL OFFICER
30 2402961	3/18/2018	MORELLI, PAOLO P	300101	1101	CORRECTIONAL OFFICER

30 2402965	4/15/2018 VOJTAS, CHRISTOPHER J	300101	1101 CORRECTIONAL OFFICER
30 2402966	3/4/2018 WILLIAM, JOE N	300101	1101 CORRECTIONAL OFFICER
30 2402997	4/1/2018 WASKOWIAK, ERIN K	300105	1101 CORRECTIONAL OFFICER
30 2402998	4/1/2018 MOSELEY, SHAINA	300101	1101 CORRECTIONAL OFFICER
30 2402999	3/18/2018 PRUGER, MARK A	300101	1101 CORRECTIONAL OFFICER
30 2403001	4/1/2018 HOOVER, MICHAEL J	300101	1101 CORRECTIONAL OFFICER
30 2403005	4/1/2018 MEHOK, ALLIE N	300101	1101 CORRECTIONAL OFFICER
30 2420846	1/8/2018 DAVIS, BRIAN M	300101	1101 CORRECTIONAL OFFICER
30 2431545	7/8/2018 KESSLER, ANDREW	300101	1101 CORRECTIONAL OFFICER
30 2431546	9/16/2018 MAVROIDES, ATHENA M	300101	1101 CORRECTIONAL OFFICER
30 2431547	9/2/2018 MAZZA, JUSTIN M	300101	1101 CORRECTIONAL OFFICER
30 2431548	10/14/2018 PARKER, JOSEPH A	300101	1101 CORRECTIONAL OFFICER
30 2431549	7/22/2018 ROBERSON, TERRELL	300101	1101 CORRECTIONAL OFFICER
30 2431551	8/19/2018 VAUSE, JOHNATHAN M	300101	1101 CORRECTIONAL OFFICER
30 2431553	2/17/2019 STEIN, JAMES E	300101	1101 CORRECTIONAL OFFICER
30 2431565	7/8/2018 ANDRASCIK, JUSTIN C	300101	1101 CORRECTIONAL OFFICER
30 2431568	9/2/2018 IEZZI III, LOUIS	300101	1101 CORRECTIONAL OFFICER
30 2431569	11/25/2018 BESSELMAN, MICHAEL H	300101	1101 CORRECTIONAL OFFICER
30 2431574	7/22/2018 CAMPBELL, MICHAEL D	300101	1101 CORRECTIONAL OFFICER
30 2431942	7/22/2018 COVINE, CODY B	300101	1101 CORRECTIONAL OFFICER
30 2431947	2/17/2019 DREXLER, JUSTIN	300101	1101 CORRECTIONAL OFFICER
30 2431951	9/30/2018 FINNEY, STEPHEN	300101	1101 CORRECTIONAL OFFICER
30 2474977	3/3/2019 REIMER, SHELBY L	300105	1101 CORRECTIONAL OFFICER
30 2474978	2/17/2019 PERMINTER, JADORA R	300105	1101 CORRECTIONAL OFFICER
30 2474979	3/3/2019 LUCENTE, JEFFREY	300101	1101 CORRECTIONAL OFFICER
30 2474990	2/17/2019 CORNELL, CORTNEY N	300101	1101 CORRECTIONAL OFFICER
30 2474992	3/3/2019 JANSEN, SHAWNIE A	300101	1101 CORRECTIONAL OFFICER
30 2474994	3/3/2019 LEFEVRE II, JAY C	300101	1101 CORRECTIONAL OFFICER
30 2475012	3/3/2019 HESTER, GREGORY H	300101	1101 CORRECTIONAL OFFICER
30 2475688	7/9/2018 WILSON, KATEYMARIE E	300101	1101 CORRECTIONAL OFFICER
30 2485762	3/3/2019 NARDUCCI, ANTHONY R	300101	1101 CORRECTIONAL OFFICER
30 2485772	3/3/2019 JOHNS, ALEXANDER X	300101	1101 CORRECTIONAL OFFICER
30 2485774	3/3/2019 EAST, RASHEEN D	300101	1101 CORRECTIONAL OFFICER
30 2486046	3/3/2019 GERBER, JUSTIN R	300101	1101 CORRECTIONAL OFFICER

30 2486047	3/3/2019 DIANA, NATALIE A	300101	1101 CORRECTIONAL OFFICER
30 2498045	3/11/2019 BOND, CHRISTIAN J	300101	1101 CORRECTIONAL OFFICER
30 2517548	3/11/2019 TEWELL, NICHOLAS J	300101	1101 CORRECTIONAL OFFICER
30 2517549	3/11/2019 SPORE, JUDSON C	300101	1101 CORRECTIONAL OFFICER
30 2517561	3/11/2019 ORAVETZ, ZACHARY M	300101	1101 CORRECTIONAL OFFICER
30 2517563	3/11/2019 METZ, RAVEN C	300101	1101 CORRECTIONAL OFFICER
30 2517566	3/11/2019 GROSS, CHARLES E	300101	1101 CORRECTIONAL OFFICER
30 2517567	3/11/2019 GALLOWAY, WILLIAM R	300101	1101 CORRECTIONAL OFFICER
30 2517568	3/11/2019 BOWERS, BRANDON J	300101	1101 CORRECTIONAL OFFICER
30 2517569	3/11/2019 BEELER, ROBERT	300101	1101 CORRECTIONAL OFFICER
30 2548697	6/3/2019 DEADERICK, DONEIKA L	300101	1101 CORRECTIONAL OFFICER
30 2548699	6/3/2019 VETTERLY, MICHAEL T	300101	1101 CORRECTIONAL OFFICER
30 2548701	6/3/2019 RICE, BRANDAN L	300101	1101 CORRECTIONAL OFFICER
30 2548702	6/3/2019 LESHKO, DANIEL B	300101	1101 CORRECTIONAL OFFICER
30 2548703	6/3/2019 KENGERSKI, LINDSAY M	300101	1101 CORRECTIONAL OFFICER
30 2561613	8/12/2019 BARKER, DARYL T	300101	1101 CORRECTIONAL OFFICER
30 2561614	8/12/2019 CARIDI, JONATHAN R	300101	1101 CORRECTIONAL OFFICER
30 2561619	8/12/2019 DUNKLEY, D'ANDRE J	300101	1101 CORRECTIONAL OFFICER
30 2561620	8/12/2019 GATZ, RANDOLPH A	300105	1101 CORRECTIONAL OFFICER
30 2561621	3/9/2020 GRAY, NATHANIEL S	300101	1101 CORRECTIONAL OFFICER
30 2561623	8/12/2019 HOOVER, MEGAN J	300101	1101 CORRECTIONAL OFFICER
30 2561625	8/12/2019 MANUEL, DYLAN A	300101	1101 CORRECTIONAL OFFICER
30 2561631	8/12/2019 O'CONNELL, RYAN D	300101	1101 CORRECTIONAL OFFICER
30 2561653	8/12/2019 STEGENA, JAKE A	300101	1101 CORRECTIONAL OFFICER
30 2561655	8/12/2019 TURCOVSKY, JOHN P	300101	1101 CORRECTIONAL OFFICER
30 2561657	8/12/2019 WRIGHT, FREDERICK C	300101	1101 CORRECTIONAL OFFICER
30 2561658	8/12/2019 ZANOTTI, ZENA	300101	1101 CORRECTIONAL OFFICER
30 2586272	12/16/2019 MERZ, JOSEPH R	300101	1101 CORRECTIONAL OFFICER
30 2586280	12/16/2019 SUMPTER, ANDRE P	300101	1101 CORRECTIONAL OFFICER
30 2586283	12/16/2019 MEANOR, NATHAN A	300101	1101 CORRECTIONAL OFFICER
30 2586286	12/16/2019 JOHNSON SR, DEVAN M	300101	1101 CORRECTIONAL OFFICER
30 2586290	12/16/2019 BARKER, CHRISTOPHER A	300101	1101 CORRECTIONAL OFFICER
30 2586291	12/16/2019 ALIY, AUREL	300101	1101 CORRECTIONAL OFFICER
30 2586312	12/16/2019 LIPNER, JASON D	300101	1101 CORRECTIONAL OFFICER

30 2586313	12/16/2019	BAGNATO, LEWIS A	300101	1101	CORRECTIONAL OFFICER
30 2586314	12/16/2019	TOOMEY, RAYMOND Q	300101	1101	CORRECTIONAL OFFICER
30 2586315	12/16/2019	PALMIERE, DANIEL A	300101	1101	CORRECTIONAL OFFICER
30 2586316	12/16/2019	MANGIS, BRYAN C	300101	1101	CORRECTIONAL OFFICER
30 2586318	12/16/2019	GRIFFIN, MALIK R	300101	1101	CORRECTIONAL OFFICER
30 2586320	12/16/2019	BARCA, NICHOLAS J	300101	1101	CORRECTIONAL OFFICER
30 2586889	12/16/2019	MYSNYK, NICHOLAS J	300101	1101	CORRECTIONAL OFFICER
30 2586890	12/16/2019	DRYE, EDWARD B	300101	1101	CORRECTIONAL OFFICER
30 2598123	3/9/2020	WILSON, CURTIS	300105	1101	CORRECTIONAL OFFICER
30 2598126	3/9/2020	TURNER, JORDAN	300101	1101	CORRECTIONAL OFFICER
30 2598128	3/9/2020	MCDERMIT, SETH	300105	1101	CORRECTIONAL OFFICER
30 2598131	3/9/2020	WASHINGTON, RODNEY	300101	1101	CORRECTIONAL OFFICER
30 2598137	3/9/2020	MACIOCE, ADAM	300101	1101	CORRECTIONAL OFFICER
30 1458782	2/10/2020	LYLES, ANITRA J.	300101	7777	D&A ASSMNT & PLCMNT COORD
30 2528500	4/15/2019	BRINKMAN, ASHLEY L	304301	7777	DEPUTY HEALTH SERVICES ADMIN
30 2028949	2/10/2014	BEASOM, JASON P	300101	7777	DEPUTY WARDEN
30 2338227	2/21/2017	SISKO, ANGELA MARIE	304301	7777	DETOXIFICATION NURSE COORD
30 2568666	9/16/2019	BRENINGHOUSE, MICHELLE R	304301	7777	DETOXIFICATION NURSE COORD
30 2216723	8/31/2015	BARFIELD, MICHAEL	304301	7777	DIRECTOR OF MENTAL HEALTH
30 2507799	1/7/2019	FOLEY, RITA MARIE M	304301	7777	DIRECTOR OF NURSING
30 108152	9/1/2015	ASHAMU, DONNA L	304301	1801	DISCHARGE PLANNER
30 2216624	9/1/2015	PROROK, LYNSEY R	304301	1801	DISCHARGE PLANNER
30 2293228	7/11/2016	EBERHARDT, JUANIKA L	304301	1805	DISCHARGE PLANNER - PT
30 2013148	2/3/2014	BEADNELL, AMELIA J	300101	9999	EXECUTIVE ASST TO THE WARDEN
30 2294254	7/18/2016	SIFORD, DAVID J	300101	7777	FINANCIAL MANAGER
30 2215451	8/24/2015	JOSEPH, ALOYSIUS	304301	7777	HEALTH SERVICES ADMINISTRATOR
30 2181521	4/20/2015	GILLESPIE, NORA E	300101	7777	HEALTHCARE CONTRACT MONITOR
30 2563190	8/19/2019	LEE, ROBERT M	300101	9999	HR GENERALIST
30 103467	5/24/1999	EASLEY, CALVIN W	300101	70130	IDENTIFICATION TECH 12 YEAR
30 103726	2/14/2000	MOORE, SHAMAYNE R.	300105	70130	IDENTIFICATION TECH 12 YEAR
30 107734	8/6/2001	BRYER, DEBRA M.	300105	70130	IDENTIFICATION TECH 12 YEAR
30 593953	11/12/2002	BRYANT, DANA R	300105	70130	IDENTIFICATION TECH 12 YEAR
30 919052	1/1/2005	DORMAN JR, ROBERT B.	300105	70130	IDENTIFICATION TECH 12 YEAR
30 919053	1/1/2005	BEVAN, MELISSA A	300105	70130	IDENTIFICATION TECH 12 YEAR

30 919054	1/1/2005 BRIGHT, GARY F	300105	70130 IDENTIFICATION TECH 12 YEAR
30 1017896	9/19/2005 BREITINGER, JESSICA L	300105	70130 IDENTIFICATION TECH 12 YEAR
30 2248684	2/22/2016 HALLSTEIN, CHRISTIAN A	300105	70130 IDENTIFICATION TECHNICIAN 1
30 2424825	1/22/2018 STICKLE, JEFF	300105	70130 IDENTIFICATION TECHNICIAN 1
30 2465793	5/29/2018 HICKMAN, STEPHANIE V	300105	70130 IDENTIFICATION TECHNICIAN 1
30 2117787	10/6/2014 KADUKE, RAYMOND M	300101	70130 IDENTIFICATION TECHNICIAN 2
30 2513757	2/19/2019 BACH, LAUREN E	304301	7777 INFECTIOUS DISEASE COORDINATOR
30 2362496	4/24/2017 BOYD, ROCCO	300101	9999 INFORMATION TECH GENERALIST
30 1987094	10/21/2013 MOYE, JEFFREY J	300101	70130 INMATE RECORDS CLERK
30 2184002	6/3/2019 TOTH, JOSEPH M	300101	70130 INMATE RECORDS CLERK
30 2424407	4/30/2018 KYPTA, AMANDA M	300101	70130 INMATE RECORDS CLERK
30 2490752	10/14/2018 KAYLOR, MACKENZIE L	300101	70130 INMATE RECORDS CLERK
30 2548708	7/7/2019 GAZZAM, NATALIE R	300101	70130 INMATE RECORDS CLERK
30 2548711	6/3/2019 MYERS, KAILEE N	300101	70130 INMATE RECORDS CLERK
30 2577117	3/15/2020 NODAROS, CASSIDY	300101	70130 INMATE RECORDS CLERK
30 102073	7/17/1995 PASTOR, SAMUEL P	300101	7777 INTERNAL AFFAIRS INVESTIGATOR
30 2215605	8/27/2015 THOMAS, BLONDEL	304301	1801 LICENSED PRACTICAL NURSE
30 2215611	8/27/2015 BREWER, PATRICIA E	304301	1801 LICENSED PRACTICAL NURSE
30 2216674	8/26/2015 CHIEKE, BERTHA O	304301	1801 LICENSED PRACTICAL NURSE
30 2215591	8/27/2015 HAST-MURPHY, FERN	304301	1805 LICENSED PRACTICAL NURSE - PT
30 1118797	7/29/2007 KOHLER, MATTHEW E	300101	7778 MAJOR
30 2184897	5/4/2015 VANCHIERI, JACK V	300101	7778 MAJOR
30 2256714	3/21/2016 SMITH, ADAM T	300101	7778 MAJOR
30 829961	5/17/2004 TOMA, BLYTHE P.	300101	7777 MANAGER OF ADMINISTRATIN
30 2383607	7/17/2017 PISTILLI, KIMBERLY A	304301	1801 MEDICAL ASSISTANT
30 2519136	3/18/2019 SHEFFEY, DEBORAH A	304301	1801 MEDICAL ASSISTANT
30 2548695	6/3/2019 BUJANOWSKI, BRIANA L	304301	1801 MEDICAL ASSISTANT
30 2563192	8/19/2019 MEEHAN, PATRICIA D	304301	1801 MEDICAL ASSISTANT
30 2295931	7/25/2016 FICHTER, WENDY L	304301	1805 MEDICAL ASSISTANT - PT
30 2305200	9/6/2016 DOMEK, AMIE A	304301	1805 MEDICAL ASSISTANT - PT
30 2392080	8/28/2017 HOGAN, CHERYL Y	304301	1805 MEDICAL ASSISTANT - PT
30 2215599	8/27/2015 CROSBY, TAKEIA J	304301	1801 MEDICAL RECORDS CLERK
30 2215616	8/27/2015 MURRELL, BERTIE Y	304301	1801 MEDICAL RECORDS CLERK
30 2216640	9/1/2015 RAINEY, DIANE L	304301	1801 MEDICAL RECORDS CLERK

30 2216643	9/1/2015 KOZEL, RITA A	304301	1801 MEDICAL RECORDS CLERK
30 2295932	7/25/2016 HAMAR, REBECCA J	304301	1805 MEDICAL RECORDS CLERK - PT
30 2215582	8/27/2015 WICHRYK, DARLENE A	304301	1801 MENTAL HEALTH REG NURSE
30 2216679	9/1/2015 LERI, SUSAN	304301	1801 MENTAL HEALTH REG NURSE
30 2216681	9/1/2015 IVAN, CARLA	304301	1801 MENTAL HEALTH REG NURSE
30 2216710	9/1/2015 LASKEY, DANIEL J	304301	1801 MENTAL HEALTH REG NURSE
30 2228209	6/12/2017 OREILLY, VINCENT E	304301	1801 MENTAL HEALTH REG NURSE
30 2489478	9/17/2018 LATTIMER, MICHELLE M	304301	1801 MENTAL HEALTH REG NURSE
30 2552827	6/24/2019 EMANUELE, CAROL A	304301	1801 MENTAL HEALTH REG NURSE
30 2216709	9/1/2015 RIVI, MARIE C	304301	1805 MENTAL HEALTH REG NURSE - PT
30 2216947	9/1/2015 AUGER, LEE A	304301	1805 MENTAL HEALTH REG NURSE - PT
30 2382933	7/10/2017 REIS, SHERRY	304301	1805 MENTAL HEALTH REG NURSE - PT
30 2563128	8/19/2019 GRIFFITHS, DEBORAH J	304301	1805 MENTAL HEALTH REG NURSE - PT
30 2215617	8/27/2015 WARMAN, KAREN L	304301	1801 MENTAL HEALTH SPECIALIST
30 2216645	9/1/2015 KOVALCIK, MICHELLE C	304301	1801 MENTAL HEALTH SPECIALIST
30 2216646	9/1/2015 LEDBETTER, CLYDE	304301	1801 MENTAL HEALTH SPECIALIST
30 2216651	9/1/2015 PORTER, CHARLOTTE L	304301	1801 MENTAL HEALTH SPECIALIST
30 2315260	2/5/2017 HOWIE, ALISHA M	304301	1801 MENTAL HEALTH SPECIALIST
30 2478277	7/23/2018 CLAYTON, ROBIN R	304301	1801 MENTAL HEALTH SPECIALIST
30 2216629	9/1/2015 LEBAKKEN, MEGAN	304301	1805 MENTAL HEALTH SPECIALIST - PT
30 2490956	1/13/2020 GARLAND, JARRETT M	304301	1805 MENTAL HEALTH SPECIALIST - PT
30 2598133	3/9/2020 BURKE, NIKITA N	304301	1805 MENTAL HEALTH SPECIALIST - PT
30 103616	11/8/1999 MIDDLETON, LISA	300101	7777 OFFENDER MANAGEMENT SYS COORD
30 102644	10/30/1995 ROOF, DAWN M	300101	9999 PAYROLL CLERK
30 1122809	8/21/2006 PRATT, PHILIP H	300101	9999 PAYROLL CLERK
30 1528091	8/3/2009 KADUKE, RUTH E	300101	9999 PAYROLL CLERK
30 2273305	5/2/2016 HEINTZ, DENNIS E	304301	9999 PAYROLL CLERK
30 104417	8/6/2001 DELUCA, LAUREN J	300101	7777 PAYROLL MANAGER
30 2290601	5/28/2017 BEHANNA, AMANDA J	304301	1801 PHARMACY TECHNICIAN
30 2568631	9/30/2019 SHINKONDE, NOSISA M	304301	1801 PHARMACY TECHNICIAN
30 2216658	9/1/2015 VETO, PAUL V	304301	1801 PSYCHIATRIC AIDE
30 2216661	9/1/2015 DIXON, MARJORIE L	304301	1801 PSYCHIATRIC AIDE
30 2428829	2/12/2018 SNEAD, LATREACE M	304301	1801 PSYCHIATRIC AIDE
30 2594781	3/2/2020 CONTI, GARRETT G	300101	7777 PUBLIC INFORMATION OFFICER

30 2215587	8/27/2015	DURSO, SANDRA L	304301	1801 REGISTERED NURSE
30 2216642	9/1/2015	LONG, MARIA E	304301	1801 REGISTERED NURSE
30 2216652	9/1/2015	ONDREY, DANIEL E	304301	1801 REGISTERED NURSE
30 2216675	9/1/2015	WILLIAMS-LATHAM, TERESA E	304301	1801 REGISTERED NURSE
30 2279409	6/26/2016	JONES, COLETTE I	304301	1801 REGISTERED NURSE
30 2328068	12/12/2016	WARNER, MICHAEL	304301	1801 REGISTERED NURSE
30 2372250	5/22/2017	KUDRAV, LISA E	304301	1801 REGISTERED NURSE
30 2382963	7/10/2017	KUZSKI, BERNARD	304301	1801 REGISTERED NURSE
30 2385152	7/24/2017	SPALLA, REGINA	304301	1801 REGISTERED NURSE
30 2586344	12/16/2019	LUTZ, ROXANNE L	304301	1801 REGISTERED NURSE
30 2216902	9/1/2015	UNDERWOOD, MICHELLE T	304301	1805 REGISTERED NURSE - PT
30 2216915	9/1/2015	GRUNWALD, CHRISTINA	304301	1805 REGISTERED NURSE - PT
30 2557743	7/22/2019	SUMMERS, SHELDON T	304301	1805 REGISTERED NURSE - PT
30 2564554	8/26/2019	MILLER, NIA N	304301	1805 REGISTERED NURSE - PT
30 2588195	1/6/2020	HOFFMAN, STEVEN J	304301	1805 REGISTERED NURSE - PT
30 100004	6/2/1980	MCCLELLAND JR, DONALD L	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100038	6/30/1980	MANUEL, MICHAEL J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100061	7/28/1980	DAILEY, DENNIS M	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100099	10/6/1980	LAZZARO, MARK A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100183	4/13/1981	HUGHES, LOUIS M	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100194	5/18/1981	BROCKHOFF, DAVID A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100259	3/22/1982	DOYLE, MICHAEL V	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100260	3/22/1982	HELT, BRUCE F	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100261	3/22/1982	YOUNGE, JACE M	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100381	12/9/1985	FALON, DANIEL S	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100495	4/30/1984	DEL PERCIO, FRANCIS A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100501	5/14/1984	DUCKER, MICHAEL R	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100736	6/2/1986	OTOOLE, DENIS P	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100775	12/9/1985	MCMULLEN, TERRENCE P	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100780	12/9/1985	DUFFY, JOHN M	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100783	12/9/1985	WEBER, DONALD T	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100802	2/3/1986	O'NEIL, BRIAN T	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100803	2/3/1986	SCHAEFER, MARK J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100813	2/3/1986	HANUS JR, PAUL MICHAEL	300101	3333 RETIRED CORRECTIONAL OFFICER

30 100820	2/10/1986 GLASER, JOSEPH L	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100823	2/11/1986 SYNAN, NICHOLAS J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100824	2/11/1986 WILKINSON, ROBERT W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100835	2/24/1986 BROZOVICH JR, ANTHONY J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100839	2/24/1986 LATINOVICH, MARIAN C	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100848	3/10/1986 ISTIK, GEORGE J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100854	3/10/1986 LUBAWY JR, FRANCIS A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100855	3/10/1986 LONGACRE JR, JAMES S	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100856	3/11/1986 CHAPMAN, DALE A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100865	3/31/1986 HELFRICH, TIMOTHY D	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100876	4/21/1986 SALOPEK, MICHAEL J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100886	5/5/1986 LARKIN, KEVIN M	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100906	5/28/1986 HLOVCHIEC, ROBERT J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 100936	8/11/1986 HARRIS, CHARLES R	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101213	12/31/1987 HOOD, RICHARD W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101274	7/6/1988 RUDZKI, DAVID F	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101282	8/8/1988 MANDARINO, CHARLES R	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101302	10/3/1988 STUPKA, DONALD J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101415	5/15/1989 DRENNING, RUSSELL D	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101499	9/28/1989 MACEJOVSKY, MARK A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101512	10/10/1989 HACKETT, MICHAEL S	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101516	10/10/1989 EDWARDS, JOHN L	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101517	10/10/1989 FAHERTY, THOMAS P	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101518	10/10/1989 PALOCHICK, STEVEN J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101521	10/10/1989 WISNIEWSKI, TIMOTHY R	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101549	12/18/1989 BRADICA, NICHOLAS	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101692	8/13/1990 WHITE, KEVIN W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101795	2/25/1991 MALSEED, PATRICK J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101799	2/25/1991 ODONNELL, RICHARD A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101816	2/25/1991 SMITH, ROBERT D	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101819	2/25/1991 BRATTINA, STEVEN J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 101824	2/25/1991 YAGATICH, STEPHEN J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102065	8/10/1992 DONATO, JOSEPH A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102067	8/10/1992 HENDRICK, DANIEL M	300101	3333 RETIRED CORRECTIONAL OFFICER

30 102088	8/10/1992 YEAGER, DANIEL R	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102089	8/10/1992 CRUMP, TERRY W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102336	1/24/1994 HELT, DANIEL J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102342	3/14/1994 FORD, ROSALYN O	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102345	3/14/1994 REILLY, LAWRENCE F	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102415	8/22/1994 MARTINEAU, ROBERT P	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102431	11/17/1994 CORRADO, ANTHONY D	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102432	11/17/1994 DEVLIN, ALBERT J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102433	11/17/1994 FREISS, ROY W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102458	11/17/1994 MCVAY, JOHN E	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102460	11/28/1994 ZAJCH, KENNETH G	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102462	11/17/1994 YANNOTTI III, JOSEPH	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102466	11/17/1994 RITTKO, HOWARD W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102467	11/17/1994 PUCCIARELLI, DEBORAH L	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102473	12/27/1994 MURCHISON, RAMONA A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102479	12/27/1994 ODONNELL, DANIEL T	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102480	12/27/1994 HALEY, JOHN C	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102487	1/9/1995 BRINKERHOFF, ANNA P	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102532	5/30/1995 FARRELL, DEAN M	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102549	7/3/1995 YEAGER, DWAYNE E	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102555	7/24/1995 WRIGHT, VICTOR P	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102563	7/31/1995 WALLACE, DONALD L	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102564	7/31/1995 LITTLE, GEORGE W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102566	7/31/1995 MARTIN, NORMAN D	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102570	7/10/1995 BOOZEL, THOMAS A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102577	7/17/1995 SPINOSI, RONALD J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102584	7/31/1995 ONYSHKO, DAVID J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102585	7/31/1995 PINCKNEY, JEFFREY L	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102588	8/7/1995 PFEIFFER, BRIAN C	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102589	8/7/1995 GINSER, VINCENT M	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102591	8/14/1995 SMEDLEY, DEBORAH A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102612	8/14/1995 ZIEGLER, KENNETH H	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102614	8/14/1995 GOEHRING, PAUL J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102619	8/21/1995 TRUSS, VINCENT H	300101	3333 RETIRED CORRECTIONAL OFFICER

30 102621	9/11/1995 CLARK, GREGORY A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102634	10/30/1995 COLBERT, JOHN W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102641	10/10/1995 OLLISON, DARWIN D	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102643	10/30/1995 BURROUGHS, DARRELL L	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102668	12/26/1995 PETRILLI, DAVID W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102670	12/26/1995 FARABAUGH, JEFFREY J	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102805	10/28/1996 BRYANT, NATALIE V	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102848	6/8/1997 CLIFFORD, THOMAS	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102945	6/9/1997 BEST, GEORGE	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102960	6/23/1997 SHOLEK, MARK M.	300101	3333 RETIRED CORRECTIONAL OFFICER
30 103102	5/12/1998 MARTIN, RICHARD T.	300101	3333 RETIRED CORRECTIONAL OFFICER
30 103122	5/12/1998 CRAWLEY, LONNIE T	300101	3333 RETIRED CORRECTIONAL OFFICER
30 103127	8/1/1999 REDDICK, PATRICIA ANN	300101	3333 RETIRED CORRECTIONAL OFFICER
30 103262	9/27/1999 WORMSLEY, KENNETH S.	300101	3333 RETIRED CORRECTIONAL OFFICER
30 103264	9/27/1999 SINKLER, CRAIG A	300101	3333 RETIRED CORRECTIONAL OFFICER
30 103657	6/25/2000 FOY, JAMES S.	300101	3333 RETIRED CORRECTIONAL OFFICER
30 103901	9/24/2001 GLAZAR, SEAN P.	300101	3333 RETIRED CORRECTIONAL OFFICER
30 104012	1/13/2002 DEBOLD, CYNTHIA C	300101	3333 RETIRED CORRECTIONAL OFFICER
30 104410	7/30/2001 BONENBERGER, MARGUERITE S	300101	3333 RETIRED CORRECTIONAL OFFICER
30 104496	10/6/1975 OSTRY, WALTER	300101	3333 RETIRED CORRECTIONAL OFFICER
30 106500	10/19/1977 SWEENEY, JAMES E	300101	3333 RETIRED CORRECTIONAL OFFICER
30 107927	3/10/1986 SPANITZ, EDWARD S	300101	3333 RETIRED CORRECTIONAL OFFICER
30 107942	6/18/1979 COREY, DANIEL W	300101	3333 RETIRED CORRECTIONAL OFFICER
30 141074	1/14/2001 YEAGER, DANIEL W.	300101	3333 RETIRED CORRECTIONAL OFFICER
30 671917	8/6/2006 DANIELS, EDITH L	300101	3333 RETIRED CORRECTIONAL OFFICER
30 1118807	4/27/2008 GEHRING JR., DONALD R.	300101	3333 RETIRED CORRECTIONAL OFFICER
30 102434	11/17/1994 HEFFLIN, HERMITA J	300101	1102 SERGEANT
30 102587	8/7/1995 MOORE, ANDREA C	300101	1102 SERGEANT
30 103114	9/20/1998 GANDZIARSKI, MICHAEL T.	300101	1102 SERGEANT
30 103976	1/13/2002 SLABY, WILLIAM M.	300105	1102 SERGEANT
30 104148	6/15/2003 MILLER SR, CHARLES K.	300101	1102 SERGEANT
30 104752	7/10/2005 NORT, JOHN	300101	1102 SERGEANT
30 777633	2/5/2006 COULTER, ANDREW J	300101	1102 SERGEANT
30 808013	8/6/2006 GREENAWALT, HEATHER J.	300101	1102 SERGEANT

30 911675	3/29/2009 RAIBLE, JOHN M.	300101	1102 SERGEANT
30 1118795	2/3/2008 COSTELLO, KEVIN	300101	1102 SERGEANT
30 1152552	8/17/2008 BYTNER, STEVEN R	300101	1102 SERGEANT
30 1386035	12/6/2009 ANDRASCIK, JESSE J	300105	1102 SERGEANT
30 1386040	2/14/2010 GILLESPIE, MICHAEL G.	300101	1102 SERGEANT
30 1386042	8/30/2009 LEE, RICHARD M.	300101	1102 SERGEANT
30 1386047	9/27/2009 JUSTICE, RANDY	300101	1102 SERGEANT
30 1508242	4/10/2011 BROWN, MICHAEL R	300101	1102 SERGEANT
30 1508260	9/25/2011 LARDIN, DWAYNE H	300101	1102 SERGEANT
30 1508262	4/10/2011 MARKOVITZ, DAVID M	300105	1102 SERGEANT
30 1570893	3/9/2014 KERNAN, TIFFANY M	300101	1102 SERGEANT
30 1643073	5/4/2014 RADACI, CHRISTOPER	300101	1102 SERGEANT
30 1724549	7/27/2014 GERBER, RICHARD O	300105	1102 SERGEANT
30 1724552	7/20/2014 JUDGE, EUGENE M	300101	1102 SERGEANT
30 1825660	9/21/2014 FALCONE, MARK A	300105	1102 SERGEANT
30 1825671	9/21/2014 JUSTICE, JORDAN M	300105	1102 SERGEANT
30 1825686	9/21/2014 KOZLOWSKI, JASON T	300101	1102 SERGEANT
30 2146362	4/19/2015 TUCKER, ALYSSIA C	300101	1102 SERGEANT
30 2338233	9/17/2017 SARVER, HUNTER T	300101	1102 SERGEANT
30 2473142	6/25/2018 HALL, STEPHANIE R	300101	1102 SERGEANT
30 2552812	6/24/2019 BALL, ASHLEY D	300101	1102 SERGEANT
30 2563129	8/19/2019 HELSEL, SHANE A	300101	1102 SERGEANT
30 101906	12/20/2004 RUSSELL, ANTHONY	300105	70130 SR IDENTIFICATION TECH 12 YEAR
30 919056	1/1/2005 MCQUAIDE, DENNIS J.	300105	70130 SR IDENTIFICATION TECH 12 YEAR
30 919070	1/1/2005 FAULDS, MICHAEL R.	300105	70130 SR IDENTIFICATION TECH 12 YEAR
30 2563207	8/19/2019 SMITH, ROBYN G	304301	7777 STAFF EDUCATOR
30 2593520	2/18/2020 AMANN, SCOTT J	300101	7777 STAFFING MANAGER
30 2554961	7/8/2019 BOWLING, ALI L	304301	9999 STAFFING SPECIALIST
30 2318988	10/31/2016 BANEY, DONNA E	304301	1801 SUBSTANCE ABUSE COUNSELOR
30 2492041	10/1/2018 NORTHCOTT, JESSICA L	304301	1801 SUBSTANCE ABUSE COUNSELOR
30 2506611	12/17/2018 SICH, NICOLE M	304301	1801 SUBSTANCE ABUSE COUNSELOR
30 2523857	4/1/2019 WALLACE, MARA A	304301	1801 SUBSTANCE ABUSE COUNSELOR
30 2565976	9/3/2019 MAUTHE, KARISA L	304301	1801 SUBSTANCE ABUSE COUNSELOR
30 2572545	9/30/2019 MARSH, JOSEPH S	304301	1801 SUBSTANCE ABUSE COUNSELOR

30 2593395 2/3/2020 PHILIPPONE, MONICA J
 30 2602961 3/30/2020 NEUSCH, JORDAN D
 30 2215510 8/26/2015 CULLETON, MARK W
 30 2226710 10/19/2015 SCIULLI, PATRICK
 30 1800056 8/13/2012 VELEZ, LYDIA D
 30 100975 2/18/1997 MISTICK, WILLIAM A
 30 1810492 10/15/2012 HARPER, ORLANDO
 30 2485764 9/4/2018 KOVAL, KEVIN K
 30 808018 8/6/2006 NICINI, NICHOLAS

304301 1801 SUBSTANCE ABUSE COUNSELOR
 304301 1801 SUBSTANCE ABUSE COUNSELOR
 304301 1805 SUBSTANCE ABUSE COUNSELOR - PT
 304301 9999 SUPPLY CLERK
 300101 7777 TREATMENT SERVICES COORDINATOR
 300101 7777 VIDEO ARRAIGNMENT COORDINATOR
 300101 7777 WARDEN
 300101 70130 WAREHOUSE CLERK
 300101 0 WORKER'S COMP

Exhibit J

COUNTY OF



ALLEGHENY

TO: Orlando L. Harper, Warden

FROM: Administrative Team: Chief Deputy Wardens, Deputy Warden, and Majors
 Dr. Donald Stechschulte, Jr. Medical Director
 Lauren Bach, Infectious Disease Coordinator
 Robyn Smith, Healthcare Staffing Educator
 Assistant Director's of Nursing

DATE: March 30, 2020

RE: Continuing of Operations Plan: COVID-19 (Updated)

SITUATION

COVID-19, Coronavirus disease 2019 is a novel (new) coronavirus that was first identified in Wuhan, China. The virus is believed to be spread from person-to person through respiratory droplets that are transferred through close contact. Typically, close contact is defined as within 6 feet. Disease transfer is believed to occur when an individual who is infected coughs or sneezes and a well person inhales the respiratory droplets. It is believed that indirect contact may occur when a surface or object has the virus and a well individual touches their mouth, nose, or eyes.

No vaccine or specific treatment for COVID-19 is currently available. Care is supportive for symptom reduction, elimination, or management. Reported illnesses have ranged from mild to severe, including illness resulting in death. Individuals who have travelled to places where the virus is occurring, or areas that are defined as having community spread, are at the most risk for contracting COVID-19. Patients with COVID-19 experience a respiratory illness (ranging from mild to severe) and symptoms include: fever, cough, and shortness of breath.

The threat of disease spread can be dramatically reduced by ensuring that employees/volunteers who are ill seek treatment and stay home, employ the use of appropriate hand hygiene, reduce or eliminate hand shaking contact, cover coughs/sneezes with the use of tissues or redirection of coughs and sneezes into elbows or sleeves, and routinely cleaning surface areas and frequently touched objects. As influenza is still active, it is important for general hygiene practices to be maintained and for individuals who feel sick to seek guidance and treatment from their healthcare professionals.

Much is to be learned about this new virus and updates will continue to be provided by the Center for Disease control and communicated to Federal, State, and Local Departments for dissemination through the appropriate designees. The Allegheny County Jail will continue to collaborate and coordinate with other County departments, to include the Health Department, to reduce the impact of disease spread.



ORLANDO L. HARPER, WARDEN
ALLEGHENY COUNTY JAIL
 950 SECOND AVENUE • PITTSBURGH, PA 15219
 PHONE (412) 350-2000 • (412) 350-2032
WWW.ALLEGHENYCOUNTY.US

Exhibit A

MISSION

The Allegheny County Jail will work to effectively reduce or mitigate the spread of illness throughout the facility. The Allegheny County Jail will ensure that all precautions are taken appropriately and that the health, safety, and security of all inmates, volunteers, and employees will remain the primary focus throughout planning and response periods.

This emergency preparedness plan will involve communication and collaboration with multiple county departments, to include, but not limited to: Allegheny County Health Department, Allegheny County Sheriff's Department, Allegheny County Emergency Medicine Services, Alternative Housing Departments, Allegheny Health Network, and Allegheny County Courts.

Additionally, the Allegheny County Jail will ensure that all individuals who are placed into our custody are afforded every available service to involve medical treatment if necessary, dietary needs when applicable, safe and secure processing from arraignment to release or incarceration, in accordance with all applicable laws, and ACJ policies and procedures.

EXECUTION

Throughout the facility, signage has been posted to increase awareness and educate on appropriate hand washing/hand hygiene as well as the signs/symptoms of COVID-19. Signs will notify that coughs and sneezes should be redirected into elbow or sleeve, hands shall be washed frequently with soap and water for at least 20 seconds, avoid touching face when possible and to clean surfaces frequently.

Appropriately diluted cleaning agents will be deployed to all areas of the facility (solution will be made with bleach). To clean surface areas, the area shall be saturated with the cleaning agent and will remain on the surface for 5 minutes to air dry. Areas, such as phones, should be saturated with the cleaning agent and wiped to allow for cleaning of all areas, should be permitted to air dry.

Employees will be reminded that if they are sick, they should seek medical treatment and follow the recommendations of their provider.

Personal Protective Equipment (PPE) will be made available to inmates and staff, as deemed appropriate. Authorized PPE may include surgical/procedural masks, goggles, N95 masks, gowns, and protective disposable gloves.

Increased availability of fluids (i.e. water) shall be made available to housing units where individuals are symptomatic.

Inmates will be screened upon entry to the facility and heightened attention will be given to those on the intake housing units.

Continuous contact and communication will occur with Jail Administration, Medical Director, and Allegheny County Health Department. All recommendations will be followed to prevent an outbreak within the facility.



As treatment, testing, or vaccinations become available, a coordinated plan will be developed and executed to reduce further spread of illness.

Changes in operations will be ongoing as more information becomes available and as the risk level of Allegheny County shall change (increase).

If any staff member, regardless of their department, is concerned about an inmate or other staff member having symptoms of respiratory illness, these should be immediately reportable to the ADON and/or Shift Commander. This will help ensure a more thorough surveillance of potential infection throughout the entire building. Our inmate population can be immediately seen by the healthcare department upon suspicion or presentation of symptoms. Reporting of another staff member to the Shift Commander and/or the ADON can help ensure potentially infectious staff members are sent home; appropriate cleaning procedures and contact tracing can also be conducted. These actions and heightened awareness and communication is vital to the health and safety of every individual who works or lives within the institutional walls.

EMPLOYEE SCREENING

Effective, Saturday 3/28/20, all employees (county and contracted) will be required to participate in screening in the Employee Entrance Vestibule.

Screening Procedure

Healthcare employees or a Contracted vendor will take the employee's temperature (temporal, tympanic, and oral thermometers available) while observing any visible symptoms and inquiring about the individual's recent travel, symptoms, and contact with others.

Questions asked:

1. Have you travelled outside of Pittsburgh within the past two (2) weeks?
2. Have you had any contact with anyone displaying symptoms of COVID-19?
3. Have you experienced any symptoms of COVID-19? (shortness of breath, cough, temperature, loss of smell, loss of taste)

If an employee has a temperature that is at or above 99.5 degrees Fahrenheit, they will be required to wait and have their temperature taken again in 3-5 minutes. The determination of 99.5 degrees is to account for 0.5 degree of variability with the thermometer as the Health Department currently recommends for precautions to be taken at 100.0 degrees Fahrenheit.

While waiting for the second temperature, the employee will be asked additional questions to include:

1. Have you noticed a temperature before we took yours today?
2. Have you been around anyone who has displayed symptoms of shortness of breath, coughing, loss of smell/taste, temperature within the last 14 days?
3. Have you had any known contact with anyone diagnosed with COVID-19?
4. Have you recently been around anybody known to be diagnosed with the flu or a different respiratory condition?



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If the second temperature reading is at or above 99.5 degrees Fahrenheit, the employee will not be permitted to work for that day. The employee will be advised to contact UPMC Work Partners to open a leave of absence and site an Administrative Leave due to their positive screen.

The COVID-19 Employee Screening form will be completed, in its entirety, and submitted to supervisory staff. The supervisor will make adjustments to the schedule to reflect this employee's absence and will forward the form appropriately. This form will be submitted to Payroll to ensure that the documentation accounts for their date of missed work.

If the employee does not develop symptoms, they are permitted to return to work on their next scheduled day. If the employee does develop symptoms, they should make notification to HR/Administration and should be directed to reach out to their Healthcare Provider for testing. Testing can also be arranged through the Allegheny County Health Department.

NEW ARRESTS/ADMISSIONS TO ALLEGHENY COUNTY JAIL

Healthcare Screening: Intake

At time of medical clearance, vitals will be taken of every incoming new arrest/detainee. All individuals will be screened with the following questions:

1. Does patient have fever? Yes or No
2. Does patient report any symptoms of upper or lower respiratory infection (cough, chest pain, shortness of breath)? Yes or No
3. Does patient report recent travel to, or contact with a person who has traveled to, a known affected area within the last 14 days? Yes or No
4. Does patient report contact with known laboratory confirmed case of COVID-19? Yes or No

Individuals who have a fever (based on vital signs) and answer yes to 2 or more of the proceeding questions shall be given a mask and placed in a single cell. Areas of travel will be documented within the progress notes and immediate notification to the Healthcare Manager on Duty. These individuals may be tested to determine if they have influenza. These individuals will be recognized as "additional precautions" and will also be prioritized for receiving screening to determine if there are any underlying medical conditions that may place them at a higher risk. Upon completion of all screens/assessments, healthcare staff shall wipe down all surface areas that the individual contacted (to include signature pad).

Healthcare professionals shall probe for more information when someone provides an affirmative response to the travel questionnaire. Additional questions shall be asked to assist in the identification of risk:

1. Was recent travel foreign or domestic?
2. Was there travel by airplane, vehicle, or train?
3. Were they in close contact (defined as within 6 feet) of someone who was demonstrating respiratory symptoms?
4. Do they have a fever or atypical vital signs and how long have you had these symptoms?
5. Have they been around someone who was diagnosed with a respiratory infection, influenza, or any other known illness that is NOT COVID-19?
6. Have they been around someone diagnosed with COVID-19 and where were they tested/diagnosed?



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The intake supervisor will be informed of the individual's identity and the need for additional precautions at this time. The intake supervisor shall make notification to the ID department and Pre-trial services to ensure that the staff will exercise additional precautions.

The "at-risk" individual shall be placed in a holding cell alone or with other symptomatic individuals if space does not allow for single cell housing.

The Healthcare On-Site Manager (Assistant Director of Nursing or Healthcare Director) shall be notified when there are individuals who could be presumptive cases or persons under investigation. The provider will complete an assessment of the individual and the individual will be isolated in a holding cell. If clinical symptoms indicate a necessity to pursue testing, the health department will be consulted to determine if testing should be completed by calling [REDACTED]. The provider will review and complete the Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form. The provider will obtain the specimen as indicated by the PA Department of Health Coronavirus 2019 (COVID-19) Specimen Collection and Shipping Guidance form while wearing all approved PPE. The specimen shall be placed in a biohazard specimen bag and will be placed on ice until it is picked up for laboratory testing.

Individuals shall be encouraged to consume fluids and rest. Individuals who have medical conditions that may increase their risk of dehydration (i.e. detoxification) shall be provided with frequent offerings of beverages.

Intake holding cells have had soap dispensers added to allow for frequent hand washing of new arrests.

Housing in Intake

Female Holding Cells:

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]

**Special precautions shall be taken with females who are pregnant. These individuals shall be prioritized through all screening processes to reduce/limit exposure.*

Male Holding Cells:

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]

In order to mitigate risk and disease spread, healthcare and correctional staff will work to promptly process all individuals (per procedures) to reduce the requirement of shared spaces by large volumes of individuals.



Frequent cleaning of the cells and all surface areas (to include dayroom chairs in processing) will occur, on each shift, in intake.

Healthcare Screening: Sick Call

Healthcare staff shall be educated on the signs/symptoms of COVID-19 to provide ongoing education to the patient population.

Providers (mid-levels and physicians) will increase their engagement on the intake housing units to work to mitigate any disease spread and determine if individuals are presenting increased symptoms on the intake housing units so additional measures can be implemented to reduce disease spread.

During, any non-emergent healthcare interaction, an augmented form will accompany the healthcare employee to assess for evidence of fever (e.g., sweating, clammy skin, chills), upper respiratory complaints (ruling out history of smoking, asthma, seasonal allergies, other conditions that cause respiratory conditions), loss of smell or taste, recent travel to an area impacted by COVID-19, and/or recent contact with someone who is known to have been diagnosed with COVID-19.

The Healthcare On-Site Manager (Assistant Director of Nursing or Healthcare Director) shall be notified when there are individuals who could be presumptive cases.

Medication Pass

Medication pass will continue to be conducted on the general population housing units in the designated area (pantry). Inmates will be released per the institution's break in/break out procedures for administration of medications.

During medication pass, all inmates will be instructed to bring their own cups to medication line to eliminate or reduce the risk of transfer of property.

If an individual is on isolation precautions, the nurse will administer medications at the cell in a prepared envelope of medications. Healthcare staff will utilize the appropriate PPE during the interaction.

Medication Delivery (Kane Pharmacy)

Medication deliveries will be provided [REDACTED] to ensure that there are timely releases of inmates from the facility. Medication delivery will be provided in labelled paper bags and must be transitioned from the Kane Delivery Drive to a Healthcare Staff member (Medication Room Technician or other authorized individual).

Medication returns, for destruction, will no longer be accepted. Medications will be destroyed, on-site, per policies and procedures of the institution. Controlled substances will be witnessed during destruction and all destruction will be documented accordingly.

Dental

Following recommendations from the American Dental Association and the Allegheny County Health Department, non-emergent dental services and procedures will be delayed. Essential dental services will



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continue to be provided. The contracted dental provider will continue to follow all appropriate measures of infection control.

Clinic Services

In order to reduce movement and communal settings for inmates from varying housing settings, the clinic will be closed except for necessary populations (e.g. pregnant females and radiology). Healthcare staff will be deployed to housing units to perform non-emergency healthcare requests, provider visits, or assist in other locations of the facility that have critical staffing needs.

Reducing Movement

When possible, individuals will remain on their housing units to receive services. If individuals within Allegheny County were to be diagnosed with COVID-19, determinations would be made to reduce movement in the facility to emergent movement.

NON-ESSENTIAL SERVICES

With additional direction from community stakeholders, it has been determined that the most responsible decision to reduce the risk of community spread will be to temporarily suspend non-essential services in the facility and restrict the number of individuals entering/exiting the facility. Due to these recommendations, classes in the education department, Reentry, large gyms, and housing units shall be suspended.

Further action plans for respective departments of “non-essential” services are defined below.

Education Services/Inmate Programs

In collaboration with the Allegheny Intermediate Unit (A.I.U.) leadership, contingency plans have been developed. A.I.U. Juvenile and Adult Education programs have developed education packets for weekly distribution to inmates to encourage ongoing learning and continued operations.

Education material for both Juvenile and Adult Education Programs will be stored in a Central Location [REDACTED] [REDACTED] will be designated for emergency only). Material will be in manila folders labeled with each individual inmate’s name.

Distribution of educational materials will be done by the Inmate Programs Administrator, Correctional Officer, or designee. Distribution time will be determined based on the ACJ procedure of who would be permitted to enter the housing units.

Additional outreach is occurring with contracted service providers and volunteers (i.e. Batterer’s Intervention Program, Creative Writing, Veteran’s Pod, Father’s Support Group, and AA/NA) to develop course material on paper. The inmate participate would have to turn completed work at a designated time to receive credit.

Petey Greene mentors are also currently suspended from providing services within the facility.

Religious Services

Volunteers will be suspended until professional visits resume. Communal practice of religious services will be temporarily suspended. In collaboration with the Chaplaincy department, a reduced schedule will be developed



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to allow for staff to provide religious support while reducing or mitigating the risk of any potential for disease spread. Materials necessary for religious observation will be provided to allow for the continued opportunity for inmates to privately observe their religious practices.

Chaplaincy Programs [REDACTED] and will continue to facilitate the following services: answering inmate requests for devotionals and scriptures, providing weekly devotional resources to the housing units, visiting inmates upon referrals, providing notice and support during death notifications or notifications of serious illness of their loved ones, responding to emergent needs for spiritual counseling, supplying reading glasses, and supplying leisure material (i.e. crossword puzzles, word searches, books).

HOPE/Pre-Release Program

Volunteers (therapists, yoga instructors, Bible study leaders, etc.) will be suspended until professional visits resume. HOPE/Pre-Release permanent staff will also complete curriculum and resource development from remote/off-site locations to reduce introduction of disease on the housing unit.

Re-Entry Services

Instructors, mentors, therapists, tutors, etc. will be suspended until professional visits resume. Contracted service providers (Parenting, Relationships, Thinking for Change, etc.) will develop and provide 1-2 week packets for distribution to the participating population.

Visitation

Contact visits are suspended until further notice. Ongoing conversations will take place to establish next steps for contact visits that are currently under court order.

Beginning Monday, March 16, 2020 and for the following two weeks, all social visits (even non-contact) will be suspended until further notice.

Visiting (M) levels have had paper towel dispensers installed and will have appropriately diluted solution (bleach) available for ongoing cleaning to take place.

Attorney visits will continue, as indicated. Additional considerations will be made to determine the feasibility/sustainability of video conferencing for visits.

Commissary Services

Staff employed by the Commissary vendor (TKC Holdings Inc.) shall ensure that they are briefed in their organizations COVID-19 Emergency Action Plan and all updates to their plan will be communicated to the Administration of the Allegheny County Jail.

Continued delivery of services will be permitted at the discretion of the Jail Administration. To observe recommendations for reduced contact and social distancing, contracted commissary employees will not count items with the inmate. Instead, the items will be packaged and provided in a bag to the inmate who will sign for receiving their order. Inmates who are unwilling to accept their order in this manner will not receive their items and will be credited for their order.



COURTS/TRANSFERS/LEGAL SERVICES/RELEASES

Per order of President Judge Kimberly Clark, the Court of Common Pleas of Allegheny County, Fifth Judicial District, invoked an order consistent with the Supreme Court of Pennsylvania to outline emergency operations from March 17-April 14, 2020. The order outlines the operations of the courts throughout this time period and will be expressly supported and followed by the Allegheny County Jail.

Excluding emergent circumstances, all inmates will be screened prior to their transfer off-site with any transporting agency. A "COVID-19 Transfer/Release Screening Form" will be completed to include the Name, Inmate Number, Date of Birth, Date of Completion, Temperature reading 1, Temperature reading 2, Indication of Respiratory Symptoms, Indications for Precautions, and the name of the Healthcare professional that completes the screening. This form will be scanned into their Electronic Health Record and a copy will be provided to the transporting agency.

Receiving Transfers from Other Facilities (County, State, and Federal)

Any information relevant to the population shall be coordinated with all points of contact at each facility. When transferring individuals from our facility to others, relevant screening information and health transfer sheets shall be sent to coordinate care.

Additional precautions shall be taken when receiving individuals from facilities where diagnoses have occurred.

Court Movement

Court movement will continue to follow all appropriate procedures. When possible, video conferencing will be utilized to limit the movement of individuals. If an individual is currently on precautionary/quarantine status, Pretrial services and the Judge will be notified to make determinations regarding their case. Sheriff's shall report any potential signs of illness during transports.

Video Arraignment

Until further notice, video arraignment will continue to follow their previously determined schedule with cooperation from multiple jurisdictions. If there is stakeholder interest in expanding services to accommodate video conferencing, the hours of operation will be modified to support these initiatives.

The video complex currently has ■ different video conferencing stations with ■ chairs capable of serving inmates. The chairs will be moved to comply with social distancing recommendations by spacing chairs apart by several feet.

To support ongoing violation hearings, the hearing officer can video conference from the ■ and the Probation Officers can be contacted via phone.

Should transfers to the courthouse discontinue, continued operations of video arraignment will be determined based on the indicated demand of services.



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Transfers to Alternative Housing Sites (Renewal, Inc. and The Program for Offenders)

Beginning 3/13/20, transfers to alternative housing sites will cease to assist in their management of the population and decrease the incidence of disease spread. Each Alternative Housing provider will activate their continuing of operations plans and will provide those plans to the Administration at the Allegheny County Jail.

Permanent Releases from the Facility

Allegheny County Criminal Justice Representatives (Office of the Public Defender, Pre-Trial Services, District Attorney's Office, etc.) shall continue to review the current incarcerated population to determine if any non-violent offenders are eligible for release.

Discharge and Release processes will continue to be sustained throughout this time period and will be reducing the hours of operation to sustain services between 8:30am-5:00pm Sunday-Saturday. Services will continue to include offering Narcan, providing resources/referrals, facilitating phone calls, and providing bus tickets. All inmates who are prescribed medications will leave with the appropriate amount of medications and scripts (when applicable). During the additional evening hours, the Intake Supervisory staff will be prepared to provide vouchers for public transportation use.

The Cashier's Office will also work with reduced hours. If individuals are released outside of hours, coordination will be made to ensure that they receive the money from their accounts in accordance with policy and procedure.

Transfers to the Hospital

Any urgent or emergent medical needs that exceed the level of care that can be provided on-site will be referred to an appropriate off-site treatment provider. Excluding emergent trips, a transfer screening will be completed to accompany the inmate. The receiving provider will also be notified, prior to receiving the inmate, of any risk factors or persons under investigation to appropriately prepare for the new admission.

In emergent transports, when 911 is called, the dispatcher must be informed if the patient has symptoms of COVID-19. This notification will allow the responders to ensure the utilization of the appropriate PPE for the transport and will also make additional notification to the receiving hospital.

In collaboration with our institutional medical partner, Allegheny Health Network (AHN) has requested that procedures be limited to emergent or planned medically urgent at all of their AHN sites. AHN has requested a cancellation or postponement of *elective and not medically urgent* procedures.

AHN has defined *elective and not medically urgent* to include: screening endoscopy, elective arthroplasty, neurologically-intact spine surgery, outpatient arthroscopy, delayed breast reconstruction, ostomy reversals, aesthetic surgery, reducible hernias, elective SVT ablations US guided thyroid biopsies, joint injections/arthrograms.

AHN has defined *planned medically urgent* to include: cancer surgery, interventional cardiac catheterization, fractures, acute infections, cholecystitis, appendicitis, CABGs, tendon/nerve injuries, tracheostomies, other procedures that will facilitate patient disposition.



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AHN has defined *emergent* to include, but not limited to: open fractures, limb ischemia, intracranial hemorrhage, penetrating trauma, bowel perforation/ischemia, bleeding, neurologically-compromised spine surgery.

TREATMENT

Incarcerated individuals who can be managed on-site will be encouraged to rest and drink fluids. Individuals will remain locked in their cells and separated from the general population. Medicines will be provided, at the discretion of the healthcare providers, to address their symptoms (i.e. acetaminophen for fever reduction). Monitoring and treatment determinations will be made by the authorized healthcare providers.

If an individual is diagnosed with COVID-19, medication pass will be conducted at their cell door. Healthcare professionals and correctional staff should utilize precautions and wash hands after contact with individuals who are sick.

If the incarcerated individual's illness and symptoms are too severe, warranting a higher level of care, transfer will be coordinated with one of the local hospitals for admission. At time of transport, the inmate shall be provided with a surgical/procedure mask and transporting staff will be provided with N95 masks. All healthcare and correctional staff shall utilize disposable gloves.

DIETARY

Staff employed by the Dietary vendor (TKC Holdings Inc.) shall ensure that they are briefed in their organizations COVID-19 Emergency Action Plan and all updates to their plan will be communicated to the Administration of the Allegheny County Jail.

Dietary vendor will ensure that frequent cleaning occurs throughout the kitchen area and will avoid contact with food. All inmate workers will continue to utilize appropriate protective measures. Dietary vendor will ensure compliance to all indicated measures to promote food safety.

To reduce exposure from the inmate population to staff, Trinity Take Out (TTO) will be discontinued until further notice.

Inmates who are on precautionary or isolation status will be provided their food in a disposable container.

ENVIRONMENTAL CLEANING

Authorized cleaning agents will be deployed to Employee Lounge/ODR, Control Booth, Shift Commander's Office, Education Department, Chaplaincy Department, Discharge and Release Center, and other areas that employees frequently occupy. Employees shall be responsible for ensuring that they maintain cleaning within their designated areas.

ENVIRONMENTAL CLEANING: VISTING LOBBY/FAMILY ACTIVITY CENTER



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The following considerations are applicable for the duration of time that visits are still operational (social, professional, legal). When visits are discontinued in full, cleaning will continue with less frequency.

The Visiting lobby will continue to be cleaned by the assigned inmate work crew (i.e. Street Gang inmates) who have been trained in cleaning procedures. The following areas will receive additional attention:

The restrooms utilized by Visitors will be cleaned prior to visits being started, during count times, or other times as designated. The sinks will be wiped down with an authorized cleaning agent, all toilets will be flushed, all trash containers will be emptied, toilet paper will be re-supplied, and papertowels will be made available. Any soap dispensers will be filled.

The Family Activity Center area will be cleaned daily.

The door handles going to the elevators will be cleaned after all visits.

ENVIRONMENTAL CLEANING: VISITING/MEZZANINE/HOUSING LEVELS

Sanitization efforts will be routine and consistently occurring on each shift.

Hallway workers will wipe down the door handles of the various outside Pod access doors hourly or as directed by the assigned Correctional Officer using the provided cleaning agent.

Officer stations located on the Levels will have those items and equipment that is physically utilized by the assigned Officers wiped down as necessary using provided cleaning agent. The spray bottle containing the provided cleaning agent will be secured in the level supply closet when not in use.

Additional cleaning supplies will be provided to level 5 due to the operational tempo because of the use of the video conference center, and the increased level of anticipated use.

The daily routine of filling the hand cleansing dispensers will continue, with periodic follow up to ensure that the dispenser is filled for use by Visitors.

The visiting levels have had additional paper towel dispensers installed and will be outfitted with access to authorized cleaning agents. The Officer shall monitor the status of supplies and notify supervisory staff of any needs. Visitors shall be encouraged to utilize cleaning supplies for the visiting phones.

The M levels will be cleaned daily by sweeping and mopping by an assigned inmate cleaning detail supervised by assigned Correctional Officers. The door handles to the visiting booths will be cleaned as necessary.

ENVIRONMENTAL CLEANING: HOUSING UNITS

Cleaning supplies will be routinely deployed to the housing units for cleaning of all shared areas and cells. Regular environmental cleaning is encouraged to reduce the risk of respiratory illness transmission, as several



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of these pathogens can live on surfaces for extended periods of time. EPA-approved disinfectants should kill enveloped viruses and have coverage for emerging viral pathogens.

The Correctional Officers assigned duties on the housing unit, or other designated areas, will ensure that inmates assigned cleaning duties will be responsible for the general housing areas, common areas, dayroom space, pod furniture, and other areas as designated. The inmates will be supervised while utilizing the authorized cleaning agents/chemicals. Sweeping, mopping, cleaning, wiping, and collection of trash/garbage shall be designated by the Correctional officer.

Sinks

All sinks in the Housing Unit Pantry will be cleaned after every meal serving. Sinks will not contain standing water when not being used for cleaning items and sinks will not be left running. If necessary, a work order will be submitted to correct any plumbing issues. Particular attention shall be given to the faucet handles and other areas that are "high volume" in touch.

Showers

All shower stalls will be cleaned utilizing all designated cleaning agents after every general use. The Shower cleaning detail will be used during all lock ins and count times (once the count is cleared) when the showers are not in general use.

Housing Unit Floors

The pod floors will be swept and mopped after every meal and once the pod is locked in after recreation period. The pantry floor will be swept and mopped after every meal period. The sally port floor will also be swept and mopped routinely due to the nature of a high traffic area.

Housing Unit Furniture

All pod furniture, to include tables and chairs, will be cleaned at a minimum of once a shift and after every meal period. All table tops will be cleaned using disinfectant after every meal period, and the pod chairs will be wiped down with disinfectant being utilized on the arm area of the chair, ensure that the surface areas of tables are dry before use.

Law Library/Commissary Kiosk(s)

Kiosks, stools, and tables will be cleaned after every use with authorized cleaning supplies.

Inmate Phones

Due to the proximity of phones to an inmate's mouth and the higher risk of disease spread, additional attention shall be given to the inmate phones for calls and non-contact visits.

Trash Receptacles

All trash receptacles will be emptied per policy or as necessary. For example, receptacles shall not be more than half full at all times. Trash receptacles will be covered, when applicable. Trash receptacles shall not include any biohazardous waste materials.



Biohazardous Waste

Biohazardous waste will be collected in the appropriately indicated waste bags and bins. These areas will be monitored by healthcare staff and will be emptied routinely. When emptied, the bags will be appropriately secured in the Biohazard room. If needed, the contracted company will be contacted to schedule more frequent pick ups for removal of waste.

Stairs and Second Tiers

The second level tiers will be swept and mopped every shift and the stairs will be cleaned by wiping giving special attention to the area immediately under the first 4 steps. The railings of the stairs and second level tiers will be disinfected during count times by the Pod workers.

Supply Closet

The supply closet will be cleaned at least once per shift, with all cleaning equipment being returned to the closet for accountability purposes in accordance with current policy when equipment is not in use. All paper towels or other cleaning impliments will be stored and issued from the supply closet by the Pod Officer as needed for cleaning purposes. All cleaning chemicals/agents will be accounted for and stored in the closet per policy.

Inmate Cells

All inmates will be held accountable for their assigned cell. Inmates will be required to conduct cell cleaning with special attention to the following areas:

Toilets

All toilets will be clean and flushed, i.e. there should be no toilet paper, feces, or other items in the toilet bowl.

Cell Sinks

Sinks will be clean and free of standing water. Pod Officers will submit a work order as soon as possible, after verifying, for sinks that are not operable.

Cell Floors

Cell floors will be swept and mopped per institutional cell cleaning policy. There will be no blankets used as rugs (exception will be a prayer rug). All items will be neatly stored under the bunk in the inmate's individual storage container (bin). Footwear will be placed neatly under the bunk. When the bed is not in use, the issued blankets will be folded and placed on the mattress.

Cell Walls

Cell walls will be clean and free of pictures and clothes lines.

Cell Table/Stool

Table surfaces will be clean and any items on the table will be placed in a neat and orderly fashion.

Trash

Any trash in the cell will be located by the cell door and will be taken by the inmate to one of the trash receptacles on the pod when able.



ENVIRONMENTAL CLEANING: GROUND LEVEL/INTAKE

Intake workers will be tasked with the continuous cleaning of all commonly touched areas in our Intake Department to include, but not limited to: phones, door handles, walls, and counter tops. When a cell is vacant, an inmate worker will clean the cell (wiping down walls, bunks, sinks, inside/outside of doors, and toilets). At no time should the same rag be utilized to clean all areas simultaneously. This work is also to include the continuous sweeping and mopping of floors. As an extra precaution, inmate workers will be provided with Kaivac machines on the weekends for thorough cleaning of cells when vacated.

In addition to the holding cells, Intake, Processing, Pre-Arrestment, Supply, Laundry, Tool Room, and Kitchen shall be frequently monitored and cleaned.

Supply

Correctional Officers assigned to supply/tool room will be responsible for disinfecting all utilized tools and frequently touched surface areas with the approved cleaning agent. The Officer(s) assigned will be responsible for the direct supervision of inmates who will also be engaging in cleaning (sweeping, mopping, disinfecting).

Kitchen

The contracted dietary provider, inmate workers, and Correctional Officers will continue to follow all hygiene guidelines in accordance with policies and procedures as well as the Health Department for cleanliness and food preparation. All individuals who have contact with food will continue to wear the appropriate gloves/barriers/hairnets when handling food products and will frequently sanitize and clean their areas.

Inmate workers who are displaying symptoms of respiratory illness shall not be permitted to work and shall be evaluated by the healthcare department.

After 2000 hours, the final daily cleaning of the kitchen will be completed by remaining inmate kitchen workers. All surface areas will be cleaned with the authorized cleaning agent and all sinks/receptacles will be free of standing water.

Additional cleaning supplies will be deployed to accomplish these objectives and will be managed/controlled by the correctional officers and Intake supervisors.

ENVIRONMENTAL CLEANING: ELEVATORS

Every hour central control will direct the elevators to ground level for cleaning. Kitchen/Ground floor officers will utilize inmate workers to clean the elevators with the authorized cleaning agents to include the following considerations: ensuring all cars are free of debris, sanitizing hand rails, sanitizing the elevator control panel, and ensuring that the floor is sprayed with the cleaning agent.



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ENVIRONMENTAL CLEANING: EMPLOYEE ENTRANCE

Nightly, the 1M cleaning crew shall conduct a thorough cleaning of the employee entrance, to include the employee entrance elevator and stairwell. Due to this being a high volume/traffic area, the employee entrance Sergeant shall ensure thorough cleaning of this area to include the entrance desk, doors, railings, lockers, bins, and any other applicable surface area.

ENVIRONMENTAL CLEANING: RESTRAINTS

After the use of handcuffs, leg irons, waist chains, and/or restraint chairs, the tools will be thoroughly cleaned and sanitized with an authorized agent before they are utilized with another contact/inmate.

If therapeutic restraints are indicated, these must be sanitized before use with another contact/inmate.

Spit masks will be disposed after use.

INMATE PHONE CALLS

With support from Global Tel*Link (GTL), beginning Thursday, March 19 through April 14, 2020 every inmate who is eligible for phone calls (not currently on restrictions) will have access to 1 free minute phone call each day. No credit is given for unused phone calls. Each housing unit will have a sign posted to indicate the process for the phone calls

INMATE HYGIENE

All inmates will be required to meet personal hygiene needs daily. All inmates will be required to shower at a minimum of 3 times per week. Soap will be issued to all inmates by the assigned Correctional Officer for frequent hand washing in cells. Correctional Officers will notify their respective Unit Managers of any issues at is relates to potential hygiene issues with any inmates assigned to their housing unit.

INMATE RECREATION

To comply with recommendations to reduce groups larger than 10, considerations will be made for intake housing units to reduce the interaction between individuals who may require additional screening.

POPULATION MANAGEMENT

With a reduced population, considerations will be made for the most appropriate management of the population. If housing units are temporarily closed, these units may be designated as units to house "sick" individuals in the future to ensure mitigation of disease spread.



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SUPPLIES

Every housing unit shall be appropriately supplied with bars of soap to increase hand washing and hand hygiene. Every housing unit will be provided with access to the authorized cleaning agent for environmental cleaning on all shifts as detailed in previous sections of this plan.

Ongoing assessments will be made to ensure that there is available PPE.

Each housing unit should report if the hand sanitizer station is emptied. High volume areas (i.e. outside of elevators, entrances) shall be routinely assessed to determine if hand sanitizer stations need refilled.

Rationing of necessary supplies will be evaluated on an ongoing basis to ensure that all inmates are provided with supplies related to basic hygiene needs.

NOTIFICATION TO HEALTH DEPARTMENT

If the Allegheny County Jail has a suspected case, the healthcare manager on duty will notify the Medical Director. The Medical Director will make notification to the Chief Deputy Warden of Healthcare Services. The PA Department of Health will be contacted (1-877-PA-HEALTH) and local contacts will be made for Department of Health employees via their notification protocols and procedures.

Additional notifications will be made through appropriate utilization of the chain of command.

SPECIMEN TESTING

The established COVID-19 Testing Work Flow shall be utilized. All recommendations for specimen testing, via the PA Department of Health (DOH) and Bureau of Laboratories (BOL) shall be followed for collection and shipping guidelines. Testing will only be conducted with the explicit permission and coordination with the Allegheny County Health Department.

Healthcare personnel collecting samples from potentially infectious patients should follow standard precautions and all pertinent biosafety guidelines.

When positive screens are received for patients, recommended contact studies will be completed to determine if there are any other individuals who should have precautionary and isolation measures completed to mitigate further disease spread.

Positive inmate screens will be reported to Tom Greishaw with the PA Department of Corrections, excluding any identifiers, to provide incidence rates for each County Correctional Institution.

EMPLOYEE ILLNESS/STAFFING LEVELS

Employees who are ill should seek treatment and follow the recommendations of their healthcare provider.



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As a correctional agency, safe and secure operations will remain the primary focus. Because compromised staffing could be a threat to secure operations, staffing levels will be monitored continuously.

[REDACTED]

Staffing levels and assignments of staff will be assessed, each shift, daily. Staffing levels will determine operational tempo.

Administrative staff will brief all necessary individuals daily to include the status of operations. Shift Commanders and Healthcare Managers (Assistant Director's of Nursing) will review the following shifts schedules and prepare for any necessary changes.

Non-Essential Employees

The following departments will be evaluated to determine if there is an opportunity for fewer employees to report to the facility and conduct their work from home via remote access:

- Casework
- Alternative Housing
- Reentry Services
- HOPE/Chaplaincy
- Diversion
- Administrative Services
- Education/Inmate Programs

Employee Quarantine

If, at the explicit direction of a qualified healthcare provider, an employee is under isolation or quarantine procedures because of potential exposure to COVID-19, the employee will send notification to Jail Administration. They will provide any relevant information necessary for follow up. The Allegheny County Health Department will be contacted by Jail Administrative staff to confirm and identify any additional steps (to include a possible review of recent work assignment and contact).

To support employees during this pandemic period, Allegheny County is encouraging employees who are sick to stay home instead of reporting to work. The county has issued a temporary 14-day quarantine/incubation paid leave policy and requires the following actions to be taken to ensure the employee is eligible without utilization of their earned benefit time.

Employees eligible for this leave of absence must qualify with one of the following criteria:

1. The employee has tested positive for COVID-19;
2. The employee has been directed by a health care provider to self-quarantine because s/he is awaiting test results; or



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3. The employee has underlying health concerns that may be impacted by the virus, and is being advised by his/her health care provider to self-quarantine

Employees must follow their call off procedures and also contact UPMC WorkPartners to open a leave of absence under the county's temporary 14-day policy. Employees will be required to provide documentation to UPMC WorkPartners to certify their leave.

The temporary 14-day policy does not cover situations in which employees need to stay home to care for family members who are "at risk," have chosen to self- quarantine and were not directed by a medical provider, or for any other reason other than those listed above.

The supervisor that is receiving the call off notification will gather the following information:

1. Are you electing to quarantine because you...
 - a. Tested positive for COVID-19
 - b. Were medically directed to
 - c. Have a pre-existing condition and were medically directed to
2. What is the first date of your quarantine?
3. Can you provide a telephone number for an administrative staff person can contact you for follow up?

If the employee is quarantined for testing positive or awaiting test results, supervisory staff will need to confirm all work assignments for the previous 6 shifts. Priority screening will happen with all individuals who may have been in contact with the employee during their work assignments.

Employees: Positive COVID-19 testing

Reporting

Pennsylvania Emergency Management Agency (PEMA) is requesting that all First-Responder Agencies make notification regarding any employees that test positive for COVID-19. Names, specific medical information, and details should not be included. All reports shall be sent to Michael Spurr, Homeland Security/Law Enforcement Coordinator, via email Michael.Spurr@AlleghenyCounty.US with Allegheny County Emergency Services.

Contact Studies

When an employee has been confirmed, the Allegheny County Health Department will assist in providing direction based on the date of symptom presentation, the date the employee last worked, the capacity in which the employee worked, and the date that the employee was screened/tested positive. When the objective data has been gathered, the Allegheny County Health Department will provide direction for the designated dates that should be reviewed, utilizing CCTV footage, to establish employees that should be placed under isolation or quarantine procedures from these contact study reviews.

Healthcare Staffing

It is imperative that healthcare operations continue to ensure the safe maintenance of the inmate population. In the event that staffing levels no longer permit for the continued operations of healthcare staff, the following plan of action will be implemented.



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Reduction of Services

Substance Use Counselors will discontinue group services on Level 4 and 5E. Staff will be redeployed to areas such as: non-emergency healthcare requests, mental health screening in intake, mental health units, case coordination/collaboration with community service providers such as JRS or CTT for discharge planning into the community.

Clinic staff will be redeployed to other areas of need (such as intake, 5B, or float positions).

Mental Health Specialists will provide support on segregated housing units, mental health units, intake, and non-emergency healthcare requests.

Nurses will ensure that medication passes are completed. Specialized nurses (i.e. detoxification nurse coordinator and staffing educator) will be tasked to fulfill other nursing functions to support the ongoing operations of necessary functions within the facility.

Healthcare managers, when applicable, will fulfill any necessary line staff roles to redeploy nurses to areas within the facility that indicate the highest need.

***Further pandemic staffing plans will be explicitly developed for each shift. Until further notice, staffing complications shall be immediately reported to the Duty Officer and Healthcare Duty Officer respectively.**



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COMMAND

Allegheny County Jail Command Center – Warden’s Conference Room

Facility Commander – Warden Orlando Harper [REDACTED]

Operation managers – Chief Deputy Warden David Zetwo [REDACTED] and Chief Deputy Warden Laura Williams [REDACTED]

Prison Managers: - Deputy Warden Jason Beason [REDACTED] Major Adam Smith [REDACTED] Major Matthew Kohler [REDACTED] and Major Jack Vanchieri [REDACTED]

Medical Director – Dr. Donald Stechschulte, Jr. [REDACTED]

Shift Commander -as determined by shift assignment, [REDACTED]

Allegheny County Health Department

Jennifer Fiddner [REDACTED], Dr. Kristen Mertz [REDACTED], Ronald Sugar [REDACTED] Tom Mangan [REDACTED]

Allegheny County Sheriff’s Department (ACSD)

Sheriff Liaisons – Lt. Tom Carter, [REDACTED] (Allegheny County Command Post) and Sgt. Tom Ninehouser, [REDACTED] (MCB – Jail Liaison)

Allegheny County Emergency Medical Services

Chief Matthew Brown [REDACTED], Assistant Chief Mark Pinchalk [REDACTED], EMS Coordinator Keith Morse [REDACTED]

Poison Control Center

Director, Amanda Korenoski [REDACTED]

cc: County Manager William McKain
Deputy County Managers Stephen Pilarski and Barbara Parees



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 ALLEGHENY COUNTY BUREAU OF CORRECTIONS	APPLICABILITY: All Authorized Personnel	
	POLICY NUMBER: #317	DATE: 10/22/15 REVIEWED: 9/20/18
	TITLE: HOUSEKEEPING AND HYGIENE ACA Standards- 1A-04 TITLE 37-95.226(5), 95.231(1,2,5), 94.248(2)	
	AUTHORIZED BY: ORLANDO L. HARPER SIGNATURE: <i>Orlando L. Harper</i>	

POLICY

It is the policy of the Allegheny County Jail to establish a sanitation and housekeeping plan. All inmates are required to maintain proper hygiene standards set forth in this policy.

PURPOSE

To provide a daily housekeeping plan by assigning responsibilities to inmates to maintain the prison living areas and general spaces in a sanitary condition.

PREFACE

It must be emphasized that **HAND WASHING** is the single most important method of preventing the spread of infections. It is imperative that all personnel wash their hands as often as possible, employing friction to all surfaces for not less than fifteen seconds each time.

SECTIONS

This policy will be segregated into two sections. Section one will outline general jail measures and section two will delineate cleaning for medical and special areas.

PROCEDURES

SECTION 1: GENERAL GUIDELINES

By order of the Warden; Shift Commanders, Unit Managers and Pod Officers are entrusted to implement the following:

1. All parts of the jail used by prisoners shall be properly maintained and kept clean at all times. Jail personnel are to be continually vigilant for identifying

maintenance issues and unsanitary conditions and ensuring these conditions are promptly addressed for the health and safety of all concerned.

2. Upon admission to the institution, inmates will be provided with two (2) sets of uniforms and clean underwear.
3. Regular laundering of uniforms, underwear, and bed linens shall be done according posted laundry schedules. (See Policy #85 Laundry Procedures)
4. Inmates are expected to keep their cells clean and orderly. Cleaning supplies will be made available during mandatory shower and cell cleaning days.
5. Showers are available seven (7) days a week. Inmates are encouraged to use them on a daily basis. At a minimum, inmates in general population will bathe three (3) times a week Monday, Wednesday and Friday during mandatory shower and cleaning time. Disciplinary Custody inmates shall shower at least three (3) times a week based on the posted shower schedule.
6. Inmates may purchase basic hygiene supplies such as soap, shampoo, toothbrush, toothpaste and deodorant from commissary. Pod officers will maintain a supply of soap for inmates considered indigent. Indigent inmates are eligible for monthly hygiene kits that will include soap, deodorant, toothpaste and toothbrush by writing the supply sergeant. (See Policy #310)
7. Female inmates will be provided articles for feminine hygiene products when needed.
8. All exposed flooring is to be stripped and fully cleaned and waxed once per month. This includes jail physical plant, inmate pods and the jail infirmary.
9. Carpeted areas are to be vacuumed once and shampooed as needed. This includes jail physical plant, inmate pods and the jail infirmary.
10. Inmate living areas (cells) are to have all surfaces cleaned (wiped or mopped) with an infection control, approved hospital grade disinfectant between each occupation. Visible soil must be removed during the disinfection process.
11. All waste shall be disposed of in proper containers. All garbage containers must be cleaned and disinfected at least once a week.
12. Toilet areas are to be flushed clean. Commodes shall be cleaned using a suitable disinfectant/cleansing agent with cleaning equipment used for no other areas. (Toilet cleaning brushes are to be used on toilets **only**).
13. Toilet talking between inmates is forbidden and must be enforced.
14. Sink and drinking fountain areas are to be cleaned with an appropriate disinfectant, removing all visible residues and using cleaning equipment used for no other purpose.

15. Areas where food is stored and consumed must be sanitized on a continuous basis.
16. All balls and recreation equipment should be cleaned with appropriate germicidal solution on a regular basis but no less than daily.
17. All cleaning equipment, mops, sponges, brushes and any items used shall be maintained and stored in a manner that will not support growth and spread of pathogenic organisms. All equipment shall be clean and dry between uses and discarded as appropriate.
18. Environmental rounds to assess compliance with policies and standards shall be conducted on a routine basis.
19. Inmate workers and inmates themselves have a responsibility to keep living areas clean. Jail personnel are to see that they do.

SANITATION AND HOUSEKEEPING PLAN

Inmates are required to maintain their immediate living area and adjacent general space in a sanitary condition. Correctional Officers are authorized to assign up to six (6) inmate workers on his/her pod. The Correctional Officer has the discretion to hire an inmate as a worker. All workers are expected to maintain good habits of grooming. Workers assigned to Medical, Mental Health, Classification and Disciplinary Housing Units will be hired through Classification. It is the duty of the Pod Officer to ensure inmate workers complete their assigned duties. The following is a list of duties for all Pod Workers to be completed daily:

1. Pantry Worker

1. Serve All Meals
2. Clean and Sanitize Pantry Counter after Meals
3. Sweep and Mop Pantry Floor
4. Empty Pantry Garbage
5. Distribute Diabetic Bags
6. Sweep and Mop Sally Port

2. C/O Area Worker

1. Sweep and Mop Gym
2. Sweep and Mop C/O Area
3. Empty C/O Trash
4. Sweep and Mop C/O Bathroom
5. Clean and Disinfect Sink and Toilet
6. Clean Mirror and Stainless Steel
7. Sweep and Mop Interview Room

3. Dayroom Worker

1. Wipe Tables After Meals
2. Sweep and Mop Dining Area
(Vacuum if Applicable)
3. Clean all Pod Windows
4. Clean Dayroom Chairs
5. Clean and Sanitize Pod Phones
6. Sweep the Stairs

4. Counter Worker

1. Work Outside Pantry Area
2. Serve all Drinks
3. Empty all Garbage Cans
4. Sweep and Mop Counter Area
5. Sweep and Mop Gym

5. Lower Level Worker

1. Clean and Sanitize Lower Level Showers
2. Sweep and Mop Lower Level
3. Set-Out Cleaning Supplies
4. Clean and Organize Janitor Closet
5. Stack Chairs after All Meals
6. Clean All Vents on the Lower Level

6. Upper Level Worker

1. Clean Empty Cells as Needed
2. Sweep and Mop Upper Level
3. Clean and Maintain Visiting Areas
4. Clean Upper Level Showers
5. Stack Chairs After All Meals
6. Clean All Vents on the Upper Level

SECTION 2: MEDICAL AREAS

Medical areas shall include, but are not limited to, any area staffed by medical persons, clinic areas, inmate holding cells, nursing staff areas, and hallways in the general medical area.

The following cleaning tasks are to take place in the medical areas:

1. All linoleum floors need to be stripped, fully cleaned and waxed. Particular attention needs to be paid to corners and edges. The floor in storage room in the small hallway off the main clinic hall also needs particular attention.

2. All windows and sills need to be cleaned. All trim around doors, door surfaces and knobs need to be cleaned.
3. Tile floors in the bathrooms and other areas need to be scrubbed with a brush.
4. All toilets, sinks, etc. need to be thoroughly scrubbed.

Guidelines for Routine/Ongoing Cleaning of Medical Areas

1. General instruction: A germicidal detergent solution shall be used to clean surfaces following product label for use and dilution.
2. Wet mopping: All medical areas shall be wet mopped at least two times per 24-hour day. This shall occur on the following schedule, not to interfere with scheduled medical clinics:
 - a) Before 0800 hour each morning.
 - b) Between 1700 and 1900 hours each afternoon.
 - c) Additional wet mop cleaning shall be done as indicated by special circumstances requiring clean up.
 - d) Mops and mop heads should be laundered in hot water and dried with high heat no less than weekly.
3. Strip/wax: All medical area floors shall be stripped and re-waxed at least one time each month, during non-clinic hours.
4. Trash: Cleaning of areas shall include removal of trash. Biohazard trash shall be appropriately disposed of in biohazard boxes.
5. Carpets: Carpeted areas shall be vacuumed as needed, at a minimum of once a week. All carpets shall be periodically steam cleaned.
6. Medical Clinics: Medical staff shall be responsible for cleaning of medical clinic counters and countertops.
7. General cleaning: Cleaning shall include, but is not limited to:
 - a) Scrubbing of sinks,
 - b) Scrubbing of toilets,
 - c) Filling toilet tissue holders,
 - d) Filling paper towel receptacles,
 - e) Filling of soap dispensers,
 - f) Restroom counter tops,

- g) Wet wiping windowsills (and any other dust prone surface)
- h) Clean mirrors,
- i) Medical clinic examination tables shall be cleaned with disinfectant at least every twenty-four (24) hours and more often if visible soil is present.

Equipment Maintenance

Cleaning equipment, mops sponges, brushes and any item used shall be maintained and stored in a manner that will not support growth and spread of pathogenic organisms. This means that equipment shall be clean and dry between uses and discarded as appropriate. Any equipment giving off a foul odor shall be discarded or sent to the laundry if appropriate. Equipment used for sink cleaning shall NOT be used for any other purpose. Equipment used for drinking fountain cleaning shall not be used for any other purpose.

Cleaning directions for specialized areas/situations

Holding Cells/Close Observation Cells

- All surfaces shall be cleaned (wiped or mopped) with an infection control approved hospital grade disinfectant (1) between each occupation. Visible soil must be removed during this process.
- All waste shall be disposed of in proper containers.
- Toilet/elimination areas are to be flushed clean. Commodes shall be cleaned using a suitable disinfectant/cleaning agent and cleaning equipment will be used for no other areas. (Toilet cleaning brushes to be used on toilets only).
- Sink and drinking fountain areas are to be cleaned with an appropriate disinfectant, removing all visible residues, and using cleaning equipment used for no other purpose.
- In the event that any of the above areas are occupied on a continuous basis for a period of 24 hours or more, the area shall be observed for unsanitary conditions and cleaned as appropriate to maintain the health and safety of inmates occupying the room.
- All cleaning equipment shall be maintained and stored in a manner that will not support growth and spread of pathogenic organisms. Equipment shall be replaced as appropriate. Mop heads should be discarded and replaced on a monthly basis, as needed.
- Environmental rounds to assess compliance with policies and standards shall be conducted on a routine basis.

Infirmiry Housing Area

- Inmate/patients who are physically able shall maintain a clean and safe environment in their cell/room area.
- There shall be no uneaten foods (saved food items from meal trays) kept in any Infirmiry cells.
- Trash should be removed from the room at the conclusion of each shift. Inmate/patient shall collect trash and have ready for removal.
- Inmate/patient who are too ill or physically unable to manage their cell/room environment shall be assisted in the above by officers or inmate workers as needed. Inmate/patients will cooperate in this measure.
- Medical cell/rooms shall be wet mopped twice daily. No accumulation of soil shall be permitted. Mops and mop heads should be laundered in hot water and dried with high heat no less than weekly.
- Environmental surfaces shall be wet wiped as needed to prevent any accumulation of dust and debris.
- Sinks and commodes shall be scrubbed daily.
- Showers shall be sprayed with a disinfectant after each use and thoroughly scrubbed/cleaned daily.
- The Level 5 Unit Manager shall be responsible for compliance.

Guidelines for Cleaning an Area after an Inmate is Released

Infirmiry and Mental Health Units

1. All infirmiry bedrooms and Mental Health Unit (MHU) bed areas shall be thoroughly cleaned as soon as possible following release of the inmate/patient from the room.
2. No room shall be placed back into service until the cleaning is completed.
3. All trash shall be removed from the room and disposed of in the appropriate container based on type of trash.
4. All environmental surfaces shall be cleaned with a bactericidal disinfectant (1).
 - a) Commodes shall be flushed clear and scrubbed with equipment that shall be used for no other areas than commode cleaning.

- b) Sinks shall be cleaned of all visible soil, and then scrubbed and wiped with a bactericidal disinfectant agent. The cleaning equipment used for this purpose shall not be used for any other purpose.
 - c) Furnishings such as bed frames, mattresses, bed side tables, stands and any other items in the room shall be scrubbed clean of any soil and then the entire surface shall be wiped with a bactericidal agent.
 - d) Walls shall be inspected for visible soil and cleaned of such using an approved disinfecting solution.
 - e) Floors shall be first cleaned of any debris followed by wet mopping with a clean mop using a bactericidal disinfectant.
 - f) No room shall be placed into service until the above cleaning is completed.
 - g) All cleaning equipment shall be maintained and stored in a manner that will not support growth and spread of pathogenic organisms. Mops should be dried between uses. Mops and mop heads should be laundered in hot water and dried with high heat no less than weekly.
5. Equipment shall be replaced as appropriate.
6. The pod offer is to ensure workers clean cells in compliance with this policy.
7. The Unit Manager will make routine inspections to ensure compliance with this policy.

 ALLEGHENY COUNTY BUREAU OF CORRECTIONS	APPLICABILITY: All Authorized Personnel	
	POLICY NUMBER: #429	EFFECTIVE: 3/1/15 REVISED: 7/25/17
	TITLE: Inmate Worker Guidelines ACA 4-ALDF-5C-06, 5C-07, 5C-08, 5C-10, 5C-11, 5C-12, 7F-03 Title 37: 95.235(1), 95.235 (2), 95.235 (3), 95.235(4), 95.235(5)	
	AUTHORIZED BY: ORLANDO L. HARPER SIGNATURE: <i>Orlando L. Harper</i>	

POLICY

It is the policy of the Allegheny County Bureau of Corrections to permit deserving, eligible inmates the ability to perform work related activities within the institution when available. Inmate working conditions will comply with all applicable federal, state, and local work safety laws and regulations. The work day will be in approximate to a work day in the community. Inmate performance will be regularly evaluated and recorded and inmates will receive written recognition of competencies they acquire. In addition, there will be no discrimination of an inmate based on his or her race, religion, national origin, gender or disability in regards to their access to being assigned a work detail.

It is against ACBOC policy for any correctional personnel to use their official position to secure privileges for themselves or others in association with the Bureau's inmate worker details.

APPLICABLE POPULATIONS

This policy applies to all inmates seeking a work assignment and to correctional personnel responsible for determining an inmate's eligibility to work.

- Prisoners awaiting trial and not sentenced to the jail shall not be required to work, except to keep their immediate areas in their assigned living quarters clean. However, a volunteer work program for non-sentenced inmates should be developed. Non-sentenced and pre-trial prisoners can voluntarily request consideration for an inmate work assignment by following the normal channels for such a request.

- Prisoners sentenced to the jail shall be assigned work when it is available.

PROCEDURAL GUIDELINES

The Classification Supervisor oversees the components for this policy. Any deviations from this policy must be authorized by the Warden or his/her designee.

1. Classification will maintain a continuous roster of prospective inmate workers.
2. Classification will acknowledge only those prospective inmates that utilize the Work Request Application submitted to the Classification Supervisor. Inmates are able to volunteer for work assignments.
3. Classification is responsible for maintaining worker levels on pods 1-A and 4-C. Maximum capacity of 110 inmates should be maintained on 1-A and 4-C at all times, to the extent possible.
4. Both sentenced and, with some exceptions, non-sentenced inmates are eligible for work assignments and can express their interest by submitting an application to the Classification Supervisor. Sentenced inmates are not required to work. The criterion for each work detail is described in the "Work Assignment Details and Qualifications" section of the policy.
5. The Classification Supervisor is responsible for the hiring and replacement of Warden's Level Workers for the administrative area.
6. The Classification Supervisor is the final authority in determining an inmate's work eligibility.
7. Inmates assigned a work detail shall be supervised by a person designated by the Warden or his/her designee. All workers are subject to searches as prescribed by procedure.
8. Inmates will be provided with appropriate clothing, supplies and tools for any work detail to which they are assigned. Inmates will receive supervision and direction on the proper use of any equipment or tools to be used by the inmate during any work assignment.
9. The following are the workers housing locations:
 - i. Kitchen workers must be housed on 1A
 - ii. Laundry workers and Street Gang must be housed on 4CAll other workers may remain on their assigned housing pod and are not required to be housed on housing units 1A or 4C.

WORK ASSIGNMENT DETAILS AND QUALIFICATIONS

The following are the available work details and criteria/qualifications for inmate work assignments. Please note that inmate workers are approved by the Classification Supervisor:

A. Kitchen and Lounge Workers (applies to males and females)

- Must be a County inmate with a classification level of minimum or medium security (no State, Federal, or maximum security level inmates)
- If formerly on DHU status, must be off of that status for thirty (30) days
- Must be misconduct-free for at least thirty (30) days before being eligible for work
- Escape charges/convictions will be reviewed on a case-by-case basis
- Medical clearance is required
- Hiring Process:
 - i. The vendor is responsible for monitoring inmate worker levels utilizing the following scale:
 - 7 X 3 SHIFT: Kitchen Workers – 40 / Employee Lounge – 8
 - 3 x 11 SHIFT: Kitchen Workers – 40 / Employee Lounge – 6
 - ii. In the event inmate worker levels are deficient, the vendor is to contact the Shift Commander to rectify the deficiency.
 - iii. The vendor may relieve any inmate worker from their assigned job and direct the inmate to return to his/her housing unit. The vendor must notify correctional personnel and send an incident report to the classification supervisor (either by placing in his or her mailbox or emailing the report). Inmate workers may only be terminated by correctional personnel.
 - iv. The vendor must ensure all inmate workers for the designated areas defined in this directive are medically cleared for duty.

B. Warden Worker (females only)

- Must be housed on 4E
- Must be a County inmate with a classification level of minimum or medium security (no State, Federal, or maximum security level inmates)
- If formerly on DHU status, must be off of that status for thirty (30) days
- Must be sentenced with no open bonds

- Must be misconduct-free for at least thirty (30) days before being eligible for work
- Escape charges/convictions will be reviewed on a case-by-case basis
- Medical clearance is required

C. Street Gang

- Must be hired from pod 4C
- Must be a County inmate with a classification level of minimum or medium security.
- No current open charges
- Family division bonds must be \$2,000.00 or less
- No founded misconducts on current jail commitment
- No escape charges or convictions; includes alternative housing “walk-aways”
- Medical clearance is required
- In addition to normal work duties, inmates assigned to the Street Gang may participate in community service work when available.

D. Laundry

- Must be hired from pod 4C
- Must be a County inmate with a classification level of minimum or medium security (no State, Federal, or maximum security level inmates)
- If formerly on DHU status, must be off of that status for thirty (30) days
- Must be misconduct-free for at least thirty (30) days before being eligible for work
- Medical clearance is required

E. Intake Workers

- Must be a County inmate with a classification level of minimum or medium security (no State, Federal, or maximum security level inmates)
- If formerly on DHU status, must be off of that status for thirty (30) days
- Must be misconduct-free for at least thirty (30) days before being eligible for work
- Medical clearance is required

F. DHU, Classroom, IM, 5B and Clinic

- Must be a County inmate with a classification level of minimum or medium security (no State, Federal, or maximum security level inmates)

- No criminal bonds, family division bonds of \$1,000.00 or less
- Escape charges/convictions will be reviewed on a case-by-case basis
- Must be misconduct-free for at least thirty (30) days before being eligible for work

G. Hallway Workers

- Selected by Unit Managers and it is the responsibility of each Unit Manager to notify Classification as to the Names and DOC numbers of hallway workers on their respective unit. Likewise, Unit Managers must notify Classification when an inmate worker is fired, quits, transfers to another unit or becomes hospitalized.

H. Pod Workers

- Selected by Correctional Officers assigned to the Pod
- Must be a County inmate

Work Eligibility for Newly State Sentenced Inmates

Inmates that have been working three (3) months or more and receive a state sentence of 3 years or less may remain on their work assignment, except Street Gang, until they are released to a state facility.

Disciplinary Sanctions for Inmate Workers

Inmate workers that receive a total of three (3) informal sanctions or one (1) misconduct during their work assignment or while on their assigned pod will be suspended from work until the outcome of their misconduct hearing. At that time, the Classification Supervisor and or Segregation Supervisor will review the validity of the infraction to determine eligibility to resume work assignment and/or whether their behavior warrants transfer to another housing unit.

COMPENSATION

Inmates participating in work programs (other than personal housekeeping and housing are a cleaning) will be compensated in the following manner:

- Meals: Inmate workers will be compensated for their work by receiving a second meal tray at meal times.
- Visits: Eligible workers, inmates who have worked in the above named jobs for at least thirty days and have been proficient in their job duties, and inmates who

are have successfully completed an approved program may be considered for monthly contact visits. It is the responsibility of the Deputy Warden of Operations to consider such privileges. Approved inmates will receive a copy of their approved contact visitor request. Any inmate who is denied a contact visit will be notified in writing of the reason. Contact visits are a privilege and will be treated as such. Any misuse or abuse of this privilege by any inmate may result in the privilege being revoked. The administration has the right to suspend this privilege at any time due to emergency or security situation.

INMATE WORKER STAFFING LEVELS

Jail Administration is the final authority in determining the level of inmate labor within the institution.

Exhibit K

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8 **United States District Court**
9 **Central District of California**
10 **Western Division**
11

12 ENRIQUE FRANCISCO
13 HERNANDEZ,

14 Petitioner,

15 v.

16 CHAD T. WOLF, *et al.*,

17 Respondents.
18
19

ED CV 20-00617 TJH (KSx)

**Temporary Restraining
Order
and
Order to Show Cause
[2]**

20 The Court has considered Petitioner Enrique Francisco Hernandez's application
21 for a temporary restraining order, together with the moving and opposing papers.

22 Hernandez, now 43-years-old, suffers from multiple medical ailments, including
23 hypertension and other cardiovascular issues. Hernandez is, currently, being detained
24 at the Adelanto Detention Center ["Adelanto"], in San Bernardino County. San
25 Bernardino County is within the Central District of California.

26 Hernandez filed this case as a petition for a writ of *habeas corpus*. Hernandez
27 is a civil detainee, having been arrested by officers from the United States Department
28 of Homeland Security's ["DHS"] Bureau of Immigration and Customs Enforcement

1 ["BICE"] on May 23, 2019, and, then placed into removal proceedings, with the
 2 service of a Notice to Appear at the time of his arrest. Hernandez's removal
 3 proceedings are pursuant to the Immigration and Nationality Act ["INA"] §
 4 212(a)(6)(A)(i)(I), for being an alien present in the United States without being admitted
 5 or paroled.

6 Adelanto is a private, for-profit immigration detention facility operated by Geo
 7 Group, Inc. Adelanto has the capacity to hold, under normal situations, well over
 8 1,000 detainees through a contract with BICE. Over the years, and as recently as 2018,
 9 DHS's Office of the Inspector General had, repeatedly, found that significant and
 10 various health and safety risks existed at Adelanto.

11 Hernandez, a citizen of Mexico, has, apparently, resided in the United States for
 12 almost thirty years. His life partner is [REDACTED] a lawful permanent
 13 resident of the United States who resides in Altadena, California. Together, they have
 14 a 12-year-old daughter, who is a United States citizen.

15 Hernandez has a history of various criminal charges and convictions. Of
 16 significant note is that all of Hernandez's convictions were for infractions or
 17 misdemeanors. He has never been convicted of a felony. Hernandez has been
 18 convicted of the following:

Date	Offense	Sentence
1997	Hit and Run with Property Damage, Cal. Veh. Code § 20002(a)	40 days in jail and 36 months probation
2014	Theft, Cal. Penal Code § 484(a)	1 day in jail and 36 months probation
2016	Driving Without a Valid License, Cal. Veh. Code § 12500(a)	Fine
2017	Possession of a Controlled Substance, Cal. Health and Safety Code § 11377	Probation extension

2017	Petty Theft, Cal. Penal Code § 490.2	60 days in jail and 36 months probation
2017	Trespassing, Cal. Penal Code § 602(m)	4 days in jail and 36 months probation
2018	Possession of a Controlled Substance, Cal. Health and Safety Code § 11377	30 days in jail and 36 months probation
2019	Possession of Burglary Tools, Cal. Penal Code § 466; Shoplifting, Cal. Penal Code § 602(m)459.5; and Driving Without a License, Cal. Veh. Code § 12500(a)	36 months probation

In response to Hernandez's May 15, 2019, convictions in Glendale, California, BICE officers arrested him on May 23, 2019. Around June 12, 2019, Hernandez had his first bond hearing, where bond was denied after an immigration judge found that he was a flight risk due to his "multiple failures to appear in the Superior Court of California and his lack of ties to the community. The immigration judge, also, found that Hernandez was a mandatory detainee under INA § 236(c), which is codified as 8 U.S.C. § 1226(c).

In reviewing Hernandez's rap sheet, provided by the Government, this Court noted that Hernandez was, indeed, charged on four separate occasions – in 1997, 2003, 2006 and 2017 – with failing to appear in violation of Cal. Veh. Code § 40508(A). But, the Court, also, noted that each of those four charges were, indeed, dismissed, with one dismissed, specifically, in the furtherance of justice. So, it is noteworthy that immigration judges considered dismissed charges as a basis for the conclusion that Hernandez was a flight risk. It is, also, noteworthy that an immigration judge concluded that Hernandez had a lack of ties to the community even though his life partner and daughter reside in Altadena, California. But, those issues are not directly before this Court.

Regardless, on November 27, 2019, an immigration judge denied Hernandez's

1 applications for asylum, withholding of removal and protection under the Convention
2 against Torture. On December 2, 2019, Hernandez had a *Rodriguez* bond hearing, at
3 which bond was denied because the immigration judge lacked jurisdiction. On
4 December 20, 2019, Hernandez filed an appeal with the Board of Immigration Appeals
5 ["BIA"]. On January 14, 2020, an immigration judge denied Hernandez's request for
6 a change in custody, finding that he was a flight risk who had a removal order, and,
7 also, finding that Hernandez had multiple failures to appear. Hernandez's appeal with
8 the BIA remains pending.

9 On March 4, 2020, the State of California declared a state of emergency in
10 response to the coronavirus and the resulting COVID-19 disease, which attacks the
11 respiratory system, thereby making Hernandez particularly vulnerable given his history
12 of asthma. On March 10, 2020, San Bernardino County followed suit and declared a
13 state of emergency. On March 11, 2020, the World Health Organization ["WHO"]
14 declared COVID-19 to be a global pandemic. On March 13, 2020, President Donald
15 J. Trump formally acknowledged and declared a national emergency in response to
16 WHO's pandemic declaration.

17 On March 18, 2020, BICE announced that "[t]o ensure the welfare and safety of
18 the general public as well as officers and agents in light of the ongoing COVID-19
19 pandemic response, [it] will temporarily adjust its enforcement posture beginning today
20 ... [and that its] highest priorities are to promote life-saving and public safety
21 activities." Further, BICE stated that it would focus enforcement "on public safety risks
22 and individuals subject to mandatory detention based on criminal grounds [, and for
23 those people who do not fall into those categories, agents] will exercise discretion to
24 delay enforcement actions until after the crisis or utilize alternatives to detention, as
25 appropriate."

26 According to the United States Centers for Disease Control and Prevention, the
27 coronavirus is spread mainly through person-to-person contact. More specifically, the
28 coronavirus is spread between people who are in close contact – within about 6 feet –

1 with one another through respiratory droplets produced when an infected person coughs
2 or sneezes. The droplets can land in the mouths or noses, or can be inhaled into the
3 lungs, of people who are within about 6 feet of the infected person. Moreover, studies
4 have established that the coronavirus can survive up to three days on various surfaces.

5 COVID-19 is highly contagious and has a mortality rate ten times greater than
6 influenza. Most troublesome is the fact that people infected with the coronavirus can
7 be asymptomatic during the two to fourteen day COVID-19 incubation period. During
8 that asymptomatic incubation period, infected people are, unknowingly, capable of
9 spreading the coronavirus. Despite early reports, no age group is safe from COVID-
10 19. While older people with pre-existing conditions are the most vulnerable to COVID-
11 19-related mortality, young people without preexisting conditions have, also,
12 succumbed to COVID-19. There is no specific treatment, vaccine or cure for COVID-
13 19.

14 Because of the highly contagious nature of the coronavirus and the, relatively
15 high, mortality rate of COVID-19, the disease can spread uncontrollably with
16 devastating results in a crowded, closed facility, such as an immigration detention
17 center.

18 The Court will take judicial notice of the following facts, as set forth in the
19 temporary retraining order issued by this Court on March 27, 2020, in *Castillo v. Barr*,
20 CV 20-00605 TJH. At Adelanto, a holding area can contain 60 to 70 detainees, with
21 a large common area and dormitory-type sleeping rooms housing four or six detainees
22 with shared sinks, toilets and showers. Guards regularly rotate through the various
23 holding areas several times a day. At meal times – three times a day – the 60 to 70
24 detainees in each holding area line up together, sometimes only inches apart, in the
25 cafeteria. The guards, detainees and cafeteria workers do not regularly wear gloves or
26 masks to prevent the spread of the coronavirus. While detainees have access to gloves,
27 there is no requirement that they wear them. Detainees do not have access to masks
28 or hand sanitizer – though thorough hand washing could be more effective than hand

1 sanitizers at preventing the spread of the coronavirus.

2 Last week, the first BICE detainee was confirmed to have been infected with
3 COVID-19 in New Jersey at the Bergen County Jail, a BICE detention facility. The
4 week before last, a correctional officer at the Bergen County Jail was, also, confirmed
5 to have been infected. As of the date of this order, two additional ICE detainees at the
6 Bergen County Jail were confirmed to have been infected.

7 On March 26, 2020, Judge Analisa Torres of the United States District Court for
8 the Southern District of New York issued an order releasing certain immigration
9 detainees, stating the following:

10 The nature of detention facilities makes exposure and spread of the
11 virus particularly harmful. Jaimie Meyer M.D., M.S., who has worked
12 extensively on infectious diseases treatment and prevention in the context
13 of jails and prisons, recently submitted a declaration in this district noting
14 that the risk of COVID-19 to people held in New York-area detention
15 centers, including the Hudson, Bergen County, and Essex County jails, “is
16 significantly higher than in the community, both in terms of risk of
17 transmission, exposure, and harm to individuals who become infected.”
18 Meyer Decl. ¶ 7, *Velesaca v. Wolf*, 20 Civ. 1803 (S.D.N.Y. Feb. 28,
19 2020), ECF No. 42.

20 Moreover, medical doctors, including two medical experts for the
21 Department of Homeland Security, have warned of a “tinderbox scenario”
22 as COVID-19 spreads to immigration detention centers and the resulting
23 “imminent risk to the health and safety of immigrant detainees” and the
24 public. Catherine E. Shoichet, *Doctors Warn of “Tinderbox scenario” if*
25 *Coronavirus Spreads in ICE Detention*, CNN (Mar. 20, 2020),
26 [https://www.cnn.com/2020/03/20/health/doctors-ice-detention-](https://www.cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html)
27 [coronavirus/index.html](https://www.cnn.com/2020/03/20/health/doctors-ice-detention-coronavirus/index.html). “It will be nearly impossible to prevent
28 widespread infections inside the Hudson, Bergen, and Essex County jails

1 now that the virus is in the facilities because detainees live, sleep, and use
2 the bathroom in close proximity with others, and because ‘[b]ehind bars,
3 some of the most basic disease prevention measures are against the rules
4 or simply impossible.’” Petition ¶ 47 (internal quotation marks and citation
5 omitted).

6 *Basank, et al., v. Decker, et al.*, 20 Civ. 2518 (S.D.N.Y., Feb. 28, 2020), ECF No.
7 11.

8 On March 23, 2020, the Ninth Circuit ordered, *sua sponte* and without further
9 explanation, the release of an immigration detainee “[i]n light of the rapidly escalating
10 public health crisis, which public health authorities predict will especially impact
11 immigration detention centers.” *Xochihua-Jaimes v. Barr*, 2020 WL 1429877, No. 18-
12 71460 (9th Cir. Mar. 23, 2020).

13 On March 23, 2020, Hernandez filed a petition for a writ of *habeas corpus*,
14 pursuant to 28 U.S.C. § 2241. Hernandez’s petition sets forth one claim – in light of
15 the recent COVID-19 pandemic, the conditions of his confinement are, now,
16 unconstitutional.

17 Hernandez’s *habeas* petition and the relief it seeks from this Court are not barred
18 by the fact that he might be subject to mandatory detention pursuant to INA § 236(c).
19 *See Singh v. Holder*, 638 F.3d 1196, 1202 (9th Cir. 2011). While the INA does restrict
20 jurisdiction in federal courts for certain claims, it does not restrict *habeas* jurisdiction
21 for petitions that raise constitutional claims. *See Singh*, 638 F.3d at 1202.

22 Hernandez, now, moves for a temporary restraining order for his immediate
23 release from Adelanto.

24 Hernandez is entitled to a temporary restraining order if he shows: (1) A
25 likelihood of success on the merits; (2) That he is likely to suffer irreparable harm in
26 the absence of relief; (3) The balance of equities tip in his favor; and (4) An injunction
27 is in the public’s interest. *See Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20
28 (2008). Under the Ninth Circuit’s sliding scale approach, a stronger showing of one

1 element may offset a weaker showing of another. *See Pimentel v. Dreyfus*, 670 F.3d
2 1096, 1105 (9th Cir. 2012). Accordingly, Hernandez is entitled to a temporary
3 restraining order if “serious questions going to the merits [are] raised and the balance
4 of hardships tips sharply in [his] favor.” *All. for the Wild Rockies v. Cottrell*, 632 F.3d
5 1127, 1131 (9th Cir. 2011).

6 When the Government detains a person for the violation of an immigration law,
7 the person is a civil detainee, even if he has a prior criminal conviction. *See Zadvydas*
8 *v. Davis*, 533 U.S. 678, 690 (2001). As a civil detainee, Hernandez is entitled to more
9 considerate treatment than criminal detainees, whose conditions of confinement are
10 designed to punish. *See Youngberg v. Romeo*, 457 U.S. 307, 321-22 (1982).
11 Moreover, under the Fifth Amendment’s Due Process Clause, a civil detainee cannot
12 be subjected to conditions that amount to punishment. *See King v. Cty. of L.A.*, 885
13 F.3d 548, 556-557 (9th Cir. 2018).

14 When the Government takes a person into custody and detains him against his
15 will, the Constitution imposes upon the Government a duty to assume responsibility for
16 that detainee’s safety and general well being. *See Helling v. McKinney*, 509 U.S. 25,
17 32 (1993). Under the Eighth Amendment, the Government must provide criminal
18 detainees with basic human needs, including reasonable safety. *Helling*, 509 U.S. at
19 32. The Government violates the Eighth Amendment if it confines a criminal detainee
20 in unsafe conditions. *See Helling*, 509 U.S. at 33. Moreover, the Government may not
21 “ignore a condition of confinement that is sure or very likely to cause serious illness.”
22 *See Helling*, 509 U.S. at 32.

23 A civil detainee’s constitutional rights are violated if a condition of his
24 confinement places him at substantial risk of suffering serious harm, such as the harm
25 caused by a pandemic. *See Smith v. Wash.*, 781 F. App’x. 595, 588 (9th Cir. 2019).
26 At a minimum, here, the Government owes a duty to Hernandez, as a civil immigration
27 detainee, to reasonably abate known risks. *See Castro v. Cty. of Los Angeles*, 833 F.3d
28 1060, 1071 (9th Cir. 2016). Inadequate health and safety measures at a detention center

1 cause cognizable harm to every detainee at that center. *See Parsons v. Ryan*, 754 F.3d
2 657, 679 (9th Cir. 2014).

3 Here, Hernandez argued that the conditions at Adelanto expose him to a
4 substantial risk of suffering serious harm – increasing his exposure to or contracting
5 COVID-19. When the Government detains a person, thereby taking custody of that
6 person, it creates a special relationship wherein the Government assumes responsibility
7 for that detainee’s safety and well-being. *See, e.g., Henry A. v. Willden*, 678 F.3d 991,
8 998 (9th Cir. 2012). If the Government fails to provide for a detainee’s basic human
9 needs, including medical care and reasonable safety, the Due Process Clause is violated.
10 *DeShaney v. Winnebago Cty. Dep’t of Soc. Servs.*, 489 U.S. 189, 200 (1989). Indeed,
11 the Due Process Clause mandates that civil immigration detainees are entitled to more
12 than minimal human necessities. *See Jones v. Blanas*, 393 F.3d 918, 931 (9th Cir.
13 2004). At a minimum, here, the Government owes a duty to Hernandez, as a civil
14 immigration detainee, to reasonably abate known risks. *See Castro v. Cty. of Los*
15 *Angeles*, 833 F.3d 1060, 1071 (9th Cir. 2016). Inadequate health and safety measures
16 at a detention center cause cognizable harm to every detainee at that center. *See*
17 *Parsons v. Ryan*, 754 F.3d 657, 679 (9th Cir. 2014).

18 In its opposition brief, the Government set forth the United States Attorney
19 General’s discretionary right to detain an alien in removal proceedings prior to a final
20 order of removal. *See* 8 U.S.C. § 1226. Indeed, the Attorney General has the
21 discretion to either: (1) Detain the person without bond or (2) Release the person on a
22 bond of at least \$1,500.00 or on conditional parole. 8 U.S.C. § 1226(a). In making
23 the initial bond determination, a BICE officer must assess whether the person has
24 “demonstrate[d]” that “release would not pose a danger to property or persons, and that
25 the alien is likely to appear for any future proceeding.” 8 C.F.R. § 236.1(c)(8). If the
26 BICE officer determines that release, with or without bond, is not appropriate, then the
27 person may appeal to an Immigration Judge. 8 C.F.R. §§ 236.1(d)(1), 1003.19,
28 1236.1(d)(1). The Immigration Judge’s decision, then, would be appealable to the

1 Board of Immigration Appeals. 8 C.F.R. §§ 1003.1(b)(7), 1003.19(f), 1003.38.

2 However, because Hernandez, here, has asserted a claim for violations of his
3 Fifth Amendment substantive due process rights, and those claims exceed the
4 jurisdictional limits of the Immigration Court and the Board of Immigration Appeals,
5 he need not first exhaust his administrative remedies. *Garcia-Ramirez v. Gonzales*, 423
6 F.3d 935, 938 (9th Cir. 2005).

7 The Government argued that Hernandez lacks standing because he cannot
8 establish that he would suffer a concrete, non-hypothetical injury absent a temporary
9 restraining order in that his likelihood of contracting COVID-19 is speculative. *See*
10 *Lujan v. Defenders of Wildlife*, 504 U.S. 555, 560-561 (1992).

11 However, it is clear that “[a] remedy for unsafe conditions need not await a tragic
12 event.” *Helling*, 509 U.S. at 33. The Government cannot be “deliberately indifferent
13 to the exposure of [prisoners] to a serious, communicable disease on the ground that the
14 complaining [prisoner] shows no serious current symptoms.” *Helling*, 509 U.S. at 33.
15 “That the Eighth Amendment protects against future harm to inmates is not a novel
16 proposition.” *Helling*, 509 U.S. at 33. The Supreme Court clearly stated that “... the
17 Eighth Amendment protects [prisoners] against sufficiently imminent dangers as well
18 as current unnecessary and wanton infliction of pain and suffering...” *Helling*, 509
19 U.S. at 33. Indeed, the Court concluded that where prisoners in punitive isolation were
20 crowded into cells and some of them had infectious maladies, “... the Eighth
21 Amendment required a remedy, even though it was not alleged that the likely harm
22 would occur immediately and even though the possible infection might not affect all of
23 those exposed.” *Helling*, 509 U.S. at 33. Civil detainees are entitled to greater liberty
24 protections than individuals detained under criminal processes. *See Jones*, 393 F.3d at
25 932.

26 In its *amicus* brief filed in *Helling*, the Government stated that it “... recognizes
27 that there may be situations in which exposure to toxic or similar substances would
28 present a risk of sufficient likelihood or magnitude – and in which there is a sufficiently

1 broad consensus that exposure of *anyone* to the substance should therefore be prevented
2 – that the [Eighth] [A]mendment’s protection would be available even though the effects
3 of exposure might not be manifested for some time.” *Helling*, 509 U.S. at 34. The
4 Government, here, cannot say, with any degree of certainty, that no one – staff or
5 detainee – at Adelanto has not been, or will not be, infected with the coronavirus. The
6 science is well established – infected, asymptomatic carriers of the coronavirus are
7 highly contagious. Moreover, Hernandez, presently, is suffering from a condition of
8 confinement that takes away, *inter alia*, his ability to socially distance. The
9 Government cannot be deliberately indifferent to Hernandez’s potential exposure to a
10 serious, communicable disease on the ground that he is not, now, infected or showing
11 current symptoms. *See Helling*, 509 U.S. at 32.

12 It is “cruel and unusual punishment to hold convicted criminals in unsafe
13 conditions.” *Helling*, 509 U.S. at 33. The Eighth Amendment is violated when a
14 condition of a criminal detainee’s confinement puts him at substantial risk of suffering
15 serious harm and that the condition causes suffering inconsistent with contemporary
16 standards of human decency. *See Smith v. Wash.*, 781 F. App’x. 595, 597-598 (9th
17 Cir. 2019). However, a civil detainee seeking to establish that the conditions of his
18 confinement are unconstitutional need only show that his conditions of confinement
19 “put [him] at substantial risk of suffering serious harm.” *See Smith*, 781 F. App’x.
20 597-598. Here, BICE cannot be deliberately indifferent to the potential exposure of
21 civil detainees to a serious, communicable disease on the ground that the complaining
22 detainee shows no serious current symptoms, or ignore a condition of confinement that
23 is more than very likely to cause a serious illness. *See Helling*, 509 U.S. at 32.

24 Under the Due Process Clause, a civil detainee cannot be subject to the current
25 conditions of confinement at Adelanto. The Supreme Court has acknowledged that it
26 has “... great difficulty agreeing that prison authorities may not be deliberately
27 indifferent to an inmate’s current health problems but may ignore a condition of
28 confinement that is sure or very likely to cause serious illness and needless suffering the

1 next week or month or year.” *Helling*, 509 U.S. at 33

2 The Government, here, argued that Hernandez may not challenge the conditions
3 of his confinement through a *habeas* petition. Rather, according to the Government,
4 he may proceed only by way of a civil claim under 42 U.S.C. § 1983, and that the only
5 appropriate remedies under § 1983 are a judicially mandated change to the conditions
6 of confinement and money damages. The Government’s argument is misplaced.

7 In discussing the relationship between a *habeas* petition and a § 1983 claim, the
8 Supreme Court explained that a *habeas* petition is the appropriate avenue for a detainee
9 to attack the validity of the fact, or length, of confinement, with a potential remedy of
10 immediate release; whereas, a § 1983 claim is the appropriate avenue for a detainee to
11 attack something other than the fact, or length, of confinement, with a potential remedy
12 of a policy change and/or money damages. *See Prieser v. Rodriguez*, 441 U.S. 475,
13 494 (1973). Typically, conditions of confinement claims are raised by criminal
14 detainees while serving their criminal sentences. Consequently, immediate release
15 based on the conditions of confinement would not be appropriate, as that would
16 circumvent their criminal sentences. But, Hernandez is a civil detainee. Thus, it is
17 appropriate for him to proceed by way of a *habeas* petition because he challenges the
18 validity of his confinement and seeks his immediate release.

19 As the Court writes this order, the number of confirmed COVID-19 cases in the
20 United States has already exceeded the number of confirmed cases in every other
21 country on this planet. Indeed, all of the experts and political leaders agree that the
22 number of confirmed cases in the United States will only increase in the days and weeks
23 ahead. The number of cases in the United States has yet to peak. In San Bernardino
24 County, the number of confirmed cases, there, has more than tripled over the past
25 week.

26 The risk that Hernandez will flee is minimal given the current global pandemic,
27 his ties to the community, and his pending appeal before the BIA. Further, Hernandez
28 should be aware that if he is ordered released and, then, flees or violates any federal,

1 state or local criminal law, it will have a dire impact on his pending BIA appeal and all
2 further proceedings in this case.

3 Civil detainees must be protected by the Government. Hernandez has not been
4 protected. He is not kept at least 6 feet apart from others at all times. He has been put
5 into a situation where he has been forced to touch surfaces touched by other detainees,
6 such as with common sinks, toilets and showers. Moreover, the Government cannot
7 deny the fact that the risk of infection in immigration detention facilities – and jails –
8 is particularly high if an asymptomatic guard, or other employee, enters a facility.
9 While social visits have been discontinued at Adelanto, the rotation of guards and other
10 staff continues.

11 Accordingly, Hernandez has established that there is more than a mere likelihood
12 of his success on the merits for his first claim, which is based on his Due Process
13 rights. *See Winter*, 555 U.S. at 20.

14 Hernandez has established that he is likely to suffer irreparable harm in the
15 absence of relief. *See Winter*, 555 U.S. at 20. It is well established that the deprivation
16 of constitutional rights unquestionably constitutes irreparable injury. *See Hernandez v.*
17 *Session*, 872 F.3d 976, 994 (9th Cir. 2017).

18 The balance of the equities tip sharply in his favor. Hernandez faces irreparable
19 harm to his constitutional rights and health. Indeed, there is no harm to the
20 Government when a court prevents the Government from engaging in unlawful
21 practices. *See Rodriguez v. Robbins*, 715 F.3d 1127, 1145 (9th Cir. 2013).

22 Finally, the emergency injunctive relief sought, here, is absolutely in the public's
23 est interest. The public has a critical interest in preventing the further spread of the
24 coronavirus. An outbreak at Adelanto would, further, endanger all of us – Adelanto
25 detainees, Adelanto employees, residents of San Bernardino County, residents of the
26 State of California, and our nation as a whole.

27 This is an unprecedented time in our nation's history, filled with uncertainty,
28 fear, and anxiety. But in the time of a crisis, our response to those at particularly high

Accordingly,

It is further Ordered that Respondents shall, by 5:00 p.m. on April 2, 2020, release Petitioner Enrique Francisco Hernandez from custody pending further order of this Court, and subject to the following conditions of release:

2. Petitioner shall be transported from the Adelanto Detention Center directly to the Residence by [REDACTED]

4. Petitioner shall not violate any federal, state or local laws;

6. At the discretion of DHS and/or BICE, to enforce the above restrictions, Petitioner's whereabouts may be monitored by telephonic and/or electronic and/or GPS monitoring and/or a location verification system and/or an automated identification system. If necessary to comply with the permitted monitoring, Petitioner shall ensure the presence of a residential telephone line without devices and/or services which may interrupt operation of any monitoring equipment.

Exhibit L

FILED: March 27, 2020

UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT

No. 20-4183
(2:18-cr-00003-JPJ-PMS-2)

UNITED STATES OF AMERICA

Plaintiff - Appellee

v.

LEILA VARRETTA HECTOR, a/k/a Leila Varetta Hector-Dykes, a/k/a Rita
Hector

Defendant - Appellant

O R D E R

Upon consideration of the appeal from the district court's denial of appellant's motion for release pending appeal, the court remands this case to the district court for the limited purpose of having the district court consider in the first instance the severity of the risk that the COVID-19 virus poses to appellant given her existing medical conditions.

The clerk shall forward a copy of this order to the district court. This appeal

shall remain on the active docket of this court and the parties shall file a status report on April 27, 2020, and every 30 days thereafter, and shall immediately notify this court when the district court proceedings have concluded.

For the Court

/s/ Patricia S. Connor, Clerk

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
BIG STONE GAP DIVISION**

UNITED STATES OF AMERICA	)	
	)	
	)	Case No. 2:18CR00003-002
	)	
v.	)	ORDER
	)	
LEILA VARRETTA HECTOR,	)	By: James P. Jones
	)	United States District Judge
Defendant.	)	

The court of appeals has directed the court to reconsider, in light of the defendant's medical condition and the current coronavirus pandemic, this court's prior order denying the defendant's motion for a stay of her imprisonment pending her appeal. *See* Fed. R. Crim. P. 38(b)(1). The Federal Rules of Appellate Procedure provide that the decision regarding release pending appeal must be made in accord with the applicable provisions of the Bail Reform Act. That Act provides, in pertinent part, that the court:

[S]hall order that a person who has been found guilty of an offense and sentenced to a term of imprisonment, and who has filed an appeal or a petition for a writ of certiorari, be detained, unless the judicial officer finds—

(A) by clear and convincing evidence that the person is not likely to flee or pose a danger to the safety of any other person or the community if released . . . ; and

(B) that the appeal is not for the purpose of delay and raises a substantial question of law or fact likely to result in-

(i) reversal,

- (ii) an order for a new trial,
- (iii) a sentence that does not include a term of imprisonment, or
- (iv) a reduced sentence to a term of imprisonment less than the total of the time already served plus the expected duration of the appeal process.

18 U.S.C. § 3143(b).

The defendant does not meet the conditions of the Act. However, in view of the direction of the court of appeals and under the present extraordinary circumstances, I will reverse my prior order.

It is accordingly **ORDERED** that the sentence of imprisonment imposed upon the defendant is hereby STAYED and she shall remain under her bond and conditions of release pending her current appeal. Any direction to her to report to a Bureau of Prison facility is VACATED.

The Clerk shall provide the Clerk of the Court of Appeals, the defendant, the U.S. Marshals Service, and the U.S. Probation Office, with a copy of this Order.

It is so **ORDERED**.

ENTER: March 27, 2020

/s/ JAMES P. JONES
United States District Judge

Exhibit M

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

FILED

MAR 24 2020

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

LUCERO XOCHIHUA-JAIMES,

Petitioner,

v.

WILLIAM P. BARR, Attorney General,

Respondent.

No. 18-71460

Agency No. A206-105-249

ORDER

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

The inclusion of the “For Publication” designation on the Order filed by the court on March 23, 2020 (Dkt. No. 53) was a clerical error. The correct Order is attached hereto.

IT IS SO ORDERED.

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

UNITED STATES COURT OF APPEALS
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Respondent.

No. 18-71460

Agency No. A206-105-249

ORDER

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

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

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

IT IS SO ORDERED.

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

Exhibit N

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF AMERICA,

v.

TRAVIS BOLSTON
Defendant.

CRIMINAL ACTION NO.
1: 18-CR-382-MLB-RDC

**ORDER GRANTING RELEASE PENDING FINAL HEARING ON PETITION FOR
REVOCATION OF SUPERVISED RELEASE**

In accordance with FED. R. CR. P. 32.1(a)(6) and 46(d), and the Bail Reform Act, 18 U.S.C. §3143(a), a detention hearing was held wherein the defendant was ordered detained. (R1-7). On March 23, 2020, the defendant filed an emergency motion requesting re-consideration of the detention order. (Doc. 16). The undersigned concludes that the following facts justify the release of the defendant pending the holding of the final hearing on the petition to revoke supervised release.

Part I - Findings

The Defendant has shown by clear and convincing evidence that:

- (1) He is not a serious risk of non-appearance at the final hearing; and
- (2) That there is no serious risk that he will endanger the safety of another person or the community if released from custody.

Part II - Written Statement of Reasons for Release

On November 25, 2019, Magistrate Judge King granted the government's oral motion to detain the defendant after concluding that he posed a serious risk of harm to his former

partner and the community if released from custody. (R1-7). She stated that she would re-consider the matter if the final revocation hearing was delayed beyond January 2020.¹ Within weeks of this ruling, defense counsel learned that previous legal errors made by State officials significantly undermined the presumed applicable sentencing guideline range recommended by the federal probation officer. Further, scientists, medical professionals, and government officials began to sound the alarm that our Country was facing a nationwide pandemic that would threaten the lives of millions of Americans. (www.ajc.com/news/coronavirus.) Based on these new facts, Mr. Bolston filed emergency motions for re-consideration of the detention order. (Docs. 16, 17, 19). He argued that the facts related to correction of his previous criminal judgment and the danger inherent in his continued incarceration at the R.A. Deyton Detention Facility (RAD) during the COVID-19 outbreak justified his immediate release from custody.

The Government opposed the request, arguing that the factors raised by the defendant were immaterial to the release determination, that Mr. Bolston is not at a heightened risk of exposure to the virus during his detention at the RAD because “...the defendant [does not] cite to any presumptive positive or positive cases at the facility where he is currently incarcerated that would show he is at risk for contracting COVID-19...” and that these health concerns do not undermine the previous finding that he poses a serious risk of harm to his former partner. (Doc. 18 at 6). It also suggested that this Court should limit its review of factors relevant to the

¹ Judge King’s findings were orally pronounced during the detention hearing. Although the hearing was not transcribed, the undersigned has reviewed the recording.

defendant's release request to a single factor - the potential risk of danger to Mr. Bolston's partner and the public - in determining whether the previous Order should be vacated. (Doc. 18 at 3, 11).

Applicable law and legal analysis

Pursuant to 18 U.S.C. § 3148(b)(1), the undersigned must detain a defendant if there is probable cause to believe that the person committed a crime while on release or there is clear and convincing evidence that the person violated any condition of release, **and** based on an analysis of the factors in 18 U.S.C. § 3142(g), that there is no condition or combination of conditions that will assure that the person will not flee or pose a danger to the community or the safety of another person, or that the person is unlikely to abide by any conditions of release. The person charged with violating a condition of supervised release bears the burden of establishing by clear and convincing evidence that he is not likely to flee or pose a danger to the safety of another person or the community. 18 U.S.C. § 3143(a)(1); Fed. R. Crim. P. 32.1(a)(6). If this Court finds that there are conditions of release that will assure the defendant will not flee or pose a danger to the safety of a person or the larger community, and finds that the defendant will abide by the conditions of release, she may amend the conditions of release accordingly. Id.

A detention hearing may be reopened "if the judicial officer finds that information exists that was not known to the movant at the time of the hearing and that has a material bearing on the issue of whether there are conditions of release that will reasonably assure the appearance of such person as required and the safety of any other person and the community." 18 U.S.C. §3142(f). This Court is required to consider the factors outlined

in 18 U.S.C. § 3142(g) including: (1) the nature and circumstances of the offense charged; (2) the weight of the evidence against the defendant; (3) the history and characteristics of the defendant, including the defendant's character, physical and mental condition, family and community ties, past conduct, history relating to drug or alcohol abuse, criminal history, and record concerning appearance at court proceedings, as well as whether the crime was committed while the defendant was on probation or parole; and (4) the nature and seriousness of the danger to any person or to the community that would be posed by the defendant's release." In addition, the undersigned may "...by subsequent order permit the temporary release of the person, in the custody of a United State Marshal or another appropriate person, to the extent that the judicial officer determines such release to be necessary *for preparation of the person's defense or for another compelling reason.*" 18 U.S.C. § 3142(i) (emphasis added).

Sections 3142(g) and 3142(i) direct the undersigned to consider an array of factors in determining whether a previous order of detention should be vacated. The Government's attempt to limit this Court's review undermines the authority Congress vested in this Court and renders Section 3142(i) superfluous. Such a narrow interpretation of the applicable provisions of the Bail Reform Act is inconsistent with the breadth of the considerations adopted by Congress.

This Court finds that the following factors did not exist at the time Magistrate Judge King imposed her Order and are material to the determination of whether detention is still warranted in the instant case:

- (1) Mr. Bolston has now been incarcerated for more than 20 months for offenses that occurred in 2018. There is no evidence he *currently* poses a risk of harm to his former partner nor the general public;
- (2) The applicable federal sentencing guidelines may have been dramatically reduced based on defense counsel's dogged persistence in contacting county officials and obtaining recently filed state court orders vacating Mr. Bolston's prior state conviction (Doc. 19), a significant change that could lead to a joint resolution of the pending matter;
- (3) The frequent modifications of the administration of state and federal judicial proceedings based on the current international health crisis could delay resolution of the pending case in the next few weeks, especially because the revocation petition will likely be amended by the probation officer for a second time;¹
- (4) The rapid transmission of the virus has forced federal and state law enforcement agencies to suspend attorney visitation at detention facilities, to recommend that the judiciary delay imposition of incarceration orders, or grant immediate release to defendants who do not pose a serious risk of danger to the public²; and
- (5) Local, county, state and federal officials have issued a variety of stay-at-home orders that would require Mr. Bolston and his former partner to avoid any physical contact with each other for the foreseeable future.

After consideration of the factors set forth in 18 U.S.C. § 3142(g), careful review of the parties' arguments, Magistrate Judge King's previous ruling and the evolving modifications to the administration of this District's judicial proceedings in the midst of the COVID-19 health crisis, this Court finds that the defendant has presented evidence sufficient to rebut the presumption of detention. Mr. Bolston has established by clear and convincing evidence that his release from custody will not pose a serious

² See Attachment; Amended General Order 20-01 from Chief Judge Thomas W. Thrash, Jr.; in re: court operations under the exigent circumstances created by COVID-19 and related coronavirus. (03/30/2020); Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, 134 Stat. 281 (2020).

³ On March 29, 2020, the undersigned was informed by the Clerk of the Court that a detainee who had appeared before her on March 11, 2020, for his initial appearance had tested positive for the COVID-19 virus. At that hearing, this Court ordered that he remain in the custody of the United States Marshal who transported him to the R. A. Deyton Detention facility before his transfer to the Southern District of Florida. Thus, the Government's argument that the virus does not pose a significant threat to inmates presently incarcerated at RAD is incorrect. The fact that the parties have not been informed of this fact is of great concern to this Court. Further, the Bureau of Prison's decision to suspend transportation of inmates may only exacerbate the looming crisis. (www.bop.gov/coronavirus/covid19_status.jsp.)

risk of danger to his former partner or the community at large. Therefore, defendant's motion for release on bond is GRANTED.

Part III - Directions Regarding Release and Amendment of Supervision Conditions

The United States Marshal is hereby ORDERED to release the defendant no later than noon on **Tuesday, March 31, 2020**. All of the previous conditions of the supervised release term shall remain the same, **except** that he must also abide by these additional conditions:

- (1) He is to be released into his mother's care and must reside at her residence – 27 3rd Avenue, NE, Atlanta, GA 30317;
- (2) He will be subject to home incarceration at his mother's residence. He is restricted to 24-hour-a-day lock-down at his mother's residence except for medical necessities and court appearances or other activities specifically approved by the court;
- (3) He is to have no verbal, physical or in-direct contact with his former partner. This includes internet access through his or others' social media accounts, text messages, emails or any other manner;
- (4) If he needs to contact his former partner regarding their child's well-being, he must inform his probation officer to seek permission PRIOR to any verbal contact with her;
- (5) He must shelter in place pursuant to any official decrees imposed by local, county, state and/or federal officials related to the on-going COVID-19 crisis, except he will be permitted to meet with his probation officer, attorney or attend court proceedings as required;
- (6) He is to contact his state probation officer within 24 hours of his release from custody to inform her of his release;
- (7) He must submit to location monitoring as directed by the pretrial services office or supervising officer and comply with all of the program requirements and instructions provided. If the probation officer determines it is unnecessary or unsafe to require this condition, it should not be implemented; and

(8) The pretrial services office or supervising officer may utilize voice recognition at the mother's residence.

IT IS SO ORDERED, this 30th day of March 2020.

A handwritten signature in blue ink, reading "R. Cannon", is written over a horizontal line.

REGINA D. CANNON
UNITED STATES MAGISTRATE JUDGE

FILED IN CLERK'S OFFICE
U.S.D.C. - Atlanta

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA**

MAR 3 0 2020

JAMES N. HATTEN, Clerk
By: *[Signature]* Deputy Clerk

**IN RE: COURT OPERATIONS UNDER
THE EXIGENT CIRCUMSTANCES
CREATED BY COVID-19 AND RELATED
CORONAVIRUS**

**GENERAL ORDER 20-01
AMENDED**

ORDER

In its General Order 20-01, dated March 16, 2020, this Court addressed Court operations under the exigent circumstances created by the spread of COVID-19 and the related Coronavirus. General Order 20-01 directed that no jurors be summoned in any Division of the Northern District of Georgia for 30 days from the date of the Order and continued all jury trials, including any trial specific deadlines, for 30 days pending further Order of the Court. The Order similarly directed that no grand jurors be summoned and all grand jury proceedings in the District be continued for 30 days pending further Order of the Court.

The exigent circumstances identified in General Order 20-01 having worsened with many citizens within the Northern District of Georgia now being under state and local government shelter in place instructions; and additional operations of the court needing to change in recognition of these circumstances, and

IT IS THEREFORE ORDERED that General Order 20-01 is amended to extend the specified 30-day time periods contained therein through and including the date of May 15, 2020.

IT IS FURTHER ORDERED that the time period of any continuance entered as a result of this Order (whether that continuance causes a pre-indictment delay or a pre-trial delay) shall be excluded under the Speedy Trial Act, 18 U.S.C. § 3161(h)(7)(A), as the Court finds that the ends of justice served by taking that action outweigh the interests of the parties and the public in a speedy trial. Absent further Order of the Court or any individual judge, the period of exclusion shall be from March 23, 2020, through and including May 15, 2020. The Court may extend the period of exclusion as circumstances may warrant. This Order and period of exclusion are incorporated by reference as a specific finding under 18 U.S.C. § 3161 (h)(7)(A) in the record of each pending case where the Speedy Trial Act applies. See *Zedner v. United States*, 547 U.S. 489, 506-07 (2006). The period of exclusion in this Court's prior General Order 20-01 on this subject is likewise incorporated by reference as a specific finding under 18 U.S.C. § 3161(h)(7)(A) in the record of each pending case where the Speedy Trial Act applies.

IT IS THEREFORE ORDERED that General Order 20-01 is amended to extend the specified 30-day time periods contained therein through and including the date of May 15, 2020.

Dated this 30 day of March 2020.

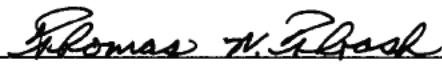

 THOMAS W. THRASH, JR.
 CHIEF UNITED STATES DISTRICT JUDGE

Exhibit O

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

United States of America,

Plaintiff,

Case No. 18-20315

v.

Judith E. Levy
United States District Judge
Elizabeth A. Stafford
Magistrate Judge

Keith Kennedy (D-3),

Defendant.

_____ /

ORDER TEMPORARILY REVOKING DETENTION

On March 11, 2020 Magistrate Judge David Grand detained Defendant Keith Kennedy subject to a bond review hearing before Judge Judith Levy. (*See* ECF No. 71.) Judge Grand detained Defendant due to several violations of his pretrial release conditions, including the following: failing several drug screens, failing to report to pretrial services, failing to report to inpatient substance abuse treatment, and failing to report for a bond review hearing. (*See id.*; ECF No. 58.) On March 26, 2020, the Court conducted a bond reviewing hearing of Defendant's confinement at the Saginaw County Jail. The hearing took

place telephonically due to federal, state, and court stay-at-home directives in response to the COVID-19 pandemic.

The Court is authorized to revisit the Magistrate Judge's order pursuant to 18 U.S.C. § 3145(b). As set forth below, the Court finds that it is necessary to temporarily release Defendant, pursuant to 18 U.S.C. § 3142(i)(4), *see infra* pg. 8, for two reasons. First, under the facts of this case, the danger posed to Defendant in the Saginaw County Jail by the COVID-19 pandemic constitutes an independent compelling reason to temporarily release him from custody. Second, temporary release is necessary for Defendant to prepare his pre-sentencing defense.

BACKGROUND

On March 22, 2020, the Governor of Michigan issued the following statement: "The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine or antiviral treatment for this disease." Executive Order, No. 2020-20 (Mar. 22, 2020).

Since March 11, 2020, the date of Defendant’s hearing before Magistrate Judge Grand, the exceptionally dangerous nature of the COVID-19 pandemic has become apparent. On March 10, 2020, the Governor of Michigan announced the state’s first two cases of COVID-19 and simultaneously declared a State of Emergency. Executive Order, No. 2020-4 (Mar. 10, 2020). The number of new cases is growing exponentially. As of March 27, 2020, that number is now at 3,657 confirmed cases and 92 known related deaths. *See Coronavirus, Michigan.Gov*, <https://www.michigan.gov/coronavirus/0,9753,7-406-98163-520743--,00.html>. COVID-19 has a high risk of transmission, and the number and rate of confirmed cases indicate broad community spread. Executive Order, No. 2020-20 (Mar. 22, 2020). Indeed, as of March 27, 2020, Michigan jails are attempting to lower their detained populations “as officials scramble to remove people thought to be at high risk of contracting the coronavirus, but little risk to the general public if they were not behind bars.” James David Dickson, *Jail populations plunge in Metro Detroit as coronavirus spreads*, Detroit News (March 27, 2020), <https://www.detroitnews.com/story/news/local/macomb->

county/2020/03/27/jail-populations-plunge-metro-detroit-coronavirus-spreads/2914358001/. Defendant's case fits this description.

On March 23, 2020, the Centers for Disease Control and Prevention (CDC) acknowledged that correctional and detention facilities “present[] unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors.” *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, Centers for Disease Control (Mar. 23, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> [Hereinafter “CDC Guidance 3/23/2020”]. Specifically, the CDC noted that many detention conditions create a heightened risk of danger to detainees. These include: low capacity for patient volume, insufficient quarantine space, insufficient on-site medical staff, highly congregational environments, inability of most patients to leave the facility, and limited ability of incarcerated/detained persons to exercise effective disease prevention measures (e.g., social distancing and frequent handwashing). *Id.*

The CDC recommended that all correctional facilities take preventative measures, including: ensuring an adequate supply of

hygiene and medical supplies, allowing for alcohol-based sanitizer throughout facilities, providing no-cost soap to all inmates for frequent handwashing, cleaning and disinfecting frequently touched surfaces several times per day, performing pre-intake screening and temperature checks for all new entrants, increasing space between all detained persons to at least six feet, staggering meals, and having healthcare staff perform regular rounds. *Id.* Even if all of the CDC’s interim recommendations are followed, and this record suggests that they are not, the Court is concerned that such measures will prove insufficient to stem deadly outbreaks. *See, e.g., New York City Board of Correction Calls for City to Begin Releasing People From Jail as Part of Public Health Response to COVID-19*, N.Y.C. Bd. of Corr. (Mar. 17, 2020), <https://www1.nyc.gov/assets/boc/downloads/pdf/News/2020.03.17%20-%20Board%20of%20Correction%20Statement%20re%20Release.pdf> (arguing that, despite the “heroic work” of Department of Correction and Correctional Health Services staff “to prevent the transmission of COVID-19 in the jails and maintain safe and humane operations, the City must drastically reduce the number of people in jail right now and limit new admissions to exceptional circumstances”). Indeed, on March

26, 2020, Attorney General Barr issued a separate directive ordering the Director of the Bureau of Prisons to “prioritiz[e] home confinement as appropriate in response to the COVID-19 pandemic . . . to protect the health and safety of BOP personnel and the people in our custody.” *Prioritization of Home Confinement as Appropriate in Response to COVID-19 Pandemic*, Att’y Gen. (Mar. 26, 2020).

Research shows that prisoners and jail inmates are more likely than the general population to report experiencing infectious diseases, indicating that these individuals face a heightened risk during this pandemic.¹ Laura M. Maruschak et al., *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12*, U.S. Department of Justice, Bureau of Justice Statistics, (2016), <https://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>.

By way of example, Michigan prisons are beginning to prepare “contingency plans” for extreme outbreaks, but the evidence suggests that it is only a matter of time before a deadly outbreak occurs for which

¹ As of March 26, 2020, there have been fourteen confirmed cases of a Michigan prisoner testing positive for COVID-19, up from one case on March 24, 2020. Gus Burns, *Michigan prisons prep for possibility of coronavirus outbreak among inmate population*, M-Live (Mar. 26, 2020), <https://www.mlive.com/public-interest/2020/03/michigan-prisons-prep-for-possibility-of-coronavirus-spread-among-inmate-population.html>.

the prison system is woefully unprepared. *See id.* ([The Michigan Department of Corrections spokesperson] “said administrators haven’t projected how many inmates might eventually contract the highly contagious virus, and he didn’t immediately know how much quarantine space is available throughout the prison network.”) Because many individuals infected with COVID-19 do not display symptoms, the virus will almost certainly be present in jails and prisons before cases are formally identified.

During the March 26 hearing, Defendant credibly testified that he has conditions which render him particularly vulnerable to COVID-19. Defendant, who was audibly ill with congestion and who coughed intermittently throughout the call, testified that he is exhibiting flu-like symptoms. Defendant also credibly testified that Saginaw County Jail has not been treating his underlying conditions or his flu-like symptoms. He testified that, prior to detainment, he was on high blood pressure medication, thyroid medication, and blood sugar medication. Despite these conditions and symptoms, Defendant testified that he was not being provided with these medications, not having his blood pressure taken regularly, not having his thyroid tested, not having his

temperature taken regularly, and unable to access to tissues into which he could sneeze or cough.² Defendant also testified that the detainees had no access to hand sanitizer and were instead provided with a small bar of soap once a week.

LAW AND ANALYSIS

Where a detention order has been issued, the Court is permitted to issue a “subsequent order” temporarily releasing an individual in custody “to the extent that the judicial officer determines such release to be necessary for the preparation of the person’s defense or for another compelling reason.” 18 U.S.C. § 3142(i)(4). While the language of § 3142(i)(4) appears under the heading “Release or detention of a defendant pending trial,” this provision applies to Defendant even though he has pled guilty and is thus pending sentencing rather than trial. The language specifies that the Court may permit temporary release “by subsequent order.” *Id.* The Court’s current directive is a “subsequent order,” issued subsequent to a prior detainment order under 18 U.S.C. § 3142.³ *United States v. Thornton*, 787 F.2d 594, 594 (6th Cir. 1986) (Table

² Defendant did testify that the detainees had access to toilet paper.

³ The Court notes that typical post-plea releases involve a finding “by clear and convincing evidence that the person is not likely to flee or pose a danger to the safety

decision) (suggesting that a district court could temporarily release a detainee pursuant to § 3142(i)(4) by subsequent order even after a prior order holding that the detainee was a flight risk or a risk to public safety); *United States v. Dante Stephens*, No. 15-cr-0095, 2020 WL 1295155, *3 (S.D.N.Y. Mar. 19, 2020) (holding that 18 U.S.C. § 3142(i)(4) constitutes a “separate statutory ground” for post-conviction release).

of any other person or the community.” 18 U.S.C. § 3143(a)(1). However, it is unnecessary for the Court to make a finding under 18 U.S.C. § 3143, because the Court is releasing Defendant pursuant to the independent statutory ground 18 U.S.C. § 3142(i)(4). Nevertheless, the Court finds, by clear and convincing evidence based on Defendant’s actions and testimony, that Defendant would not pose a danger to the safety of any other person or to the community. The Court notes that Defendant testified under oath about his concern for his aging parents and his desire to remain at home, in quarantine, to support them. Defendant was solemn, thoughtful, and responsive to the Court’s questions and concerns. Defendant does not have a violent history. The Court found Defendant to be a credible witness when discussing his health and treatment at Saginaw County Jail, his willingness to cooperate with Probation, and his motivation for staying at home once released.

The Court also notes that any § 3143(a)(1) considerations would need to account for the restricted flight possibilities presented by the current COVID-19 pandemic, as well as “balance the public health safety risk posed by the continued incarceration of [] defendants in crowded correctional facilities with any community safety risk posed by a defendant’s release.” *See Karr v. State*, No. A-13630, 2020 WL 1456469, *3 (Alaska Ct. App. Mar. 24, 2020); *see also Matter of Extradition of Toledo Manrique*, No. 19-71055, 2020 WL 1307109, *1 (N.D. Cal. Mar. 19, 2020) (“This [flight risk] problem has to a certain extent been mitigated by the existing pandemic. The Court’s concern was that Toledo would flee the country, but international travel is hard now. Travel bans are in place . . .”)

For the reasons below, the Court finds that temporary pretrial release is necessary for the compelling reason that it will protect Defendant, the prison population, and the wider community during the COVID-19 pandemic, and also that pretrial release is necessary for the preparation of Defendant's pre-sentencing defense.

Section 3142(i) does not define "compelling reason," and the Sixth Circuit has yet to interpret this statutory language. However, as courts across the country have begun to recognize, the global health crisis posed by COVID-19 necessitates informed, speedy, and preemptive action to reduce the risk of infection, illness, and death to prisoners and prison officials alike. *See Xochihua-Jaimes v. Barr*, No. 18-71460, ECF No. 53 (9th Cir. Mar. 23, 2020) (*sua sponte* ordering release of non-citizen from immigration detention center "[i]n light of the rapidly escalating public health crisis, which public health authorities predict will especially impact immigration detention centers."); *United States v. Perez*, No. 19-cr-00297, ECF No. 62 (S.D.N.Y. Mar. 19, 2020) (finding that the defendant's heightened risk to COVID-19 complications constitutes a compelling reason for release under § 3142(i)); *United States v. Barkman*, No. 19-cr-0052, 2020 U.S. Dist. LEXIS 45628, at *11 (D. Nev. Mar. 17,

2020) (granting emergency relief amending probation order to delay confinement for thirty days because of risk of infection to both Defendant and others in jail). Under any possible interpretation of Section 3142(i)’s language, current events and Defendant’s particular vulnerability to the disease constitute a compelling reason for release under § 3142(i).

Even if Defendant did not have a heightened susceptibility to COVID-19, the public health crisis—and its impact on Defendant’s ability to present a defense—nonetheless satisfies § 3142(i). Saginaw County Jail has suspended on-site visitation “due to coronavirus concerns.” Brianna Owczarzak, *MDOC halts visits to MI prisons due to coronavirus concerns* (March 13, 2020), https://www.wnem.com/news/mdoc-halts-visits-to-mi-prisons-due-to-coronavirus-concerns/article_cbb094ea-6530-11ea-8dcc-6f67de338459.html. The Federal Bureau of Prisons and Michigan Department of Corrections have also broadly suspended on-site visits in light of coronavirus concerns. See Federal Bureau of Prisons, *Federal Bureau of Prisons COVID-19 Action Plan*, https://www.bop.gov/resources/news/20200313_covid-19.jsp (explaining the nationwide suspension and noting that “case-by-case accommodation

will be accomplished at the local level”); Michigan Department of Corrections, *MDOC Halts All Visits at State Prisons* (Mar. 13, 2020), <https://www.michigan.gov/coronavirus/0,9753,7-406-98163-521571--,00.html>.

Defendant and his attorney, Mr. Kinney, testified specifically to their difficulty in conducting attorney-client communications under current conditions. Defendant testified that his attorney was able to call him, but unable to visit him to prepare for this hearing. Mr. Kinney additionally testified that, though he was able to speak by phone with his client, he was unable to receive assurances from the facility that the calls were private. Mr. Kinney noted that he was “not comfortable that [he and Defendant] could actually talk about anything over the phone,” because “there’s certain things that I don’t want him to say” without a guarantee of attorney-client privacy.

These communication difficulties are endemic to confinement during the current pandemic and, under the facts of this case, further support Defendant’s release under § 3142(i). Defendant has an upcoming bond review hearing on June 4, 2020 and an upcoming sentencing hearing on July 28, 2020. (ECF Nos. 75, 76.) Release is necessary in order

to allow Defendant to adequately prepare and consult with defense counsel for these proceedings. *See Stephens*, 2020 WL 1295155 at *5 (holding that Defendant's inability to communicate regularly and effectively with counsel in light of BOP's visitation policies satisfied requirements for release under § 3142(i)).

The United States argues that release is improper here because it was unaware of any known COVID-19 cases at Saginaw County Jail. However, this argument fails to address the facts of the current global public health crisis—particularly as Michigan prisons are beginning to see exponential spread of the disease. *See Burns, supra*. The seemingly preemptive nature of Defendant's release renders it no less necessary or compelling. To the contrary—as the above background makes clear—waiting for either Defendant to have a confirmed case of COVID-19, or for there to be a major outbreak in Defendant's facility, would render meaningless this request for release. Such a failure to act could have devastating consequences for Defendant and would create serious medical and security challenges to the existing prison population and the wider community.

CONCLUSION

Defendant has set forth compelling reasons for his temporary release amidst this growing public health emergency. Accordingly, Defendant is immediately released pursuant to the conditions set forth in the bond documents, with the additional modification that Defendant is to self-quarantine for 14 days as discussed during the hearing.

The Court will revisit this Order in four months.

IT IS SO ORDERED.

Dated: March 27, 2020
Ann Arbor, Michigan

s/Judith E. Levy
JUDITH E. LEVY
United States District Judge

CERTIFICATE OF SERVICE

The undersigned certifies that the foregoing document was served upon counsel of record and any unrepresented parties via the Court's ECF System to their respective email or First Class U.S. mail addresses disclosed on the Notice of Electronic Filing on March 27, 2020.

s/William Barkholz
WILLIAM BARKHOLZ
Case Manager

Exhibit P

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

CRIMINAL MINUTES - GENERAL

Case No. **SACR 16-76-JVS**

Date March 26, 2020

Present: The Honorable **JAMES V SELNA, U.S. DISTRICT COURT JUDGE**

Interpreter None

Lisa Bredahl

Not Present

Not Present

Deputy Clerk

Court Reporter/Recorder

Assistant U.S. Attorney

U.S.A. v. Defendant(s):

Present Cust. Bond

Attorneys for Defendants:

Present App. Ret.

1. Gilbert "Gil" N. Michaels

Not

X

1. Joel Levine / Paul Meyer

Not

X

Proceedings: [IN CHAMBERS] Order on Renewed Application for Bail

Gilbert Michaels ("Michaels") filed a renewed application for bail, as well as two supplements. (Docket Nos. 1056-58. (Docket No. .) The Government has responded (Docket No. 1059), and Michaels replied (Docket No. 160).

Gilbert is of an age and has medical conditions that place him in the group most susceptible to Covid-19.

Having considered the parties' briefs, the Court finds that it has the authority to grant temporary release pursuant to 18 U.S.C. § 3142 (i). The statute provides in part:

The judicial officer may, by subsequent order, permit the temporary release of the person, in the custody of a United States marshal or another appropriate person, to the extent that the judicial officer determines such release to be necessary for preparation of the person's defense or for another compelling reason.

(Emphasis supplied.)

The Court takes into account the Covid-19 pandemic, and assesses Michaels' medical condition in light thereof. Michaels has demonstrated that the Covid-19 virus and its effects in California constitute "another compelling reason." See United States v. Stephens, United States District Court for the Southern District of New York, No. 5-cr-95, Mar. 19, 2020, pp. 2-3.

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

CRIMINAL MINUTES - GENERAL

Michaels should confer with Government and present a proposed order addressing the following:

- Into to whose custody he would be released.
- GPS monitoring with permission to leave the approved residence only for medical reasons. Limitations on any ability to transfer funds or assets.
- Provisions for a substantial increase in the bond as discussed at the hearing on December 19, 2020. (Docket No. 1001, pp. 14-15.) At least one-half on any increase shall come from Michaels' personal funds or assets.
- Incorporating the three conditions urged by the Government in its opposition. (Docket No 1059, pp. 6-7.)

The parties shall confer with the Probation Officer and state the Probation Officer's views on the proposed order.

Upon presentation of an acceptable order, Michaels will be released temporarily for a period of ninety days. Michaels may apply to the Court for an extension no later than ten days before the expiration of the ninety days. Otherwise he is ordered to surrender to the United States Marshal's office at 411 W. 4th Street, Second Floor, Santa Ana, CA 92701. The Court reserves right to revoke this order in light changed circumstances after notice to the parties.

The present ruling does not withdraw and in not in derogation of this Court's, or in conflict with the Ninth Circuit's, finding that Michaels is a flight risk, and that he did not rebut the presumption that he is a flight risk. United States v. Michaels, United States Circuit Court of Appeals for the Ninth Circuit, No. 19-50379, Jan. 14, 2020, p. 2.

Extraordinary circumstances may require relief not otherwise available. Such is the case here. 18 U.S.C. § 3142 (i).

_____: 0
Initials of Deputy Clerk lmb

cc:

Exhibit Q

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

UNITED STATES,

v.

DAVID HARRIS,

Defendant.

Criminal Action No. 19-356

MEMORANDUM OPINION

The Court previously entered an Order, Dkt. 35, granting Defendant’s emergency motion for release pending sentencing, Dkt. 28, and, in doing so, indicated that it would issue an opinion explaining the basis for its conclusions that (1) the safety valve from mandatory detention found in 18 U.S.C. § 3145(c) authorizes district court judges to grant relief in appropriate circumstances, and (2) the risks posed by the COVID-19 pandemic may at times, along with all of the other relevant circumstances presented in a particular case, satisfy the “exceptional reasons” standard.

I. BACKGROUND

A. Procedural Background

On August 1, 2019, Defendant was charged with Distribution of Child Pornography in violation of 18 U.S.C. § 2252(a)(2), an offense that carries a five-year mandatory minimum term of incarceration. Dkt. 1; 18 U.S.C. § 2252(b)(1). He made his initial appearance on August 6, 2019, Minute Entry (Aug. 6, 2019), and, three days later, Magistrate Judge Harvey heard the Government’s motion for Harris to be detained pending trial pursuant to 18 U.S.C. § 3142. Dkt. 10 at 1.

Magistrate Judge Harvey concluded that, because Harris was charged under 18 U.S.C. § 2252(a)(2) and because there was probable cause that he had committed the offense, the rebuttable presumption that he posed a flight risk and danger to the community, if released, applied in his case. *Id.* at 11. Magistrate Judge Harvey found, however, that Harris had offered sufficient evidence to rebut the presumption that he was a flight risk by demonstrating that he had ample family support and that, when he “learned there was a warrant for his arrest, he stayed in contact with law enforcement and surrendered himself a few days later.” *Id.* at 12. As to the dangerousness prong, however, Magistrate Judge Harvey concluded that Harris had not rebutted the presumption. *Id.* at 12–13. Although “a close case,” Magistrate Judge Harvey ordered Harris detained because of the seriousness of the charged offense and because Pretrial Services lacked the resources to monitor his use of electronic devices if released. *Id.* Harris later moved for reconsideration of the detention order, but Magistrate Judge Harvey denied that motion, again noting the seriousness of the charge and Pretrial Services’ inability to “monitor [Harris’s] use of computers, smart phones, or the internet.” Minute Order (Sept. 11, 2019).

On November 8, 2019, Harris pleaded guilty to one count of Distribution of Child Pornography in violation of 18 U.S.C. § 2252(a)(2), pursuant to a written plea agreement, and, because the parties did not seek any modification in the terms of his detention, the Court ordered that Harris remain detained pending his sentencing. Minute Entry (Nov. 8, 2019). On March 19, 2020, Harris filed an emergency motion for release from detention pending sentencing in light of the ongoing COVID-19 pandemic. Dkt. 28. The Government opposed that motion. Dkt. 29.

B. COVID-19

“COVID-19 is a serious disease.” Dkt. 32-1 at 17 (Greifinger Decl. ¶ 4). Although COVID-19 is “characterized by a flu-like illness,” it is a far more deadly, with “5–35 times the

fatality associated with influenza infections.” *Id.* at 12 (Beyrer Decl. ¶ 5). COVID-19 is “highly infectious,” with “each newly infected person . . . estimated to infect on average 3 additional persons”—“only the great influenza pandemic of 1918 (the Spanish Flu as it was then known) is thought to have higher infectivity.” *Id.* at 13 (Beyrer Decl. ¶ 10). At the moment, there “is no known cure or anti-viral treatment for COVID-19.” Dkt. 32-1 at 17 (Greifinger Decl. ¶ 4). Experts have urged that the only way to mitigate the spread of the disease is for people to use preventive strategies, including “scrupulous hand hygiene and social distancing.” *Id.* The Center for Disease Control and Prevention recommends keeping a distance of six feet from other people to minimize the possibility of infection, washing one’s hands often with soap and water, and using a hand sanitizer that contains at least 60% alcohol. *How To Protect Yourself*, CDC (Mar. 4, 2020), available at <https://tinyurl.com/uep9p6h>. Slowing the spread of the disease is “critical,” *15 Days to Slow the Spread*, White House (2020), available at https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf, as a rapid spread can overwhelm local health infrastructure. COVID-19 causes prolonged serious illness, which can require “significant advanced support, including ventilator assistance for respiration and intensive care support.” Dkt. 32-1 at 21 (Stern Decl. ¶ 6).

COVID-19 has become a “global pandemic and has been termed a global health emergency by the [World Health Organization].” Dkt. 32-1 at 12 (Beyrer Decl. ¶ 3). On March 13, 2020, the President declared a national emergency, and, as of the date of this opinion, there have been at least 85,381 cases across the country and at least 1,271 virus-associated deaths. *Coronavirus in the U.S.: Latest Map and Case Count*, N.Y. Times, available at <https://tinyurl.com/t9j9fdw> (last accessed Mar. 27, 2020). Experts expect an explosion of new

cases in the days ahead. *Id.* In Virginia, Maryland, and the District of Columbia, there have been 1,277 confirmed cases of COVID-19. *Coronavirus in the DMV: What You Need to Know*, Washington Post, available at <https://tinyurl.com/txwj5gp> (last accessed Mar. 27, 2020). In response to the pandemic, the Mayor of Washington, D.C. has declared a state of emergency and has ordered the closure of all nonessential businesses, in line with orders issued around the country. *Id.*

COVID-19 poses a unique and “serious risk to inmates and workers in detention facilities.” Dkt. 32-1 at 13 (Beyrer Decl. ¶ 11). “Facilities, including jails, prisons, and other closed settings” are “associated with high transmission probabilities for infectious diseases.” *Id.* “A number of features of these facilities can heighten risks for exposure, acquisition, transmission, and clinical complications of these infectious diseases.” *Id.* (Beyrer Decl. ¶ 14). “These include physical/mechanical risks such as overcrowding, population density in close confinement, insufficient ventilation, shared toilet, shower, and eating environments and limits on hygiene and personal protective equipment such as masks and gloves in some facilities.” *Id.* “Additionally, the high rate of turnover and population mixing of staff and detainees increases likelihoods of exposure.” *Id.* (Beyrer Decl. ¶ 15). “Infections that are transmitted through droplets,” like COVID-19, “are particularly difficult to control in detention facilities, as 6-foot distancing and proper decontamination of surfaces is virtually impossible.” *Id.* (Beyrer Decl. ¶ 13). It is perhaps for these reasons, that there have been “prison outbreaks of COVID-19 in multiple detention facilities in China.” *Id.* (Beyrer Decl. ¶ 15). Given these facts, some experts opine that “an outbreak of COVID-19 among the U.S. jail and prison population is likely.” *Id.* at 14 (Beyrer Decl. ¶ 19). To date, the D.C. Jail has reported only one case of COVID-19, *D.C. Jail Inmate Tests Positive For Coronavirus*, Washington Post (Mar. 26, 2020 6:26a.m. EST),

available at <https://www.washingtonpost.com/dc-md-va/2020/03/26/coronavirus-dc-maryland-virginia-updates/> (last accessed Mar. 26, 2020), but the risk of further infections seems likely.

II. ANALYSIS

A. Statutory Authority

Although Harris originally premised his emergency motion on 18 U.S.C. § 3142, Dkt. 28 at 1, that provision applies only to a person seeking release pending trial. 18 U.S.C. § 3142(a). Release pending sentencing, as relevant here, is governed by 18 U.S.C. § 3143, which requires that a court detain a person found guilty of a violent felony pending sentencing, absent certain narrow exceptions. *Id.* § 3143(a). Harris does not dispute that the crime he pleaded guilty to, Distribution of Child Pornography in violation of 18 U.S.C. § 2252(a)(2), qualifies as a crime of violence and that, accordingly, he is subject to § 3143(a)(2)’s mandatory detention provision. *See id.*; 18 U.S.C. § 3156(a)(4) (defining a “crime of violence” to include any felony listed in chapter 110 of Title 18, which includes Harris’s offense). Nor does Harris dispute that he qualifies for neither of the narrow exceptions set out in § 3143(a)(2).¹ Instead, he argues that the public health crisis created by COVID-19 constitutes an “exceptional reason[]” that, when balanced against the minimal risk that he poses to the community, justifies his release pending sentencing under 18 U.S.C. § 3145(c). Dkt. 31 at 1. The Government counters that the Court lacks authority to release Harris under that provision because, in the Government’s view, the

¹ As the Government observes, because Harris has pleaded guilty, “there is no substantial likelihood that a motion for acquittal or a new trial” will be granted, and “because the offense of distribution of child pornography carries a mandatory minimum term of incarceration and the government has not moved for a downward departure, the government will not and cannot recommend that no sentence of imprisonment be imposed.” Dkt. 29 at 3; 18 U.S.C. 3143(a)(2)(A)(i) & (ii).

exceptional-reasons clause applies only to release determinations made by the courts of appeals. See Mar. 23, 2020 Hrg. Tr. (Rough at 18–19).

The Court begins, as it must, with the statutory text. See *BP Am. Prod. Co. v. Burton*, 549 U.S. 84, 91 (2006). Section 3145(c) provides:

(c) Appeal from a release or detention order.—

An appeal from a release or detention order, or from a decision denying revocation or amendment of such an order, is governed by the provisions of section 1291 of title 28 and section 3731 of this title. The appeal shall be determined promptly. A person subject to detention pursuant to section 3143(a)(2) or (b)(2), and who meets the conditions of release set forth in section 3143(a)(1) or (b)(1), may be ordered released, under appropriate conditions, by the judicial officer, if it is clearly shown that there are exceptional reasons why such person's detention would not be appropriate.

18 U.S.C. § 3145(c). The relevant question is the whether the phrase “the judicial officer,” as used in the § 3145(c), includes the district court judge presiding over the defendant's case. The statute defines the phrase “judicial officer,” “unless otherwise indicated,” to mean “any person or court authorized . . . to detain or release a person before trial or sentencing or pending appeal in a court of the United States.” 18 U.S.C. § 3156(a)(1). A district court judge falls within that definition. See 18 U.S.C. § 3041 (“For any offense against the United States, the offender may, *by any justice or judge of the United States* . . . be arrested and imprisoned or released[.]” (emphasis added)). No one doubts, for example, that the phrase “judicial officer,” as used a dozen times in 18 U.S.C. § 3143(a) & (b), includes district court judges. Thus, unless § 3145(c) indicates “otherwise,” the Court may exercise authority under the exceptional-reasons clause. The Court, like every court of appeals that has addressed the question, concludes that it may exercise such authority.

The Government argues that, because § 3145(c) is entitled “Appeal from a release or detention order” and because its first sentence concerns the jurisdiction of courts of appeals, see

§ 3145(c) (discussing 28 U.S.C. § 1291, which grants the courts of appeals jurisdiction over appeals from final decisions of the district courts), the term “judicial officer” encompasses only federal appellate judges. Mar. 23, 2020 Hrg. Tr. (Rough at 18–19). The Court is unpersuaded for several reasons.

To begin, Congress could easily have limited the reach of § 3145(c) to a “judicial officer” of a court of appeals, if that is what it had intended. Section 3141(b), the provision generally authorizing district courts and courts of appeals to detain or release a person pending sentencing, for example, provides that a “judicial officer of a court of original jurisdiction over an offense, or a judicial officer of a Federal appellate court, shall order that, pending imposition or execution of sentence, or pending appeal of conviction or sentence, a person be released or detained under [chapter 207].” 18 U.S.C. § 3141(b). Congress did not limit § 3145(c) to “a judicial officer of a Federal appellate court,” and it is not the Court’s role to add that qualifier in Congress’s stead. *See Omni Capital Int’l v. Rudolf Wolff & Co.*, 484 U.S. 97, 106 (1987) (observing that when Congress knows how to provide a specific outcome but does not, its failure is evidence that the omission was intentional). As a Department of Justice memorandum explained shortly after the exception was enacted, “[d]espite the fact that the provision authorizing release . . . is contained in a section . . . dealing with appeals from release and detention orders . . . , the provision pertains by its terms to any ‘judicial officer’, which is broadly defined” in the statute to include district court judges. James Reynolds, Acting Chief, General Litigation and Legal Advice Section of the Criminal Division, Executive Office of the United States Attorneys, “*Mandatory Detention*” *Provisions of the Crime Control Act of 1990* (emphasis in original), republished in App’x C, 39 U.S. Attorneys’ Bulletin (May 15, 1991).

The Government is correct that the much of the structure and language of § 3145(c) focus on appeals of detention and release orders, but that does not mean—as the Government contends—that “judicial officer” must be construed to mean an appellate judge. Just as important as the placement of the exceptional-reasons clause in § 3145(c) are the references to § 3143(a) and § 3145(b) in the operative sentence. That sentence provides that if “[a] person” is “subject to detention pursuant to” either § 3145(a)(2) or § 3145(b)(2), the “judicial officer” may order his release, if the person satisfies the appropriate conditions. Thus, taking § 3143(a)(2) by way of example, the structure of the exceptional-reasons clause is as follows: if a person is “found guilty” of a violent felony and “is awaiting imposition or execution of sentence,” “[t]he judicial officer shall order” that the person “be detained,” 18 U.S.C. § 3143(a)(2), except the person “may be ordered released, under appropriate conditions, by “the judicial officer,” if it is “clearly shown that there are exceptional reasons why such person’s detention would not be appropriate,” *id.* § 3145(c), and if the person “meets the conditions of release set forth in section 3143(a)(1) or (b)(1),” *id.* The fact that Congress used the definite article, referring to “the” judicial officer, is difficult to reconcile with the Government’s contention that the same judicial officer who made the original detention decision is precluded by the statutory text from exercising authority under the exceptional-reasons clause.

Nor is the Court persuaded that the statutory reference to “[a] person subject to detention pursuant to section 3143(a)(2) or (b)(2)” means that the exceptional-reasons clause applies only after a district court has issued a detention order, which is then subject to appeal. 18 U.S.C. § 3145(c). Read in context, the phrase “subject to” does not mean “someone already ‘*subjected*’ to mandatory detention,” *see United States v. Williams*, 903 F. Supp. 2d 292, 300 (M.D. Pa. 2012); it means “affected by or *possibly* affected by,” *Subject To*, Merriam-Webster.com,

available at <https://www.merriam-webster.com/dictionary/subject%20to> (last accessed Mar. 26, 2020) (emphasis added). As the court observed in *Williams*, the use of the passive voice in the third sentence of § 3145(c) (“subject to”) contrasts with the use of the active voice in § 3145(a) and (b) (“[i]f a person is ordered detained”). 903 F. Supp. 2d at 300. Accordingly, “the syntax of the statutory language also supports the [C]ourt’s conclusion that the third sentence of § 3145(c) contemplates something more than appellate review of detention orders.” *Id.*

The overwhelming majority of the judicial decisions interpreting § 3145(c) also runs counter to the Government’s position. Although the D.C. Circuit has yet to weigh in, every court of appeals that has addressed the question has held that a district court judge may order a person released pursuant to 18 U.S.C. § 3145(c). *See, e.g., United States v. Meister*, 744 F.3d 1236, 1239 (11th Cir. 2013); *United States v. Goforth*, 546 F.3d 712, 715 (4th Cir. 2008); *United States v. Cook*, 42 F. App’x 803, 804 (6th Cir. 2002); *United States v. Herrera-Soto*, 961 F.2d 645, 647 (7th Cir. 1992); *United States v. Jones*, 979 F.2d 804, 806 (10th Cir. 1992); *United States v. Carr*, 947 F.2d 1239, 1240 (5th Cir. 1991); *see also United States v. Garcia*, 340 F.3d 1013, 1022 (9th Cir. 2003) (remanding to the district court with instructions on what factors to consider in determining whether “exceptional reasons” exist under § 3145(c)); *United States v. Lea*, 360 F.3d 401, 403 (2d Cir. 2004) (reversing a district court’s holding that “exceptional reasons” existed because the situation was not out of the ordinary).

A minority of district courts, to be sure, have held otherwise. In *United States v. Chen*, 257 F. Supp. 2d 656, 660 (S.D.N.Y. 2003), for example, the district court held that the “structure, language, and placement of section 1345(c) all favor the view that a district court is not invested with the power to reach ‘exceptional reasons.’” The Court is unpersuaded on each of these counts. First, the *Chen* court stressed that § 3145(a) and § 3145(b) use the word “review” in

their titles, while § 3145(c) uses the word “appeal” in its title. *Id.* But courts typically place “less weight” on the title of a section heading because they are “‘but a short-hand reference to the general subject matter’ of the provision,” and “‘not meant to take the place of the detailed provisions of the text.’” *Lawson v. FMR LLC*, 571 U.S. 429, 446 (2014) (quoting *Trainmen v. Baltimore & Ohio R. Co.*, 331 U.S. 519, 528 (1947)). Where the plain language matters most is in the text of the third sentence of § 3145(c) and, there, Congress made no mention of appeals and, more importantly, granted the relevant authority to “the judicial officer”—a phrase that includes district court judges. 18 U.S.C. § 3145(c). Second, the *Chen* court puzzled over why Congress placed the exceptional-reasons clause in a portion of the statute dealing with review and appeals and not in § 3143 itself. *Chen*, 257 F. Supp. 2d at 661. That is a fair question, but not enough to overcome the plain language of the statute. Finally, the *Chen* court relied on the fact that the Federal Rules of Criminal Procedure refer only to § 3143 in discussing “release pending sentencing or appeal,” Fed. R. Crim. P. 46(c), while the Federal Rules of Appellate Procedure refer to §§ 3142, 3143, and 3145(c), in discussing appellate review of release or detention decisions, Fed. R. App. Pro. 9(c). But that argument proves too much, since the Federal Rules of Criminal Procedure do not refer to any portion of § 3145, and §§ 3145(a) and (b) indisputably authorize district court judges to detain or release criminal defendants, as appropriate.

The Court, accordingly, concludes that 18 U.S.C. § 3145(c) authorizes district court judges to grant relief in appropriate circumstances.

B. Exceptional Reasons

The second question of statutory interpretation posed by Harris’s motion is whether a widespread threat, like COVID-19, can, along with all of the other relevant circumstances presented in a particular case, satisfy the “exceptional reasons” standard. In this respect, the Government (sensibly) does not dispute that COVID-19 constitutes “exceptional” circumstances—at least in a “broad sense.” Mar. 23, 2020 Hrg. Tr. (Rough at 24). Rather, it argues that the pandemic does not constitute an exceptional reason to release a particular person, unless that person is somehow uniquely affected by the health crisis. *Id.* In other words, an exceptional reason “depends on the particularized risk as posed to this defendant based on his individual condition.” *Id.* (Rough at 26). The Government, accordingly, urges the Court to wait and see if conditions at the prison change and to wait to assess whether Harris faces some acute risk. *See id.* (Rough at 26).

Since the Government urged the Court to wait and see, at least one person at the D.C. jail has tested positive for the virus. The Government is nonetheless right that we do not know with any certainty whether Harris will contract the virus if he remains at the D.C. Jail, and, if he does, we do not know whether he will suffer from any severe symptoms. But uncertainty is endemic in the present circumstances, and that uncertainty cannot preclude courts from acting until the damage has been done. The prevailing uncertainty, instead, is one of the many factors courts must consider in deciding whether the person has “clearly shown that there are exceptional reasons why such person’s detention would not be appropriate.” 18 U.S.C. § 3145(c).

“Appropriate” means “suitable or proper in the circumstances” and connotes a sense of practical decency. *Appropriate*, Oxford English Dictionary Online, (March 2020), available at www.oed.com/view/Entry/9870 (last accessed March 26, 2020). “[E]xceptional,” in turn,

“means clearly out of the ordinary, uncommon, or rare.” *United States v. Hosier*, 617 Fed. App’x. 910, 913 (10th Cir. 2015) (quoting *United States v. Little*, 485 F.3d 1210, 1211 (8th Cir. 2007) (alteration in original)). A “wide range of factors may bear upon the [§ 3145(c)] analysis,” and a district court has “broad discretion . . . to consider all the particular circumstances of the case before it and [to] draw upon its broad ‘experience with the mainsprings of human conduct.’” *Garcia*, 340 F.3d at 1018 (quoting *Mozes v. Mozes*, 239 F.3d 1067, 1073 (9th Cir. 2001)).

The Court’s conclusion that the exceptional-reason clause does not demand certainty does not mean that any risk is sufficient. Rather, courts must weigh the relevant risk to the person detained, the community at large, and all other relevant circumstances in deciding whether the exceptional-reasons safety valve to the mandatory detention rules is available. And, even when a court concludes that it is available, the Court must still determine whether there is clear and convincing evidence that the person is not a risk of flight and will not pose a danger to the community. Only when all three conditions are “clearly” satisfied should a court release someone pending sentencing, and, even then, it should do so only on conditions that will protect the community.

Finally, the Court stresses that each case must be evaluated on its own terms, and each case requires consideration of all of the relevant circumstances. The exceptional-reasons analysis is flexible and permits courts to respond to real-world circumstances in a pragmatic and common-sense manner. The presence of COVID-19 is one such circumstance, but it is not the only one. Here, on the particular facts of this case, where the decision to hold Harris pending trial was a “close case” even before the pandemic developed, and where Harris will be released into the custody of his father under strict conditions and will have no access to the internet, *see* attachments A and B, the Court is convinced that his release is “appropriate.

CONCLUSION

For the foregoing reasons, the Court has **GRANTED** Defendant's motion, Dkt. 28.

/s/ Randolph D. Moss
RANDOLPH D. MOSS
United States District Judge

Date: March 27, 2020

ATTACHMENT A

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

UNITED STATES,

v.

DAVID HARRIS,

Defendant.

Criminal Action No. 19-356

CONDITIONS OF RELEASE

Defendant shall abide by the following conditions of release:

1. Harris shall be released to the custody and shall be confined to the home of his father, Mr. David Farmer, at [REDACTED], with the exception of legal meetings, emergency medical visits or with the prior permission of his Pretrial Services Agency supervision officer.
2. Harris shall maintain his residence at the address above and may not change his residence without prior notification to, and approval of, the Court or the Pretrial Services Agency.
3. Harris shall report to 633 Indiana Avenue, NW, 9th Floor, in Washington, D.C. on the day he is released – or on the next business day after his release if he is released after 4:00 p.m. – for the installation of the ankle bracelet, and he must follow the instructions he receives there concerning orientation. He must report immediately after that to the Pretrial Services Agency for the United States District Court at 333 Constitution Avenue, NW, Office 2507 in Washington, D.C., and he must sign the orientation contract.
4. Harris shall follow all of the rules, regulations, and requirements of the Program listed in the orientation contract, which is incorporated herein by reference. He must maintain

reporting requirements as directed by the Pretrial Services Agency, abide by an electronically-monitored curfew, participate in all drug testing / drug program requirements, and abide by all other conditions imposed by the Court and as directed by Pretrial Services Agency. Any other violation of his program requirements will subject him, at a minimum, to administrative sanctions.

5. Harris shall be supervised by a type of electronic monitoring device to be determined by Pretrial Services Agency. He is required to properly maintain and charge the monitoring device each day. Any attempt to tamper with or mask the device's monitoring capability may result in removal from the program and/or additional criminal charges
6. Harris shall not access the internet or make use of any internet-capable device, this includes any smartphone, computer, laptop, or video game console or any other device which would enable Harris to contact or share data with any other individual.
7. Harris shall refrain from having any contact with minors under the age of 18.
8. Harris shall participate in mental health treatment as directed by Pretrial Services.
9. Harris shall not possess any firearm, destructive device or other dangerous weapon.
10. Mr. Farmer shall have in his residence only one computer and one smartphone.
11. Mr. Farmer shall keep the computer in a locked area and to otherwise ensure that Harris cannot independently access the computer. Photos of the lock on the door and the supplemental padlock that Mr. Farmer has installed for the door to Mr. Farmer's office is attached, Exhibit B.
12. Mr. Farmer shall place his smartphone in a locked and secured area that Harris cannot access or on his person unless the phone is in Mr. Farmer's actual possession.

13. Every four business days but at least once per week, Mr. Farmer shall submit to Harris's counsel a declaration, a copy of which is attached as Exhibit A.

14. Defense counsel shall inspect Mr. Farmer's residence to ensure that Mr. Farmer's computer is secured in the locked office and that Harris will have no access to the internet.

The Court is to be notified of any violations of this Order.

/s/ Randolph D. Moss
RANDOLPH D. MOSS
United States District Judge

Date: March 27, 2020

ATTACHMENT B

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

UNITED STATES,

v.

DAVID HARRIS,

Defendant.

Criminal Action No. 19-356

DECLARATION OF MR. DAVID FARMER

Under 28 U.S.C. §1746, I, Mr. David Farmer, state the following:

1. I am the third-party custodian for Mr. David Harris. By order of the Court, Mr. Harris is confined to my home at [REDACTED].
2. From the period of _____, 2020 to _____, 2020, all electronic devices within my house have been either in my actual possession or under lock and key.
3. I attest that David Harris has not accessed any electronic devices with any internet capability in my home during that period of time.
4. I attest that if Mr. Harris does access or attempt to access any electronic devices with internet capability while he is in custody, or violate any other conditions of release, I will immediately report this information to the Pretrial Services Agency at 202 442-1000.

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

Executed on: _____, 2020

Mr. David Farmer

Exhibit R

**UNITED STATES DISTRICT COURT
DISTRICT OF MARYLAND**

MAURICIO COREAS and
ANGEL GUZMAN CEDILLO,

Petitioners,

v.

DONNA BOUNDS,
*in her official capacity as Warden,
Worcester County Detention Center,*
JACK KAVANAUGH,
*in his official capacity as Director,
Howard County Detention Center,*
JANEAN OHIN,
*in her official capacity as
Acting Baltimore Field Office Director,
U.S. Immigration and Customs Enforcement,*
MATTHEW T. ALBENCE,
*in his official capacity as Deputy Director
and Senior Official performing the duties of
the Director of the U.S. Immigration
and Customs Enforcement,*
and
IMMIGRATION AND CUSTOMS
ENFORCEMENT,

Respondents.

Civil Action No. TDC-20-0780

MEMORANDUM OPINION

Petitioners Mauricio Coreas and Angel Guzman Cedillo (“Guzman Cedillo”), currently in immigration detention, have filed this action pursuant to 28 U.S.C. § 2241 against Respondents Donna Bounds, Warden of the Worcester County Detention Center in Snow Hill, Maryland; Jack Kavanaugh, Director of the Howard County Detention Center in Jessup, Maryland; Janean Ohin, the Acting Baltimore Field Office Director for United States Immigration and Customs

Enforcement (“ICE”); Matthew T. Albence, Deputy Director and Senior Official performing the duties of the Director of ICE; and ICE. Pending before the Court is Petitioners’ Motion for a Temporary Restraining Order (“TRO”), seeking their immediate release in response to the COVID-19 pandemic. The Motion is fully briefed, and the Court held a video hearing on the Motion on April 2, 2020. For the reasons set forth below, the Motion will be DENIED WITHOUT PREJUDICE.

BACKGROUND

I. The COVID-19 Pandemic

The virus identified as SARS-CoV-2, commonly referred to as the novel coronavirus (“the Coronavirus”), has caused a global pandemic of the condition known as COVID-19. As of April 3, 2020, there were 932,166 confirmed cases and 46,764 deaths worldwide. *Coronavirus Disease (COVID-19) Pandemic*, World Health Org., <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. As of April 2, 2020, there were 213,144 confirmed cases and 4,513 deaths in the United States. *Cases in U.S.*, Ctrs. for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>. The Centers for Disease Control and Prevention (“CDC”) has projected that, without effective public health intervention, about 200 million people in the United States may contract the disease, and, under some projections, as many as 1.5 million people in the United States may die from the disease. Another organization’s projection puts the potential number of American fatalities at 2.2 million. Moreover, some evidence suggests that, even when not fatal, COVID-19 results in long-term, serious illnesses, which may include severe damage to internal organs, in about 16 percent of cases.

COVID-19 poses special risks for the elderly and those with certain preexisting medical conditions. *Amici Curiae* Public Health and Human Rights Experts Br. at 6-7, ECF No. 32. The

CDC has identified several medical conditions that place an individual at an increased risk of serious COVID-19 complications: “blood disorders, chronic kidney or liver disease, compromised immune system, endocrine disorders, including diabetes, metabolic disorders, heart and lung disease, neurological[,] neurologic and neurodevelopmental conditions, and current or recent pregnancy.” Greifinger Decl. ¶ 7, Reply Mot. TRO (“Reply”) Ex. 6, ECF No. 52-6. Of those who have died from COVID-19 in Italy, another country experiencing a high number of COVID-19 cases, about three-fourths had high blood pressure, one-third had diabetes, and one-third had heart disease. According to Dr. Jonathan Louis Golob, an Assistant Professor at the University of Michigan School of Medicine, there is evidence that in the highest risk populations, COVID-19 causes death in about 15 percent of cases. Preliminary data from China has shown that 20 percent of COVID-19 cases involving high-risk categories have resulted in death.

There is no vaccine, antiviral treatment, or cure for COVID-19. The Coronavirus is believed to spread through “droplets” that can be transmitted during close interpersonal contact, though these droplets can also survive on surfaces for days and spread the disease even absent such close contact. *Id.* ¶ 21. There is some evidence that individuals with the Coronavirus can transmit it to others even when they are not yet symptomatic. Public health measures aiming to stop the spread of the virus—most notably the practice of social distancing—have been widespread: “[s]chools, courts, collegiate and professional sports, theater and other congregate settings have been closed,” *id.* ¶ 8, and many states have issued mandatory social distancing policies. The Governor of Maryland issued a stay-at-home order on March 30, 2020. *See* Order of the Governor of the State of Maryland § II, No. 20-03-30-01 (Mar. 30, 2020), <https://governor.maryland.gov/wp-content/uploads/2020/03/Gatherings-FOURTH-AMENDED-3.30.20.pdf>. As of April 2, 2020, 40 states and the District of Columbia had issued stay-at-home or shelter-in-place orders. *See These*

States Have Implemented Stay-at-Home Orders, CNN (Apr. 2, 2020), <https://www.cnn.com/2020/03/23/us/coronavirus-which-states-stay-at-home-order-trnd/index.html>.

Prisons, jails, and detention centers are especially vulnerable to outbreaks of COVID-19. First, even if these facilities suspend in-person visitation, the staff, contractors, and vendors working at the facilities can still introduce the Coronavirus into the facility, a risk that is all the more difficult to contain because asymptomatic individuals can transmit the virus and because these facilities lack the capacity to screen for the virus in asymptomatic individuals. According to Petitioners' expert, Dr. Robert B. Greifinger, an expert on prison and jail health care and the former manager of medical care for the New York State prison system, "[j]ails and detention centers are congregate environments where the risk of infection and infectious spread are extraordinarily high." Greifinger Decl. ¶¶ 1-2, 16. Indeed, there have already been confirmed outbreaks of COVID-19 at several prisons and detention facilities across the United States, including the Rikers Island detention facility in New York City, the Cook County Jail in Chicago, Illinois, and the federal prison in Oakdale, Louisiana, as well as certain New Jersey jails housing ICE detainees. In this region, COVID-19 has been identified in the Clifton T. Perkins Hospital Center, a psychiatric hospital in Jessup, Maryland; and the D.C. Jail in Washington, D.C.

Second, once the Coronavirus is introduced into a detention facility, the nature of these facilities makes the mitigation measures introduced elsewhere in the country difficult or impossible to implement. Detention facilities often lack personal protective equipment that helps prevent the transmission of the virus. Shared facilities, such as bathrooms, dining halls, and telephones, are often not disinfected between uses. Poor ventilation increases the risk of transmission. Detained individuals are often not given the opportunity or tools to wash or sanitize

their hands frequently. And the crowded nature of the facilities can make social distancing recommended by the CDC impossible.

The ICE Health Service Corps, which oversees medical care at ICE detention facilities, has issued new guidelines for addressing the COVID-19 pandemic. *See Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)*, ICE Health Service Corps, Mar. 6, 2020, <https://www.aila.org/infonet/ice-interim-reference-sheet-coronavirus>. The guidelines set out screening procedures that include questioning incoming detainees about travel and potential contact with individuals with COVID-19 and establish some protocols for isolating and monitoring detainees with COVID-19. However, the guidelines do not advise on how and when to test individuals for COVID-19 or to plan for surges once the illness spreads. They also do not include guidance on how to identify detainees at high risk due to health conditions or how to provide special protection for high-risk detainees.

Some courts have granted motions to release high-risk individuals from ICE detention on constitutional grounds. For example, in New York, a federal judge ordered that ten detainees who face a high risk of complications from COVID-19 be released from New Jersey immigration detention facilities in which the Coronavirus was confirmed to be present. *See Basank v. Decker*, 20-cv-2518, 2020 WL 1481503, at *7 (S.D.N.Y. Mar. 26, 2020). Several other federal courts have also ordered ICE detainees released on the grounds that their continued detention under the threat of the Coronavirus violates the Constitution. *See, e.g., Thakker v. Doll*, 20-cv-00480, Doc. No. 47 (E.D. Pa. Mar. 31, 2020); *Castillo v. Barr*, No. 20-cv-0605, 2020 WL 1502864, at *6 (C.D. Cal. Mar. 27, 2020); *Coronel v. Decker*, No. 20-cv-2472, 2020 WL 1487274, at *10 (S.D.N.Y. Mar. 27, 2020). Other courts have declined to release immigration detainees on this basis. *See Sacal-*

Micha v. Longoria, No. 20-cv-0037, 2020 WL 1518861, at *6 (S.D. Tex. Mar. 27, 2020); *Dawson v. Asher*, No. C20-0409JLR-MAT, 2020 WL 1304557, at *1 (W.D. Wash. Mar. 19, 2020).

II. Detention of Petitioners

Petitioners are both detained by ICE in Maryland, and both have underlying medical conditions that place them at increased risk of serious complications or even death from COVID-19. According to Dr. Greifinger, based on reviewing the conditions in their respective facilities, “ICE has failed to adequately comprehend and respond to the COVID-19 pandemic for those detained in ICE custody, including at Worcester and Howard County Detention Centers.” Greifinger Decl. ¶ 17.

A. Mauricio Coreas

Petitioner Mauricio Coreas, a native of El Salvador, is a construction worker who has three daughters in the United States, including one who is a lawful permanent resident as a result of a successful asylum application. Coreas is seeking relief from deportation on asylum grounds and is currently detained by ICE at the Howard County Detention Center (“HCDC”). He is 52 years old and suffers from severe Type 2 diabetes. This medical condition puts him “at high risk for complications from COVID-19 should [he] be exposed to the virus in detention.” *Id.* ¶ 31. Coreas was convicted in 2007 in Virginia state court of burglary, arson, and related crimes, deported after serving his sentence, then convicted in 2016 in this Court of illegal reentry after deportation, 8 U.S.C. § 1326 (2018). In 2020, Coreas was convicted of a violation of supervised release on his illegal reentry conviction and sentenced to time served of approximately seven months of imprisonment. He was taken into ICE custody on January 15, 2020 following completion of that sentence. He is scheduled to have an immigration hearing on April 16, 2020.

At HCDC, low security level detainees are housed in dormitories, large rooms with 32 beds, while higher-level detainees are housed in cells that they share with other detainees. Detainees spend approximately 11 hours per day in communal spaces in which they are placed into close contact with other detainees. As of the filing of this case, these communal spaces, which include dining and restroom facilities, were not disinfected regularly. Detainees come into contact with detainees from other dormitories and parts of HCDC in shared spaces such as the chapel, law library, and medical unit, and with detention staff who regularly move to and from different parts of the facility and in and out of the facility. The medical unit and commissary are shared with individuals who are under pretrial detention in criminal cases. Coreas must visit the shared medical unit twice a day to have his blood sugar level checked. As of March 27, 2020, HCDC had space for approximately 100 immigration detainees and was housing 60 such detainees.

Since March 13, 2020, all programs within HCDC, such as chapel services and group presentations, have been suspended. However, according to Petitioners, certain group activities, such as bible study and recreational games, are ongoing at HCDC. Beginning on March 26, 2020, two days after this lawsuit was initiated, HCDC suspended all visits except for attorney visits through non-contact visiting booths; has begun to take the temperature of everyone entering the facility and is denying access to those with temperatures above 100.4 degrees; has issued cleaning kits to allow detainees to clean their cells and bunks; has begun assigning officers to the same housing posts for 14 days to make contact tracking easier; approved emergency staffing plans for each shift; and developed quarantine procedures. Any new detainees were screened for fever, respiratory illness, travel history, and past contact with persons who had contracted COVID-19. HCDC also now provides disinfectant, hand sanitizer, soap, and masks to housing units. However, Coreas has asserted that detainees are given only one bar of soap every two weeks to use for both

bathing and washing their hands; once that soap runs out, detainees must purchase their own soap, if they have the funds to do so. Soap is often unavailable in the bathrooms. Finally, Coreas has stated that the cleaning procedures in the detention facility have not changed since the beginning of the pandemic.

As of March 27, 2020, Respondents report that HCDC had no confirmed and no suspected cases of COVID-19. However, as acknowledged by Respondents during the hearing on the Motion, HCDC has conducted no tests for COVID-19, has no test kits, and has no plans to conduct testing. Meanwhile, Coreas has observed that “[m]any people are coughing and sneezing” at HCDC. Coreas Decl. ¶ 9, Reply Ex. 2, ECF No. 52-2. In fact, Petitioners identify at least three detainees at HCDC who have been exhibiting symptoms consistent with COVID-19 but who have been neither treated nor tested for the Coronavirus. Moreover, Coreas reports that HCDC has not given detainees any information about the Coronavirus, and that they receive their information instead from the news.

B. Angel Guzman Cedillo

Petitioner Angel Guzman Cedillo, a native of Guatemala, is a construction worker with two sons who live in the United States. As he awaits a hearing at which he will seek relief from deportation based on asylum grounds, Guzman Cedillo is detained at Worcester County Detention Center (“WCDC”). He is 54 years old and has hypertension, prostate problems, and a history of traumatic injuries that have limited his cognitive abilities. As with Coreas, these medical conditions put him “at high risk for complications from COVID-19 should [he] be exposed to the virus in detention.” Greifinger Decl. ¶ 31. In 2010, Guzman Cedillo was convicted of aggravated assault in Georgia, sentenced to six months of imprisonment, and removed to Guatemala. In 2019, he was convicted in this Court of illegal reentry after deportation and sentenced to time served of

approximately eight months of imprisonment. He was taken into ICE custody after completion of his sentence on November 14, 2019. He is scheduled to have an immigration hearing on April 17, 2020.

WCDC generally houses immigration detainees in shared cells with two detainees per cell. At this time, Guzman Cedillo is not currently sharing a cell. As at HCDC, detainees at WCDC spend about half the day in common areas that are not regularly disinfected, come into contact with each other in several shared spaces, and are frequently moved between units by officers. Immigration detainees use the same recreation area as the criminal pretrial detainees, but at different times. Detainees in criminal custody bring meals to those in immigration detention, and the two sets of detainees share one commissary and one barber shop. WCDC's medical facilities are also used by both sets of detainees. Moreover, those in criminal detention clean the facility's common areas. During a shift, WCDC personnel work either in the immigration detainee or the criminal pretrial detainee unit, except for Medical Unit, Processing Area, and Women's Section staff who interact with both categories of detainees. Over time, however, WCDC personnel may rotate units depending on their shift assignment. As of March 27, 2020, WCDC had capacity for over 200 immigration detainees but was housing only 90 such detainees.

Since the emergence of the COVID-19 pandemic and the filing of this lawsuit, WCDC has taken certain steps to address the threat of the Coronavirus. Since March 20, 2020, there have been no ICE detainees transferred into WCDC. Although there are new criminal pretrial detainees entering WCDC, Respondents report that "[t]he facility screens all newly arriving inmates for potential exposure." Brown Decl. ¶ 25, Opp'n Mot. TRO ("Opp'n") Ex. 1, ECF No. 39-1. In-person visits at WCDC have been stopped, save for visits from attorneys, who are screened before entering the building. WCDC also screens and takes the temperatures of all staff who enter the

facility. WCDC “has extra cleaning practices for the facility and housing units, which includes the installation of soap dispensers and hand air dryers in housing unit dayrooms, a common area within the housing unit.” *Id.* ¶ 25. However, the shared showers are not disinfected between uses. Finally, WCDC has identified housing units to be used to quarantine patients who have or are suspected of having COVID-19.

Although Petitioners have alleged that WCDC is under quarantine, Respondents have asserted that such reports related to an ICE administrative facility in Salisbury, Maryland. Rather, Respondents have attested to the fact that as of March 27, 2020, WCDC has had no suspected or confirmed cases of COVID-19. As with HCDC, however, it also has no testing capability and no plans to conduct tests for COVID-19.

DISCUSSION

On March 24, 2020, Petitioners filed their Petition for a Writ of Habeas Corpus and a Complaint for Declaratory and Injunctive Relief, along with a Motion for Temporary Restraining Order seeking their release from ICE detention. In the Motion, they assert that they are likely to succeed on the merits of their claim that their ongoing detention violates their due process rights under the Fifth Amendment to the United States Constitution, and that because of their health conditions that make them especially vulnerable to COVID-19, a TRO or preliminary injunction ordering their immediate release is necessary to avoid irreparable harm.

I. Standing

As a threshold issue, Respondents assert that Petitioners lack standing to assert their claims. One “essential aspect” of the limitations that Article III of the Constitution imposes on federal courts is the requirement “that any person invoking the power of a federal court must demonstrate standing to do so.” *Hollingsworth v. Perry*, 570 U.S. 693, 704 (2013). “To establish Article III

standing, a plaintiff must show (1) an injury in fact, (2) a sufficient causal connection between the injury and the conduct complained of, and (3) a likel[ihood] that the injury will be redressed by a favorable decision.” *Susan B. Anthony List v. Driehaus*, 573 U.S. 149, 157-58 (2014) (quoting *Lujan v. Defenders of Wildlife*, 504 U.S. 555, 560 (1992)). Respondents argue that Petitioners have failed to establish the first and third of these requirements.

A. Injury-in-Fact

Petitioners do not allege that they have already contracted COVID-19, meaning that the injury they seek to redress is a future one. However, an injury can satisfy Article III’s requirements so long as it is “imminent, not conjectural or hypothetical.” *Id.* at 158 (citation omitted). Nevertheless, Respondents claim that Petitioners fail to meet this standard because their alleged injury is “conjectural and not imminent,” as there are no confirmed cases of COVID-19 in their detention facilities. Opp’n at 8.

The Court disagrees. The imminence requirement is met when “the threatened injury is certainly impending, or there is a substantial risk that the harm will occur.” *Susan B. Anthony List*, 573 U.S. at 158. Here, Petitioners, who have the burden to establish standing, *id.*, have offered evidence from a medical expert that “detention centers are congregate environments where the risk of infection and infectious spread are extraordinarily high,” and that Respondents have failed to implement effective measures to decrease the risk of COVID-19 reaching the facility and Petitioners. Greifinger Decl. ¶ 16. The imminence of the injury facing Petitioners is accentuated by the growing number of COVID-19 cases in detention facilities and the widespread havoc the virus can wreak once inside these facilities. As of April 1, 2020, ICE had reported four cases among its detainees and five cases among personnel working at ICE detention facilities. There have also been three reported cases in Maryland prisons, while there have been hundreds of cases

in prisons and jails outside the state. In these circumstances, the Court has no trouble concluding that the injury Petitioners allege is sufficiently imminent to confer standing.

B. Redressability

In addition to showing an injury-in-fact, Petitioners “must show that ‘it is likely, as opposed to merely speculative, that the injury will be redressed by a favorable decision.’” *Sierra Club v. U.S. Dep’t of the Interior*, 899 F.3d 260, 284 (4th Cir. 2018) (quoting *Laidlaw Envtl. Servs.*, 528 U.S. 167, 181 (2000)). “The burden imposed by this requirement is not onerous.” *Deal v. Mercer Cty. Bd. of Educ.*, 911 F.3d 183, 189 (4th Cir. 2018). “[P]laintiffs need only show that they personally would benefit in a tangible way from the court’s intervention.” *Id.* (citation omitted).

Respondents argue that Petitioners have not met this low burden because they “do not explain how release from HCDC or WCDC—two facilities without a single confirmed case of COVID-19—into the greater Washington, D.C., area will reduce their risk of injury or death.” Opp’n at 9. Even leaving aside the fact that it is impossible to point to any confirmed cases within HCDC or WCDC when Respondents have not conducted any COVID-19 tests at those facilities, this argument strains credulity. Beyond the absurdity of the claim that someone will be safer from a contagious disease while confined in close quarters with dozens of other detainees and staff than while at liberty, Petitioners have provided multiple expert opinions supporting the contrary conclusion, such as that of Dr. Greifinger, who has stated that “[d]etention centers are extraordinarily high-risk environments for the transmission of infectious diseases,” an assertion supported by examples of COVID-19 spreading “like wildfire” in detention facilities around the nation. Greifinger Decl. ¶¶ 14, 19. The Court finds that Petitioners have satisfied the redressability requirement of standing.

II. 28 U.S.C. § 2241

Petitioners seek their release from ICE detention through a petition for a writ of habeas corpus pursuant to 28 U.S.C. § 2241. Under this provision, a district court may grant a writ of habeas corpus if a prisoner “is in custody under or by color of the authority of the United States” or is “in custody in violation of the Constitution or laws or treaties of the United States.” 28 U.S.C. § 2241(c) (2018). Defendants, however, argue that § 2241 is an inappropriate vehicle for raising what it characterizes as a challenge to Petitioners’ conditions of confinement.

In *Preiser v. Rodriguez*, 411 U.S. 475 (1973), the United States Supreme Court, while reaffirming prior decisions allowing inmates to raise challenges to their conditions of confinement as federal civil rights actions, cautioned that “[t]his is not to say that habeas corpus may not also be available to challenge such prison conditions.” *Id.* at 499. Indeed, it expressly noted that in those decisions, the plaintiffs were not, as Petitioners are here, “seeking immediate release or a speedier release from that confinement—the heart of habeas corpus.” *Id.* More recently, the Supreme Court has stated that it has “left open the question whether [prisoners] might be able to challenge their confinement conditions via a petition for a writ of habeas corpus.” *Ziglar v. Abbasi*, 137 S. Ct. 1843, 1862-63 (2017). In the absence of clear guidance, lower courts have split on the extent to which habeas provides a mechanism for asserting challenges to conditions of confinement. *Wilborn v. Mansukhani*, 795 F. App’x 157, 163 (4th Cir. 2019) (listing cases).

The United States Court of Appeals for the Fourth Circuit has not ruled in a published, binding opinion whether § 2241 is available to challenge conditions of confinement. *Id.* at 163-64. Moreover, the Fourth Circuit’s unpublished opinions declining to allow certain claims relating to conditions of confinement to be raised through a habeas petition are clearly distinguishable from the instant Petition. In *Wilborn*, a federal inmate sought to use § 2241 to challenge his housing

assignment within the Bureau of Prisons. *Id.* at 164. In another case, a federal inmate sought to use § 2241 to challenge his failure to receive good conduct credits and a transfer to another facility. *Rodriguez v. Ratledge*, 715 F. App'x 261, 266 (4th Cir. 2017); *see also Braddy v. Wilson*, 580 F. App'x 172 (4th Cir. 2014) (rejecting a federal inmate's use of § 2241 to raise a claim that his conditions of confinement violated the terms of his plea agreement). By contrast, Petitioners are not challenging their placement within their respective detention facilities. Instead, they are seeking release from the facility entirely. *See* Pet. at 30, ECF No. 1 ("Plaintiffs request that this Court . . . [i]ssue a writ of habeas corpus and order Plaintiffs' immediate release or placement in community-based alternatives to detention."); Mot. TRO at 25, ECF No. 2-1 ("Plaintiffs respectfully request that this Court . . . order their immediate release from custody."). Moreover, while the petitioners in the unpublished Fourth Circuit cases were convicted federal prisoners, Petitioners here are civil immigration detainees, who have traditionally had recourse to § 2241 for constitutional challenges to their detention. *See, e.g., Zadvydas v. Davis*, 533 U.S. 678, 687-88 (2001) (holding that § 2241 was a proper vehicle to challenge an immigration detainee's detention as violating due process due to its length).

In the absence of binding Fourth Circuit authority, this Court concludes, consistent with the positions of several circuits, that a claim by an immigration detainee seeking release because of unconstitutional conditions or treatment is cognizable under § 2241. *See Aamer v. Obama*, 742 F.3d 1023, 1038 (D.C. Cir. 2014) (finding that § 2241 is available to challenge a federal detainee's conditions of confinement); *Jiminian v. Nash*, 245 F.3d 144, 146 (2d Cir. 2001) (same); *Miller v. United States*, 564 F.2d 103, 106 (1st Cir. 1977) (same). First, and most fundamentally, although the grounds on which they seek release relate to their conditions of confinement, Petitioners seek complete release from confinement, which is "the heart of habeas corpus." *Preiser*, 411 U.S. at

498. Second, for immigration detainees, if § 2241 is unavailable, Petitioners may have no vehicle by which to seek redress for the constitutional violation they allege. *Lee v. Winston*, 717 F.2d 888, 892 (4th Cir. 1983) (stating that 42 U.S.C. § 1983 “cannot be used to seek release from illegal physical confinement”), *aff’d*, 470 U.S. 753 (1985); *cf. In re Jones*, 226 F.3d 328, 333 (4th Cir. 2000) (holding that where 28 U.S.C. § 2255 is “inadequate or ineffective” to test the legality of the detention of a federal prisoner, a prisoner may file a habeas petition pursuant to 28 U.S.C. § 2241). The Court will therefore consider the Petition.

III. TRO

To obtain a TRO or a preliminary injunction, moving parties must establish that (1) they are likely to succeed on the merits; (2) they are likely to suffer irreparable harm in the absence of preliminary relief; (3) the balance of equities tips in their favor; and (4) an injunction is in the public interest. *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008); *see Dewhurst v. Century Aluminum Co.*, 649 F.3d 287, 290 (4th Cir. 2011). A moving party must satisfy each requirement as articulated. *Pashby v. Delia*, 709 F.3d 307, 320-21 (4th Cir. 2013). Because a TRO or a preliminary injunction is “an extraordinary remedy,” it “may only be awarded upon a clear showing that the plaintiff is entitled to such relief.” *Winter*, 555 U.S. at 22.

A. Likelihood of Success on the Merits

In asserting their claims, Petitioners cast themselves as civil detainees held in immigration detention. As an initial matter, the Respondents argue that because they are immigration detainees, Petitioners are entitled to lesser constitutional protections as to their detention conditions than other civil detainees. The Court finds Respondents’ argument on this score unpersuasive. None of the cases cited by Respondents speaks to the situation here. For example, *Reno v. Flores*, 507 U.S. 307 (1993), while reaffirming the broad notion that Congress has plenary power over immigration

matters in rejecting the argument that the Government may not deprive unaccompanied juvenile immigration detainees of their liberty at all, also reaffirmed that aliens are entitled to “due process of law in deportation proceedings.” *Id.* at 305-06. *Mathews v. Diaz*, 426 U.S. 67 (1976), involved a challenge to citizenship requirements for eligibility for certain welfare benefits and thus sheds no light on whether immigration detainees have lesser due process rights than other civil detainees. *Id.* at 80. Where the matter at issue is the conditions of detention, not the right to enter or remain in the United States, the Court rejects Respondents’ suggestion that the due process standards for civil detainees do not apply to individuals in immigration detention.

Civil detainees who challenge the conditions of their confinement are protected by the Due Process Clauses of the Fifth and Fourteenth Amendments. *See Youngberg v. Romeo*, 457 U.S. 307, 315 (1982) (stating, in the context of involuntary civil commitment, that “the right to personal security constitutes a ‘historic liberty interest’ protected substantively by the Due Process Clause” and “that right is not extinguished by lawful confinement” (quoting *Ingraham v. Wright*, 430 U.S. 651, 673 (1977))). These protections are at least as robust as those of the Eighth Amendment because “[i]f it is cruel and unusual punishment to hold convicted criminals in unsafe conditions, it must be unconstitutional to confine the involuntarily committed—who may not be punished at all—in unsafe conditions.” *Id.* at 315-16. *Cf. Bell v. Wolfish*, 441 U.S. 520, 545 (1979) (holding that pretrial detainees “retain at least those constitutional rights that we have held are enjoyed by convicted prisoners”). Thus, individuals who have been civilly detained or committed “are entitled to more considerate treatment and conditions of confinement than criminals whose conditions of confinement are designed to punish.” *Youngberg*, 457 U.S. at 321-22 (addressing persons subjected to involuntary civil commitment for mental health reasons). *Cf. Bell*, 441 U.S. at 536-

37 (holding that pretrial detainees may be held in custody “so long as those conditions and restrictions [of confinement] do not amount to punishment”).

Protections for individuals confined by the state, whether civilly or criminally, include the right to reasonable safety and adequate medical care. *See Youngberg*, 457 U.S. at 315-16l; *Raynor v. Pugh*, 817 F.3d 123, 127 (4th Cir. 2016) (holding that prison officials are constitutionally required to maintain “humane conditions of confinement,” including “the provision of adequate medical care” and taking “reasonable measures to guarantee the safety of the inmates”). “The rationale for this principle is simple enough: when the State by the affirmative exercise of its power so restrains an individual’s liberty that it renders him unable to care for himself, and at the same time fails to provide for his basic human needs—*e.g.*, food, clothing, shelter, medical care, and reasonable safety—it transgresses the substantive limits on state action set by the Eighth Amendment and the Due Process Clause.” *DeShaney v. Winnebago Cty. Dep’t of Soc. Servs.*, 489 U.S. 189, 200 (1989).

The Supreme Court has made clear as to reasonable safety that the Eighth Amendment “protects against future harm,” including a “condition of confinement that is sure or very likely to cause serious illness and needless suffering the next week or month or year.” *Helling v. McKinney*, 509 U.S. 25, 33 (1993). Under this principle, constitutional violations could arise from “the exposure of inmates to a serious, communicable disease” even if “the complaining inmate shows no serious current symptoms” and “even though the possible infection might not affect all those exposed.” *Id.*; *see Hutto v. Finney*, 437 U.S. 678, 682-83, 687 (1978) (finding no error in the trial court’s conclusion that the conditions of a state prison violated the Eighth Amendment where those conditions included, among other things, daily, random redistribution of mattresses to inmates, some of whom suffered from communicable diseases such as hepatitis and venereal disease); *see*

also *DeGidio v. Pung*, 920 F.2d 525, 526, 533 (8th Cir. 1990) (upholding a district court’s ruling that prison officials’ response to a tuberculosis outbreak, including their screening and control procedures, was inadequate and violated the Eighth Amendment).

1. Health and Safety

Petitioners argue that Respondents have violated their due process rights by failing to protect them from a known threat to their health and safety: the Coronavirus. In the related context of convicted prisoners, the Eighth Amendment requires that prison officials maintain “humane conditions of confinement,” including taking “reasonable measures to guarantee the safety of the inmates.” *Raynor*, 817 F.3d at 127. In order to establish an Eighth Amendment claim arising from a failure to ensure reasonable safety or provide adequate medical care, a convicted prisoner must demonstrate that the actions of prison officials amounted to deliberate indifference to the inmate’s health and safety. *Estelle v. Gamble*, 429 U.S. 97, 106 (1976) (establishing deliberate indifference as the standard for Eighth Amendment inadequate medical care claims); *Helling*, 509 U.S. at 32 (applying the deliberate indifference standard to a claim that a communicable disease threatened inmates’ health and safety). The Fourth Circuit has held that for due process claims by pretrial detainees of inadequate medical treatment, the Eighth Amendment deliberate indifference standard applies. *See, e.g., Hill v. Nicodemus*, 979 F.2d 987, 991-92 (4th Cir. 1992) (“[P]rison officials violate [a] detainee’s rights to due process when they are deliberately indifferent to serious medical needs.”); *see also Young v. City of Mount Rainier*, 238 F.3d 567, 575 (4th Cir. 2001) (“[D]eliberate indifference to the serious medical needs of a pretrial detainee violates the due process clause.”). Since *Hill*, the Supreme Court has called into question the equivalence between the standards applied to claims by pretrial detainees and those applied to claims by post-conviction inmates. In *Kingsley v. Hendrickson*, 135 S. Ct. 2466 (2015), the Court held that, unlike the standard applied

to post-conviction detainees’ excessive force claims under the Eighth Amendment, the standard for pretrial detainees’ excessive force claims under the Fourteenth Amendment includes no subjective component. *Id.* at 2472-73. Several circuits have extended this reasoning to hold that the standard for pretrial detainees’ claims of inadequate medical care under the Fourteenth Amendment should likewise not include a subjective component. *See, e.g., Miranda v. Cty. of Lake*, 900 F.3d 335, 352 (7th Cir. 2018); *Gordon v. Cty. of Orange*, 888 F.3d 1118, 1124-25 (9th Cir. 2018). In *Gordon*, for example, the court held that a Fourteenth Amendment claim of inadequate medical care is to be evaluated under an “objective deliberate indifference standard” that requires “more than negligence but less than subjective intent—something akin to reckless disregard.” *Gordon*, 888 F.3d at 1125 (requiring that a pretrial detainee show that the defendant did not take “reasonable available measures” to address a medical risk even though “a reasonable official in the circumstances would have appreciated the high degree of risk involved,” such that the adverse consequences were “obvious”). Although it is sensible, after *Kingsley*, to conclude that a different, less stringent standard should be applied to the claims of pretrial detainees relating to health and safety, this Court remains bound by Fourth Circuit precedent on this issue as stated in *Hill*.

Neither the Supreme Court nor the Fourth Circuit has expressly decided what standard applies to health and safety or inadequate medical care claims raised by individuals in civil detention. In *Heyer v. United States Bureau of Prisons*, 849 F.3d 202 (4th Cir. 2017), the Fourth Circuit stated that in cases involving civilly committed psychiatric patients, inadequate medical care claims would be governed by the professional judgment standard articulated in *Youngberg*, not by the Eighth Amendment deliberate indifference standard. *Id.* at 209 n.6. However, in *Matherly v. Andrews*, 859 F.3d 264 (4th Cir. 2017), in deciding the appropriate standard for civil

detainees' claims of unconstitutionally punitive conditions of confinement, the Fourth Circuit expressly drew on the applicable standard for pretrial detainees because it was "natural to borrow" from that context, and that to do otherwise would result in the "unwieldy outcome" of multiple standards "contingent upon the type of civil detention." *Id.* at 275. Coupling the Fourth Circuit's concern in *Matherly* for a uniformity of standards across varied forms of detention with the clear holding in *Hill* that the deliberate indifference standard applies to pretrial detainee claims of inadequate medical care, the Court concludes that the deliberate indifference standard applies to the Fourteenth Amendment health and safety and inadequate medical care claims asserted here.

Under this standard, a plaintiff must satisfy a two-part inquiry that includes both an objective and a subjective component. *See Raynor*, 817 F.3d at 127. First, a plaintiff must show objectively "a serious deprivation" of rights "in the form of a serious or significant physical or emotional injury," *Danser v. Stansberry*, 772 F.3d 340, 346-47 (4th Cir. 2014), or "a substantial risk of such serious harm resulting from the prisoner's unwilling exposure to the challenged conditions," *Shakka v. Smith*, 71 F.3d 162, 166 (4th Cir. 1995) (quoting *Strickler v. Waters*, 989 F.2d 1375, 1381 (4th Cir. 1993)). Thus, "a condition of confinement that is sure or very likely to cause serious illness and needless suffering the next week or month or year" may violate the Constitution, even if "the complaining inmate shows no serious current symptoms." *Helling*, 509 U.S. at 33-34; *Webb v. Deboo*, 423 F. App'x 299, 300 (4th Cir. 2011). To establish the subjective component, there must be evidence of deliberate indifference, in that a known excessive risk of harm to the inmate's health or safety was disregarded. *See Wilson v. Seiter*, 501 U.S. 294, 302-03 (1991) (applying the deliberate indifference standard to conditions of confinement claims). "[T]he test is whether the guards know the plaintiff inmate faces a serious danger to his safety and they

could avert the danger easily yet they fail to do so.” *Brown v. N.C. Dep’t of Corr.*, 612 F.3d 720, 723 (4th Cir. 2010) (quoting *Case v. Ahitow*, 301 F.3d 605, 607 (7th Cir. 2002)).

To the extent that Petitioners’ claims are based in part on their underlying medical conditions and the failure to address it, the medical condition at issue must be objectively serious. *Hudson v. McMillian*, 503 U.S. 1, 9 (1992). A medical condition is serious when it is “so obvious that even a lay person would easily recognize the necessity for a doctor’s attention.” *Iko v. Shreve*, 535 F.3d 225, 241 (4th Cir. 2008)) (citation omitted). As for the subjective component, “[a]n official is deliberately indifferent to an inmate’s serious medical needs only when he or she subjectively knows of and disregards an excessive risk to inmate health or safety.” *Jackson v. Lightsey*, 775 F.3d 170, 178 (4th Cir. 2014) (quoting *Farmer v. Brennan*, 511 U.S. 825, 837 (1994)). If the requisite subjective knowledge is established, an official may avoid liability by responding “reasonably to the risk, even if the harm ultimately was not averted.” *See Farmer v. Brennan*, 511 U.S. 825, 844 (1994).

As to the objective prong, the available evidence establishes that COVID-19 is a highly communicable disease that presents a potentially mortal risk, particularly for high-risk individuals such as Petitioners. Although the Government disputes the immediacy of that risk to Petitioners, that argument, as discussed above, *see supra* part I.A, lacks merit because “a remedy for unsafe conditions need not await a tragic event.” *Helling*, 509 U.S. at 33-34 (rejecting the argument that “only deliberate indifference to current serious health problems of inmates is actionable under the Eighth Amendment”). Here, even without direct evidence that individuals within HCDC and WCDC (collectively, “the Detention Facilities”) have contracted the Coronavirus, its spread has been remarkably rapid, including into prisons and detention facilities. Since March 24, 2020, the number of cases in the United States has increased from approximately 54,000 to approximately

250,000. *Cases in U.S.*, Ctrs. for Disease Control and Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>. There are now approximately 450 cases among detainees and staff at the New York City detention center at Rikers Island. In the past two weeks, it has been reported to have entered immigration detention centers in New Jersey, a federal prison in Louisiana, and the D.C. Jail. It thus presents an imminent risk to health and safety that satisfies the objective prong.

At the same time, as much as Petitioners have sought to paint with broad brush strokes by offering an expert opinion that the nature of immigration detention facilities, including chronic overcrowding, is such that there is a “heightened public health risk” that COVID-19 will spread into such facilities, Greifinger Decl. ¶ 9, the facts relating to the Detention Facilities are of particular importance to the Court’s analysis. At the present time, there are no confirmed cases of COVID-19 among detainees or staff at HCDC or WCDC. Both Detention Facilities have adopted procedures to screen individuals entering the facilities, ended non-attorney visits, and stopped receiving new immigration detainees. At the hearing on the Motion, Respondents reported that the immigration detainee population of HCDC has now been reduced to 38 individuals in a facility with a maximum capacity of 100, and the comparable population of WCDC has been reduced to 86 detainees housed in a facility designed for 200 individuals. These conditions contrast markedly with those at other detention facilities described in the press accounts submitted by Respondents, which include a report of 110 men sleeping in the same room. *Immigrants Jailed by ICE are Sick, Panicking, and Can’t Get Coronavirus Tests* at 3, Reply Ex. 10, ECF No. 52-10. Thus, although there is an objective risk, it is not at the same level as in other facilities.

Turning to the subjective prong, there is no dispute that Respondents were and are subjectively aware of the risk that COVID-19 poses to both healthy and high-risk individuals. The

issue is whether COVID-19 poses an excessive risk that is being disregarded by Respondents. The evidence supports the conclusion that as of the time of the filing of the Petition and the Motion, on March 24, 2020, Respondents were disregarding the risk. Prior to that date, at HCDC, Respondents had reportedly suspended group programs, including chapel services, and had started holding hearings with ICE detainees by telephone. At WCDC, they had stopped ICE transports of detainees in and out of the facility, and they had suspended visits except for attorney visits. Otherwise, as acknowledged at the hearing on the Motion, there is no evidence that they took any other protective measures. It is undisputed that at both facilities, immigration detainees are housed in close quarters. At HCDC, most immigration detainees are housed in dormitory-like facilities that hold up to 32 people, though Coreas and certain other detainees live in two-person cells. At WCDC, immigration detainees are housed in cells that hold up to two people. Guzman Cedillo presently is in such a cell but without a cellmate. During the day, immigration detainees at both facilities spend approximately 11 hours in communal activities and spaces, where they are in close proximity to one another. Nevertheless, as of the filing of the Motion, communal spaces, including restrooms, were not regularly disinfected. It is undisputed that up to that time, detainees were not provided with cleaning materials for their cells or any or adequate soap or hand sanitizer. No systematic social distancing protocols, even within the limitations of a detention facility, were implemented. Further, the limited number of bathrooms available to the detainees were not disinfected after each use. Such facts lead to the inescapable conclusion that, before this lawsuit, HCDC and WCDC were disregarding the known risk of a highly communicable and potentially fatal disease.

Since the filing of this lawsuit, both Detention Facilities have instituted more COVID-19 mitigation efforts. Respondents assert that detainees are now given soap, hand sanitizer, and

cleaning supplies, and they have increased the frequency of cleaning of high use areas in both facilities. According to Respondents, detainees are now advised on the importance of hand washing and told to seek medical assistance if they become ill. Any individuals allowed to come into the Detention Facilities are screened for body temperature, symptoms, and travel histories. The Detention Facilities have identified housing units that could be used to quarantine individuals who are suspected of having COVID-19. Coreas disputes the claims that cleaning frequency at HCDC has increased, and that HCDC is educating the detainee population on the risks of COVID-19 and how to stop the spread of the Coronavirus.

Although steps in the right direction, these measures leave notable gaps. Despite the fact that the Detention Facilities are not currently at full capacity, there continue to be no social distancing protocols at either facility. Even though ICE claims to be following CDC guidance, there is no evidence of any actions to increase the distance among detainees, whether by moving detainees in double cells to single cells to the extent possible, or by requiring detainees to be separated by empty bunks in the dormitory or empty seats in the dining areas. *See Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, Ctrs. for Disease Control (Mar. 23, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf> (recommending that correctional and detention facilities stagger meal times, rearrange seating in dining halls to allow more space between individuals, and space out bunks to allow six feet between detainees).

More specifically, the Court finds a major deficiency in the lack of any procedures to address the heightened risk to detainees with certain medical conditions. It is undisputed that Coreas has an objectively serious medical condition, diabetes. Regardless of whether he is

receiving otherwise adequate medical care for that condition, diabetes places Coreas at a significantly higher risk of death or serious harm from COVID-19. For individuals in high risk categories such as Petitioners, the available data shows that the death rate for those with COVID-19 is between 15 percent and 20 percent. While adequate treatment for Coreas's condition would necessarily require separation from, or at least minimization of contact with, other detainees, Respondents have taken no general or specific steps to meet this medical need for distancing, whether by providing Coreas with his own cell and otherwise distancing him from other detainees.

Finally, although the Detention Facilities have instituted screening procedures for entering individuals, they have not conducted any tests for COVID-19, and they have neither the capability nor any plans to do so. This fact not only calls into question the claim that there are no confirmed cases of COVID-19 in either HCDC or WCDC, it also exposes a serious vulnerability, where Petitioners have reported many people coughing and sneezing at HCDC and have identified at least three individuals at HCDC who have symptoms consistent with COVID-19 but have never been tested.

If any detainee or staff member at HCDC or WCDC were known to have COVID-19, the Court would conclude that these identified deficiencies, particularly the absence of *any* steps to address Coreas's obvious medical need for separation from others, would establish knowing disregard of a serious medical need constituting deliberate indifference that would likely violate the Constitution. *See Coronel*, 2020 WL 1487274, at *4-6 (finding deliberate indifference to the medical needs of high-risk detainees for social distancing where the Coronavirus was known to be in a detention facility and "the record demonstrates that ICE has not taken any action to address the particular risks COVID-19 poses to high risk individuals like Petitioners here"); *Basank*, 2020 WL 1481503, at *5 (finding deliberate indifference in the absence of social distancing within the

detention facility and the absence of any “steps to protect high-risk detainees like Petitioners” in facilities where the Coronavirus was present). Where Guzman Cedillo also has an objectively serious medical condition—hypertension—which creates a specific need for distancing from others and which Respondents have taken no steps to address, the Court would reach the same conclusion as to Guzman Cedillo.

At this point, however, where there is no evidence that the Coronavirus is present in either HCDC or WCDC, and Respondents have instituted a screening procedure for those entering the facilities, have suspended non-attorney visits, and have stopped transfers of immigration detainees into the facility, the direct threat to Petitioners remains sufficiently attenuated that the Court will not find that the identified deficiencies have established a likelihood of success on the merits of Petitioners’ claim of deliberate indifference to their health and safety or their serious medical needs. Indeed, in cases in which there were no cases of COVID-19 associated with the detention facility, courts have declined to find a likelihood of constitutional violations and to grant a TRO. *See Sacal-Micha*, 2020 WL 1518861, at *6; *Dawson*, 2020 WL 1304557, at *1. Although at least one federal court has found constitutional violations warranting release of immigration detainees even before the appearance of COVID-19 in a facility, *see Castillo*, 2020 WL 1502864, at *6, the facility at issue in that case, the Adelanto ICE Processing Center in California, is a substantially larger facility with more crowded conditions and a history of health and safety risks. *Id.* at *1-2; *see Office of Inspector Gen., Management Alert: Issues Requiring Action at the Adelanto ICE Processing Center in Adelanto, California*, U.S. Dep’t of Homeland Sec. at 2 (Sept. 27, 2018), <https://www.oig.dhs.gov/sites/default/files/assets/Mga/2018/oig-18-86-sep18.pdf>. In contrast, the Detention Facilities are substantially below capacity, and Guzman Cedillo already has his own cell. Under the present facts, the Court will not find a likely constitutional violation.

However, the Court recognizes that where HCDC and WCDC are currently unable or unwilling to test for the Coronavirus, there would be no way to determine whether it has entered one of the Detention Facilities. Accordingly, the Court concludes that in the event that the Coronavirus is found in HCDC or WCDC, or if those facilities fail to submit a timely certification that they have obtained COVID-19 tests and will administer a test to any individual at either Detention Facility who exhibits suspected COVID-19 symptoms (“Testing Certification”), the Court would find a likelihood of success on the due process claim based on deliberate indifference to the serious medical needs of Petitioners.

2. Conditions of Confinement

Petitioners separately argue that their detention under the specter of the Coronavirus violates due process because it effectively constitutes impermissible punishment. To establish such a claim, civil detainees must show either that (1) the condition was imposed with the express intent to punish; or (2) it is not reasonably related to a legitimate, nonpunitive governmental objective, such that the intent to punish can be inferred. *Matherly*, 859 F.3d at 275 (considering whether an individual detained in advance of a determination whether he should be civilly committed as a sexually dangerous person was subjected to conditions of confinement that were unconstitutionally punitive). As to the second prong, “due process requires that the conditions and duration of confinement . . . bear some reasonable relation to the purpose for which persons are committed.” *Id.* In assessing whether such a relationship exists, courts consider, as applicable, whether “professional judgment” was exercised in balancing “the legitimate interests of the State and the rights of the involuntarily committed to reasonable conditions of safety and freedom from unreasonable restraints.” *Id.*; *Youngberg*, 457 U.S. at 321.

On the first factor, the Court finds no evidence in the record that the conditions of Petitioners' confinement were imposed with the express intent to punish. The Court thus turns to whether the challenged conditions of confinement are reasonably related to a legitimate, nonpunitive governmental objective. *Matherly*, 859 F.3d at 275. Although the Court agrees with Respondents that ordinary detention at HCDC or WCDC would be reasonably related to the legitimate governmental objective of ensuring an immigration detainee's presence at an immigration hearing, the present conditions of confinement are markedly different. At this point, Petitioners are confined in facilities where they are particularly vulnerable to COVID-19 because of the lack of ability to maintain distance from others, and if they contract the Coronavirus they have up to a 20 percent chance of death, greater than the odds of losing a game of Russian roulette. If it were known that there were cases of Coronavirus within the detention facility, the Court would conclude that for high-risk immigration detainees, who are held not for the purpose of answering to criminal charges, but merely to face civil status violations, such conditions imposing a palpable risk of death or serious harm inflict far more serious consequences on them than are justified by the need to hold them for their immigration proceedings. Thus, upon consideration of the governmental interest and the detainee's right to reasonable conditions of safety, such conditions would bear no reasonable relationship "to the purpose for which persons are committed" and would violate due process. *Matherly*, 859 F.3d at 275; see *Thakker v. Doll*, 1:20-cv-00480-JEJ, Doc. No. 47.

At present, however, there are no confirmed cases of COVID-19 in the Detention Facilities. Although in *Thakker*, the court found conditions of confinement at three detention facilities to constitute unconstitutional punishment in light of COVID-19 even though only one of the facilities had a known case of COVID-19, the court relied in part on the fact that the facilities had significant

overcrowding and unsanitary conditions, including the presence of rats. *Thakker*, Doc. No. 47 at 14, 20-21. Here, unlike most immigration detention facilities, HCDC and WCDC are substantially below capacity. Under the specific circumstances before it, the Court does not find that the threat of the Coronavirus in society generally, as opposed to its presence inside a detention facility, inflicts unconstitutional punishment on high-risk detainees. To adopt Petitioners' position would be to hold that the detention of any high-risk immigration detainee during the pandemic is necessarily unconstitutional, a position that the Court is not presently prepared to adopt.

The Court is aware, however, that although there is no direct evidence that the Coronavirus has entered the Detention Facilities, there are individuals at HCDC with symptoms consistent with COVID-19, and neither HCDC nor WCDC has the capability to test anyone for the Coronavirus. Unless Respondents are able to provide the Testing Certification referenced above, the Court would consider the lack of a testing capability to be the equivalent of having positive tests in the detention facility, as there would be no way to know whether high-risk detainees are at direct risk of exposure to the Coronavirus. Thus, while the Court does not presently find a likelihood of success on the merits on this claim, it would so find upon either a showing of evidence that a detainee or staff member at HCDC or WCDC has COVID-19, or upon Respondents' failure to provide the Testing Certification by the stated deadline. Accordingly, while the Court's conclusion on the likelihood of success on the merits precludes issuance of a TRO at the present time, *Pashby*, 709 F.3d at 320-21, it will address the remaining prongs and make findings in the event of a future determination of a likelihood of success on the merits.

B. Irreparable Harm

On the issue of irreparable harm, the Court finds that in the event that Petitioners were able to establish a likelihood of success on the merits on their constitutional claims, they would also be

irreparably harmed. “Generally, irreparable injury is suffered when monetary damages are difficult to ascertain or are inadequate.” *Multi-Channel TV Cable Co. v. Charlottesville Quality Cable Operating Co.*, 551 F.3d 546, 551 (4th Cir. 1994). The Fourth Circuit has held that “the denial of a constitutional right . . . constitutes irreparable harm for purposes of equitable jurisdiction.” *Ross v. Meese*, 818 F.2d 1132, 1135 (4th Cir. 1987); see *Overstreet v. Lexington-Fayette Urban Cty. Gov’t*, 305 F.3d 566, 578 (6th Cir. 2002) (noting that “[c]ourts have also held that a plaintiff can demonstrate that a denial of an injunction will cause irreparable harm if the claim is based upon a violation of the plaintiff’s constitutional rights” and collecting cases). More specifically, Petitioners have introduced uncontroverted evidence that contracting COVID-19 would put them at serious risk of severe medical complications and even death. As discussed above, Petitioners’ medical experts place the risk of death for high-risk individuals at 15 to 20 percent. Moreover, Dr. Greifinger notes that those who do not die from COVID-19 suffer “prolonged serious illness” and that once COVID-19 is introduced into a detention facility, “it spreads like wildfire.” Greifinger Decl. ¶¶ 6, 14. Thus, in the event that a detainee or staff member were found to have COVID-19, or if Respondents fail to submit the Testing Certification such that there would be no way to confirm its presence, there would be a high likelihood of irreparable health consequences that could not be alleviated without release. Respondents’ assertion that “detainees who present symptoms compatible with COVID-19 will be placed in isolation” does not remove the risk that the virus will spread quickly once inside the facility and would specifically threaten high-risk detainees like Petitioners. Moon Decl. ¶ 9. Because Petitioners would face a significant risk of death or serious illness under such circumstances, the Court would find likely irreparable harm. See *Multi-Channel TV Cable Co.*, 22 F.3d at 551.

C. Balance of the Equities and the Public Interest

When a plaintiff seeks preliminary injunctive relief against the Government, the balance of the equities and the public interest factors merge. *See Nken v. Holder*, 556 U.S. 418, 435 (2009) (noting, in the context of a plaintiff’s suit seeking a stay of removal proceedings, that the balance of equities and public interest “factors merge when the Government is the opposing party”); *Roe v. Dep’t of Def.*, 947 F.3d 207, 230 (4th Cir. 2020) (citing *Nken* in the context of a preliminary injunction).

To the extent that the Court were to find a likelihood of success on the merits, it would necessarily find that the detention and treatment of Petitioners would violate due process. Generally, “upholding constitutional rights surely serves the public interest.” *Giovani Carandola, Ltd. v. Bason*, 303 F.3d 507, 521 (4th Cir. 2002). Moreover, the significant risk that the Coronavirus, upon entering HCDC or WCDC, would cause death or serious harm to high-risk detainees like Petitioners, weighs in favor of the requested injunction.

In contrast, however, Respondents express a public interest in the detention of Petitioners grounded both in the general public interest in immigration enforcement, *see Blackie’s House of Beef, Inc. v. Castillo*, 659 F.2d 1211, 1221 (D.C. Cir. 1981), as well as the specific interest in upholding the statutory requirement that these particular detainees are subject to mandatory detention under 8 U.S.C. § 1226(c). As to the general interest, the Court recognizes that it weighs in favor of Respondents, but concludes that it is of markedly less importance than the interest in incarceration of convicted federal or state prisoners, or even the detention of individuals formally charged with federal or state criminal offenses. Thus, the balance of equities in a case involving civil detention tips significantly less favorably toward the Government than in a case involving criminal pretrial detention or post-conviction imprisonment.

As to the specific interest, unlike decisions facing judges relating to individuals who are detained solely because they cannot afford bail, or those relating to immigration detainees who are not subject mandatory detention and for whom there is no specific concern about risk of flight or danger to the community, here, Petitioners both have prior convictions for serious offenses. Coreas was convicted in 2007 of arson and burglary, while Guzman Cedillo was convicted of aggravated assault in 2010. Although these convictions are dated and do not necessarily establish any present risk to the community, it cannot be said that there is no public interest in detention. Furthermore, there is evidence that Coreas would present a risk of non-appearance at his immigration hearing. After he was convicted in this Court in 2015 of illegal reentry after deportation, Coreas was placed on supervised release which required him, if not deported, to report to the United States Probation Office upon release and to not commit any additional crimes. However, when he was released by state authorities after they dismissed charges against him for operating a prostitution business, Coreas did not report to Probation as ordered by this Court, and instead relocated to Iowa, where he was off the radar until he was identified by law enforcement three years later, in 2019, after committing a drug possession crime. Thus, unlike in other cases in which judges have found little or no risk of flight, where Coreas has a demonstrated history of disregarding the orders of this Court specifically, it cannot make such a finding here. Thus, there is a public interest in continued detention in order to have Coreas available for his immigration proceedings.

While Respondents' interests explain why an injunction granting Petitioners' release should not occur prematurely, they do not provide a basis to conclude that upon a finding of a likely constitutional violation, the balance of equities and public interest would not favor release. Although the remedy for unconstitutional conditions of confinement is typically a requirement that the conditions be modified, *Dawson*, 2020 WL 1304557, at *2, neither party has identified any

steps that could be taken that would adequately address any unconstitutional conditions short of release. On balance, the interests of the health and safety of Petitioners would outweigh the public interest in the assurance of the completion of civil proceedings, particularly where ICE would be able to impose conditions of release using “a range of highly effective tools” designed to result in Petitioners’ appearances at their hearings. See Lorenzen-Strait Decl. ¶ 15, Mot. TRO Ex. 3, ECF No. 2-5. Thus, upon a finding of a likelihood of success on the merits, this prong would favor issuance of the requested injunction.

CONCLUSION

For the foregoing reasons, the Motion for a Temporary Restraining Order will be DENIED WITHOUT PREJUDICE. Petitioners may renew the Motion, without leave of the Court, in the event of (1) evidence that a detainee or staff member at HCDC or WCDC has COVID-19; (2) the failure of Respondents to file a Testing Certification by **Wednesday, April 8, 2020** that HCDC and WCDC have COVID-19 tests and will administer a test to any individual at HCDC or WCDC with suspected COVID-19 symptoms; (3) the postponement of a Petitioner’s currently scheduled immigration hearing; or (4) other materially changed circumstances. Any renewed Motion will be handled on an extremely expedited basis and may be decided without a hearing. Respondents will be ORDERED to (1) immediately inform the Court and Petitioners of any evidence that a detainee or staff member at HCDC or WCDC has COVID-19; and (2) immediately provide to the Court and Petitioners, upon execution, the above-described Testing Certifications as to both HCDC and WCDC. A separate Order shall issue.

Date: April 3, 2020

/s/ Theodore D. Chuang
THEODORE D. CHUANG
United States District Judge