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25 **UNITED STATES DISTRICT COURT**
26 **CENTRAL DISTRICT OF CALIFORNIA**

27 RODNEY O. CULLORS et al. on behalf of
28 themselves and all others similar situated,

Plaintiffs,

vs.

COUNTY OF LOS ANGELES et al,

Defendants.

Case No.: 2:20-cv-03760

CLASS ACTION

**NOTICE OF MOTION AND MOTION
FOR CLASS CERTIFICATION
[CONCURRENTLY WITH
DECLARATIONS; EXHIBITS;
[PROPOSED] ORDER]**

**Date/Time: To be set by Court
Courtroom: To be set by Court**

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27
28
**pro hac vice applications forthcoming*

1 TO ALL PARTIES HEREIN AND TO THEIR RESPECTIVE ATTORNEYS OF
2 RECORD:

3 PLEASE TAKE NOTICE THAT as soon as the matter may be heard and as set for
4 hearing by the Court, Plaintiffs will, and hereby do, move this Court for an Order
5 certifying a Rule 23(b)(2) injunctive relief class comprised of all current and future
6 *pretrial* detainees incarcerated in any Los Angeles County jail facility from the present
7 until the COVID-19 pandemic has ended with development of a vaccine available to all
8 inmates. Plaintiffs will move for certification of an identical injunctive relief class
9 comprised of all current and future *post-conviction* prisoners incarcerated in any LACJ
10 facility. Finally, Plaintiffs will move for certification of two injunctive relief subclasses –
11 for pretrial and post-conviction prisoners – who are medically vulnerable based on their
12 age and/or underlying health condition.

13
14 Dated: April 24, 2020

Respectfully Submitted,

15
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22 By: /s/ Barrett S. Litt
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TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	RELEVANT FACTS.....	3
	A. THE RISK OF COVID-19 TRANSMISSION IS FAR GREATER IN CUSTODIAL SETTINGS THAN IN THE COMMUNITY	3
	B. THE LOS ANGELES COUNTY SHERIFF’S DEPARTMENT HAS FAILED TO TAKE CONSTITUTIONALLY ADEQUATE MEASURES TO MITIGATE THE SPREAD OF COVID-19 WITHIN THE JAIL SYSTEM	5
III.	PLAINTIFFS’ PROPOSED CLASSES	10
IV.	NAMED PLAINTIFFS	12
V.	CLASS ACTIONS ARE PARTICULARLY SUITABLE IN CIVIL RIGHTS CASES SEEKING INJUNCTIVE RELIEF.....	13
VI.	PLAINTIFFS’ PROPOSED CLASSES SATISFY RULE 23(A).....	14
	A. COMMONALITY	15
	1. <i>Plaintiffs’ Pretrial and Post-Conviction Equitable Relief Classes Satisfy the Commonality Requirement</i>	15
	2. <i>Plaintiffs’ Medically Vulnerable Habeas Subclasses Satisfy the Commonality Requirement</i>	21
	B. TYPICALITY.....	22
	C. NUMEROSITY	23
	D. ADEQUACY OF REPRESENTATION.....	24
	1. <i>Representatives’ Interests Are Not Antagonistic To The Class</i>	25
	2. <i>Counsel Are Well Qualified To Represent The Class</i>	25
VII.	CONCLUSION.....	26

TABLE OF AUTHORITIES

Page(s)

Cases

<i>Amchem Products, Inc. v. Windsor</i> , 521 U.S. 591 (1997)	15
<i>Armstrong v. Davis</i> , 275 F.3d 849 (9th Cir. 2001)	16
<i>Arnott v. U.S. Citizenship & Immigration Servs.</i> , 290 F.R.D. 579 (C.D. Cal. 2012)	25
<i>Baharona–Gomez v. Reno</i> , 167 F.3d 1228 (9th Cir.1999)	15
<i>Staton v. Boeing</i> , 327 F.3d 938 (9th Cir. 2003)	25
<i>Brown v. City of Detroit</i> , 2012 WL 4470433 (E.D. Mich. Sept. 27, 2012)	16
<i>Carrillo v. Schneider Logistics, Inc.</i> , No. CV-11-8557 CAS, 2012 WL 556309 (C.D. Cal. Jan. 31, 2012)	15
<i>Celano v. Marriott Int’l, Inc.</i> , 242 F.R.D. 544 (N.D. Cal. 2007)	24
<i>Cervantez v. Celestica Corp.</i> , 253 F.R.D. 562 (C.D. Cal. 2008)	24
<i>East Texas Motor Freight, Inc. v. Rodriguez</i> , 431 U.S. 395 (1977)	14
<i>Ellis v. Costco Wholesale Corp.</i> , 285 F.R.D. 492 (N.D.Cal. 2012)	16
<i>Gay v. Waiters' & Dairy Lunchmen's Union</i> , 549 F.2d 1330 (9th Cir.1997)	24
<i>Gray v. Golden Gate Nat. Recreational Area</i> , 279 F.R.D. 501 (N.D. Cal. 2011)	16
<i>Hanlon v. Chrysler Corp.</i> , 150 F.3d 1011 (9th Cir. 1998)	21, 23
<i>Hanon v. Dataproducts Corp.</i> , 976 F. 2d 497 (9th Cir. 1992)	23
<i>Ibrahim v. Acosta</i> , 326 F.R.D. 696 (S.D. Fla. 2018)	3, 4
<i>In Re: Northern Dist. Of Cal Dalkon Shield</i> , <i>Etc.</i> , 693 F. 2nd 847 (9th Cir. 1982)	25
<i>Jimenez v. Allstate Ins. Co.</i> , 765 F.3d 1161 (9th Cir.2014)	23

1	<i>Johnson v. California</i> ,	
2	543 U.S. 499, 125 S.Ct. 1141 (2005)	16
3	<i>Jordan v. Los Angeles County</i> ,	
4	669 F.2d 1311 (9th Cir. 1982).....	23
5	<i>Lerwill Inflight Motion Pictures, Inc.</i> ,	
6	582 F. 2d 507 (9th Cir. 1978).....	25
7	<i>Leyva v. Buley</i> ,	
8	125 F.R.D. 512 (E.D.Wash.1989)	24
9	<i>Leyva v. Medline Indus.</i> ,	
10	716 F.3d 510 (9th Cir. 2013).....	23
11	<i>Lyon v. ICE, --- F.R.D. ----</i> ,	
12	2014 WL 1493846 (N.D. Cal. Apr. 16, 2014)	25
13	<i>Lyon v. U.S. Immigration & Customs</i> ,	
14	<i>Enft</i> , 308 F.R.D. 203 (N.D. Cal. 2015).....	14
15	<i>Mazza v. Am. Honda Motor Co., Inc.</i> ,	
16	666 F.3d 581 (9th Cir.2012).....	15
17	<i>Moeller v. Taco Bell Corp.</i> ,	
18	220 F.R.D. 604 (N.D. Cal. 2004)	24
19	<i>Neves v. Souza</i> ,	
20	---F.Supp.3d--- (2020), 2020 WL 1703844 (Dist. Mass. April 8, 2020)	20
21	<i>Orvis v. Spokane Cnty.</i> ,	
22	281 F.R.D. 469 (E.D. Wash. 2012)	24
23	<i>Parsons v. Ryan</i>	
24	754 F.3d 657 (9 th Cir. 2014).....	17, 18, 19, 20
25	<i>Powers v. Hamilton Cnty. Pub. Defender Comm'n</i> ,	
26	501 F.3d 592 (6th Cir.2007).....	17, 18
27	<i>Probe v. State Teachers' Retirement System</i> ,	
28	780 F.2d 776 (9th Cir. 1986).....	14
29	<i>Robidoux v. Celani</i> ,	
30	987 F.2d 931 (2d Cir. 1993).....	25
31	<i>Scott v. Clarke</i> ,	
32	61 F. Supp. 3d 569 (W.D. Va. 2014)	19
33	<i>Thomas v. Baca</i> ,	
34	231 F.R.D. 397 (C.D. Cal. 2005)	24
35	<i>Torres v. Mercer Canyons</i> , __ F.3d __, 2016,	
36	2016 WL 4537378(9th Cir. 8/31/16).....	21
37	<i>Tyler v. Suffolk County</i> ,	
38	253 F.R.D. 8 (D. Mass. 2008)	19
39	<i>Vaquero v. Ashley Furniture Industries, Inc.</i> ,	
40	824 F.3d 1150 (9th Cir. 2016).....	23

1	<i>Wal-Mart Stores, Inc. v. Dukes</i> ,	
2	564 U.S. 338, 131 S. Ct. 2541, 180 L. Ed. 2d 374 (2011)	13, 15
3	<i>Walters v. Reno</i> ,	
4	145 F.3d 1032 (9th Cir. 1998)	14, 21
5	<i>Wang v. Chinese Daily News, Inc.</i> ,	
6	737 F.3d 538 (9th Cir. 2013)	15
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8	868 F.3d 354 (5th Cir. 2017)	20

Rules

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Other Authorities

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11	<i>Newberg on Class Actions</i> § 3:15 (5th ed. 2014)	24, 25
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MEMORANDUM OF POINTS AND AUTHORITIES

I. INTRODUCTION

This case arises from Defendants Los Angeles County and the Los Angeles County Sheriff's Department's ("LASD") failure to adequately protect the lives and safety of persons incarcerated within Los Angeles County Jail system ("LACJ") from the novel coronavirus and its resulting disease, COVID-19.

Despite clear guidance from national and local public health agencies regarding the urgent need to address this growing pandemic within correctional facilities, Defendants have failed to take constitutionally adequate measures to respond to the urgent threat posed to people confined in its jail. While the LASD has reduced its jail population, all jail facilities remain so crowded that there is no feasible way to promote social distancing, the single most important tool in slowing the spread of the virus. Until social distancing becomes possible, LASD has no effective means to protect the health and lives of persons within its custody. Many LASD Inmates currently lack free soap for handwashing and appropriate cleaning supplies to disinfect surfaces that may carry the virus, including high-touch surfaces such as shared telephones, tables, and fixtures. LASD has not adopted sufficient procedures to prevent asymptomatic and presymptomatic individuals from carrying COVID-19 into the jails. Though it conducts some screening of new bookings, it has implemented no system to quarantine new inmates for 14 days, the only effective way to prevent introduction of the virus through new bookings. Access to testing remains inadequate, even for persons who show symptoms of COVID-19.

Until LASD adopts precautions consistent with the Center for Disease Control ("CDC") and Los Angeles Department of Public Health (DPH) guidance, it is virtually certain that COVID-19 will continue to spread in the jails, resulting in extraordinary risk to all inmates and particularly to the high percentage of medically vulnerable individuals who are most likely to become severely ill or to

1 die should they become infected. The WHO-China Joint Mission Report indicates
 2 that the mortality rate from COVID-19 for those with cardiovascular disease was
 3 13.2%, 9.2% for diabetes, 8.4% for hypertension, 8.0% for chronic respiratory
 4 disease, and 7.6% for cancer.¹ Defendants' disregard of the known risks of illness
 5 and death, and the failure of their current policies and practices, expose jail
 6 detainees to a highly fatal, infectious disease in violation of their rights under the
 7 and Fourteenth Amendment and the Eighth Amendment. See Decl. of Dr. Franco-
 8 Paredes ¶¶ 24-32.

9 This case seeks to require Defendants to implement constitutionally
 10 adequate procedures to protect jail inmates from contracting COVID-19 in
 11 custody, compliance with guidelines issued by public health agencies, including
 12 the CDC and DPH, to maximally mitigate spread of the virus, and reduction of the
 13 jail population sufficient to facilitate social distancing. Plaintiffs also seek release
 14 of medically vulnerable persons, to the maximum extent possible, which will in
 15 turn allow for proper social distancing of those not released.

16 Plaintiffs seek certification of two primary injunctive relief classes
 17 comprised of all (1) pretrial and (2) post-convicted persons within the custody of
 18 the Los Angeles County Jail, all of whom face an exceedingly high risk of
 19 exposure to COVID-19 due to the LASD's failure to take adequate measures to
 20 mitigate the spread of the virus within the jails. Plaintiffs also seek certification of
 21 two subclasses comprised of (1) pretrial and (2) post-convicted persons who
 22 qualify as medically vulnerable based on their age or pre-existing medical
 23 conditions (Medically Vulnerable Subclasses). Because no measures exist or could
 24 be implemented to ensure the safety of the Medically Vulnerable Subclasses, the
 25

26
 27 ¹ Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19),
 28 World Health Organization (Feb. 28, 2020), at 12, *available at*
<https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> (last visited Apr. 1, 2020).

1 subclass seeks immediate release through a writ of habeas corpus. The claims of
 2 the primary injunctive relief classes and medically vulnerable subclasses are
 3 ideally suited to proceed as a class action under Federal Rule of Civil Procedure
 4 23(b)(2) and as an analogous class habeas proceeding. *See, e.g. Ibrahim v. Acosta*,
 5 326 F.R.D. 696, 699 (S.D. Fla. 2018) (certifying class of plaintiffs seeking habeas
 6 relief).

7 **II. RELEVANT FACTS**

8 **A. THE RISK OF COVID-19 TRANSMISSION IS FAR GREATER IN** 9 **CUSTODIAL SETTINGS THAN IN THE COMMUNITY**

10 The risk of exposure to and transmission of COVID-19, and the potential
 11 harm to those who become infected, is significantly higher in jails than in the
 12 community, putting jail inmates and correctional staff at high risk of becoming
 13 ill with COVID-19. Close living quarters and often overcrowded conditions in
 14 jails, prisons, and detention centers facilitate the rapid transmission of
 15 infectious diseases, particularly those transmitted by airborne droplets through
 16 sneezing or coughing. In these congregate settings, large numbers of people are
 17 closely confined and forced to share bunkrooms, bathrooms, cafeterias, and
 18 other enclosed spaces. They are physically unable to practice social distancing,
 19 which the CDC has identified as the “cornerstone of reducing transmission of
 20 respiratory diseases such as COVID-19.”² Decl. of Joe Goldenson, ¶16-18.

21 In detention facilities, groups of persons are often moved from space to
 22 space, for example, from a dormitory to a cafeteria. These group movements,
 23 which cluster large numbers of people together in small spaces, increase the risk

24
 25 ² Centers for Disease Control and Prevention, *Interim Guidance on Management of*
 26 *Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*
 27 ([https://www.cdc.gov/](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)
 28 [coronavirus/2019-ncov/community/correction-detention/guidance-correctional-](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)
[detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)).

1 of transmission between incarcerated persons and throughout the facility.
2 Guards and other detention facility staff routinely have direct physical contact
3 with jail detainees, especially when handcuffing or removing handcuffs from
4 detainees who are entering or exiting the facility. Goldenson Decl. ¶¶24-25.

5 Should an outbreak occur, jail detainees are at greater risk for harm from
6 COVID-19 than those in the general community. Correctional facilities largely
7 lack the necessary robust medical care infrastructure for appropriate treatment,
8 particularly to a population disproportionately vulnerable to high rates of
9 chronic illnesses (e.g., diabetes, heart disease, chronic lung disease, and
10 immuno-suppressive illnesses such as HIV that increase the risk from COVID-
11 19), who have had poor or absent prior health care, and often have a history of
12 alcohol and drug use. Accordingly, it is well accepted within the medical
13 community that jail inmates are physiologically 10 years older than their
14 chronological age. Goldenson Decl. ¶¶27-28.

15 Current CDC correctional facility COVID-19 recommendations include
16 testing of all new admittees,³ quarantining new admittees for 14 days and
17 performing daily symptom screening and temperature checks while they are
18 quarantined,⁴ isolating and testing any detainee with any symptoms consistent
19 with COVID-19 or with fever,⁵ and wearing masks in congregate settings.⁶
20 These are difficult, if not impossible, to implement in jails due to space
21 constraints, lack of sufficient respiratory isolation rooms, and lack of necessary
22 equipment and other resources, including the wide unavailability of test kits. As
23 a result, the risk of COVID transmission is far greater than in non-custodial
24 institutions. Goldenson Decl. ¶¶22.

25
26
27 ³ See *id.*

28 ⁴ See *id.* at 14.

⁵ See *id.* at 15.

⁶ See *id.*

B. THE LOS ANGELES COUNTY SHERIFF’S DEPARTMENT HAS FAILED TO TAKE CONSTITUTIONALLY ADEQUATE MEASURES TO MITIGATE THE SPREAD OF COVID-19 WITHIN THE JAIL SYSTEM

LACJ is the largest county jail system in the United States. It is comprised of four facilities – Men’s Central Jail (“MCJ”), Century Regional Detention Facility (“CRDF”) (the women’s jail), Twin Towers and Pitchess Detention Center, which is comprised of four different facilities including the North County Correctional Facility (“NCCF”).

On April 9, 2020, the DPH issued strong guidance to the LASD, detailing specific steps to be taken to mitigate the spread of the virus.⁷ The Department’s recommendations closely align with CDC guidelines, and include, but are not limited to: social distancing within the jail (including reducing the inmate population sufficient to enable it), positioning beds at least six feet apart, providing handwashing supplies at no cost, increasing cleaning of common spaces, providing tissues at no cost, providing no-touch trash receptacles, requiring staff to wear masks and gloves at all times, providing masks to symptomatic persons, eliminating medical appointment co-pays, and prioritizing early release of medically vulnerable individuals.

The LASD has failed to adequately implement many of the CDC and DPH guidelines. Though LASD has indicated that it now verbally screens new bookings for COVID-19 symptoms or recent exposure to persons with known or suspected COVID-19 infections, it has not adopted a practice of quarantining all new bookings for 14 days so that those who are infected will no longer carry the virus (and those who become infected remain separated). This is critical because as many as 25% of infected individuals are asymptomatic and because it takes several

⁷ Los Angeles County Department of Public Health, *Guidance for Correctional and Detention Facilities* (Apr. 9, 2020), <http://publichealth.lacounty.gov/media/Coronavirus/GuidanceCorrectionalDetentionFacilities.pdf> (last visited Apr. 12, 2020).

1 days after becoming infected before symptoms. Without quarantining new
 2 bookings, some percentage of new admittees inevitably will carry the virus and
 3 infect others housed in the jail.

4 While the Sheriff's Department has reduced the jail population by
 5 approximately 30%, this reduction is insufficient to enable social distancing. The
 6 Population Management Bureau (PMB) and Correctional Health Services have
 7 been working to assess individuals for release and to identify all medically
 8 vulnerable persons, including all persons over 60. Nonetheless, LASD's jail
 9 facilities remain near rated capacities, i.e., close to the maximum number of people
 10 that should be housed in that jail facility.⁸ Goldenson Decl., ¶39.

11 The failure to adequately reduce the jail population has left many medically
 12 vulnerable individuals in settings where social distancing is impossible and where
 13 they remain at very high risk of severe illness or death. Avila Decl. ¶¶18, 20⁹
 14 (social distancing not possible during yard time where prisoners are locked in
 15 cages at a distance of 1 foot from other individuals; social distancing not possible
 16 during transfer to court; prisoners forced to wait in crowded holding tanks);
 17 Cullors Decl., ¶¶11, 13, 15 (cannot socially distance in dayroom or after leaving
 18 cell for attorney visits and medical appointments); Farmer Decl., ¶2 (crowded
 19 dorm houses 46 individuals, some older than 50); Fuentes Decl., ¶6, 9, 22
 20 (medically vulnerable inmate housed at NCCF in dorm of 70-80 prisoners through
 21 late March; transferred to MCJ but still placed in crowded tanks upon release);
 22 Gutierrez Decl., ¶13, 14 (not possible to maintain social distance in 8 person pod);
 23 Haviland Decl., ¶¶6, 12 (6-foot social distancing not possible when picking up
 24 food; social distancing not possible in packed elevators); Jones Decl., ¶¶11-12 (96
 25

26 ⁸Custody Division Rated Capacity Report, December 2019,
 27 [https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Popul](https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Population%202019%20Fourth%20Quarter%20Report.pdf)
 28 [ation%202019%20Fourth%20Quarter%20Report.pdf](https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Population%202019%20Fourth%20Quarter%20Report.pdf), p. 11.

⁹ See compilation of Class Member/Plaintiff Declarations, filed concurrently.

1 person dorm with beds spaced several feet apart); Livotto Decl., ¶¶4, 15 (60-person
2 dorm where detainees are unable to socially distance; chained to other inmates
3 while transferred for probation hearing); Venegas Decl., ¶5; Uong Decl. ¶10 (not
4 possible to maintain 6-feet of distance from detainees sleeping in dayrooms).

5 Both the CDC and DPH recommend housing as many incarcerated persons as
6 possible in cell units, instead of dormitories (where social distancing is not
7 feasible). However, the LASD continues to house thousands of persons in crowded
8 dorms where they cannot possibly maintain six feet of distance between
9 themselves and others. Davidson Decl., ¶3 (CRDF detainees sleeping on bunks in
10 dayroom, spaced 1 foot apart); Haviland ¶3 (bunks in dayroom spaced 3 inches
11 apart); Farmer Decl., ¶2 (dorm of 46 individuals); Lewis Decl., ¶5 (dorm with over
12 60 beds, bunks only 2 feet apart); Livotto Decl., ¶4; Uong Decl. ¶10 (CRDF
13 detainees sleeping on bunks in dayrooms, 1.5 feet apart).

14 At least several jail facilities, including North County Correctional Facility
15 (NCCF) and Men's Central Jail (MCJ), house prisoners in dormitory units where
16 dozens of triple bunk beds are placed as close as three feet apart. Even if LASD
17 directs individuals to sleep head to foot, they are less than six feet apart. Farmer, ¶6
18 (each stack of 3 bunks is 2-3 feet apart); Fuentes Decl., ¶6; Jones Decl., ¶¶11-12
19 (96 person dorm with beds spaced several feet apart); Lewis Decl., ¶5; Livotto
20 Decl., ¶4 (60-person dorm with beds 1-2 feet apart); Venegas Decl., ¶4 (87-person
21 dorm; beds 3 feet apart). They remain in similarly close proximity while eating,
22 walking, and sitting at their bunks. Prisoners who are particularly vulnerable to
23 severe illness for COVID-19 are housed in, or have been told they will be
24 transferred to, large dormitories where they will be exposed to a greater risk of
25 COVID-19 spread.

26 LASD has also failed to supply prisoners with supplies necessary to maintain
27 appropriate hand hygiene, a second critical component of stopping the spread of
28 the virus. LASD does not supply prisoners with free soap and other hand hygiene

1 necessities. At MCJ, LASD provides jail detainees with one free small bar of soap
 2 that is insufficient for the routine handwashing and showering (and some have not
 3 even received their one-time provision). Once they have used this soap, they are
 4 required to *buy* additional bars from the commissary (assuming they have funds).
 5 Avila Decl. ¶15 (provided with one small bar weekly); Cullors Decl., ¶4 (weeks
 6 without soap or paper towels); Farmer Decl., ¶10 (small bar of soap weekly, not
 7 sufficient for handwashing); Fuentes Decl., ¶10, 11, 20 (aside from one-time
 8 provision, no free soap at NCCF or MCJ, no paper towels, no clean cloth towel);
 9 Jones ¶14 (one-time provision of small bar of soap); Gutierrez Decl., ¶5 (one bar of
 10 soap per week for clothes, body and hands); Venegas Decl., ¶11; Young Decl.,
 11 ¶10. Even in cells or dorms where soap is provided, few detainees have access to
 12 paper towels or hand dryers. Dunham Decl., ¶5 (no soap in dayroom, no paper
 13 towels for drying hands); Haviland Decl., ¶16 (no paper towels); Uong Decl., ¶12
 14 (no paper towels); Young Decl., ¶13. These inadequacies fly in the face of
 15 CDC/DPH recommendations and facilitate the rapid spread of COVID-19 within
 16 the jail.

17 LASD has not adopted practices to adequately disinfect shared surfaces with
 18 EPA-registered disinfectants effective against COVID-19. In all jail facilities,
 19 incarcerated persons share a limited number of phones and communal tables within
 20 dayrooms and dormitories. LASD does not have these areas cleaned by
 21 professionals or inmate workers, nor does LASD provide incarcerated persons with
 22 the supplies to disinfect phones, other high touch areas, and cells on their own.
 23 Avila Decl. ¶16; Dunham ¶12 (phones are not cleaned between use); Farmer Decl.,
 24 ¶9 (inmates coughing while using shared phones, not wiped clean between uses);
 25 Fuentes Decl., ¶13 (phones); Haviland Decl., ¶¶18, 19 (detainees not permitted to
 26 keep disinfectant in their cells; no disinfection of shared kiosks, sinks, vending
 27 machines, handles and railings); Livotto Decl., ¶13; Uong Decl., ¶8. To the extent
 28 these surfaces are cleaned at all, they often are cleaned with cleaners that are *not* an

1 EPA-registered disinfectant for coronavirus as required by CDC and DPH
 2 guidelines and/or cleaned using solutions that are watered down below the
 3 cleaner's specifications. Dunham Decl., ¶5 (inmate workers clean modules with
 4 Citracide); Haviland Decl., ¶19; Uong Decl., ¶8.

5 The failure to clean and disinfect shared surfaces is particularly concerning
 6 given the conditions in which incarcerated persons live. Many jail detainees,
 7 particularly those in dormitories, must share communal phones, exercise
 8 equipment, railings, sinks, showers, and toilets. They are not cleaned or disinfected
 9 between each use. Cullors Decl., ¶6 (accessible showers are shared, have clogged
 10 drains and are maintained in filthy condition); Farmer Decl. ¶11 (50 prisoners
 11 share two communal showers in dormitory; not cleaned between uses); Fuentes
 12 Decl., ¶12; Jones Decl., ¶15 (showers shared among entire medical unit); Lewis
 13 Decl., ¶8; Livotto Decl., ¶¶10, 13 (showers shared among 60 inmates); Young
 14 Decl., ¶11. At some facilities, prisoners receive clean towels and bedding
 15 infrequently. Farmer Decl., ¶13 (one clean towel per month); Cullors Decl., ¶6
 16 (towel washed weekly); Lewis Decl., ¶9 (towel washed monthly); Livotto Decl.,
 17 ¶9. As public health officials have long recognized, such substandard hygiene
 18 conditions are known to contribute to the spread of viruses.

19 LASD does not supply incarcerated persons with personal protective
 20 equipment consistent with CDC guidelines. On the early morning of April 10th,
 21 LASD distributed face coverings (non-medical masks) throughout at least some
 22 facilities, consistent with CDC guidance and City of Los Angeles orders requiring
 23 face coverings in public spaces. NCCF provided masks to persons in dorms on
 24 approximately April 15. Farmer Decl., ¶5. LASD provided no information as to
 25 when they will provide new clean masks nor any instruction on how to routinely
 26 wash masks consistent with CDC recommendations. Avila Decl. ¶11; Cullors
 27 Decl., ¶12; Jones Decl., ¶12; Venegas Decl., ¶8; Young ¶15. LASD has not
 28 provided appropriate personal protective equipment to incarcerated persons

1 required to clean spaces where confirmed and presumed COVID-19 cases have
 2 spent time. Dunham Decl., ¶15 (cleaned cell of sick person with no mask).
 3 Incarcerated persons report that they clean such contaminated spaces without
 4 gowns, coveralls, or masks. Jail staff also fail to consistently wear masks to help
 5 ensure the protection of the entire detainee and staff populations. Avila Decl. ¶9
 6 (deputies walk by cells coughing; deputies wear masks improperly and
 7 inconsistently); Dunham, ¶17 (deputies wear masks inconsistently); Jones Decl.,
 8 ¶13; Livotto Decl., ¶16; Young Decl. ¶17.

9 At least several incarcerated persons have reported that they were forced to
 10 share enclosed spaces with persons exhibiting a cough and other signs of illness.
 11 Cullors Decl., ¶16; Farmer Decl. ¶¶7, 9; Fuentes Decl., ¶¶17, 19; Haviland Decl.,
 12 ¶8; Lewis Decl., ¶¶7, 12; Livotto Decl., ¶¶7, 11, 15 (chained to a coughing person
 13 during transfer). The failure to promptly isolate symptomatic persons has already
 14 resulted in the spread of infection within the jail. During transfer to a court
 15 appearance, one detainee was placed in a holding cell with someone who was
 16 coughing and visibly sick. Several days later, she became sick herself, and after
 17 numerous requests for medical care, she obtained a test for COVID-19 (and tested
 18 positive). Balderrama Decl., ¶¶4-16. Based on her report, and the reports of others,
 19 LASD is not promptly medically isolating positive and suspected COVID-19 cases
 20 and quarantining close contacts of COVID-19 cases consistent with CDC/DPH
 21 guidelines. Moreover, several incarcerated persons have reported that they have
 22 been unable to get a test despite exhibiting a cough and/or other symptoms.
 23 Haviland Decl., ¶10; Dunham Decl. ¶16; Young ¶7.

24 **III. PLAINTIFFS' PROPOSED CLASSES**

25 Plaintiffs seek certification of a Pretrial and Post-Conviction Equitable
 26 Relief Subclasses. The Pretrial Equitable Relief Subclass is defined as:
 27
 28

1 All current and future pretrial detainees incarcerated in any LACJ jail
2 facility from the present until the COVID-19 pandemic has ended with
3 development of a vaccine available to all inmates.

4 The Post-Conviction Equitable Relief Subclass is defined identically except that
5 “pretrial detainees” is replaced with “post-conviction prisoners.” The proposed
6 primary equitable relief classes are broadly defined to include all inmates because
7 all inmates are at substantially heightened risk of contracting the coronavirus.

8 Plaintiffs also seek to certify two subclasses for medically vulnerable pretrial
9 and post-conviction persons. The Pretrial and Post-Conviction Medically
10 Vulnerable Subclasses are defined as follows:

11 All current and future [pretrial detainees/post-conviction prisoners] held
12 in all County jails over the age of fifty-five, as well as all current and
13 future [pretrial detainees/post-conviction prisoners] held in all County
14 jails of any age who experience (a) lung disease, including asthma,
15 chronic obstructive pulmonary disease (e.g. bronchitis or emphysema), or
16 other chronic conditions associated with impaired lung function; (b) heart
17 disease, such as congenital heart disease, congestive heart failure or
18 coronary artery disease; (c) chronic liver or kidney disease (including
19 hepatitis and dialysis patients); (d) diabetes or other endocrine disorders;
20 (e) epilepsy; (f) hypertension; (g) compromised immune systems (such as
21 from cancer, HIV, receipt of an organ or bone marrow transplant, as a
22 side effect of medication, or other autoimmune disease); (h) blood
23 disorders (including sickle cell disease); (i) inherited metabolic disorders;
24 (j) history of stroke; (k) a developmental disability; (l) a current or recent
25 (within the last two weeks) pregnancy; (m) severe obesity; and/or (n) any
26 other condition identified either now or in the future as being a particular
27 risk for severe illness and/or death caused by COVID-19.
28

1 The medically vulnerable subclasses seek both injunctive relief and release
2 pursuant to a writ of habeas corpus.

3 **IV. NAMED PLAINTIFFS**

4 Plaintiffs are 9 of the 11,883 individuals who are currently incarcerated in
5 the Los Angeles County jail system. Declaration of Mark Avila ¶2 (MCJ);
6 Declaration of Rodney Cullors, ¶1 (MCJ), Declaration of Carole Dunham, ¶1
7 (CRDF), Declaration of Jeremiah Farmer, ¶1 (NCCF), Declaration of Victor
8 Gutierrez, ¶2 (TTCF); Declaration of Jessica Haviland, ¶1 (CRDF), Declaration of
9 Leandrew Lewis, ¶1 (NCCF); Declaration of Rany Uong; ¶2 (CRDF); Declaration
10 of DeNeal Young, ¶1 (MCJ).

11 Mr. Avila, Mr. Cullors, Ms. Haviland and Mr. Lewis are pretrial detainees
12 who seek to represent the Pretrial Equitable Relief Class. Ms. Dunham, Mr.
13 Farmer, Mr. Gutierrez, Ms. Uong and Mr. Young are convicted and seek to
14 represent the Post-Conviction Equitable Relief Class. Decl., ¶1, Young Decl., ¶2,
15 Dunham Decl., ¶4, Farmer ¶1 and Gutierrez Decl., ¶2.

16 Mr. Avila, Mr. Cullors, Ms. Dunham, Mr. Gutierrez and Mr. Young are
17 medically vulnerable due to their age and/or pre-existing medical conditions. Avila
18 Decl., ¶3,5 (33-year old with severe chronic asthma, diabetes, liver disease and a
19 blood disorder); Cullors Decl., ¶2 (58-year-old man with hypertension, heart
20 disease, schizophrenia, bi-polar disorder, manic depression, and orthopedic
21 problems requiring a wheelchair); Dunham Decl., ¶2 (30-year-old woman with
22 diabetes); Gutierrez Decl. ¶6, 9 (acute asthma, sclerosis, hypertension); Young
23 Decl., ¶4 (obesity, heart condition). Mr. Avila and Mr. Cullors seek to represent the
24 Pretrial Medically Vulnerable Subclass. Ms. Dunham, Mr. Gutierrez and Mr.
25 Young seek to Represent the Post-Conviction Medically Vulnerable Subclass.

26 As demonstrated by the complaint and concurrently submitted declarations,
27 LASD's failure to ensure adequate precautions to prevent the spread of coronavirus
28 has affected all of the named plaintiffs. Due to crowding in housing units and other

1 common areas, none have been able to practice continuous social distancing. Avila
 2 Decl. ¶¶18, 20; Cullors Decl., ¶¶11, 13, 15; Farmer Decl., ¶2; Gutierrez Decl., ¶13,
 3 14, 30; Haviland Decl., ¶¶6, 12; Lewis Decl., ¶5; Uong Decl. ¶10 (not possible to
 4 maintain 6-feet of distance from detainees sleeping in dayrooms).

5 Likewise, due to lack of handwashing supplies, none have been able to
 6 consistently wash and dry their hands consistent with CDC guidelines. Avila Decl.
 7 ¶15; Cullors Decl., ¶4; Dunham Decl., ¶5; Farmer Decl., ¶10; Gutierrez Decl., ¶5;
 8 Haviland Decl., ¶16; Lewis Decl., ¶9 (towel washed once per month); Uong Decl.,
 9 ¶12 (no paper towels); Young Decl., ¶13. All of the named plaintiffs live in areas
 10 where shared surfaces, including high-touch surfaces, are not routinely disinfected
 11 and where they have no access to supplies to effectively disinfect these areas
 12 themselves. Avila Decl. ¶16; Cullors Decl., ¶6; Dunham ¶12; Farmer Decl., ¶9;
 13 Haviland Decl., ¶¶18, 19; Uong Decl., ¶8. Some have exhibited symptoms
 14 consistent with the COVID-19 but have not received access to a test. Haviland
 15 Decl., ¶10; Dunham Decl. ¶16.

16 **V. CLASS ACTIONS ARE PARTICULARLY SUITABLE IN CIVIL** 17 **RIGHTS CASES SEEKING INJUNCTIVE RELIEF**

18 Under Rule 23(b)(2), a court may grant injunctive or declaratory relief when
 19 “the party opposing the class has acted or refused to act on grounds that apply
 20 generally to the class.” Fed.R.Civ.P. 23(b)(2). “The key to the (b)(2) class is the
 21 indivisible nature of the injunctive or declaratory remedy warranted – the notion
 22 that the conduct is such that it can be enjoined or declared unlawful only as to all
 23 of the class or as to none of them.” *Wal-Mart Stores, Inc. v. Dukes*, 564 U.S.
 24 338,131 S. Ct. 2541, 2557, 180 L. Ed. 2d 374 (2011). A (b)(2) class runs to those
 25 who become members in the future.¹⁰ Under Rule 23(b)(2), there is no requirement
 26 that common issues must predominate.

27
 28 ¹⁰ See, e.g., *Probe v. State Teachers' Retirement System*, 780 F.2d 776, 780 (9th Cir. 1986)
 (all males who are or will be employed in positions entitling them” to teacher pensions).

1 Rule 23(b)(2) “was drafted specifically to facilitate relief in civil rights
 2 suits” and is typically used in cases seeking injunctive or declaratory relief.
 3 *Newberg*, §25:20. Civil rights cases “are often by their very nature class suits
 4 involving class-wide wrongs.” *East Texas Motor Freight, Inc. v. Rodriguez*, 431
 5 U.S. 395, 405 (1977); *Newberg on Class Actions* (4th ed.2002) (hereafter
 6 “*Newberg*”) §25:25 (criminal justice reform suits “are inherently class actions”).
 7 “Rule 23(b)(2) is often used for the prosecution of civil rights actions and is
 8 particularly suited for class actions challenging oppressive prison policies or
 9 conditions. *See Walters v. Reno*, 145 F.3d 1032, 1047 (9th Cir. 1998) Cir.1998.”
 10 *Lyon v. U.S. Immigration & Customs Enft*, 308 F.R.D. 203, 213 (N.D. Cal. 2015).

11 Here, as set forth more fully in the complaint, Defendants’ acted on grounds
 12 that apply generally to the class in failing to adopt constitutionally adequate
 13 measures to prevent the spread of COVID-19 within the Los Angeles County Jail
 14 system, needlessly risking the health and safety of every LACJ inmate. Because
 15 Defendants’ actions affect the class as a whole, this action meets the requirements
 16 of Rule 23(b)(2).

17 **VI. PLAINTIFFS’ PROPOSED CLASSES SATISFY RULE 23(A)**

18 This lawsuit and the proposed classes meet all the requirements for class
 19 certification under Federal Rule of Civil Procedure 23(a). As explained in detail
 20 below, (1) the proposed class is so numerous that joinder of all members as parties
 21 is impracticable; (2) there are common questions of law or fact; (3) the claims of
 22 the proposed named plaintiffs are typical of those of the class; and (4) the named
 23 plaintiffs and their counsel will fairly and adequately protect the interests of the
 24 class. Fed. R. Civ. P. 23(a); see also *Amchem Products, Inc. v. Windsor*, 521 U.S.
 25 591, 613 (1997). This action also meets the additional requirements for class
 26 certification set forth in Federal Rule of Civil Procedure 23(b)(2). See Section V.
 27 Although Plaintiffs establish below that they fully meet the requirements of class
 28

1 certification under established Rule 23 standards, the Ninth Circuit recognizes the
 2 availability of “provisional class certification for purposes of entering injunctive
 3 relief.” *Carrillo v. Schneider Logistics, Inc.*, No. CV-11-8557 CAS, 2012 WL
 4 556309, at *9 (C.D. Cal. Jan. 31, 2012), *aff’d*, 501 F. App’x 713 (9th Cir. 2012)
 5 (citing “e.g., *Baharona–Gomez v. Reno*, 167 F.3d 1228, 1233 (9th Cir.1999)).
 6 “Pursuant to Rule 23 and the Court’s general equitable powers, the Court has
 7 authority to provisionally certify a class for purposes of entering preliminary
 8 injunctive relief.” *Carrillo*, 2012 WL 556309, at *8.

9 **A. COMMONALITY**

10 Rule 23(a)(2) requires “questions of law or fact common to the class.” As
 11 the Supreme Court held in *Wal-Mart v. Dukes*, Plaintiffs’ claims “must depend
 12 upon a common contention” such that “determination of [its] truth or falsity will
 13 resolve an issue that is central to the validity of each one of the claims in one
 14 stroke.” *Wal-Mart, Inc. v. Dukes*, 564 US 338, 349, 131 S.Ct. 2541, 2551 (2011).
 15 *Wal-Mart* therefore reinforces the longstanding principle that commonality is
 16 satisfied where liability hinges on one or more across-the-board practices or
 17 policies. Even one issue common to each class is all that is required. *Wang v.*
 18 *Chinese Daily News, Inc.*, 737 F.3d 538, 544 (9th Cir. 2013) (quoting *Wal-*
 19 *Mart*, 131 S.Ct. at 2556); *see also Mazza v. Am. Honda Motor Co., Inc.*, 666 F.3d
 20 581, 589 (9th Cir.2012) (“commonality only requires a single significant question
 21 of law or fact”).
 22

23 **1. Plaintiffs’ Pretrial and Post-Conviction Equitable Relief** 24 **Classes Satisfy the Commonality Requirement**

25 Plaintiffs’ Pretrial and Post-Conviction Equitable Relief Classes assert
 26 §1983 *Monell* claims arising from the LASD’s constitutionally deficient efforts to
 27 protect jail detainees from a coronavirus outbreak within the jail system. As the
 28 Ninth Circuit has long recognized, commonality is necessarily satisfied in § 1983

1 *Monell* cases arising from a systemwide policy or practice. See *Armstrong v.*
2 *Davis*, 275 F.3d 849, 868 (9th Cir. 2001) (in § 1983 civil rights cases, commonality
3 is necessarily satisfied where the lawsuit “challenges a *system-wide* practice...that
4 *affects* all of the putative class members.”) (emphasis added), abrogated on other
5 grounds by *Johnson v. California*, 543 U.S. 499, 504–05, 125 S.Ct. 1141 (2005).
6 In § 1983 *Monell* cases, the “crucial question is whether Defendant had a ‘clear
7 and persistent pattern of violating federal rights’”, and the commonality inquiry
8 focuses on “not the individual violation ... but the pattern of violations.” *Brown v.*
9 *City of Detroit*, 2012 WL 4470433 (E.D. Mich. Sept. 27, 2012) (post *Wal-Mart*
10 decision certifying (b)(3) class of approximately 100,000 arrestees held for more
11 than 16 hours without bedding and (b)(3) class of approximately 30,000 arrestees
12 detained for more than 48 hours without probable cause determination).

13
14 Such across-the-board issues may take the form of organizational policies
15 (or the absence thereof), failure to adequately train, failure to adequately supervise,
16 general practices or customs, and organizational culture. See *e.g.*, *Gray v. Golden*
17 *Gate Nat. Recreational Area*, 279 F.R.D. 501, 517–520 (N.D. Cal. 2011) (post-
18 *Wal-Mart*, park system’s “general practice” of failing to address disability barriers
19 satisfied commonality as an across-the-board practice); *Ellis v. Costco Wholesale*
20 *Corp.*, 285 F.R.D. 492, 509-521 (N.D.Cal. 2012) (company-wide policies, as well
21 as the absence of policies, oversight by senior management and company culture
22 all supplied common contentions); see also, *e.g.* *Brown*, 2012 WL 4470433 (E.D.
23 Mich. Sept. 27, 2012) (observing that *Monell* cases requiring plaintiff to prove a
24 widespread custom and practice or policy are “...particularly well-suited to class
25 certification”) (quoting *Powers v. Hamilton Cnty. Pub. Defender Comm'n*, 501
26 F.3d 592, 619 (6th Cir.2007) (in Rule 23(b)(3) case, well-settled custom or policy
27 of not asking for an indigency hearing before a probationer is incarcerated for
28

1 failure to pay a fine” satisfied both commonality and predominance requirements
2 “because the plaintiff alleged a ‘regular practice’ causing constitutional injury.”)).

3 Here, Plaintiffs’ class claims present common contentions susceptible to
4 class-wide proof. The primary equitable relief class challenges the constitutional
5 sufficiency of LASD’s systemwide measures to address the spread of the
6 coronavirus within the LACJ, including LASD’s across-the-board failure to take
7 basic precautions, consistent with the guidance of national and local public health
8 agencies. Liability hinges on whether LASD’s system-wide policies and practices
9 demonstrate deliberate indifference to the serious medical needs of jail detainees
10 sufficient to violate either the Fourteenth Amendment (for pretrial detainees) or
11 Eighth Amendment (for convicted prisoners).
12

13 Resolution of these claims involves the following common questions of fact:

- 14 ➤ what specific measures the County has implemented to protect
15 incarcerated persons from the spread of COVID-19 in the jails
16 including whether Defendants have taken appropriate measures to
17 ensure adequate social distancing, to supply inmates with the
18 necessary supplies for hand washing, to screen and quarantine new
19 bookings to prevent contagious people from entering the jail
20 population, and to ensure that surfaces are routinely disinfected;
- 21 ➤ whether Defendants’ practices during the COVID-19 pandemic
22 encompass necessary and feasible health practices;
- 23 ➤ whether Defendants’ practices comport with the Centers for Disease
24 Control and Prevention’s and Los Angeles County Health
25 Department’s guidelines for preventing the spread of COVID-19 in
26 correctional facilities;
- 27 ➤ whether Defendants’ practices during the COVID-19 pandemic
28 expose inmates at LACJ facilities to a substantial risk of serious harm.

Variation in how class members were affected does not defeat certification. In *Parsons v. Ryan*, the Ninth Circuit has specifically addressed the commonality requirement in the context of correctional facilities' deliberate indifference to the medical needs of prison inmates. *Parsons v. Ryan*, 754 F.3d 657 (9th Cir. 2014). The *Parsons*-Plaintiffs' claims were wide-ranging, involving lengthy delays and outright denials of medical care; failure to employ sufficient health care staff, failure to protect prisoners from chronic disease; substandard dental; inadequate mental health care; and unconstitutional conditions for inmates subjected to isolation. *Id.* at 664. Despite considerable variation in how prisoners would be affected by systemwide medical care deficiencies, the Ninth Circuit certified the class,¹¹ emphasizing that prison "policies and practices of statewide and systemic application expose *all* inmates ... to a substantial risk of serious harm." *Id.* at 675 (emphasis supplied). As *Parsons* explained,

"a proper understanding of the nature of the plaintiffs' claims clarifies the issue of commonality. What *all members ... have in common* is their alleged *exposure, as a result of specified statewide [] policies and practices* that govern the overall conditions of health care services and confinement, *to a substantial risk of serious future harm ...* although a presently existing risk may ultimately result in different future harm for different inmates—ranging from no harm at all to death—*every inmate suffers exactly the same constitutional injury when he is exposed to a single statewide [] policy or*

¹¹ The Ninth Circuit affirmed certification of a class consisting of "[a]ll prisoners who are now, or will in the future be, subjected to the medical, mental health, and dental care policies and practices of the ADC." It also certified a subclass consisting of "[a]ll prisoners who are now, or will in the future be, subjected by the ADC to isolation, defined as confinement in a cell for 22 hours or more each day or confinement in [certain housing units]." *Id.* at 672.

1 *practice* that creates a substantial risk of serious harm.” *Id.*, 754 F.3d at 678.
 2 (emphasis supplied)¹²

3 Here, as in *Parsons*, Plaintiffs do not contend that the coronavirus precautions
 4 taken on any specific occasion or with regard to any specific inmate were deficient,
 5 but rather, that LASD’s systemwide response to the pandemic has exposed all
 6 inmates to a substantial risk of serious harm. *See also, e.g., Scott v. Clarke*, 61 F.
 7 Supp. 3d 569, 587 (W.D. Va. 2014) (citing *Parsons* for proposition that the jail’s
 8 “defective sick call process; ... refusal to refer or undue delay in referring
 9 prisoners for specialized care; ... failure to maintain continuity in the provision of
 10 prescribed, potentially life-sustaining medications; etc.—reflect substandard
 11 medical care on the part of the Defendants” and support commonality); *Tyler v.*
 12 *Suffolk County*, 253 F.R.D. 8, 10 (D. Mass. 2008) (certifying Eighth Amendment
 13 conditions of confinement class because they were all subject to same allegedly
 14 unlawful policies denying free access to toilet facilities even though different
 15 inmates were affected differently, given that not all inmates were housed overnight
 16 in cells without toilets or sinks, or denied toilet access when they requested it)).

17 Federal courts have reached the same conclusion in certifying classes
 18 challenging correctional facilities’ response to COVID-19. Where system-wide
 19 COVID-precautions (or lack thereof) apply to all class members, commonality is
 20 satisfied even where there is variation in how class members were affected (or
 21 what the relief for them may be). As Judge Jesus Bernal explained in his April 20,
 22 23

24
 25 ¹² The Ninth Circuit reiterated this point in *Parsons*, in which it quoted Wright & Miller
 26 to explain that the “term ‘generally applicable’ has been said to signify that the *party*
 27 *opposing the class does not have to act directly against each member of the class. The*
 28 *key is whether the party’s actions would affect all persons similarly situated so that those*
 acts apply generally to the whole class.” 754 F.3d at 688, n. 33 (emphasis supplied).

1 2020 ruling provisionally certifying a class of medically high-risk ICE detainees in
 2 *Fraihat v. ICE*,

3 Each class member claims entitlement to a minimally adequate
 4 national rescue response from ICE. Indeed, the variety of facility
 5 COVID-19 countermeasures tends to support Plaintiffs' contention
 6 that ICE has failed to institute the well-ordered, mandatory relief
 7 effort to which they claim entitlement. This facility doesn't have
 8 adequate soap and handwashing facilities. That one does not provide
 9 PPE for detainees cohorted with someone thought to be exposed to the
 10 virus. That person may die of COVID-19 because of hypertension,
 and that one may die because of HIV. Yet across all facilities and
 individuals, the question remains: is ICE required to adopt a global
 response, and is that response adequate?

11 *Fraihat v. ICE*, 19-cv-01546-JGB, p. 24 (C.D. Cal. April 20, 2020) (citing
 12 *Parsons*, 754 F.3d at 681-682). Similarly, in *Neves v. Souza*, a federal district court
 13 concluded that §1983 claims arising from a prison's constitutionally deficient
 14 response to the COVID-19 crisis satisfied commonality: "The case law supports a
 15 finding of commonality for class claims against dangerous detention conditions,
 16 even when some detainees are more at risk than others...Here too, even the
 17 otherwise healthy Detainees face a substantial risk of serious harm from COVID-
 18 19." *Neves v. Souza*, ---F.Supp.3d--- (2020), 2020 WL 1703844, *8 (Dist. Mass.
 19 April 8, 2020) (citing *Parsons v. Ryan*, 754 F.3d 657, 678 (9th Cir. 2014); *Yates v.*
 20 *Collier*, 868 F.3d 354, 363 (5th Cir. 2017) (notwithstanding variations in health and
 21 risk among prisoners, affirming class certification of all prisoners in an overheated
 22 prison because prison's policies failed to reduce the risk of serious harm for all
 23 inmates, including health inmates)); *see also, e.g., Hanlon v. Chrysler Corp.*, 150
 24 F.3d 1011, 1019 (9th Cir. 1998) ("existence of shared legal issues with divergent
 25 factual predicates is sufficient, as is a common core of salient facts coupled with
 26 disparate legal remedies within the class"); *Walters v. Reno*, 145 F.3d 1032, 1047
 27 (9th Cir. 1998) (Under Rule 23(b)(2), it "is sufficient if class members complain of
 28

1 a pattern or practice that is generally applicable to the class as a whole. Even if
 2 some class members have not been injured by the challenged practice, a class may
 3 nevertheless be appropriate”).

4 Moreover, even in the Rule 23(b)(3) damages class context, where
 5 predominance of common questions is required, courts have certified classes
 6 encompassing persons who were exposed or subjected to a challenged practice,
 7 even where some class members were not injured at all. *Torres v. Mercer Canyons*,
 8 __ F.3d __, 2016 WL 4537378(9th Cir. 8/31/16). In *Torres*, plaintiffs
 9 challenged defendants’ failure to provide domestic agricultural workers
 10 information regarding the availability of agricultural jobs, as required by relevant
 11 statutes. Commonality existed where class members were “exposed to—yet
 12 ultimately not harmed by—a policy” (in contrast to a class where “large numbers
 13 of class members ...were never *exposed* to the challenged conduct to begin with”).
 14 (Original emphasis.) Since class members’ lack of injury was “not because they
 15 were not *subject to the challenged practice in the first place*,” certification was not
 16 defeated. (Emphasis supplied.).

18 **2. Plaintiffs’ Medically Vulnerable Habeas Subclasses Satisfy** 19 **the Commonality Requirement**

20 Plaintiffs’ Medically Vulnerable Subclass likewise presents a common
 21 question of law and fact: whether COVID-19 presents a risk of harm so severe to
 22 the medically vulnerable that the only constitutionally permissible way to protect
 23 them is to release them from custody immediately. Although individual class
 24 members’ eligibility for release may involve an individualized determination, the
 25 class habeas claims present the court with factual and legal issues more than
 26 sufficient to support a finding of commonality, including whether there are any
 27 precautions that would render LASD jails safe enough to avoid exposing class
 28 members to an unreasonable risk to their lives, and if not, whether immediate

1 release for all medically-vulnerable persons is the appropriate remedy. Variation in
2 the specific conditions that render subclass members vulnerable or the degree of
3 vulnerability does not defeat commonality. *See Fraihat*, p. 24 (C.D. Cal. April 20,
4 2020) (commonality not defeated where class members are rendered vulnerable
5 due to different medical conditions); *Wilson v. Williams*, Case No. 4:20-cv-0074
6 (N.D. Ohio April 22, 2020) (certifying class habeas petition for medically
7 vulnerable individuals in a federal correctional facility) .

8 Should the court decide, on a class-wide basis, that all medically-vulnerable
9 persons must be released to the maximum extent possible consistent with public
10 safety, there are numerous mechanisms that could be used to make individual
11 release eligibility determinations, including but not limited to appointment of
12 correctional and medical experts to make release recommendations on an
13 expedited basis. Even when damages are sought, and Rule 23(b)(3)’s
14 predominance requirement applies, “the need for individual damages calculations
15 does not, alone, defeat class certification.” *Vaquero v. Ashley Furniture Industries,*
16 *Inc.*, 824 F.3d 1150, 1155 (9th Cir. 2016) *See also, e.g., Leyva v. Medline Indus.*,
17 *716 F.3d 510, 513 (9th Cir. 2013); Jimenez v. Allstate Ins. Co.*, 765 F.3d 1161,
18 1168 (9th Cir.2014).

20 **B. TYPICALITY**

21 The test of typicality is “whether other members have the same or similar
22 injury, whether the action is based on conduct which is not unique to the named
23 plaintiffs, and whether other class members have been injured by the same course
24 of conduct.” *Hanon v. Dataproducts Corp.*, 976 F. 2d 497, 508 (9th Cir. 1992). If
25 the representative “claim arises from the same event, practice or course of conduct
26 ... and is based upon the same legal theory, varying factual differences” will not
27 render the class representative’s claim atypical. *Jordan v. Los Angeles County*, 669
28 F.2d 1311, 1321 (9th Cir. 1982). “[R]epresentative claims are ‘typical’ if they are

1 reasonably co-extensive with those of absent class members; they need not be
2 substantially identical.” *Hanon, supra*, 150 F.3d at 1020.

3 Here, the central issues relate to what measures are necessary to protect LA
4 County jail inmates in light of the pandemic threat. The legal basis for relief
5 applies equally to all class representatives and members, who are all subject to a
6 common set of conditions and, more importantly, all require common public health
7 practices to ensure that those who are not infected do not become infected, that the
8 physical facilities and inmate to inmate contact do not facilitate the spread of
9 COVID-19, and that those who are infected receive proper treatment and not infect
10 others – or at least maximize the likelihood of those outcomes.

11 C. NUMEROSITY

12 A proposed class meets Rule 23(a)’s numerosity requirement where it is “so
13 numerous that joinder of all members is impracticable.” Fed. R. Civ. P. 23(a)(1).
14 Although there is no specific numerical cutoff sufficient for numerosity, courts
15 have presumed that the numerosity requirement is met when there are more than 40
16 putative class members.¹³ Courts have recognized that “where the exact size of the
17 class is unknown but general knowledge and common sense indicate that it is
18 large, the numerosity requirement is satisfied.” *Cervantez v. Celestica Corp.*, 253
19 F.R.D. 562, 569 (C.D. Cal. 2008) (internal quotation marks and citations omitted);
20 accord *Moeller v. Taco Bell Corp.*, 220 F.R.D. 604, 608 (N.D. Cal. 2004).

21 Both the pretrial and post-conviction equitable relief classes easily satisfy
22 numerosity. According to LASD, the current jail population is 11,883, and is
23

24 ¹³ See, e.g., *Thomas v. Baca*, 231 F.R.D. 397, 400 (C.D. Cal. 2005); *Celano v. Marriott*
25 *Int’l, Inc.*, 242 F.R.D. 544, 549 (N.D. Cal. 2007); *Newberg on Class Actions* § 3:15 (5th
26 ed. 2014) (citing cases). Further, “it is well settled that a plaintiff need not allege the
27 exact number or specific identity of proposed class members” to meet Rule 23’s
28 numerosity requirement. *Newberg on Class Actions* § 3:13 (5th ed. 2014); see, also, e.g.,
Gay v. Waiters’ & Dairy Lunchmen’s Union, 549 F.2d 1330 (9th Cir.1997)
(approximately 110 potential class members); *Leyva v. Buley*, 125 F.R.D. 512, 515
(E.D.Wash.1989) (fifty-member class).

1 comprised of both pretrial detainees and prisoners serving sentences. The
 2 Medically- Vulnerable Subclasses also satisfy numerosity. A significant percentage
 3 of the Los Angeles County Jail population lives with one or more of the qualifying
 4 conditions. One study estimates that up to 15% of people who are in custody have
 5 asthma, 10% of people in custody live with a heart condition that requires medical
 6 care, 10% live with diabetes, and 30% have hypertension.¹⁴ Based on these
 7 estimates and assuming some overlap in these diagnoses, there are thousands of
 8 individuals within the Los Angeles County jail system who live with these
 9 conditions.¹⁵

10 Finally, the proposed class definition includes individuals who will become
 11 class members in the future. The inherent impracticability of joining unknown
 12 future class members is an additional factor warranting class certification. *See, e.g.,*
 13 *Arnott v. U.S. Citizenship & Immigration Servs.*, 290 F.R.D. 579, 586 (C.D. Cal.
 14 2012); *Newberg on Class Actions* § 3:15 (5th ed. 2014) (citing cases). Those
 15 obstacles are further compounded by the fact that the proposed class here is
 16 “constantly changing”. *Lyon v. ICE*, --- F.R.D. ----, 2014 WL 1493846 (N.D. Cal.
 17 Apr. 16, 2014).

18 **D. ADEQUACY OF REPRESENTATION**

19 Rule 23(a)(4)’s requirement for adequate representation is met when 1) there
 20 is no conflict of interest between the legal interests of the named Plaintiffs and
 21

22
 23 ¹⁴ Laura M. Marushack et al., *Medical Problems of State and Federal Prisoners and Jail*
 24 *Inmates, 2011-12*, U.S. Dept. of Justice (2014).

25 ¹⁵ Joinder is also impracticable because class members are in jail custody, and so they
 26 face substantial logistical obstacles to filing civil actions. In addition, many class
 27 members are indigent, making it difficult for them to file their own individual lawsuits.
 28 See Vera Institute, “Incarceration’s Front Door: The Misuse of Jails in America,” Feb.
 2015; *cf. Orvis v. Spokane Cnty.*, 281 F.R.D. 469, 473 (E.D. Wash. 2012) (noting the “the
 likely inability of proposed members to initiate individual suits due to a lack of financial
 resources”) (citation omitted); *Robidoux v. Celani*, 987 F.2d 931 (2d Cir. 1993)
 (impracticability of joinder shown, *inter alia*, by lack of resources of class members)

1 those of the proposed class; and 2) counsel for the Plaintiffs is competent to
 2 represent the class.¹⁶

3 **1. *Representatives' Interests Are Not Antagonistic To The Class***

4 The interests of all the members of the class are aligned in this action, and
 5 there is no anticipated or actual conflict of interests here. See concurrently filed
 6 *Class Representative Declarations*. Defendants' policies and practices subjected
 7 the Plaintiff class to the same deprivations, and all of the Plaintiffs have suffered
 8 substantially similar injuries as a result. Moreover, the named Plaintiffs suffer a
 9 risk of harm representative of those of all of the class members.

10 **2. *Counsel Are Well Qualified To Represent The Class***

11 Plaintiffs' counsel includes the law firms of Hadsell, Stormer, Rennick &
 12 Da, Kaye, McLane, Bednarski & Litt, American Civil Liberties Union, the
 13 American Civil Liberties Union of Southern California, Civil Rights Corps, and
 14 Catherine Sweetser, Aaron Littman and Alicia Virani of the UCLA School of Law.
 15 These attorneys have handled numerous civil rights class actions, including
 16 numerous law enforcement and jail class actions. See *Declarations of Dan Stormer*;
 17 *Barrett Litt, Katherine Hubbard*; and *Catherine Sweetser*. All of the criteria set
 18 forth in Rule 23(g) are present here, i.e., (a) counsel have identified and
 19 investigated the potential claims, (b) counsel have extensive relevant experience,
 20 (c) counsel are well versed in the applicable law, and (d) counsel have the
 21 resources necessary to prosecute the case.

22 ///

23
 24 ///

27 ¹⁶ See, e.g., *Lerwill Inflight Motion Pictures, Inc.*, 582 F. 2d 507, 512 (9th Cir. 1978); *In*
 28 *Re: Northern Dist. Of Cal Dalkon Shield Etc.*, 693 F. 2nd 847, 855 (9th Cir. 1982); *Staton*
v. Boeing, 327 F.3d 938, 957 (9th Cir. 2003).

VII. CONCLUSION

For all the reasons set out herein, Plaintiffs' Motion for Class Certification should be granted.

Dated: April 24, 2020

Respectfully Submitted,

HADSELL STORMER RENICK & DAI LLP
KAYE, MCLANE, BEDNARSKI & LITT, LLP
AMERICAN CIVIL LIBERTIES UNION
CIVIL RIGHTS CORPS
UCLA LAW CLINICS
ACLU OF SOUTHERN CALIFORNIA

By: /s/ Barrett S. Litt
Barrett S. Litt

By: /s/ Lindsay Battles
Lindsay Battles

By: /s/ Dan Stormer
Dan Stormer

Attorneys for Plaintiffs

1 **PROOF OF SERVICE**

2 I, Katherine Uckert, am employed in the County Los Angeles, State of
3 California; I am over the age of 18 years and not a party to this action. My
4 business address is 975 East Green Street, Pasadena, California 91106.

5 On April 24, 2020, I served the foregoing:

6 **NOTICE OF MOTION AND MOTION FOR CLASS CERTIFICATION;**
7 **MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT**
8 **THEREOF FILED CONCURRENTLY WITH DECLARATIONS;**
9 **EXHIBITS; [PROPOSED] ORDER**

10 on the interested parties in this action by transmitting a true copy thereof, as follows:

11 **SEE ATTACHED SERVICE LIST**

12
13 **[...] BY U.S. MAIL:** By placing it for collection and mailing, in the course of
14 ordinary business practice, enclosed in a sealed envelope, with postage fully
15 prepaid, addressed to all parties of record on the service list.

16 **[...] BY FEDERAL EXPRESS:** I enclosed said document(s) in an envelope
17 provided by FedEx and addressed to all parties of record on the service list. I
18 delivered the envelope or package for collection and overnight delivery to a courier
or driver authorized by FedEx to receive documents.

19 **[X] BY EMAIL OR ELECTRONIC TRANSMISSION:** I caused a copy of
20 the document to be sent from the email address kuckert@kmbllaw.com to the
21 persons at the email addresses listed in the accompanying service list. I did not
22 receive, within a reasonable time after the transmission, any electronic message or
23 other indication that the transmission was unsuccessful. ****Due to the COVID-19
pandemic, the parties have stipulated to electronic service of the forgoing
documents.***

24 I declare under penalty of perjury under the laws of the United States of
25 America and the State of California that the foregoing is true and correct.

26 Executed this 24th day of April 2020, at Pasadena, California.

27
28 
Katherine Uckert, CP

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15 **UNITED STATES DISTRICT COURT**
16 **CENTRAL DISTRICT OF CALIFORNIA**

17 RODNEY CULLORS, DENEAL YOUNG,
18 JESSICA HAVILAND, RANY UONG,
19 MARK AVILA, CAROLE DUNHAM,
20 LEANDREW LEWIS, VICTOR
21 GUTIERREZ, JEREMIAH FARMER, on
22 behalf of themselves and all others
23 similarly situated, DIGNITY AND
24 POWER NOW, YOUTH JUSTICE
25 COALITION,

23 *Plaintiffs,*

24 vs.

25 COUNTY OF LOS ANGELES, LOS
26 ANGELES COUNTY SHERIFF ALEX
27 VILLANUEVA, and DOES 1-10,
28 inclusive,

27 *Defendants.*

Case No.: 2:20-cv-03760

CLASS ACTION

**DECLARATIONS OF PLAINTIFFS
AND PUTATIVE CLASS MEMBERS IN
SUPPORT OF PETITIONERS/
PLAINTIFFS' MOTION FOR CLASS
CERTIFICATION AND APPLICATION
FOR TEMPORARY RESTRAINING
ORDER AND MOTION FOR
PRELIMINARY INJUNCTION**

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**pro hac vice applications forthcoming*

**DECLARATIONS OF PLAINTIFFS & PUTATIVE CLASS MEMBERS
IN SUPPORT OF PETITIONERS/ PLAINTIFFS' MOTION FOR CLASS
CERTIFICATION AND APPLICATION FOR TEMPORARY RESTRAINING
ORDER AND MOTION FOR PRELIMINARY INJUNCTION**

Exhibit	Description
1	Declaration of Mark Avila, dated April 17, 2020
2	Declaration of Catrina Balderrama, dated April 17, 2020
3	Declaration of Rodney Cullors, dated April 17, 2020
4	Declaration of Holly Davidson, dated April 14, 2020
5	Declaration of Carole Dunham, dated April 14, 2020
6	Declaration of Jeremiah Farmer, dated April 17, 2020
7	Declaration of Andrew Fuentes, dated April 22, 2020
8	Declaration of Victor Gutierrez, dated April 15, 2020
9	Declaration of Jessica Haviland, dated April 14, 2020
10	Declaration of Albert Kirk Jones, dated April 17, 2020
11	Declaration of LeAndrew Lewis, dated April 18, 2020
12	Declaration of Jeffrey Livotto, dated April 22, 2020
13	Declaration of Rany Uong, dated April 17, 2020
14	Declaration of Benito Venegas, dated April 14, 2020
15	Declaration of DeNeal Young, dated April 23, 2020

Dated: April 24, 2020

Respectfully Submitted,

HADSELL STORMER RENICK & DAI LLP
KAYE, MCLANE, BEDNARSKI & LITT, LLP
CIVIL RIGHTS CORPS
UCLA LAW CLINICS
ACLU OF SOUTHERN CALIFORNIA
AMERICAN CIVIL LIBERTIES UNION

By: /s/ - Barrett S. Litt
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Attorneys for Petitioners/Plaintiffs

Ex. 1

DECLARATION OF MARK AVILA

I, Mark Avila, hereby declare and say:

1. I make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

2. I am currently incarcerated in Men's Central Jail ("MCJ") in Los Angeles, California. I have been incarcerated at MCJ since November 4, 2019, awaiting trial on nonviolent charges.

3. I am a 33-year-old Hispanic man. On January 29, 2020, I was bitten on the left calf by a police dog while my hands were handcuffed behind my back.

4. Shortly after, I was inexplicably placed in solitary confinement in a 1-man "high power" cell even though I have no prior write-ups or losses of privilege at MCJ. I have been housed there ever since. Due to the conditions in the jail, the lack of precautions to prevent the spread of COVID-19 that I have observed from jail staff and deputies, and my preexisting respiratory conditions (described herein), I fear for my life inside the jail.

5. I have multiple underlying health conditions: I was born with chronic asthma and throughout my life, have had an average of three severe asthma attacks a year. When I have an asthma attack, I experience shortness of breath, dizziness, hyperventilation, lack of oxygenation, and depending on the time from onset to treatment, I can lose consciousness.

6. I have been hospitalized due to my chronic asthma about 30 times in my lifetime. When I was free, I had an extensive medical care regiment where I always had 2 inhalers on me, access to my necessary medications at all times Ventilin, Advair, Pretzone, and access to breathing treatments which I had to take daily. I primarily used an Albuterol nebulizer breathing treatment daily. This breathing treatment is a bronchodilator, which helps to open up my airways and relax muscles in my breathing passages. Because of my restricted breathing, I use my inhalers 4x/day to 5x/day, which

1 delivers much needed medication to my lungs. Usually, an inhaler lasts a person with
2 asthma about 16 days; whereas it usually lasts me less than ten days due to frequency of
3 use. At MCJ, I have to show the medical staff that my inhaler has zero puffs left before
4 the staff will order me a new inhaler. The last time I asked for an inhaler, it took the jail
5 staff 10 days to "refill" my inhaler. My asthma is exacerbated by dust and strong
6 chemicals. It has been made worse by the jail conditions in which I am living where dirt
7 and dust is rampant. If I contract COVID-19 from a deputy, nurse, staff member or other
8 prisoner, I am fearful that I am especially at-risk due to my serious pulmonary conditions.
9 I also have diabetes, liver disease, and a blood disorder that causes me to have a high
10 white blood cell count.

11 7. I am housed in a 1-man cell in a module with about 25 other men. I have one
12 bed and a toilet in my cell. Walls separate the cells in my module, but there are barred
13 doors and I can reach out and touch the prisoner in the cell next to me. I am not six feet
14 apart from the prisoner in the cell next to me. Because I can hear and talk to the other
15 prisoners through the barred doors, I have heard other prisoners in my module coughing.
16 I have not seen the guards remove those individuals from the module.

17 8. Since approximately March 30, I have daily asked the deputies and nurses
18 who come by my cell for a mask or some kind of protective gear to protect myself against
19 COVID-19. They know that I have chronic asthma because I am under strict instructions
20 to have my inhaler on me at all times.

21 9. Until April 10, I was told no. "If I gave you one, I'd have to give one to
22 everyone else." The only people who have masks are the deputies and some (but not all)
23 nurses. When I was in the medical unit recently (see below), some nurses wore masks,
24 but not all. Not all of the deputies wear masks. I have seen deputies coughing near my
25 cell. The deputies don't always wear masks and sometimes their masks will be down
26 below their chin or on top of their head, providing absolutely no protection from their
27 coughing.

28 10. On April 1, I submitted an inmate request form seeking a mask. On April 9,

1 because I was worried that the jail had still not taken any steps to protect people like me
2 with preexisting health conditions, I decided to escalate the matter and submitted a
3 grievance form asking for a mask, hand sanitizer and other necessities for cleaning. To
4 date, I have not received a response to my grievance request.

5 11. On April 10, early in the morning, I saw that someone had deposited a face
6 mask in my cell. I assume it was the jail staff, but I have not been explicitly told so. I was
7 not given any directions about how to wear it or when to wear it, or if we will be getting
8 new masks after a certain period of time has elapsed. While I'm glad that the jail staff is
9 finally paying attention to my concerns, no one in the jail – neither medical staff nor the
10 Sheriff's deputies – have provided us with other protective gear such as hand sanitizer or
11 gloves. As of April 17, I have not gotten any new masks and have been told to reuse the
12 one I received on April 10. I am afraid to wash the mask because it is made of flimsy
13 material and I don't have instructions on how to clean it.

14 12. Despite my known respiratory illnesses, MCJ staff, deputies, and medical
15 personnel have not taken any special precautions to prevent the spread of COVID-19 to
16 me. No information has been provided to me by jail staff or deputies about the virus and
17 how to prevent its spread. I do not see any signage in the jail and no one has given me
18 any written materials with information about how I can prevent the spread. I get my news
19 from newspapers; that's how I know the disease is respiratory. Moreover, my inhaler ran
20 out the week of April 6th and it was just replaced. I was terrified that I would have a
21 severe asthma attack while waiting for my inhaler to be refilled.

22 13. My experience is that it takes 2-3 weeks to be seen by a doctor in the jail
23 after submitting a request to see a doctor. On February 29, 2020, my shoulder was
24 injured; after waiting for 4 weeks, I finally saw a doctor for a popped shoulder for which
25 I was in a lot of pain. During those 4 weeks of wait, I was in excruciating pain and could
26 barely move my left arm.

27 14. The RN that treated me told me that there was an 89% fatality rate from
28 COVID-19 for people like me who have chronic asthma.

1 15. Each person is provided one free tiny bar of soap and a single roll of toilet
2 paper once a week. I use up my free bar of soap in a couple of days because I know it is
3 important to wash my hands often to avoid catching the virus. I have had to buy soap
4 from commissary after that, which has been a financial hardship for me.

5 16. I am responsible for cleaning my own cell, and I do not have the proper
6 equipment or clean supplies to do so. Sometimes, inmates are given AJAX and a scrub
7 pad in order to clean our own cells, but only if the jail's supplies are not low. We are also
8 given a very diluted disinfectant. I know that it is diluted because it is so watered down,
9 the disinfectant is almost odorless. I have also overheard the trustees say to each other,
10 "hey, we're running low and have to dilute it" before allowing us to clean our cells.

11 17. As of April 17, the prisoners in my module have told me that they are unable
12 to purchase Clorox wipes, which used to be an item available through commissary. They
13 are now told it is an "unauthorized item."

14 18. I shower 3x a week on Monday, Wednesday, and Friday. The showers are
15 shared with the entire module. There is a yard call once a week in which we are locked
16 in dog cages for 3 hours. While in the dog cages, there is only a foot between one
17 prisoner and the next.

18 19. I have overheard that at least two sections of MCJ are quarantined right now,
19 potentially for a possible case of COVID-19. When I was going to yard on the morning
20 of April 10, the guards led me and about 9 other inmates through a hallway next to a
21 potentially quarantined section of the jail in order to get to the yard that is designated for
22 "high power" inmates. The walls of the quarantined section do not reach the ceiling.
23 There is a perforated metal section at the top of the wall. As such, there was still air
24 circulation between the quarantined section and the hallway where we were walking. We
25 get within four feet of the perforated metal section when we pass by the quarantined
26 section. I can hear and see the quarantined inmates in that open dorm. I feel that this is
27 dangerous and exposing people like me with preexisting medical conditions to COVID-
28 19 spread.

1 20. On April 8th, I went to court for a court appearance. Because I was afraid of
2 COVID-19 spread and because the guards had not given us any protection, I created my
3 own mask out of a torn t-shirt that I tied around my head. At 6am, I was escorted by
4 deputies down my tier to the bus area. I waited in the “court line”, shackled to other
5 prisoners, to get on a sheriff’s bus. Throughout the day, I was passed through the custody
6 of multiple deputies. I came in close contact with several deputies at Men’s Central who
7 walked me from my cell to the court line, processed me on the court line, shackled me to
8 other prisoners on the court line, and loaded me on the bus. I observed other prisoners on
9 bus coughing and many of did not have masks. I then came in close contact with deputies
10 at the courthouse itself, including those who placed me in the “court tank” (a room where
11 I waited to be seen by the judge) and who escorted me from my court tank to my
12 courtroom. The bailiff in the courtroom also came in close proximity to me when I was
13 seen by the judge. At the courthouse, I passed through multiple holding tanks where there
14 were easily 20-30 people standing in a single small room. The holding tanks are filthy
15 and we were not provided disinfectant supplies to help us wipe down any surfaces we
16 touch. When I returned to MCJ, I was forced into a single “stand-up cage” with 10-12
17 other people, where we were to wait for our unit officers to pick us up and bring us back
18 to our modules. The individual “stand-up cages” are separated by perforated metal and
19 adjacent to each other so that you’re standing less than six feet away from the person in
20 the next cage. We were not seen by a nurse or a doctor on our way back from court. My
21 temperature was not taken at any point before getting on the bus in the morning. My
22 temperature was not taken at any point on my way back from court. I was not asked about
23 symptoms of COVID-19 at any part of the process from here and back. As far as I could
24 tell, there was no effort to keep prisoners 6 feet distance from each other. We were also
25 not provided masks or other face coverings to prevent the spread of COVID-19.

26 21. Due to the visitor restrictions, I have not seen my pregnant wife and four
27 kids in months. I am afraid I will die in jail from COVID-19. In my module, if the
28 phone is functioning (it was broken today), I only get a 30-minute phone call and it is to

1 my fear that if I contract COVID-19 from someone in the jail, I only have 30 minutes to
2 speak to all my kids before they lose their father. To be in here and not have proper
3 medical attention causes me and my family extreme anxiety.

4 22. If released, I will go to my sister's house in Lancaster, CA because I do not
5 want to expose my pregnant wife to anything I may have picked up in jail since she also
6 suffers from chronic asthma. My sister would be able to pick me up from MCJ. I would
7 have access to more inhalers, my daily breathing treatment, suitable living conditions for
8 my chronic asthma, be able to safely social distance from others, and be able to meet my
9 newborn child once he or she is born. I am not charged with a violent crime. The
10 sentence I am facing for my case is not eligible for death, much less death by COVID-19.

11 23. I am a member of the Youth Justice Coalition.
12

13 I declare under penalty of perjury under the laws of the State of California and the
14 United States of America that the foregoing is true and correct. Executed this 17th day of
15 April 2020, in Los Angeles, California.
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Ex. 2

DECLARATION OF CATRINA BALDERRAMA

I, Catrina Balderrama, make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

1. I am currently incarcerated at the Century Regional Detention Facility ("CRDF"), in Lynwood, California. I am 37 years old and have been incarcerated here since January 14, 2020.

2. I am incarcerated on a misdemeanor charge, with a bail of \$1,000, and a felony probation violation, with a no bail hold.

3. When I was first incarcerated here, I was housed in module 3700 in a cell with a bunkie. When we first learned about the COVID-19 outbreak, we were not given masks or gloves. Any time the news was on the television in the module, the deputies would turn it off. I received no useful information about how to protect myself from COVID-19 from the deputies. Once, a deputy told us that modules 3500 and 3800 were on quarantine, but that no one tested positive. Those modules are right next to module 3700 where I was housed, so I was incredibly concerned.

4. On March 16, 2020, I was transported to court for a hearing at the Clara Shortridge Foltz Criminal Justice Center in Downtown Los Angeles. When I was transported back to CRDF, I was placed in a holding tank in order for the deputies to process us back to our modules. In that holding tank, there was an older woman dressed in brown colored jail clothing, which I know signifies a hospital housing designation. That woman was coughing a lot and having trouble breathing. There were 15 of us in the holding tank at that time and not enough room to appropriately social distance from this woman. I was in there for about 35 minutes before I was taken back to my housing in module 3700. My temperature was not taken that day in response to this incident and I was not given a mask.

5. On or about March 18, 2020, I had a terrible headache and felt very lethargic. I asked the deputy of my module to see medical and I was told to be quiet and

1 lay down.

2 6. Between March 18th and 25th I experienced a lot of cramping, chills, a
3 fever, extreme sweating, a raw and sore throat and the headaches continued. I
4 consistently asked to be seen by medical staff via written and verbal requests and was not
5 given the opportunity.

6 7. I filed my first grievance on March 25, 2020, asking to speak to Operation
7 Safe Jails ("OSJ") as was recommended to me by a sergeant here at CRDF. I never
8 received a response.

9 8. Finally on April 1, 2020, I was allowed to see nurses at the mini clinic on
10 my floor. I was then taken to the main clinic at CRDF and attended to by a doctor and a
11 nurse. At this point they took my temperature and told me I had a temperature of 103.8
12 degrees. They put me in a bed in the clinic. I was feeling nauseous and my head hurt so
13 badly I thought it was going to explode. They gave me Imitrex, Tylenol and an ice pack.
14 They did not administer any kind of COVID-19 test. They tried to get me to eat crackers,
15 but I could not eat anything. My mouth was dry, my lips were peeling and I was
16 incredibly dehydrated. I was there for about one and a half hours without any other
17 treatment. I asked medical staff if I could go back to my cell because the bright lights in
18 the medical clinic were making my headache worse. Before they sent me back to the
19 3700 module, they put me in a holding tank with about five other females, at least one of
20 whom was very old. I was in this holding tank for 2 ½ to 3 hours. They did not give me a
21 mask or gloves at this time.

22 9. When I arrived back to module 3700, they put me in my cell with my
23 roommate. I still was not given a mask or gloves. The cells are so small that I could not
24 practice social distancing with my roommate. She was not given a mask or gloves either.

25 10. On the night of April 1, 2020, a male deputy came into my cell and told me
26 to pack my things because I was going to leave. I did not understand what he was talking
27 about and he gave me no more information. While I was packing my belongings, another
28 deputy asked me to step out of my cell so she could talk to me. I thought she was going to

1 give me more information, so I stepped outside. This deputy then closed the door to my
2 cell and told me to come with her and not worry about my belongings, that she would
3 bring them later. She told me she was taking me down to module 1600, which I know is
4 the module for disciplinary segregation. I asked her what I had done, but she would not
5 tell me.

6 11. The same deputy locked me in module 1600, pod 2, cell 16. The cell is a
7 single person cell that is in a disgusting condition. I have never experienced anything like
8 this in my life. There was no toilet paper or soap and there was old food under the bed
9 and on the walls. She told me my release papers had come through and I was going
10 home. When I got excited about this, she said "April Fools". She then proceeded to tell
11 me "see you later in hell when you die." The other deputies that were outside of my cell
12 with her laughed when she said this.

13 12. They did not bring me my belongings to this cell and did not give me a "fish
14 kit", the kit with the basic hygienic materials while I was in cell 16. I did not receive my
15 medication and nurses only came by to check my blood pressure. At one point a nurse
16 tried to give me my medications but the deputies refused to open the slot to my cell and
17 the nurses cannot open the slots themselves. I also was not given the opportunity to
18 shower or leave my cell. I was not given soap, toilet paper, nor sanitary napkins.

19 13. Either the next day or the day after, I was given a paper mask and escorted to
20 a police car waiting outside. They told me I was going to the Correctional Treatment
21 Center ("CTC") at Twin Towers. All of the deputies on the way to the police car were
22 wearing HAZMAT suits and looking at me like they came to watch a freak show. As I
23 was about to get into the police car, the deputies got a call on the radio saying that my
24 bed at CTC was filled up and so they escorted me back to module 1600. They did not tell
25 me when I would be able to go to CTC for treatment.

26 14. The next day I was transported to CTC. On my second day at CTC I was
27 tested for COVID-19. They said the test would take four days to return. In the meantime,
28 I was treated well by the doctors and nurses at CTC. They changed my clothes and sheets

1 every day, letting me know that these are the types of precautions that need to be taken if
2 someone potentially has the virus.

3 15. On or about April 9th the COVID-19 test came back positive. By April 10th,
4 CTC had cleared me to go back to CRDF. The instructions from the medical staff were
5 that I had to be on a special medical diet that included extra fruits and vegetables, non-
6 stop liquids, and a clean and sanitized environment.

7 16. I returned back to CRDF on April 10, 2020. One of the deputies that was
8 transporting me to my cell told me that I would die in module 1600 from COVID-19.

9 17. I returned back to module 1600, pod 2, and this time to cell 15.

10 18. While incarcerated in module 1600, I am inside my cell 24 hours a day. I am
11 not allowed to make phone calls. I am served food through a slot in my door. The
12 deputies rarely pick up my trash so it piles up by the door. My sink is clogged and fills up
13 with dirty water when other people flush their toilets. The sink is clogged with dirty water
14 so high that I am unable to place a cup under the faucet to catch the water that runs from
15 there in order to brush my teeth or wash myself. I have not been allowed out of my cell to
16 shower while in this module. Before I was sent to CTC I received no soap while housed
17 in 1600. It was not until April 11th that I received half a bar of soap to clean with. No one
18 comes in to clean my cell and I have no access to disinfectant. There are balls of dust
19 everywhere on the floor and the cell is incredibly disgusting.

20 19. The paper mask I received before being transported to CTC was lost along
21 the way and I did not return to CRDF with a mask. I was told by a deputy that I cannot
22 receive my medication if I am not wearing a mask and I did not receive medication on
23 my first day back from CTC. I was given one mask on April 11, 2020. I have not been
24 given gloves or disinfectant.

25 20. I have not received my medical diet or the constant liquids I require as
26 prescribed by the doctor at CTC. Milk is the only liquid I am served throughout the day.
27 However, I am allergic to milk and the jail staff is aware of this.

28 21. The nurse comes to see me three times a day and takes my temperature,

1 which is now fairly stable, around 97.8/98 degrees. When the nurses take my blood
2 pressure and temperature, it is through a slot in the door, they do not come inside my cell.

3 22. I feel like I am developing symptoms again, like a sore throat and headache.
4 I am terrified I am going to die in here. My mother is in a coma and I am her conservator.
5 Yet, I have not been able to call home in 12 days. I am so afraid she might be dead and I
6 would not even know.

7 23. If I were released I would be able to live with my mother-in-law Edna
8 Franco in Ontario who has a backhouse that has a separate exit and entry so that I could
9 remain quarantined from other people.

10
11 I declare under penalty of perjury under the laws of the State of California and the
12 United States of America that the foregoing is true and correct. Executed this 17th day of
13 April 2020, in Los Angeles, California.

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A handwritten signature in black ink, appearing to read 'Catrina', followed by a horizontal line.

Catrina Balderrama

Ex. 3

DECLARATION OF RODNEY CULLORS

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

1. My name is Rodney Cullors. I am 58 years old and I have been incarcerated in the Men's Central Jail in Los Angeles County since February 2019. I've been waiting over a year for a trial in my case. I'm incarcerated because I can't afford to pay my bail.

2. Because of my age and medical conditions, I have been terrified about getting infected with the coronavirus. I have hypertension, heart problems, and spinal damage. I have also been diagnosed with schizophrenia, bipolar disorder, and manic depression. Due to my spinal damage, I need to use a wheelchair to move around here in the jail. On the outside, I need to use both a cane and leg braces in order to walk.

3. With my age and medical conditions, I worry I won't recover if I get infected in the jail. I want to feel safe here, but I don't. I don't say this lightly, but I am terrified that I am next to get infected. I am terrified that I will die here.

4. There is no way for me to keep clean here in the jail. I don't have hand sanitizer, and I haven't had soap in weeks. The jail gives me no soap in my cell, so I can't wash my hands or my body. Inmates can purchase soap, but it's expensive and my commissary account is empty. The jail also doesn't give us any paper towels. We're given one cloth towel, but they only do laundry once a week. My towel gets dirty quickly since I don't have soap to wash my hands. With no way to wash and dry my hands, I cannot take even the most basic steps to avoid getting infected with coronavirus.

5. Due to my medical and psychiatric needs, I am confined in a single-person cell. I have access to a shower in my cell, but it is not accessible, and I don't even have soap. I recently slipped when using the shower in my cell, and I got a laceration on my forehead. The reason I slipped is because the shower in my cell is not compliant with the ADA, and I need to use a wheelchair to move around here. Ever since that injury, I've been afraid to use that shower. I don't want to slip and get hurt again.

6. Once a week, I'm allowed to use an ADA-compliant shower outside my cell.

1 Even if I'm less likely to get injured there, the shower is extremely dirty. It's a shared
2 shower, and as far as I know, it doesn't get cleaned between different people using it. I'd
3 be surprised if it ever gets cleaned. Also, the exhaust in the shower is clogged, so it feels
4 like the air and steam never circulate out of there. I'm scared that someone infected
5 might use the shower, and I could get sick from that too. The shower is full of mold and
6 filth. The last time I showered was in the ADA-compliant shower last week, but I think I
7 might stop doing that from now on in order to protect myself from getting infected while
8 in there.

9 7. No one in the jail has given me any advice or information about the virus,
10 not even medical staff. There are no signs posted. I have not been handed a flyer or any
11 written materials about the virus. On Tuesday, April 7, I talked to nurse practitioner or
12 physician's assistant. I asked her about the coronavirus and she told me the jail was the
13 safest place for me to be. I think everyone know that isn't true.

14 8. The way the food is served means it very easily gets contaminated. Before
15 we get the food, it just sits there in open trays on an open metal cart, sometimes for hours.
16 Other inmates walk by during that time, and I've seen people cough and sneeze on or
17 near the food. It's so easy to do that since the food is just sitting there. The food then
18 gets served to us by other inmates. I've seen those inmates cough while serving food.

19 9. In fact, I learned that a food worker (incarcerated individual) who has been
20 serving food for many months now, I estimate six months, has been quarantined as of
21 Sunday, April 12 because he may have tested positive for COVID-19. No deputy has
22 asked me if I am experiencing symptoms even though this food worker has served me
23 food recently.

24 10. I stopped eating for days because I know the food the jail feeds us is
25 unhygienic and unsafe. After five days, I finally ate on Tuesday, April 7, when a deputy
26 who knows I wasn't eating brought me a tray wrapped in plastic. The food was nothing
27 different from normal, but it tasted amazing after the days of starvation. I'm still scared
28 of the jail's food though. I need to eat but I don't want to get infected.

1 11. We are able to use a shared dayroom, but it's very small, probably 10 by 14
2 feet or 12 by 18 feet. There's typically around twelve people crammed into that tiny
3 space, and it looks like it's never cleaned. I often see spit on the walls or surfaces,
4 sometimes wet or sometimes dry and crystalized. I usually try my best to use the
5 dayroom when I can, in order to get out of my cell, and I last went this past Wednesday
6 morning, April 8. There were less people there, around six or so, but it was still
7 impossible to stay six feet away from others since the room is so small. People were not
8 wearing masks, and one person without a mask had a violent hacking cough. I do not
9 want to go back there again.

10 12. On April 10 around 1:00 AM or 2:00 AM, a deputy dropped off a box of
11 masks for our unit. The masks were poor quality and extremely flimsy. As soon as I put
12 mine on, the strap broke. Before this, I'd been trying to use a small mask that a nurse
13 who I know gave me three weeks ago. This mask can go over my mouth but doesn't
14 always stay over my nose. I don't have any soap to clean the mask, so it's been
15 unwashed the entire time. And no one told me how to clean it anyway. After the new
16 mask they gave me broke, I went back to using my old, uncleaned one. The jail staff
17 recently handed the prisoners in the medical unit brown cloth masks, but provided no
18 instructions on how to wash or clean it.

19 13. Even though I'm confined in a single cell due to my medical needs, it is
20 impossible for me to maintain distance from others in the jail when I leave my cell for
21 attorney visits or medical appointments. The deputies seem to be keeping distance and
22 taking other measures to protect their own health, but they do not permit us to stay distant
23 from others.

24 14. In fact, the deputies are keeping their distance in ways that force us inmates
25 into close contact. For example, when I was coming to the attorney visitation area on
26 April 10, the deputies made us line up against the wall away from them squished up close
27 to each other. In the elevator down to the visitation area, people were coughing. I was
28 very concerned about being required to share such a small confined space with people

1 who were coughing.

2 15. I'm also forced into close contact with others whenever I need medical care.
3 Last week, I was transported from the jail in a van with other wheelchair-confined
4 inmates because I needed an MRI. There were three of us in total chained to the
5 wheelchair van, all on our way to medical care. All of us were over 50. None of the
6 other men had masks, and some were coughing. I tried to stretch my shirt over my face
7 to protect myself.

8 16. I was in the "Urgent Care" clinic here about a month ago because I had
9 spasms in my lower extremities. The inmate on the gurney right next to mine, about two
10 or three feet away, was very sick and coughing. His shirt was off, he was sweating
11 profusely, and his eyes looked yellow. I was next to him for 30 to 45 minutes. Everyone
12 was standing around him with masks on. I asked for a mask, feeling worried about the
13 droplets from his coughing. The nurses then pulled the dividing curtains. There was
14 nothing separating me from him until I mentioned it. After my appointment, a nurse who
15 was transporting me back to my cell told me that this patient was infected with
16 coronavirus.

17 17. If I were to be released, I could stay either with my sister or a friend. I used
18 to see a doctor regularly before I was in jail. If I wasn't here, I would be able to
19 quarantine, and I would be able to ask my doctor for the medical care and advice that I
20 need.

21 18. I am concerned that I would not receive prompt medical care if I were to
22 become infected in jail. Whenever I put in a request for medical care, it takes a month

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1 before they see me. That's in normal times, and I know they have lots more medical
2 requests right now due to the virus. I don't want to die here. I should not be here. I am
3 going to be 60 next year. Well, I hope I am.
4

5 I declare under penalty of perjury under the laws of the State of California and the
6 United States of America that the foregoing is true and correct. Executed this 17th day of
7 April 2020, in Los Angeles, California.
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11 Cullors, Rodney O.
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Ex. 4

DECLARATION OF HOLLY DAVIDSON

I, Holly Davidson, make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

1. I am currently incarcerated at the Century Regional Detention Facility ("CRDF"), in Lynwood, California. I am 33 years old and have been incarcerated here since May 8, 2019 awaiting trial.

2. I am housed in module 3200 in a cell with a roommate. This module is considered moderate observation housing. The cell is about 8 feet by 15 feet and contains one toilet, one sink, a desk, and a 2-tiered bunk bed. There is no possible way to be six feet away from my roommate at any given time.

3. My cell door opens up onto the dayroom. There are 12-13 women who sleep in the day room. The bunk beds in the day room are grouped very closely together, about one foot away from each other. Everyone in the day room eats together and they are not six feet apart.

4. I do not come out of my cell, except for one hour per day. When I am in my cell, myself and my roommate each stay on our bunks and read. We do not play cards or interact in a way that could spread the virus.

5. I have been diagnosed with post traumatic stress disorder ("PTSD") since a very early age. I take Seroquel and Risperdal for my PTSD.

6. I was diagnosed with lymphoma in February of 2016. In 2016 I had one round of chemotherapy which sent me into cardiac arrest and I did not have another round of chemotherapy after that. When I arrived here, they performed a PET scan and told me I was in remission. However, every morning I wake up with pain in my lower abdomen. I have been given Motrin for this pain. As a result of my lymphoma sometimes my leg swells up and I cannot move; other times my leg goes numb. I am scheduled for a blood test on April 16, 2020, but I am scared to go to medical because I am afraid to contract COVID-19.

1 7. I also have asthma and I am able to keep Albuterol in my cell.

2 8. I have had seizures in the past, which I understand might be related to a
3 diagnosis of mild narcolepsy. My last seizure was in August or September of
4 2019. I am prescribed Keppra for these seizures.

5 9. I put in a medical request for a mask around the end of March and followed
6 up with a grievance one week later. I finally received one mask on April 11, 2020.
7 It is a cloth mask made by the women here. I do not know if this mask will protect
8 me or others from contracting the virus.

9 10. On or about April 6, 2020 I was seen by medical staff and had my vitals
10 tested because I was having a hard time breathing. I was told my blood pressure
11 was low, but that otherwise my vitals were fine.

12 11. I do not believe the jail staff was taking this pandemic seriously until the
13 week of April 6, 2020.

14 12. There are three videos that jail staff have played in our module about
15 COVID-19. From my cell I cannot see or hear them very well. The only things I
16 have learned from them is to cough into my elbow and how to wash my hands. I
17 do not know if I should be eating food from the commissary, how often to clean
18 my room, or what to eat from the kitchen.

19 13. I am given half a bar of soap every day for free, but no hand sanitizer. I get
20 clean laundry once a week, but sometimes I do not get clean boxers every week.

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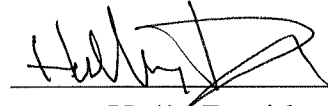
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2 14. I have not been told if anyone at CRDF has tested positive for COVID-19.
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4 I declare under the penalty of perjury under that the foregoing is true and correct.

5 Executed this 14 day of April , 2020, at Lynwood, California.
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DECLARATION OF CAROLE DUNHAM

I, Carole Dunham, make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

1. I am currently incarcerated in the Century Regional Detention Facility in Lynwood, CA. I am 30 years old and a mother of two.

2. When I was 9 years old, I was diagnosed with Type 1 Diabetes. The nurses check my blood sugar levels and I receive insulin shots four times a day. For a couple of months, I was receiving too high a dose of insulin and constantly had low blood sugar. My dose has now been adjusted. I have consistently had trouble managing my blood sugar in jail, in part because the food is so unhealthy.

3. There are four other diabetics who I know of in my unit, which is module 3700. I also know of other diabetics in the next module, 3600. I heard on the news that people with diabetes have a higher risk of getting infected and not recovering, and so I have been very scared. My mother has also been scared and worried for me.

4. I was first convicted in 2014 on a non-violent charge. The judge gave me 3 years probation and 608 hours of community service. When the three years were up, I had not yet completed my community service—I had 100 hours remaining. My daughter was only three years old at the time, and her father had died in 2016. As a result of that trauma, health problems I was having at the time, and trying to care for my daughter alone, it was hard for me to complete all my community service. I did not get it done by the extended date the judge set. Due to my failure to complete the community service, the judge decided to sentence me on the original crime to three years in jail. I began my sentence in August 2019 in the same module I am in now, module 3700.

1 5. I am an inmate worker in my module. My job is to clean the module, which
2 I do every day. When the inmate workers clean the module, they give us gloves
3 but no masks. The cleaning solution they give us has a label that says "Citricide".

4 6. I used to sleep in the dayroom of the module, which is a central area that all
5 the cells open onto, but not long ago, maybe two weeks ago, I have been given a
6 roommate, Jacqueline Valenzuela, and we both share a cell. Meals are delivered
7 to our cell and the sink and toilet are in our cell. If we are not awake when meals
8 are delivered, they place them on the floor right next to the toilet. It does not
9 seem sanitary to put the food there.

10 7. We are allowed to use the dayroom but they have decreased the number of
11 people who can be in the dayroom at one time.

12 8. My roommate and I were not given any masks until this morning. The
13 mask I have now is made of cloth, sewed by other inmates. They gave each
14 person only one mask. I wash the mask in my sink. Before we received these
15 masks, I observed some of the women in my module make their own masks out of
16 materials in their cell. A deputy in our module kept making those women take off
17 their face coverings and said we were not allowed to have face coverings. She
18 told them they would be sent to 23-hour disciplinary lockdown if they keep those
19 face coverings. I heard the deputy say this to someone as recently as this past
20 Wednesday.

21 9. There is no hand sanitizer in the dayroom or in our cells, although the
22 deputies have hand sanitizer at their desk. There is a large sink in the dayroom,
23 but the soap dispenser has been out of soap the entire time I have been here, since
24 last August. There are no paper towels to dry your hands on at the sink in the
25 dayroom or at the sinks in our cells.

26 10. When we were allowed to access the dayroom, we had a schedule for who
27 would clean the showers, and they were cleaned every day. Now, there is no set
28

1 assignment for cleaning the showers. I did see one inmate volunteer one day to
2 clean the showers at night, but there does not seem to be any policy or plan for
3 cleaning the showers.

4 11. There is only one small pot for heating up water for all the inmates. We all
5 use that same pot and it is the only thing that keeps us warm when it is really cold
6 in here. There is no procedure for cleaning that. There is dirt in the hallways and
7 in the carpets.

8 12. When I am cleaning for my inmate worker duties, I wipe the phones down
9 approximately three times per day. But we all use the same phones throughout the
10 day, and they are not wiped between each use. I have seen people cough on the
11 phones. These are the phones we use to call our families and call our attorneys.

12 13. In late March, an inmate fell sick in one of the cells. This illness occurred
13 while I was still sleeping in the dayroom, so I was separated from the sick inmate
14 by a glass door, and the inmate had been allowed to come out and wander around
15 the dayroom whenever she wanted. I saw her coughing and I heard her tell the
16 deputy she had a fever. When she told the deputy this, the deputy did not react or
17 have her taken to medical. Her roommate then became sick as well, with a fever
18 and cough. I heard the roommate coughing, and she told everyone around her that
19 she had a fever.

20 14. After her roommate fell sick, the deputies came into the module with
21 masks, put masks on her and her roommate, and took them out of the module.
22 They took the first inmate who had complained out first, and then her roommate.
23 I do not know where they were taken to, but they did not return. Before they were
24 taken out of the module, they did not have masks.

25 15. Two or three days after the inmates were taken out, I and the other inmate
26 workers were asked to clean the room so new people could be put in there. I
27 complained to the deputies that I did not think it was safe to clean the room at this
28

1 point, especially without a mask. I told them that I thought professionals should
2 clean the room. The deputies know that I am diabetic and get shots four times a
3 day. However, the deputies told me that we had to do it because they needed the
4 cell for new people. I had no mask or protective equipment, so I put a plastic
5 trash bag over me and wrapped a t-shirt over my face.

6 16. After I cleaned the room, I started to sneeze and I developed a dry cough
7 over the next few days. I then told my mother what had happened, and she told me
8 she was going to call the jail and insist that they take me to medical and give me a
9 test. She told me she was particularly worried about me because of my diabetes.
10 Shortly after that phone call, the deputies took me to medical, but the medical
11 personnel told me I just had allergies, and did not do a nasal swab or any other
12 kind of test. I still have not received any test.

13 17. It feels to me as though the deputies do not care if we contract the virus.
14 Many deputies do not wear their protective gear in the jail, even though I know
15 that they have masks because I see them wearing their masks from time to time. I
16 do not understand why they did not even let us use homemade face coverings,
17 even as people were getting sick. And I do not understand why there is no
18 professional cleaning in the jail. I am worried for myself because I know that my
19 diabetes makes me more vulnerable.

20 18. Over the weekend of April 10, 2020, I asked the deputy on duty for a
21 grievance form but the deputy told me there are no forms available in our module.

22 19. There is one person in my module who has been coughing all through the
23 night in the past few nights. Today, someone else came up to me and said she had
24 a fever and a sore throat. I told her to go to the nurses' station. When she came
25 back from the nurses' station she said that the nurses were just giving her cold
26 medicine and did not take her to medical. She went back into her cell, which she
27 shares with a roommate.
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1 20. Even when I have a medical need, it is so hard to even see a doctor. After
2 we submit a medical request form, it takes 2 or 3 weeks before any doctor sees us.

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1 20. If I had developed this cough while free, I would have called my doctor
2 and asked for a test due to my underlying health condition. As an inmate at
3 CRDF, however, I am unable to access a test. I am very afraid for my safety.
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5 I declare under the penalty of perjury under that the foregoing is true and correct.

6 Executed this 14 day of April , 2020, at Lynwood, California.

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9 Carole Dunham
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Ex. 6

DECLARATION OF JEREMIAH FARMER

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

1. My name is Jeremiah Farmer. I am 19 years old and I am incarcerated in the North County Correctional Facility in Los Angeles County. I am currently serving a one-year sentence, and concurrent to that I am also awaiting trial since January 9, 2020, on other charges.

2. I am currently incarcerated in Dorm 717, along with around 46 other men. This includes older people. Some of the people in the dorm are over 50, maybe over 60. The dorm is packed extremely tightly. No one was wearing masks until on or around April 15, 2020, when the deputies came around and gave everyone brown cloth masks.

3. Because I am in extremely close quarters with other people and unable to keep any distance from them, I am very afraid of getting infected with the coronavirus.

4. On Tuesday, April 14, someone in my dorm may have identified as being positive for COVID-19. I believe he is now in a hospital. As a result, my dorm was placed in quarantine. We were responsible for cleaning the cell with a bucket of water and diluted cleaning products that was put in there. We wiped the floors and railings with the water in the bucket. We swept the trash. We did not get new bedding, new clothes, or new towels. No nurses came by to check my temperature or to ask me, or anyone else in the dorm, if we were experiencing symptoms. We just got out of quarantine yesterday and everyone in my dorm is on edge. We received no information about whether the prisoner tested positive or negative.

5. I was first given a brown cloth face mask on or around April 15. Probably around two weeks ago, I first saw the officers wearing masks when they came into the dorm. When I saw this, I asked the deputy if I could get a mask too. He said no. None of the other inmates in my dorm are wearing masks. Everyone is breathing and coughing on each other. I am very afraid of getting infected from the other people in the dorm. I have not been provided any instructions on how to clean the brown cloth mask.

1 6. Everyone is in bunk beds in the dorm, stacked three high, and each stack of
2 bunks is about two or three feet away from the next stack. While laying down, I can
3 touch the beds next to me. The top bunk is about a foot away from the ceiling.

4 7. All day long, others in the dorm are regularly coughing and sneezing around
5 me, and there is nothing I can do about it. People have been coughing very close to me,
6 even in the beds right next to me.

7 8. The way the meals are served are not sanitary and do not seem safe for
8 protecting us from the virus. For some meals, other inmates are assigned to drop trays off
9 at each bed from a shared cart that is slid into the dorm. For other meals, including
10 dinner, inmates serve us the food from large tubs. I have seen them cough on the food
11 and touch their faces when they serve us food.

12 9. I have also seen people coughing while they use the shared phones. There
13 are a total of six phones in the dorm, and we all share them to call our families or call our
14 attorneys. In my entire time here, I only once saw someone come in to clean the phones.
15 The phones are not wiped clean in between different people using them, and I am worried
16 we could get infected from them.

17 10. I have never had hand sanitizer in the jail. We are given a small bar of soap,
18 like the kind you see in a motel. The soap is labeled "Freshscent Deodorant Soap" and I
19 don't think it's anti-bacterial. The soap is replaced once a week or so, and sometimes I
20 run out of mine before it's replaced. When that happens, I have to go without soap or ask
21 others to borrow theirs. The guards have the discretion to give us soap – some days they
22 give it, other days they won't. Ever since our quarantine, the soaps have remained the
23 same and I am concerned that the soaps are not effective against bacteria and viruses.

24 11. The fifty or so of us in the dorm share only two showers between all of us.
25 An inmate is assigned to clean that shower once a day, but there is no cleaning in
26 between different people using it. On any day, twenty or thirty people regularly use a
27 shower before it's cleaned. The shower is very dirty.

1 12. We also used shared sinks to wash our hands. There is sometimes a bar of
2 soap there but often not, and then I have to go around and see if someone has a bar of
3 soap nearby for me to use.

4 13. I only have one towel to use after both showering and washing my hands. I
5 get a new towel only when the laundry exchange happens once a month, so I have to use
6 same unwashed towel for a month.

7 14. Other than announcements that we hear over the loudspeaker about covering
8 our mouths when we cough and washing our hands, no medical staff have given me any
9 information or advice about coronavirus and what I need to do to protect myself.

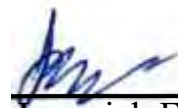
10 15. About two or three weeks ago, a whole bunch of people were brought into
11 the dorm from the North facility up the street here. I heard rumors that they were moved
12 because of coronavirus, but I have no way to know because no one tells us anything.

13 16. I am very afraid about being in here in such close quarters with dozens of
14 people. We have no protection against infection. I keep hearing about infections in the
15 news and from family, but I have no way to protect myself in here.

16 17. My mother is a nurse and has been giving me advice on the phone about
17 how to protect myself. My mother is scared for me. She has been urging me to be
18 careful about being too close to other people and about keeping clean, but there is pretty
19 much nothing I can do in here to be careful and protect myself.

20 18. If I was released, my family could pick me up and I could stay with my
21 mother. If I wasn't in here, I could quarantine and practice social distancing, and I could
22 get the medical care and protection that I need. In jail, I can't do much to protect myself.

23
24 I declare under penalty of perjury under the laws of the State of California and the
25 United States of America that the foregoing is true and correct. Executed this 18th day of
26 April 2020, in Los Angeles, California.

27
28

Jeremiah Farmer

Ex. 7

DECLARATION OF ANDREW FUENTES

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

1. My name is Andrew Fuentes. I am 20 years old, and I am a resident of Los Angeles County. I currently live in Santa Clarita. I was incarcerated pending trial at the Men's Central Jail and North County Correction Facility from January 27, 2020, to April 8, 2020. I am still awaiting trial, and I was released from jail because my family paid a bail bondsman for my bail.

2. I have long had serious medical conditions related to my liver and bone marrow. I tested positive for hepatitis in early 2017. About a year later, in January 2018, I was diagnosed with severe aplastic anemia, a bone marrow disease. Because of that condition, I was hospitalized for three months and received full-body radiation and chemotherapy, and I received a bone marrow transplant in March 2018. I have been immunocompromised as a result of that condition and treatment. As part of that treatment, doctors also took a bone biopsy, and this procedure caused nerve damage. I then had to go through physical therapy for months in order to teach myself how to walk again. A few years ago, I was also having seizures regularly, about every week.

3. I was arrested and detained pretrial starting on January 27, 2020. I was arrested because I turned myself in, and then I was held on a \$50,000 bail. My family and I could not afford this bail amount.

4. On March 24, my public defender tried to get my custody reduced to release on my own recognizance in light of my medical conditions. The judge refused to do this. Instead, he reduced my bail to \$49,000. I was finally released early on the morning on Wednesday, April 8, because my family was able to pay my bail through a bondsman.

5. When I was first booked for detention, I received some kind of medical check-up at Twin Towers downtown. I told the doctors at that check-up about my medical history including my hepatitis, anemia, and chemotherapy. Because of the information I shared then, the jail should have known about my prior medication

1 conditions and my vulnerability to complications from a coronavirus infection. But they
2 did nothing to screen, isolate, or protect me.

3 6. When I was turned myself in to the Sheriff's Department and was arrested,
4 my mom handed the sheriff's deputies my MedicAlert necklace, which contains crucial
5 information about my medical conditions and medical history. My mom told the deputies
6 this was important for the jail to keep in order to monitor and treat my conditions, but the
7 necklace did not seem to make it beyond that point. I believe the jail put in with my
8 property, which I did not have access to, and the information was never passed on.

9 7. I was housed at North County Correctional Facility starting sometime in
10 early March. I was detained there in a dorm with about 70 or 80 people, all sleeping in
11 double bunks, all of us close to each other. The bunks were attached to each other on the
12 sides against the wall.

13 8. It was impossible for me to keep distant from others in the dorm. While
14 lying down or sitting on my bunk, I could easily just reach and touch the next person's
15 bed. There was no way for me to keep six feet away from the person next to me. I tried,
16 but it was impossible. People were coughing and sneezing on everyone, and I was unable
17 to stay away.

18 9. I asked the guards at North County for masks many times. Other people
19 asked too. But they never gave any of us masks. I never had a mask in the dorm. None
20 of us did. The guards sometimes had masks, but they wouldn't always wear them.

21 10. I went to court on March 24 and April 7. Both times that I went to court,
22 everyone going to court that day was first put in a crowded hallway. There were 30 or so
23 of us there in that hallway, from different dorms and different parts of the jail. The
24 hallway was probably 10 feet long and no more than four steps sideways. It wasn't big at
25 all, and all of us were stuffed in there without any masks or way to protect ourselves.
26 People were coughing and sneezing. After making us line up, the guards handcuffed us
27 and put all of us on the bus. On the bus, I had to share a seat with someone else and was
28 chained to him. No one on the bus had masks. The jail didn't check temperatures or

1 perform any other medical screening either before or after we went to court. Instead,
2 when we got back, we were put back in the dorm after being exposed to all those people.

3 11. In the dorm, I mostly had to figure out myself how to get soap because the
4 jail only gave me one small free soap when I first arrived, and I ran out of that in two
5 days. The guards did not hand out soap. When I had money in my commissary, I would
6 usually use it to buy food because I was hungry, and then sometimes I would trade food
7 items for soap. For example, I would trade a packet of instant ramen noodles for soap or
8 other trades like that. Because soap was expensive, I had difficulty buying it or getting it
9 from other people. The soap that people could get through commissary was just a small
10 white bar, never liquid soap. I never had hand sanitizer. I wish I did, but they never gave
11 us any.

12 12. We had to do our own laundry in the sink using that same soap that we had
13 to make do with for showering and for washing our hands. In order to save soap, I just
14 showered wearing my clothes. We never had paper towels, just one small cloth towel
15 that we also had to clean ourselves by hand. We never received any laundry detergent for
16 cleaning.

17 13. A few inmates in the dorm were in charge of assigning jobs among us, and
18 the job I was assigned was cleaning showers. It was the dirtiest job and I didn't want to
19 do it, but I couldn't get out of it. I wasn't really able to clean that well though. There
20 was a bucket of liquid cleaning solution and I tried to use that. I wore a shower-cleaning
21 shoe and used it to try to scrub the shower and pick up hair, filth, trash, and whatever else
22 was in the shower. I cleaned the showers twice a day, but people used it in many times in
23 between cleanings.

24 14. Some other inmates were in charge of cleaning shared surfaces, like the
25 tables, the floors, sometimes the railings. Those chores were assigned each week, and
26 whether surfaces got cleaned really depended on who was cleaning that week. Inmates
27 used the same wet towels for all of this cleaning, along with the bucket of cleaning
28

1 solution. But the surfaces were usually cleaned at most once a day, and we all touched
2 these common surfaces in between cleanings.

3 15. I tried to wipe down the phones before using them, but they were not
4 regularly cleaned. I have seen people cough on the phones and spit while talking on the
5 phones. One time the phone was wet with tears when I picked it up because the person
6 who made a phone call before me was crying.

7 16. The jail never really gave us information on the coronavirus, so most of
8 what I knew came from newspapers or from phone calls with family. I heard from
9 another person inside that the jail sometimes showed a video about coronavirus, but I
10 never saw it. Maybe the video played while I was asleep.

11 17. Around the middle of March, I started having severe headaches like
12 migraines, as well as fatigue, chest pain, and shortness of breath. I didn't know what it
13 was. When I went to medical with these symptoms, all they did was give me Advil. After
14 I told my mom on the phone how I felt and the jail's response, she called the jail and said
15 I needed more serious medical attention.

16 18. In late March, I was moved to Men's Central. I was detained there for about
17 a week and half before I was released. No one told my why I was moved, but it might
18 have been because related to my medical needs because it happened after my mom called
19 the jail and said I needed medical attention. Before I was brought to Men's Central, a
20 doctor evaluated me at the USC hospital. The doctor at USC told me I should not be in
21 jail during the coronavirus pandemic due to my medical history and conditions. He said
22 he would sign emergency documents so that I would be released from jail. That never
23 seemed to happen though, because I was not released until my family hired the
24 bondsman.

25 19. After I was brought to Men's Central, I was put in a cell by myself. The first
26 cell I was detained in was in some kind of medical area. I was not allowed to leave this
27 cell, and I was isolated for the week. I could not shower the entire time because there
28

1 was no shower in the cell, and they did not take us to the shared shower. They also didn't
2 notify our families of where we were or why.

3 20. After a week in that cell, I was to solitary for about a day. From there, I was
4 moved to a two-man cell with someone else, also in Men's Central. My cell mate was
5 over 70 years old and blind. Neither of us had masks. He was coughing on me, and I
6 was unable to stay away because we were in this small box together. We were breathing
7 the same air and touching the same surfaces.

8 21. There was a dayroom I could use from the shared Men's Central cell, but it
9 was always very dirty and there were lots of people in there, so I never went in there. We
10 were allowed to shower every other day, using a shared shower. I think around eight
11 people shared this shower. There was a lot of trash everywhere, and it did not seem to be
12 cleaned.

13 22. When I first arrived in that new cell, the jail never gave me a clean bed
14 sheet. Instead, I had to sleep on the previous person's bed sheet. My cell mate told me
15 that previous person who used the cell and used those sheets had come fresh off the street
16 and was coughing and sick too.

17 23. After about five or six days in that cell, I was moved to another two-man cell
18 in Men's Central. I had a new cell mate here. He was 39 years old. He also was
19 coughing and sneezing a lot, and I couldn't stay away from him either. Again, neither of
20 us had masks. He also did not appear to have good hygiene and did not clean or take care
21 of himself. I was very worried about getting infected from him.

22 24. When I first arrived at Men's Central, they gave me a kit with a small bar of
23 soap inside, but it only lasted about two days. After that, I again had to trade food from
24 commissary for soap, just like at the last jail.

25 25. When I was in Men's Central, I was never given any cleaning solution or
26 cleaning supplies for my cell, even the cells that I shared or where other people had been
27 detained right before. When I was in the first cell that I shared, the one where someone
28 from the street had been right before me, I asked the guards for cleaning solution so I

1 could clean my floor and bunk. I asked multiple times, but they never gave me anything
2 to clean my cell. While at Men's Central, I was never able to clean my cell or the shared
3 areas.

4 26. After we would eat dinner in our cells at Men's Central, we would slide our
5 trays out under the cells. Sometimes they would stay there for hours or days, without
6 anyone picking them up or cleaning. This did not seem very sanitary. The food was
7 nasty and smelled as it rotted. In the same hallway, the trash cans were overflowing with
8 trash.

9 27. When I was released, the jail first put me in the tank, a pretty small room the
10 size of a regular bedroom or so. There were around 35 people in that small space, and I
11 was there for five or so hours. None of us wearing masks. People were sitting right next
12 to each other on the floors. There was a bathroom in there but it was filthy and unusable,
13 with food, feces, and urine everywhere. A lot of people were coughing, a lot of people
14 were sneezing, and we weren't able to go anywhere because we were all crammed in
15 there.

16 28. Now that I have been released, I have been able to quarantine and get the
17 medical care I need. I was not able to do this while detained. Even though I had these
18 serious and potentially deadly medical conditions that the jail knew about – and even
19 though the doctor who I was taken to said I needed to be released – I was released only
20 because my family was able to put money together to pay a bondsman.

21
22 I declare under penalty of perjury under the laws of the State of California and the
23 United States of America that the foregoing is true and correct. Executed this 22nd day of
24 April 2020, in Los Angeles, California.

25
26 

27 Andrew Fuentes
28

DECLARATION OF VICTOR GUTIERREZ

I, Victor Gutierrez, hereby declare and say:

1. I make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

2. I am currently incarcerated in Twin Towers Correctional Facility ("TTCF") in Los Angeles, California. I have been incarcerated at TTCF since March 13, 2020. My lawyer has been trying to get me a bail hearing, but he says the courtroom my case is supposed to be heard in is closed and he has not been able to get me a hearing for a bail motion on the calendar.

3. I am a 22-year-old Latino man. Due to the conditions in the jail, the lack of precautions to prevent the spread of COVID-19 that I have observed from jail staff and deputies, and my underlying health conditions (described below), I live in constant fear that I will contract COVID-19 inside the jail.

4. I am afraid to be locked in a place where I am exposed to COVID-19, especially given how serious the virus is and that I'm vulnerable to contracting the disease.

5. The other inmates and I are given one very small bar of soap and one roll of toilet paper every week. We run out of the soap very quickly, usually within 3 or 4 days, because we use the soap to wash our hands, our bodies, and our clothes. The toilet paper runs out quickly, too, because we have to use the toilet paper to dry our hands since we don't have access to clean towels or paper towels.

6. I have multiple underlying health conditions: I suffer from acute asthma, sclerosis, inflamed spinal discs, a caloric deficiency, and pre-diabetes.

7. I told the nurse at the Inmate Reception Center ("IRC") that I have these medical conditions. After waiting 14 hours at the medical facility in IRC to see a doctor, the nurse told me, "You look fine to me," and had me go back to my cell without any prescriptions and without me seeing a doctor. I was not even given an inhaler. I still

1 have not received an inhaler to this day.

2 8. It takes 2-3 weeks to see a doctor after a request is submitted. I submitted a
3 request to see a doctor as soon as I got out of IRC, on March 20th, since the nurse blew
4 me off. It took three weeks to see the doctor. I finally saw a doctor on April 14th.

5 9. When I was finally seen by a doctor in TTCF a week ago, he told me I have
6 hypertension. When I told the doctor that I see my doctor at home regularly and had
7 never had high blood pressure before, he told me that my hypertension was likely caused
8 by the stress of being incarcerated.

9 10. The doctor prescribed a special diet for my hypertension, but did not
10 prescribe the higher calorie diet I need for my metabolic disorder. I have lost fifteen
11 pounds in a week because I need to consume more calories and am not provided enough
12 food at TTCF.

13 11. The doctor also prescribed me a second mattress for my sclerosis and
14 inflamed disc since the mattresses here are as thin as gym mats. I have still not been
15 given a new mattress, though. Instead of prescribing me an inhaler for my asthma, the
16 doctor inexplicably prescribed me Flonase.

17 12. My asthma is exacerbated by cold temperatures, dust, and pollen. TTCF is
18 kept really cold and the yard is full of dust. These conditions have caused me to have
19 two asthma attacks since March 14th, when I was first booked into County—and I still do
20 not have an inhaler. During my asthma attacks, my lungs feel tight and I have trouble
21 breathing. I requested another blanket to keep myself warm to avoid asthma attacks, but
22 a deputy told me inmates are only allowed one blanket and my request was denied.

23 13. Because of the low level of my offense and my good behavior, I am trustee
24 at the jail. I am currently housed in a pod with other trustees and disabled inmates that
25 need ADA accommodations. In my pod, there are 8 trustees and 8 ADA inmates. We
26 all sleep in the same dorm-type setting. In our pod, there are bunk beds for the trustees.
27 The person on the top bunk sleeps only 5 feet above the person on the bottom bunk. The
28 bunk beds are only 2 ½ or 3 feet apart from each other. Our beds are so close together,

1 in fact, I can sometimes feel the breath of the trustee sleeping in the lower bunk next to
2 my bunk as I sleep.

3 14. All of the men in my pod eat our meals together at one long table. We are
4 usually so close, we end up bumping elbows.

5 15. My pod gets to go to “yard” one day a week. The yard is a small concrete
6 triangular outdoor area on the seventh floor of TTCF. The yard is only about 50 square
7 feet that is supposed to be enough space for my entire pod of 16 men to go out at the
8 same time. Some men use yard time to shave or give each other haircuts. There is not
9 enough space for us to get any real exercise on the so-called yard.

10 16. No one in my pod has tested positive for COVID-19, but I hear men in my
11 pod coughing all night. If one of us were to catch the virus, the rest of us would not be
12 able to avoid catching it too.

13 17. It is possible that some of us already have COVID-19, but we are not
14 allowed to be tested unless the staff decides. The deputies are the ones that decide
15 whether or not to send someone to medical. In order for someone to be tested for
16 COVID-19, they have to have both a fever and cough. One inmate I know had a fever of
17 103 and he was denied a test because he wasn’t coughing. He wanted to be tested
18 because he said his lungs hurt. If someone doesn’t have both a fever and a cough, they
19 are not quarantined away from the rest of us.

20 18. As a trustee, I work all around the jail, including the public visiting area
21 and floors of the jail where other inmates have tested positive for COVID-19. When
22 trustees are cleaning, we are given a dust mask and a jump suit made out of paper that
23 tears easily.

24 19. Around April 5th or 6th, the trustees doing my kind of job and I were finally
25 given jump suits. Before that date, we had to clean in the jail clothes we have been
26 issued and continue wearing them for up to two weeks.

27 20. Often, there is feces and urine on the floors of cells because a lot of men in
28 here seem to be mentally ill.

1 21. On April 9, 2020, I was cleaning an empty cell. My paper suit tore a bit
2 while I was cleaning and the dirty liquid from the cleaning product, feces, and urine I
3 had mopped up seeped through my suit and got into my socks. Before I was able to
4 request new pants and socks, I had to take out the trash, and remove the mattress and the
5 blanket the COVID-19 positive inmate had been using.

6 22. After I was finished cleaning the cell, a deputy told me for the first time
7 that the cell was empty because the person who was there had been taken to medical that
8 morning after testing positive for COVID-19. I could not believe that the deputies did
9 not warn me before I started cleaning that cell and that I was not given more durable
10 protective gear. Since my socks were soaked in liquid from the contaminated cell, I had
11 to request new socks from the staff. It took them 4 hours to get me a new pair of socks.
12 It was almost 8 hours until I got a clean pair of pants.

13 23. I could refuse to work as a trustee, but there are a few privileges I get as a
14 trustee that I would not otherwise get. For example, most inmates are only allowed to
15 shower 2-3 times a week, whereas I can shower every day. Inmates are only given 2
16 items of laundry every week. That means they get like a pair of socks and boxers one
17 week, then a clean shirt and pants the next week. As a trustee, when I walk to other
18 floors of the jail, if I see clean laundry, I'm allowed to take a set for myself. That does
19 not happen very often, though, since there is a shortage of clean laundry in the jail.

20 24. Since we do not get clean laundry very often, we are forced to wash our
21 own clothes with the one small bar of soap we get every week. It makes the soap run out
22 really fast. When I run out of soap, I have to buy some from Commissary. The only way
23 you can make a purchase from Commissary is if you have money on your books. Some
24 guys don't have any money on their books, so they cannot buy more soap even though
25 we all need it.

26 25. I have not gotten clean sheets or a clean blanket since I was first put into
27 this pod. There is no way to keep our bedding sanitary or to wash off any viruses that
28 may have landed on the bedding. We all get clean towels only once every two weeks.

1 26. Since I am a trustee, deputies have also allowed me to take an extra bar of
2 soap once or twice. One deputy told me, "Don't share that with other inmates." I feel
3 bad for the others because they need to wash their hands and laundry also. If the other
4 guys don't stay healthy, none of us will be able to.

5 27. On approximately April 1 or 2, 2020, when I was working in another part
6 of the jail, a deputy saw that an inmate in my pod was showing symptoms of COVID-19.
7 He had a cough, runny nose, and fever. The whole pod got locked down on quarantine
8 but, since I was at work at the time, they allowed me to move to another pod. At the
9 time, I was relieved that I would not have to be quarantined, but the jail's decision not to
10 quarantine me really didn't seem well thought out since I had just been in the pod that
11 morning and would have already been exposed to whatever the other inmate had. The
12 jail only kept the pod on quarantine for a week before they lifted the quarantine and
13 allowed me to move back to my pod.

14 28. The quarantines here do not seem effective anyway because deputies and
15 other staff do their walk-throughs in quarantined pods and floors. That means deputies
16 go straight from a quarantined area of the jail, into a non-quarantined area of the cell.
17 The deputies don't wear hazmat suits when they go into quarantined areas. They don't
18 even change their masks. There are also gaps underneath the doors that separate
19 quarantined areas from other areas of the jail. Whenever inmates walk past a
20 quarantined area, we are at risk for being exposed to the virus.

21 29. Last week, a male deputy told me that his dad had tested positive for
22 COVID-19 and that he had been with his dad the night before. The deputy came to work
23 that day without a mask on. He interacted with staff and inmates all day.

24 30. I try to physically distance myself from others as much as I can, but
25 whenever I go to yard, sleep, or eat, I am within 3 feet at the most from other people. I
26 am unable to sleep at night when I hear others coughing and sneezing because I am
27 terrified that I will catch whatever the other men in my pod have.

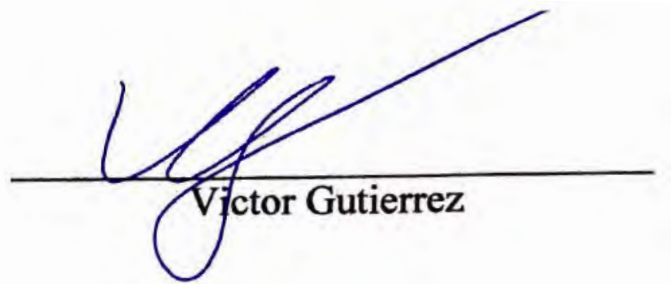
28 31. When I am released, I will be able to socially distance and get the medicine

1 I need. My father will pick me up at the jail and I will live with my parents in Palmdale.
2 I will feel safe living with my parents because they have been socially isolating because
3 they work from home. I work as a day trader and I will be able to continue my work
4 remotely.

5 32. Once released from TTCF, I will no longer have to worry about running
6 out of soap if I wash my hands many times a day, I will have the clean laundry I need,
7 and I believe my blood pressure will go back down since I won't have to live in constant
8 fear of contracting a painful and potentially fatal disease. I will be able to use my
9 inhaler when I need it, see my physical therapist for my inflamed spinal disc, and speak
10 to my nutritionist about my high-calorie diet.

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12 I declare under penalty of perjury under the laws of the State of California and the
13 United States of America that the foregoing is true and correct. Executed this 16th day of
14 April 2020, in Los Angeles, California.

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Victor Gutierrez

Ex. 9

DECLARATION OF JESSICA HAVILAND

I, Jessica Haviland, make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

1. I am currently incarcerated at the Century Regional Detention Facility ("CRDF"), in Lynwood, California, awaiting trial. I am 39 years old and have been incarcerated here since December 19, 2019. My bail is set at \$50,000.

2. I am housed in module 2500 in a cell with a roommate. Immediately before they put me and my roommate together, she had a 101 degree fever. This was on or around March 15, 2020. The cell we are locked up in is about 10 feet by 10 feet and contains one toilet, one sink, a desk, and a 2-tiered bunk bed. There is no possible way to be six feet away from my roommate at any given time. I was moved to this module from 2800 on or around April 7, 2020. When I first arrived, my cell in this module was disgusting. We were put on lockdown for almost three days when we were first moved to this cell without any cleaning supplies. We were only given a very small piece of soap. I had to use a dirty sock and this small piece of soap to clean the cell, including what looked like feces on the wall near the bunk beds.

3. My cell door opens up onto the dayroom. There are 15 women who sleep in the day room. Instead of spreading out the bunks in the day room, they are all crowded together. Each bunk has three beds, known as coffin bunks. When I open my cell door, it hits one of the bunks where three women sleep, which is to the right of my cell. To the right of that set of bunks is another set of bunks that are only approximately three inches away. Women in the day room are sleeping like this, only three inches away from each other.

4. My cell has two air vents in it, one at the top that blows air in, and another at the bottom near the bottom bunk that sucks air out. I am told that all cells in modules similar to mine are like this. These air vents are connected to cells above and below me. I am concerned that if someone on a floor above me who sleeps in a bottom bunk sneezes

1 or coughs, that the disease could be spread through the air vents into my cell. I have
2 asked jail staff about this and they said "do not worry."

3 5. I am given one hour outside of my cell per day. In this hour I have to
4 shower, I get 15 minutes to clean my cell, and make any phone calls I might need to
5 make.

6 6. Other than the one hour per day we leave our cell, we also leave to pick up
7 our meals. The food is laid out in the day room and women who are incarcerated here
8 serve food to us as we walk down the line holding our trays. The women serving the food
9 are not wearing masks or gloves. There is no protocol to keep people six feet apart in
10 these lines for food.

11 7. I have been told by friends who work in the kitchen that women wear masks
12 as they walk to the kitchen, but then they take their masks off in the kitchen while they
13 are preparing food because it is too hot. When women serve us food they have masks
14 around their face, but they often pull them down so they are just around their neck and
15 not covering their mouth and nose.

16 8. On April 1, 2020, I had a court date. While I was at court, they put me in a
17 cell with six other women who were in street clothes, who had just been arrested. Two of
18 those women were coughing a lot. I never saw those women receive a mask, get their
19 temperature checked, or a test for COVID-19. When I returned back to CRDF that day, I
20 was not given a test for COVID-19 or even a temperature check.

21 9. On April 6, 2020, a sergeant told us that there had been no positive tests at
22 CRDF, but also that they had not tested anyone in the facility. I was again told by a
23 Sergeant on or about April 20, 2020 that they had not tested anyone at CRDF.

24 10. On or about April 10, 2020, I began feeling sick. I was getting terrible
25 headaches, I was coughing, and my throat was incredibly sore. I still have all of these
26 symptoms and they seem to be getting worse. My roommate also has developed these
27 symptoms. The only treatment I have been given for these symptoms is Sudafed, and
28 sometimes it is hard for me to get an afternoon dose from the jail staff.

1 11. In addition to experiencing headaches, coughing, and a sore throat, I have
2 also developed six sores on my head, which developed two weeks ago. I do not know if
3 they are related to COVID-19. They have given me Tylenol and Bactrin for them but I
4 am suffering from intense pain.

5 12. I put in a request to see medical staff as a result of my symptoms. When I
6 was taken to medical, I was in an elevator packed with other women and then placed in a
7 holding cell in medical where I was maybe half a foot away from every other person, at
8 best.

9 13. A nurse took my temperature and it was 99.9 degrees. My body temperature
10 usually runs low, at around 97.1, which I've been told is due to my anemia. To me, 99.9
11 degrees indicates a fever. The nurse did no further tests on me. This nurse was not
12 wearing a mask, but she was wearing gloves.

13 14. The nurse gave me Sudafed to take three times a day. She did not give me a
14 mask or gloves. I have to pay \$3 every time I fill out a medical grievance form.

15 15. After that, my symptoms worsened. On the morning of April 12, 2020, I put
16 in another request to see medical staff because of the worsening symptoms. I asked the
17 nurse again for a test on April 13 but the nurse said that I did not need to be tested. As of
18 April 20, I have not been tested and they stopped taking my temperature. My symptoms
19 have somewhat alleviated, as I no longer have headaches or a sore through, but I still
20 have a cough.

21 16. I received one mask on April 11, 2020. That was the first mask I received.
22 The mask is made from cloth by women who are incarcerated here. I do not believe I will
23 receive another mask, nor do I believe that they will be laundered. The mask has a slot
24 for a filter in it, but I have not been given a filter. I have not received gloves as these are
25 considered contraband, even now. I am not given hand sanitizer, tissues, paper towels, or
26 napkins. To wipe my hands or mouth I use toilet paper or sanitary napkins.

27 17. When I have asked to be kept six feet apart from other people, I have been
28 yelled at by deputies who say things like "do you want to be on lockdown?"

1 18. When the trustees come around to clean our cells, they only spray the toilet
2 and sink with Citra-Cide. They do not spray the bunk beds, the door handles, the desk, or
3 anything else in our cells. I asked if we could keep Citra-Cide in our cell in order to clean
4 and disinfect ourselves and I was told “no”. I asked for Turbo Kill to clean my cell and
5 was told that we have no Turbo Kill in our module.

6 19. I watch the trustees who clean the day room and they spray Citra-Cide on a
7 rag and then use the same rag to wipe down the tabletops and the phones. They do not
8 wipe down the kiosks, sinks in the day room, vending machines, shower handles, or
9 stairway railings. These are all surfaces that everyone touches on a daily basis. The
10 Citra-Cide they use to clean with is watered down. I used to be a trustee and I remember
11 they would tell us to use one-part Citra-Cide and ten parts water. Looking at the bottles,
12 the solution the trustees are using looks how it used to look when I watered down the
13 Citra-Cide.

14 20. I am given one new “blue suit” per week, even though we are being told to
15 cough into our sleeves. I have not received a new pair of thermals for months. I am
16 supposed to receive one t-shirt per week, but I do not always get a clean one. I am
17 supposed to receive clean sheets once a week, but I have not received clean sheets in
18 three weeks. I am not allowed to wash my clothes or sheets myself.

19 21. I have received no verbal information about the COVID-19 virus from jail
20 staff. My mom tried to mail me information about the virus and the mail was returned to
21 her saying it was “unauthorized material.”

22 22. Up until April 15, 2020, I had not seen any signs with information about
23 COVID-19 posted at the jail. The signs they posted on April 15 tell us to wash our hands
24 for 20 seconds, stay six feet away from each other, to cover our faces, and to use Turbo
25 Kill for cleaning. I still have not seen any videos. The television is turned on once in a
26 while, but they do not turn it on loud enough for me to hear it from my cell. We get one
27 newspaper a day and the trustees receive it first. It is rare that I will get my hands on that
28 newspaper.

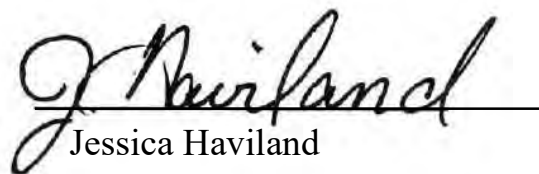
1 23. Sheriff's deputies are telling us not to hoard toilet paper and that we will be
2 thrown in the hole if we have more than two rolls of toilet paper. However, we have been
3 told that hundreds of cases of toilet paper have gone missing and that now deputies are
4 being searched on the way out to make sure they are not smuggling toilet paper out of the
5 jail.

6 24. It is my understanding that deputies are not being required to take
7 temperature checks every day as they enter the jail. Further, I only see about half of the
8 deputies wearing masks on any given day. I have seen deputies who are not wearing
9 masks yelling in the faces of women who are incarcerated here, coming within inches of
10 the women's faces. I was taken to urgent care on April 17, 2020 for the sores on my head,
11 and when I was transported there by two deputies in the patrol car, neither of them were
12 wearing masks.

13 25. If released from CRDF, I would be able to live in an in-law suite by myself
14 at the bottom of my friend's house, which is in Sunland-Tujunga in Los Angeles County.

15 26. I am incredibly worried about my family on the outside as my two adult
16 children live with my mother. My mother has a diagnosis of pulmonary arterial
17 hypertension ("PAH") and has had a fever for the past few days as have my children.
18 I have been told that PAH can be hereditary, and I worry that I have it and that will make
19 me at high risk for contracting COVID-19.
20

21 I declare under penalty of perjury under the laws of the State of California and the
22 United States of America that the foregoing is true and correct. Executed this 19th day of
23 April 2020, in Lynwood, California.
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27 Jessica Haviland
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Ex. 10

DECLARATION OF ALBERT KIRK JONES

I, Albert Kirk Jones, hereby declare and say:

1. I make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto.

2. I am currently incarcerated in Men's Central Jail ("MCJ") in Los Angeles, California. I have been incarcerated at MCJ since November 28, 2018, awaiting trial.

3. I am a 64-year old Black man and I will be turning 65 in two months. Due to the conditions in the jail, the lack of precautions to prevent the spread of COVID-19 that I have observed from jail staff and deputies, my advanced age and my underlying health conditions (described herein), I live in constant fear that I will contract COVID-19 inside the jail setting.

4. I have a history of respiratory illness. Since I was a child, my lungs have been vulnerable to collecting fluid. I have had several bouts of debilitating pneumonia in my lifetime. I am also prone to bronchitis, which I have fallen ill with multiple times in my lifetime, including 2 ½ months ago during my incarceration at MCJ. As a result of those conditions, I have diminished lung capacity, which has manifested in breathing difficulties, including difficulty breathing while I am sleeping at night.

5. I need a CPAP machine at night because of obstructions in my airways. Until approximately April 7, 2020, I had a CPAP machine in the jail. It was taken away from me because, I was told, that a CPAP machine spreads COVID-19. I was not given any kind of notice or documentation when my CPAP machine was confiscated.

6. Now that my CPAP machine has been confiscated, I experience difficulty sleeping at night. Sometimes, it's hard for me to breathe without the CPAP machine. I advised medical personnel that I needed the CPAP machine to sleep and breath comfortably at night. They provided me with no other options for me to keep using my CPAP machine in order to address my obstructed breathing at night.

7. Because my CPAP machine was taken from me, on April 11th, I awoke

1 gasping for air while I was napping because I stopped breathing.

2 8. From approximately March 5, 2020 until April 15, 2020, I was housed in the
3 MCJ Medical Unit in a 3-man cell. The layout of the cell included three beds, a toilet and
4 a sink. The beds were each three feet apart. It was impossible for my cell mates and I to
5 maintain 6 feet distance from each other while sleeping, eating or doing any activity that
6 involves sitting or lying down. All meals were delivered to us. We ate near each other,
7 urinated and defecated within a few feet of each other, and were constantly in each
8 other's space.

9 9. On or around Wednesday April 8, I was told by the guards that they were
10 planning to move me from my medical cell to general population, where I would be
11 staying in a small cell with dozens of other people, any of whom could be carriers of
12 COVID-19. A nurse practitioner, three deputies, one sergeant and one jailer told me that
13 because my CPAP machine was discontinued, I was now "declassified" from medical
14 and needed to be moved to general population. This caused me great anxiety because I
15 am vulnerable to serious illness if I contract COVID-19. I have a history of bronchitis,
16 pneumonia, breathing abnormalities, and a heart condition. I also have not been seen by a
17 doctor who can assess my condition for discharge. I feel that the guards are not following
18 protocol, and placing me in danger of COVID-19 spread. I pleaded with them to let me
19 stay in medical for all of these reasons. They backed off the first time, but tried to move
20 me again on Thursday, April 9. They then tried again on Saturday, April 11, around 8:00
21 am when I was on the phone with my wife. I again pleaded to stay, and the guards gave
22 me a disciplinary for "noncompliance". The consequences of this disciplinary is no
23 commissary, no visitation, and no vending. The guards informed me that if I continued to
24 refuse to move to general population, I would be placed in solitary where I would loss all
25 my privileges.

26 10. On April 15, I was physically removed from my medical cell by five police
27 officers, one jailer, and one sergeant. They were shouting profanities at me as I pleaded to
28 stay because of my medical conditions and my fear of COVID-19. I experienced an

1 anxiety attack, chest pains, and difficulty breathing. They had to bring me to Urgent Care,
2 where the nurse told me that my blood pressure was high.

3 11. I am now in general population in 5700. It is a 96-bed dormitory filled
4 almost to capacity with only 10 empty beds. In the few days that I have been here, I have
5 observed no cleaning of the dorm by trustees or a cleaning team. I don't have access to
6 any disinfectant products. The beds are all extremely close to one another, spaced less
7 than six feet apart. I am afraid of retaliation and harassment by the guards in the medical
8 unit who physically extracted me and placed me in general population.

9 12. Before April 10, 2020, no one in the jail – neither medical staff nor the
10 Sheriff's deputies – had provided me with protective gear such as masks, hand sanitizer,
11 or gloves. Late on the night of April 9th, after my cellmates and I had already gone to
12 bed, the deputies came into my cell and gave one mask to each person. The deputies did
13 not tell us how to use the masks or give us any information about when we'd be getting
14 any "refills" if we were getting any. Because the mask provided on April 9th is made out
15 of flimsy thin cloth, I continue to use the face mask I was provided when I was
16 discharged from MCJ a few months ago after a bout of pneumonia. This mask is intended
17 for single use only.

18 13. Before that, the only people who had masks were the deputies and some (but
19 not all) trustees. Some nurses wore masks while others did not. Not all of the deputies
20 wore masks, which concerns me as deputies, medical staff and jail staff come in and out
21 of my cell multiple times a day to conduct checks, deliver medications, or to drop off our
22 meals, and they are not always wearing masks. I saw deputies, medical staff and jail staff
23 cough and sneeze inside my medical cell, which I was powerless to do anything about.

24 14. Each person is provided one free tiny bar of soap and one roll of toilet paper
25 once a week. I used up my free bar of soap within days. I have had to buy soap from
26 commissary after that, which takes away from my limited funds for other necessary
27 items.

28 15. In the medical cell, clean clothing was provided to me only on a weekly

1 basis. As such, I have no access to daily clean laundry. My cellmates and I showered
2 3x/week only. The showers were shared with the entire Medical Unit. There is a yard call
3 once a week 6am-9am, but I don't go to yard for fear of COVID-19 spread.

4 16. My medical cell was not cleaned regularly. Trustees typically came and
5 cleaned my medical cell about once a week. They were not always wearing masks. The
6 cleaning involved clearing the trash bins; sometimes they will also sweep and/or mop the
7 floor. I don't know what disinfectant products they use to mop the floor (if any). We
8 don't know if they've mopped the floors of the other cells with the same water. In my
9 time in that medical cell, there was not been a thorough cleaning of every part of my cell.
10 Although we asked for disinfectant products to use inside the cell so that my cellmates
11 and I could disinfect shared surfaces, these were denied to me.

12 17. MCJ also had outbreaks of mumps and measles. Those who had mumps and
13 measles were quarantined for two to three weeks.

14 18. Despite my known respiratory illnesses, MCJ staff, deputies, and medical
15 personnel have not taken any special precautions to prevent the spread of COVID-19 to
16 me. Instead, they moved me to general population where my risk of exposure, severe
17 illness, and death is all but near certain without providing me with any information about
18 COVID-19 or how to prevent its spread.

19 19. Due to the visitor restrictions, I have not seen my wife in nearly four
20 months. I am afraid I will die in jail and never be able to see my wife's beautiful face
21 again.

22 20. My fears of dying from COVID 19 are reinforced by my experience with
23 medical care within the jail. In my experience, the medical care at MCJ is substandard to
24 the medical care I receive outside of jail, and on at least one previous occasion, was
25 inadequate to address the needs of my complex lung-related medical conditions. Medical
26 staff did not prescribe sufficient inhalers, and as a result, I had to save my inhalers to
27 avoid going into respiratory distress without sufficient medication. My last bout of
28 bronchitis was treated at MCJ about 2 ½ months ago. On or about January 28, 2020, I

1 became ill inside the jail. I had a cough, fever, and body aches. I knew about COVID-19
2 because I read about it in the newspapers that are circulated at MCJ. At the time, I was
3 housed in a 1-man cell on the 7000 floor. I was transferred to Twin Towers, where I was
4 examined and told that I was being tested for the flu, not COVID-19. I wanted to be
5 tested for COVID-19 because of my symptoms, but no test was provided. I was
6 concerned about not being tested for COVID-19 because of my own health and also
7 because I did not want to transmit the illness to others. I was put in isolation for 5 days
8 and then sent to the Medical ward to a 3-man cell where I was until I was physically
9 extracted and placed in general population. Some days medical staff didn't check on me.

10 21. If released, I will return home to Vista, CA, where I have my wife and six
11 children and twelve grandchildren. I have been a pastor for the last fourteen years at the
12 Eternal Life Apostolic Church in Oceanside, California, and would be returning to a
13 community that supports me. If released, I will be able to see my regular doctor, get back
14 on my CPAP machine, and practice safe social distancing.

15
16 I declare under penalty of perjury under the laws of the State of California and the
17 United States of America that the foregoing is true and correct. Executed this 17th day of
18 April 2020, in Los Angeles, California.

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22 Albert Kirk Jones
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Ex. 11

DECLARATION OF LEANDREW LEWIS

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

1. My name is LeAndrew Lewis. I am 28 years old and incarcerated in the North County Correctional Facility in Los Angeles County.

2. I am diabetic, and I have had high blood pressure for years. I also suffer from bronchitis whenever I get a cold. When that happens, I have trouble breathing unless I use an inhaler.

3. I have been incarcerated awaiting trial since November 13, 2019. The reason I am incarcerated is because my family and I are too poor to afford the bail amount in my case.

4. I have been trying to defend my innocence, and my attorney and I are ready to go to trial. The trial was scheduled for today, April 13. But I was not taken to court, and when my lawyer went to court in Antelope Valley today the judge said the trial date had been moved to June 11. I am worried they will keep delaying my trial and I will be stuck here. I want to take my case to trial and prove my innocence, but I am terrified I will get infected with the coronavirus while I wait for that in jail.

5. It is impossible for me to protect myself from being infected with the coronavirus while in jail. I am currently confined in a dorm along with 60 or so other people, packed too close to keep distance from each other. On or around the week of April 13, 2020, for reasons that were not explained to us, the deputies moved the 30 or so people in my previous dorm, including me, into another dorm that already had about 30 other people living there. We are now all housed in a dorm that has about 66 beds. This new dorm is almost filled to capacity. The movement may have been related to the fact that almost all the dorms near me have stickers on the front that say “no movement in or out”, which I think means that that the dorms are in quarantine for COVID-19.

6. I sleep on the bottom bunk, below two other inmates. The bunks are separated only by a couple feet from each other. The bunks are so close that if I reach an

1 arm out on either side of the bunk, I can immediately touch the next person. We spend
2 our time within arm's reach of each other.

3 7. We were provided brown cloth masks on or around April 16, 2020 and told
4 by the deputy to wear it only when leaving the dorm. Deputies have not provided hand
5 sanitizers or masks. People are regularly coughing and sneezing in the dorm within a few
6 feet of me, including the people in the beds that surround me.

7 8. Everyone in the dorm shares showers and urinals. There is no professional
8 cleaning of the shared showers. There is a mop bucket near the showers that has some
9 kind of soap in it, but the showers are not cleaned between uses.

10 9. The jail collects our laundry about once a month or so. Until that happens,
11 we have to keep using the same uniforms, sheets, and the single towel we are given. All
12 these items come in close contact with other people, but I am unable to keep them clean.
13 The last time I received clean laundry was the end of March or so.

14 10. I do not know have much information about coronavirus because the jail has
15 not been telling us much anything. Every day or so, the jail plays recorded video that
16 mentions coronavirus and says there are no positive cases in the facility. It is the same
17 recorded video they keep playing.

18 11. I try to watch out for people who are sick and avoid them best I can. I don't
19 want to get sick and I am trying to protect myself. But the truth is I'm not able to keep
20 distant from others here in the jail.

21 12. At least three times in the past few weeks, I have seen people who have a
22 cough or cold symptoms in my dorm go out with a medical pass to obtain medical
23 treatment, and then they did not return. They might be infected with coronavirus, but I
24 do not know because no one tells us. They don't let us know anything.

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1 13. If I was released from jail, I could stay with my family. I would stay with
2 my mom, and my sister and other family could pick me up or arrange for someone to do
3 that. If I wasn't in jail, I would be able to quarantine. But in here, I know I am at risk of
4 getting sick, and I am very afraid.

5
6 I declare under penalty of perjury under the laws of the State of California and the
7 United States of America that the foregoing is true and correct. Executed this 18th day of
8 April 2020, in Los Angeles, California.

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12 LeAndrew Lewis

Ex. 12

DECLARATION OF JEFFREY LIVOTTO

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

1. My name is Jeffrey Livotto. I am 28 years old and I have been incarcerated in Los Angeles County since on or around March 25, 2020. I am currently housed in the North County Correctional Facility. I am serving a 16-month sentence, for which I got half time for a Vehicle Code violation.

2. I have also suffered from asthma since I was young, and I have had serious asthma attacks over the years. Whenever I run or do any strenuous activity, the asthma flares and my lungs feel like they are burning. I know asthma can make the coronavirus deadly, and I am very worried about that happening. The jail knows I have asthma, but they have done nothing to protect me from the virus.

3. I have been moved between two dorms in the North County Correctional Facility since arriving here almost three weeks ago. Before that I was incarcerated at the Men's Central Jail, where I was in a four-person cell. I remember the other men in that cell were coughing, and I was not able to keep away from them. Last Thursday I was moved to my current dorm. I have been exposed to a lot of different people due to all these moves, and no one has explained to me why I keep being moved.

4. There are over 60 people in my current dorm, with three people to each bunk bed. This is a working dorm, and our work is cooking food for the sheriffs. We are all packed very closely together and unable to distance from each other. Each bunk above is less than a foot or two up from the one beneath, and the beds on either side of me are so close that I bump into them if I reach my arms out while lying down. On or around April 14, my dorm was placed in lockdown. The 60 of us were segregated into three different groups and placed in different dormitories right next to each other. The jail quarantined 2 out of the 3 groups (mine included), and did not quarantine the third one. While in quarantine, I did not get tested. No one took my temperature. No one asked me if I had

1 any symptoms. I also could not get any laundry. The deputies also came into our
2 quarantined dorm to do counts. Some of the deputies pulled their masks below their
3 mouths when they came into our dorm to do the counts. Our dorm is out of quarantine
4 now, but we don't have any information about the status of COVID-19 in our dorm or at
5 NCCF.

6 5. I know we were arrested or convicted, but we still have the same health
7 needs as anyone else. We still have rights. It feels like everyone is forgetting about us.
8 It feels like the jail is just waiting for us to get sick and die.

9 6. The jail gave me a mask to wear on or around April 15, but I have not been
10 given gloves or hand sanitizer in the dorms.

11 7. I'm very worried that I'm going to get sick from the coronavirus. I am in
12 extremely close quarters with other people and can't keep any distance from them, and
13 we don't have any mask or gloves to protect ourselves. Other people in the dorm are
14 constantly coughing, with no masks on to stop cough droplets from hitting me and others.

15 8. Trustees serve our food from large containers onto individual trays. It wasn't
16 until recently that they started wearing masks. I see these trustees and other inmates
17 cough on or around the food containers all the time.

18 9. My bed sheets, uniforms, and other clothes have never been washed during
19 my time here. When I moved dorms, I was told to pick up my sheets and bring them or I
20 wouldn't have sheets at the new dorm. My sheets and clothes are definitely exposed to
21 other people in the jail all the time, but I am unable to get clean new ones.

22 10. There are two showers shared by the entire dorm. I haven't ever seen
23 anyone clean them. They are really dirty.

24 11. The dorm is also very cold. Others are constantly coughing, and it seems
25 like a lot of people have flu symptoms. This week I've heard other inmates with a really
26 dry, heavy cough, like a kennel cough.

27 12. It's impossible to avoid touching spaces that others have touched or coughed
28 or sneezed on. I try not to touch anything in the showers or other shared spaces, but

1 basically every space in the dorm is shared. I can't help but touch the railings on the
2 stairs. I can't help but touch the phones, which we all share. There is nothing to wipe
3 the phone down with before or after using. I am worried of getting sick from that. I try
4 to wipe the phone down with my uniform, but there is no disinfectant.

5 13. The jail has never given us information about coronavirus and what we
6 should do to protect myself. When I had a medical appointment last week or the week
7 before, I asked about coronavirus and what I should be looking out for. The medical staff
8 and deputies are always very evasive about coronavirus. They pretend like nothing is
9 going on. They get really weird about it when anyone asks. They don't want to talk
10 about it.

11 14. I was taken to court on March 26 or 27 for a probation hearing. I was
12 transported on the sheriff's bus along with several other inmates, maybe dozens. None of
13 us had masks, and the person I was cuffed and chained to was coughing a lot. He was
14 sitting next to me on the same seat coughing, and we were chained together unable to
15 keep apart. Others were coughing too, and then people were saying that the people
16 coughing had coronavirus.

17 15. Until early April, deputies did not really seem to be wearing masks. Some of
18 the deputies don't fully cover their noses and mouths with their masks inside the dorms.

19 16. My grandmother is 82 years old and sick. She's alone, and I could be taking
20 care of her. I am worried I won't see her again.

21 17. I am scared. I've started having terrifying dreams about the coronavirus,
22 like I'm not going to make it out of here. I am afraid I won't get out of here alive. I am
23 afraid I'm going to die in here for a Vehicle Code violation, something so petty.

24 18. If I was released, I would stay with my girlfriend. She could pick me up. I
25 could also stay with my mom if needed. If I was released and staying with either of
26 them, I would be able to quarantine and get medical care.

27 19. In March, I was processed through the Inmate Reception Center after being
28 transported on a bus with other arrestees from court. I was unloaded from the bus and

1 placed in a cell with about 25 other people. We did not and could not stand six feet apart
2 given the size of the room and the number of people. We stood shoulder to shoulder. We
3 then lined up and went through a scanner. From there, we were told to sit on a bench and
4 go up to a window when our name was called to answer questions asked by the person at
5 the window. I was seated very close to other arrestees, and no effort was made to keep us
6 all six feet apart. We were then provided wristbands, and told to go to a cell where we
7 had to put all of our property in a bag and told we had to shower in a single room with no
8 walls or dividers between each person. We were then told to go to medical to be
9 evaluated. At medical, my temperature, heart rate, and blood pressure were taken. I also
10 had a chest x-ray, which I believe was to check for tuberculosis. They then asked me if I
11 had any mental health conditions. Once this was completed, they took me to temporary
12 housing where I was told to wait for a doctor who would conduct a more thorough
13 medical examination. When I requested to see a doctor after more than 6 hours of
14 waiting, I was brutally thrown to the ground by five guards. My arms and legs were
15 twisted such that I was in a great deal of pain. The guards then proceeded to punch me in
16 the face, and I ended up bleeding. I was told that there was a video camera in the room
17 where this occurred. I can't believe I was assaulted in this violent way, all because I
18 asked to see a doctor.

19 20. I am afraid to file a grievance because I am concerned that the guards will
20 retaliate against me by moving me out of my dorm. My dorm allows me to accumulate
21 credits that make me eligible for early release. If I am moved from my dorm, I am
22 concerned that I might lose this privilege. There was an inmate who filed a grievance
23 seeking a mask, hand sanitizer, and other means to protect himself against COVID-19,

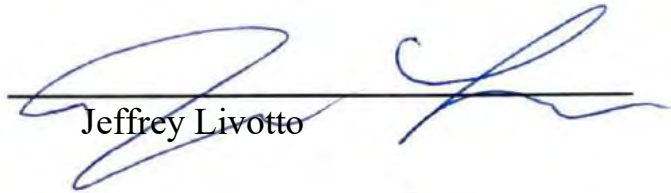
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1 and he was moved to a different dorm. I am afraid that will happen to me, and I don't
2 want to risk my chances of early release. I want to see my family and my loved ones
3 again as soon as I'm able.
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5 I declare under penalty of perjury under the laws of the State of California and the
6 United States of America that the foregoing is true and correct. Executed this 22nd day of
7 April 2020, in Los Angeles, California.
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10  Jeffrey Livotto
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Ex. 13

DECLARATION OF RANY UONG

I, Rany Uong, make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

1. I am currently incarcerated in the Century Regional Detention Facility in Lynwood, CA. I have been here since I pled guilty to a nonviolent crime in January 2020, and my release date is August 3, 2020.

2. I am an inmate trustee assigned to work at the laundry and distribute laundry to inmates.

3. I am currently housed in module 2700. There has been no increase in the frequency of the laundry due to the pandemic. We have the same pick up schedule as before the pandemic. In fact, it has been a little slower, because some inmates have already been released. There is one laundry facility on the first floor that serves both floors of both towers.

4. Recently, I was transferred to working in the kitchen because I was told all of the workers in the kitchen were placed in quarantine. I believe all of the kitchen workers were quarantined because someone was diagnosed with COVID-19. When we began working in the kitchen, nothing had been cleaned or disinfected after the other workers went into quarantine. We were made to clean the kitchen ourselves before we began working there.

5. Several weeks ago, someone was taken out of my dorm when she reported feeling sick to the deputies. They did not let us go to work as inmate trustees for one week after they removed her from the dorm. As inmate trustees, we wear green uniforms and we move between all the modules. That week, we stayed in our module. Later, the deputies told all of us that she had tested negative.

6. Currently, there are two modules in the east tower that are under quarantine. I believe they are 3300 and 3400. We are not allowed to take the laundry to the inmates in those modules. We just leave the cart inside the door and then they

1 distribute the laundry themselves.

2 7. In our unit, there is no antibacterial soap in the dispenser. In fact, there is not
3 a dispenser like in the other units. We just have a shared bar of soap by the sink. It
4 does not seem very sanitary to all use the same soap bar.

5 8. There is just one bottle of spray for everyone in 2700. I am not sure if it is
6 Citracide or Turbokill. There do not seem to be any consistent rules about cleaning.
7 The phone is not wiped down between users. I have seen other people in my dorm
8 put a sock over the phone in order to use it.

9 9. There is only lukewarm water in the shower and sometimes it is cold. It is
10 random when the shower will be cold. We do have access to the showers every day,
11 but there is not any official cleaning schedule of the showers. Inmates just have to
12 clean the showers themselves.

13 10. There are 20-30 people in the dayroom outside of my cell. The cells open
14 onto the dayroom with just a glass door. Although I am housed in the cell, there are
15 twenty people just outside the door to my cell, and I have to walk very closely past
16 those people whenever I need to go anywhere. It is not possible to stay 6 feet away
17 from the people outside my door. Their beds are spaced very closely together,
18 approximately 1.5 feet apart.

19 11. There are two bunk beds in my cell. It is impossible to socially distance
20 myself from my roommates.

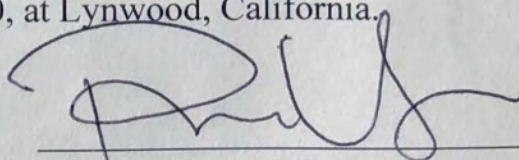
21 12. There is no hand sanitizer or paper towels and we just dry our hands on our
22 clothes. We get one towel per week that we keep in our cells. The inmate trustees
23 doing the laundry are issued thin, blue, rubber gloves to handle the laundry.

24 13. If I were released from here, I would stay at my uncle's place. I could have
25 my own room and quarantine there. I have stayed there before.

26 14. I miss my family very much. Right now, we are not allowed any family
27 visits. The thing that would lift my spirits the most is at least having video visits
28 with my family. It is really hard being away from them during this emergency.

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

2 Executed this 19th day of April , 2020, at Lynwood, California.

3 

4 _____
5 Rany Uong

Ex. 14

DECLARATION OF BENITO VENEGAS

I, Benito Venegas, hereby declare and say:

1. I make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

2. I am currently incarcerated in Men's Central Jail ("MCJ") in Los Angeles, California. I have been incarcerated at MCJ for the last two years, awaiting trial on felony charges.

3. I am a 27-year old Hispanic man with asthma and other health conditions that make me vulnerable to COVID-19. When I was 17 years old, I was diagnosed with epilepsy. I have since had seizures on average about twice a month for the last ten years. Last week, I experienced two seizures on the same day. My seizures generally cause me to fall to the ground involuntarily. I have had seizures in the shower, where I fall to the ground involuntarily and scrape myself on the shower floor. The showers are used by over eighty people daily and are not cleaned thoroughly. The shower floor is visibly dirty even after it is cleaned. Since I have been in jail, I have developed irritation on my skin which I believe may be due to contact that I have made with unhygienic surfaces when experiencing seizures.

4. I am housed in the "School Dorm" which is an 87-person dorm. We are almost at full capacity; at last count on April 14, I believe there were only four open bunks. The dorm has restrooms, showers, telephone booths, communal tables, a workout area with pullup bars, vending machines and triple bunk beds. The triple bunk beds are less than 3 feet apart from one another. We all usually eat our meals at our bunks or at the communal tables. The prisoners with whom I share this space touch all of the same common surfaces. Since early March, the guards canceled yard time, and since then we have been in our dorm all day. We all leave for our court appearances, medical visits, attorney visits, and other mandatory transports from time to time and come back to the dorm.

1 5. It is difficult, if not impossible, to keep six feet of distance with the other
2 prisoners in my dorm. It is a small dorm, filled with more than eighty people, and very
3 crowded. We share all of the common spaces in the cell, including the exercise area
4 consisting of pull-up bars, the showers, the restrooms, and the tables where we sit, each,
5 watch television, and play cards. We also sleep in very close proximity to each other. For
6 instance, there is an older man (I estimate about 80 years old) who sleeps in a bunk right
7 beside my bunk. He is less than six feet away from me. At night, I can hear him coughing
8 loudly.

9 6. We are given our food through a slot in the doorway by trustees, some of
10 whom wear masks but others do not. The ones who wear masks only started to wear them
11 about two weeks ago. The trustees are sometimes conversing with us or with each other
12 when they give us food, and I have personally seen at least one trustee coughing or
13 sneezing when handling the food. We all line up to get food, and in lining up, it is
14 impossible, given the size of the dorm and how many people there are, to stay six feet
15 apart from one another.

16 7. When I see my dorm mates cough in my presence, I typically cover my
17 mouth or my nose with my jail uniform. This has happened a lot in my dorm. I am afraid
18 of retaliation by deputies if I say I need medication or treatment for potential COVID-19
19 symptoms.

20 8. Before April 10, 2020, no one in the jail had given me anything to protect
21 myself against COVID-19. I had not received any masks, hand sanitizer, or gloves. Early
22 in the morning on April 10, deputies came into the dorm, turned on all the lights, and
23 gave one mask to each person. No other information was provided about the masks.

24 9. We do not have soap dispensers or hand sanitizer inside the dorm. We have
25 limited access to gloves; I don't get any gloves unless it's an emergency and I ask the
26 guards for them. But the guards have not given all of us gloves.

27 10. Before we were given the masks, the only people who had masks were the
28 deputies and some (but not all) trustees. It concerns me that people outside our dorm

1 come in and out of the dorm multiple times a day to conduct checks and to drop off our
2 meals, and they are not always wearing masks.

3 11. Each person is provided a free soap once when they enter, but I have used
4 mine up already. I typically buy one through the commissary about once a week.

5 12. About once a week, trustees from a different dorm typically come and
6 “clean” my cell. They are not always wearing masks.

7 13. I have a family outside, and if released, I will have support to help me get
8 the medical care I need.

9
10 I declare under penalty of perjury under the laws of the State of California and the
11 United States of America that the foregoing is true and correct. Executed this 14th day of
12 April 2020, in Los Angeles, California.

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16 Benito Venegas
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Ex. 15

DECLARATION OF DENEAL YOUNG

I, DeNeal Young, hereby declare and say:

1. I make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto.

2. I am currently incarcerated in Men's Central Jail ("MCJ") in Los Angeles, California. I have been incarcerated at MCJ since November 26, 2019, awaiting a resentencing hearing. Prior to being transferred to MCJ, I was incarcerated at a state prison in Solano County.

3. My resentencing hearing date was scheduled for March 19, 2020 and has now been delayed indefinitely due to COVID-19.

4. I am a 49-year old Black man confined in a wheelchair due to blood clots in my legs. I have multiple underlying health conditions. I suffer from severe obesity. Doctors in prison and in MCJ have told me that I have an undiagnosed heart condition. In or around February of this year, the medical staff at MCJ performed an ultrasound in my legs. This coincided with chest pains that I started having in February. On April 7, I received the results of the ultrasound which revealed roughly 45% obstruction of blood flow in one leg and 35% obstruction of blood flow in the other leg. The doctor informed me that this puts me at risk of heart attack, pulmonary embolism, and stroke. Due to the rapid progression of the obstruction, I have lost my ability to walk and am currently in a wheelchair. I was told that I needed to be "sent out" to the county hospital immediately for an emergency surgery. However, the doctor at MCJ has since told me that they cannot send me out and they don't know when they will be able to send me out due to COVID-19 restrictions. They state, "Everything has to go through Trump." With each day that passes, I am afraid that if I contract COVID-19 in the jail, my compromised medical condition would put me at a higher risk of complications from the illness.

5. I am housed in a 3-man cell in the Medical unit of MCJ. There are three bunks and a toilet. There is roughly one foot between each bed. There is very little

1 privacy or personal space; we use the bathroom in each other's presence and touch all of
2 the same surfaces. It is impossible for me to keep six feet apart from my cell mates. I get
3 my medications 3x/day when the nurse comes to the door. The nurse is always
4 accompanied by a deputy. They open the door and I walk to the doorway where they
5 hand me my medication. They are always less than 6 feet away. It's a different deputy all
6 three times a day and a different nurse at least two times a day. I get my food 3x/day
7 when a deputy and a trustee comes to the door. It is a different trustee each time of day
8 and a different deputy each time of day. I also encounter deputies when I go to the
9 shower 3x/week (Sun, Tues, Thurs). I have been to the doctor four times since I have
10 been incarcerated here at MCJ. The deputies bring me to the doctor by walking me down
11 a hallway about 50-feet from my cell. I have to wait in line behind eight people on
12 average. We are all sitting on the bench (and I am next to the bench in my wheelchair). It
13 is not possible to have six feet of distance on the bench. We are usually waiting for about
14 an hour and a half to see the doctor.

15 6. I want to do everything I can to protect myself against COVID-19 but the
16 guards and nurses have not given me adequate protective gear to protect myself against
17 COVID-19. No one had the jail has provided me with any written information about the
18 virus, and I do not see any signs around my cell or at the jail about how to protect myself
19 against contracting it or spreading it if I have it. The only information I get is from
20 reading the newspaper or watching the news on TV.

21 7. On or around March 15, 2020, I was exposed to someone who was coughing
22 aggressively. The person was in front of the nurse's station, where I was waiting to get
23 my blood pressure taken. A few days later, my throat became scratchy and I also
24 developed a cough. On March 20, my temperature was taken by a nurse. I registered a
25 temperature of 99.5, which is higher than my regular body temperature and considered to
26 be a fever for me. Although I showed symptoms of COVID-19, I was not placed in a
27 separate cell, quarantined, or provided any medication. I was also not given a COVID-19
28 test.

1 8. I have not personally heard of anyone in the jail who has been able to get a
2 COVID-19 test despite showing symptoms, but deputies have said to me that “inmates
3 upstairs have COVID-19.”

4 9. Since I have been in the medical unit, I have seen only one thorough
5 cleaning of my cell. Two times a week, trustees from a different dorm will come into my
6 cell and sweep or throw out the trash. I do not observe them using any cleaning products
7 when they clean the cell. Shared surfaces within my cell include our single phone, door,
8 sink, toilet, and walls. I clean the surfaces myself. I have to use my own soap, which I put
9 on a rag to clean the shared surfaces. The jail does not give me any disinfectant supplies
10 to clean these shared surfaces. No one cleans the shared surfaces between uses.

11 10. Each person is provided a small soap bar upon detention, which dissolves
12 quickly after a few uses. I was handed a bar of soap by a deputy when I was first
13 transferred to MCJ; I have never received a second bar of soap from the jail in my five
14 months residing at MCJ. Instead, I have to buy my own soap. To buy a bar of soap, I
15 have to pay upwards of \$1.45 for a bar of Irish Spring, \$2.11 for a bar of Dove, or \$5.05
16 for a bar of Neutrogena, which comes out of my commissary money for food and other
17 necessities.

18 11. I shower three times a week. The showers are shared with the entire module.
19 I have never observed anyone cleaning the shared showers. In fact, when I shower, I am
20 told to clean the shower myself, take out my trash, and wipe down the area that I use. I
21 have never been provided any special cleaning supplies to do this. I usually just take my
22 foot and wipe down the shower area before I can shower. I typically see the following in
23 the shower area that I have to drag out with my foot: clothes left over from a previous
24 shower, debris, trash, dirty diapers, hair, spit, and phlegm. I am in a wheelchair so this is
25 difficult for me to do. The showers are shared so the door, the faucet, the rails, the shower
26 walls are all common surfaces.

27 12. I have observed the deputies try to confiscate my cell mate’s CPAP machine,
28 but he has refused to give it up because he needs it to breathe while sleeping. I have heard

1 of other people in the medical ward whose CPAP machines were taken from them
2 because of COVID-19, but who are not told what else they can do about their breathing
3 problems.

4 13. When I wash my hands, I have to use my shirt to wipe my hands. I am not
5 provided any paper towels inside my cell to wipe my hands clean after washing them. I
6 get laundry once every Monday. Most of the time they don't have my size (5X top, 7X
7 pants).

8 14. On April 9, because news of COVID-19's rapid spread was causing me to
9 fear for my life, I submitted a grievance form asking for a mask and hand sanitizer. I also
10 requested a release so that I can get the medical care that I need in a timely manner. I
11 explained in the grievance, "This grievance is for me to receive a mask, gloves and hand
12 sanitizer and to be released from custody to go to the hospital to get medical care
13 attention and social distancing living conditions to stop the spread of COVID-19."

14 15. On April 10, at around 2am in the morning, guards came into my cell and
15 handed each of us a face mask. I was not given any directions about how to wear it or
16 when to wear it, or if we will be getting replacement face masks after we finish using the
17 ones they gave us.

18 16. On April 10, in the daytime, I was visited by a Senior Deputy. I asked him to
19 submit my grievance, and he agreed to do so. He told me that he reviewed my grievance
20 form and that that the deputies would not be giving our hand sanitizer or gloves. He also
21 said that my request to be released was a custody issue and he could not do anything
22 about that.

23 17. Before April 10, I repeatedly asked nurses, deputies and senior deputies for a
24 face mask and was told no. I heard in response, "You are safe because you are in here." I
25 would sometimes receive the response, "We don't have no face masks." Jail staff, nurses,
26 trustees and other people physically enter my cell at least five times a day to pass out
27 food, medication, and to perform welfare checks. Before April 10, the only people who
28 had masks are some (but not all) of the deputies, trustees, and nurses. Not all of the

1 deputies wear masks. I have seen deputies cough and sneeze near my cell.

2 18. On April 15, I again submitted a grievance form stating my concern on
3 behalf of all prisoners at MCJ. The grievance states, ““This grievance is for myself and
4 all inmates in LA County Jails. The jails fail to maintain conditions necessary to prevent
5 COVID-19 by e.g., ignoring CDC guidance and not providing masks, sanitization
6 supplies, proper cleaning, soap/paper towels, social distancing, testing, and treatment.”

7 19. If released, I will go to my aunt’s house in Paramount, CA. My aunt is
8 willing and able to come pick me up at MCJ. My aunt is a nurse and works at a hospital
9 in Marina Del Rey; hence, she is familiar with local hospitals in the Los Angeles area
10 where I might be able to timely secure the medical help I need. If released, I have many
11 more options than I have within the jail to find a medical provider to treat the blood clots
12 in my legs and perform urgent surgery as needed.

13 20. I am a member of the Youth Justice Coalition.

14
15 I declare under penalty of perjury under the laws of the State of California and the
16 United States of America that the foregoing is true and correct. Executed this 23rd day of
17 April 2020, in Los Angeles, California.

18
19
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21 _____
DeNeal Young

1 Dan Stormer, Esq. [S.B. #101967]
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13 Attorneys for Petitioners/Plaintiffs

14 [Additional Counsel continued on next page]

15 **UNITED STATES DISTRICT COURT**
16 **CENTRAL DISTRICT OF CALIFORNIA**

17 RODNEY CULLORS, DENEAL YOUNG,
18 JESSICA HAVILAND, RANY UONG,
19 MARK AVILA, CAROLE DUNHAM,
20 LEANDREW LEWIS, VICTOR
21 GUTIERREZ, JEREMIAH FARMER, on
22 behalf of themselves and all others
23 similarly situated, DIGNITY AND
24 POWER NOW, YOUTH JUSTICE
25 COALITION,

23 *Plaintiffs,*

24 vs.

25 COUNTY OF LOS ANGELES, LOS
26 ANGELES COUNTY SHERIFF ALEX
27 VILLANUEVA, and DOES 1-10,
28 inclusive,

27 *Defendants.*

Case No.: 2:20-cv-03760

CLASS ACTION

**DECLARATIONS OF PROPOSED
CLASS REPRESENTATIVES IN
SUPPORT OF PLAINTIFFS' MOTION
FOR CLASS CERTIFICATION**

[Additional Counsel continued from first page]

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**pro hac vice applications forthcoming*

**INDEX OF DECLARATIONS REGARDING
CLASS REPRESENTATIVE DUTIES & QUALIFICATIONS**

Exhibit	Description
A	Declaration of Mark Avila, dated April 17, 2020
B	Declaration of Rodney Cullors, dated April 17, 2020
C	Declaration of Carole Dunham, dated April 14, 2020
D	Declaration of Jeremiah Farmer, dated April 17, 2020
E	Declaration of Victor Gutierrez, dated April 15, 2020
F	Declaration of Jessica Haviland, dated April 14, 2020
G	Declaration of LeAndrew Lewis, dated April 18, 2020
H	Declaration of Rany Uong, dated April 17, 2020
I	Declaration of DeNeal Young, dated April 23, 2020

Dated: April 24, 2020

Respectfully Submitted,

HADSELL STORMER RENICK & DAI LLP
KAYE, MCLANE, BEDNARSKI & LITT, LLP
CIVIL RIGHTS CORPS
UCLA LAW CLINICS
ACLU OF SOUTHERN CALIFORNIA
AMERICAN CIVIL LIBERTIES UNION

By: /s/ - Barrett S. Litt
Barrett S. Litt
Lindsay Battles
Attorneys for Petitioners/Plaintiffs

Ex. A

Declaration of Mark Avila
Regarding Class Representative Duties & Qualifications

1. I, Mark Avila, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at Men's Central Jail in Los Angeles, California and have been here since November 4, 2019. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at Men's Central Jail during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
6. I understand that, through my lawyers, I have a duty and responsibility to let class members know about important events in this case. I understand that my attorneys and the Court will let me know what those events are. I understand that some types of notice that will be sent out include letting class members know what their rights are, and how they can participate in the case.
7. I understand and accept that, as a class representative, I am responsible for actively participating in the lawsuit by such things as testifying at deposition and trial, answering written interrogatories, providing information to my attorneys necessary for the case, and by keeping my attorneys advised of their current whereabouts at all times. It is essential that my attorneys have a

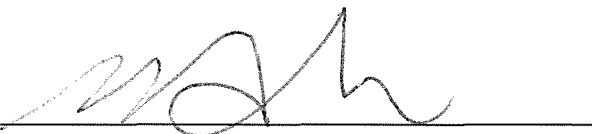
means to contact a class representative on very short notice as needs may arise.

8. I understand that any resolution of the lawsuit, such as by settlement or dismissal, is subject to court approval and must be in the best interests of the class as a whole.
9. I understand and accept the possibility that, in the event the case is lost, the court may assess certain of defendants' costs of litigation against the class representatives.
10. I understand that a class representative is not required to be particularly knowledgeable with respect to the subject of the lawsuit. However, the class representative should be interested, on a continuous basis, in the progress of the lawsuit, and must make every effort to provide class counsel with all relevant facts.
11. I understand that I have a duty to take steps to prosecute the case, which will happen through my lawyers. I know that I have to provide information to my lawyers they feel is necessary, provide documents if required, and testify if necessary at deposition or trial.
12. I understand that I am volunteering to represent many other people with similar claims. I understand that it is important that all benefit from the lawsuit equally. Based on what I have been told, a class lawsuit will save time, money, and effort. Thus, a class action will benefit all parties, and the court.

I declare under penalty of perjury that the forgoing is true and correct.

Executed on this 17 day of April 2020, in Los Angeles,
California.

(Signature) _____

A handwritten signature in black ink, appearing to be 'M. A. H.', written over a horizontal line.

Ex. B

Declaration of Rodney Cullors
Regarding Class Representative Duties & Qualifications

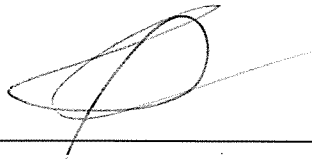
1. I, Rodney Cullors, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at Men's Central Jail in Los Angeles County and have been here since February 2019. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at Men's Central Jail during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
6. I understand that, through my lawyers, I have a duty and responsibility to let class members know about important events in this case. I understand that my attorneys and the Court will let me know what those events are. I understand that some types of notice that will be sent out include letting class members know what their rights are, and how they can participate in the case.
7. I understand and accept that, as a class representative, I am responsible for actively participating in the lawsuit by such things as testifying at deposition and trial, answering written interrogatories, providing information to my attorneys necessary for the case, and by keeping my attorneys advised of their current whereabouts at all times. It is essential that my attorneys have a

means to contact a class representative on very short notice as needs may arise.

8. I understand that any resolution of the lawsuit, such as by settlement or dismissal, is subject to court approval and must be in the best interests of the class as a whole.
9. I understand and accept the possibility that, in the event the case is lost, the court may assess certain of defendants' costs of litigation against the class representatives.
10. I understand that a class representative is not required to be particularly knowledgeable with respect to the subject of the lawsuit. However, the class representative should be interested, on a continuous basis, in the progress of the lawsuit, and must make every effort to provide class counsel with all relevant facts.
11. I understand that I have a duty to take steps to prosecute the case, which will happen through my lawyers. I know that I have to provide information to my lawyers they feel is necessary, provide documents if required, and testify if necessary at deposition or trial.
12. I understand that I am volunteering to represent many other people with similar claims. I understand that it is important that all benefit from the lawsuit equally. Based on what I have been told, a class lawsuit will save time, money, and effort. Thus, a class action will benefit all parties, and the court.

I declare under penalty of perjury that the forgoing is true and correct.

Executed on this 17 day of April 2020, in Los Angeles,
California.

Ⓜ (Signature)  _____

Ex. C

Declaration of Carole Dunham
Regarding Class Representative Duties & Qualifications

1. I, Carole Dunham, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at the Century Regional Detention Facility in Lynwood, California and have been here since August 2019. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at Century Regional Detention Facility during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
6. I understand that, through my lawyers, I have a duty and responsibility to let class members know about important events in this case. I understand that my attorneys and the Court will let me know what those events are. I understand that some types of notice that will be sent out include letting class members know what their rights are, and how they can participate in the case.
7. I understand and accept that, as a class representative, I am responsible for actively participating in the lawsuit by such things as testifying at deposition and trial, answering written interrogatories, providing information to my attorneys necessary for the case, and by keeping my attorneys advised of their

current whereabouts at all times. It is essential that my attorneys have a means to contact a class representative on very short notice as needs may arise.

8. I understand that any resolution of the lawsuit, such as by settlement or dismissal, is subject to court approval and must be in the best interests of the class as a whole.
9. I understand and accept the possibility that, in the event the case is lost, the court may assess certain of defendants' costs of litigation against the class representatives.
10. I understand that a class representative is not required to be particularly knowledgeable with respect to the subject of the lawsuit. However, the class representative should be interested, on a continuous basis, in the progress of the lawsuit, and must make every effort to provide class counsel with all relevant facts.
11. I understand that I have a duty to take steps to prosecute the case, which will happen through my lawyers. I know that I have to provide information to my lawyers they feel is necessary, provide documents if required, and testify if necessary at deposition or trial.
12. I understand that I am volunteering to represent many other people with similar claims. I understand that it is important that all benefit from the lawsuit equally. Based on what I have been told, a class lawsuit will save time, money, and effort. Thus, a class action will benefit all parties, and the court.

I declare under penalty of perjury that the forgoing is true and correct.

Executed on this 14 day of April, 2020, in Cynwood
California.

(Signature) Carol Jenkins

Ex. D

Declaration of Jeremiah Farmer
Regarding Class Representative Duties & Qualifications

1. I, Jeremiah Farmer, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at North County Correctional Facility, awaiting trial since January 9, 2020. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at North County during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
6. I understand that, through my lawyers, I have a duty and responsibility to let class members know about important events in this case. I understand that my attorneys and the Court will let me know what those events are. I understand that some types of notice that will be sent out include letting class members know what their rights are, and how they can participate in the case.
7. I understand and accept that, as a class representative, I am responsible for actively participating in the lawsuit by such things as testifying at deposition and trial, answering written interrogatories, providing information to my attorneys necessary for the case, and by keeping my attorneys advised of their current whereabouts at all times. It is essential that my attorneys have a

means to contact a class representative on very short notice as needs may arise.

8. I understand that any resolution of the lawsuit, such as by settlement or dismissal, is subject to court approval and must be in the best interests of the class as a whole.
9. I understand and accept the possibility that, in the event the case is lost, the court may assess certain of defendants' costs of litigation against the class representatives.
10. I understand that a class representative is not required to be particularly knowledgeable with respect to the subject of the lawsuit. However, the class representative should be interested, on a continuous basis, in the progress of the lawsuit, and must make every effort to provide class counsel with all relevant facts.
11. I understand that I have a duty to take steps to prosecute the case, which will happen through my lawyers. I know that I have to provide information to my lawyers they feel is necessary, provide documents if required, and testify if necessary at deposition or trial.
12. I understand that I am volunteering to represent many other people with similar claims. I understand that it is important that all benefit from the lawsuit equally. Based on what I have been told, a class lawsuit will save time, money, and effort. Thus, a class action will benefit all parties, and the court.

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

Executed on this 17th day of April 2020, in Los Angeles, California.

(Signature)



Ex. E

Declaration of Victor Gutierrez
Regarding Class Representative Duties & Qualifications

1. I, Victor Gutierrez, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at Twin Towers Correctional Facility in Los Angeles, California and have been here since March 13, 2020. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at Twin Towers Correctional Facility during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
6. I understand that, through my lawyers, I have a duty and responsibility to let class members know about important events in this case. I understand that my attorneys and the Court will let me know what those events are. I understand that some types of notice that will be sent out include letting class members know what their rights are, and how they can participate in the case.
7. I understand and accept that, as a class representative, I am responsible for actively participating in the lawsuit by such things as testifying at deposition and trial, answering written interrogatories, providing information to my attorneys necessary for the case, and by keeping my attorneys advised of their current whereabouts at all times. It is essential that my attorneys have a

means to contact a class representative on very short notice as needs may arise.

8. I understand that any resolution of the lawsuit, such as by settlement or dismissal, is subject to court approval and must be in the best interests of the class as a whole.
9. I understand and accept the possibility that, in the event the case is lost, the court may assess certain of defendants' costs of litigation against the class representatives.
10. I understand that a class representative is not required to be particularly knowledgeable with respect to the subject of the lawsuit. However, the class representative should be interested, on a continuous basis, in the progress of the lawsuit, and must make every effort to provide class counsel with all relevant facts.
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12. I understand that I am volunteering to represent many other people with similar claims. I understand that it is important that all benefit from the lawsuit equally. Based on what I have been told, a class lawsuit will save time, money, and effort. Thus, a class action will benefit all parties, and the court.

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

Executed on this 15th day of April, 2020, in Los Angeles, California.

(Signature) _____



Ex. F

Declaration of Jessica Haviland
Regarding Class Representative Duties & Qualifications

1. I, Jessica Haviland, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at Century Regional Detention Facility in Lynwood, California and have been here since December 19, 2019. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at Century Regional Detention Facility during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
6. I understand that, through my lawyers, I have a duty and responsibility to let class members know about important events in this case. I understand that my attorneys and the Court will let me know what those events are. I understand that some types of notice that will be sent out include letting class members know what their rights are, and how they can participate in the case.
7. I understand and accept that, as a class representative, I am responsible for actively participating in the lawsuit by such things as testifying at deposition and trial, answering written interrogatories, providing information to my attorneys necessary for the case, and by keeping my attorneys advised of their

current whereabouts at all times. It is essential that my attorneys have a means to contact a class representative on very short notice as needs may arise.

8. I understand that any resolution of the lawsuit, such as by settlement or dismissal, is subject to court approval and must be in the best interests of the class as a whole.
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I declare under penalty of perjury that the forgoing is true and correct.

Executed on this 14 day of April, 2020, in Lynwood
California.

(Signature) J. H. H. H.

Ex. G

Declaration of LeAndrew Lewis
Regarding Class Representative Duties & Qualifications

1. I, LeAndrew Lewis, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at North County Correctional Facility in Los Angeles County and have been here since November 13, 2019. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at North County Correctional Facility during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
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7. I understand and accept that, as a class representative, I am responsible for actively participating in the lawsuit by such things as testifying at deposition and trial, answering written interrogatories, providing information to my attorneys necessary for the case, and by keeping my attorneys advised of their current whereabouts at all times. It is essential that my attorneys have a

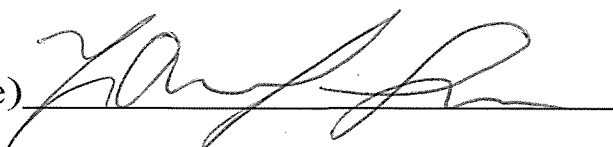
means to contact a class representative on very short notice as needs may arise.

8. I understand that any resolution of the lawsuit, such as by settlement or dismissal, is subject to court approval and must be in the best interests of the class as a whole.
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12. I understand that I am volunteering to represent many other people with similar claims. I understand that it is important that all benefit from the lawsuit equally. Based on what I have been told, a class lawsuit will save time, money, and effort. Thus, a class action will benefit all parties, and the court.

I declare under penalty of perjury that the forgoing is true and correct.

Executed on this 18 day of April 2020, in Los Angeles California.

(Signature)

A handwritten signature in black ink, appearing to be "Zhang", written over a horizontal line.

Ex. H

Declaration of Rany Uong
Regarding Class Representative Duties & Qualifications

1. I, Rany Uong, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at the Century Regional Detention Facility and have been here since January 2020. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at Century Regional Detention Facility during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
6. I understand that, through my lawyers, I have a duty and responsibility to let class members know about important events in this case. I understand that my attorneys and the Court will let me know what those events are. I understand that some types of notice that will be sent out include letting class members know what their rights are, and how they can participate in the case.
7. I understand and accept that, as a class representative, I am responsible for actively participating in the lawsuit by such things as testifying at deposition and trial, answering written interrogatories, providing information to my attorneys necessary for the case, and by keeping my attorneys advised of their

current whereabouts at all times. It is essential that my attorneys have a means to contact a class representative on very short notice as needs may arise.

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9. I understand and accept the possibility that, in the event the case is lost, the court may assess certain of defendants' costs of litigation against the class representatives.
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12. I understand that I am volunteering to represent many other people with similar claims. I understand that it is important that all benefit from the lawsuit equally. Based on what I have been told, a class lawsuit will save time, money, and effort. Thus, a class action will benefit all parties, and the court.

I declare under penalty of perjury that the forgoing is true and correct.

Executed on this 17 day of April, in Lynwood
California.

(Signature)



Ex. I

Declaration of DeNeal Young
Regarding Class Representative Duties & Qualifications

1. I, DeNeal Young, am over the age of eighteen. I am a plaintiff and a proposed class representative in *Cullors, et. al. v. County of Los Angeles, et. al.*
2. I am incarcerated at Men's Central Jail in Los Angeles, California and have been here since November 26, 2019. I understand that I am acting as a class representative for inmates subject to unreasonable risk of exposure to COVID 19 due to the Los Angeles Sheriff's Department's deliberate indifference to the health and safety of inmates within its custody. I am separately submitting a declaration describing my experience at Men's Central Jail during the COVID 19 public health crisis.
3. I understand that I am acting on behalf of many other people, besides myself, who are incarcerated in the Los Angeles County jail system.
4. I understand that, as a class representative, I represent the interests of all class members in the lawsuit. It is my responsibility to represent the interests of the class as a whole and not just my personal interests.
5. I understand that a class representative has claims which are typical of the members of the class. By typical, I understand that my claims against the defendants are similar to the claims of other class members because each of us was injured in a similar way and manner, as a result of the same policy or practice.
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12. I understand that I am volunteering to represent many other people with similar claims. I understand that it is important that all benefit from the lawsuit equally. Based on what I have been told, a class lawsuit will save time, money, and effort. Thus, a class action will benefit all parties, and the court.

I declare under penalty of perjury that the forgoing is true and correct.

Executed on this 23 day of April 2020, in Los Angeles,
California.

(Signature) _____

A handwritten signature in black ink, appearing to be 'R. J. [unclear]', written over a horizontal line.

1 Dan Stormer, Esq., SBN 101967
2 dstormer@hadsellstormer.com
3 Tanya Sukhija-Cohen SBN 295589
4 Theresa Zhen, Esq. SBN 300710
5 Shaleen Shanbhag SBN 301047
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7 128 N. Fair Oaks Avenue
8 Pasadena, California 91103
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11 Barrett S. Litt, SBN 45527
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13 Lindsay Battles, SBN 262862
14 Kaye, McLane, Bednarski & Litt, LLP
15 975 East Green St.
16 Pasadena, California 91106
17 Telephone: (626) 844-7660
18 Facsimile: (626) 844-7670

19 Attorneys for Plaintiffs
20 Other Counsel on Following Page

21 **UNITED STATES DISTRICT COURT**
22 **CENTRAL DISTRICT OF CALIFORNIA**

23 RODNEY CULLORS, DENEAL
24 YOUNG, JESSICA HAVILAND,
25 RANY UONG, MARK AVILA,
26 CAROLE DUNHAM, LEANDREW
27 LEWIS, VICTOR GUTIERREZ,
28 JEREMIAH FARMER, on behalf of
themselves and all others similarly
situated, DIGNITY AND POWER
NOW, YOUTH JUSTICE
COALITION,
Plaintiffs,
vs.
COUNTY OF LOS ANGELES, LOS
ANGELES COUNTY SHERIFF
ALEX VILLANUEVA, and DOES
1-10, inclusive,
Defendants.

Case No. 2:20-cv-03760

DECLARATIONS OF
CLASS COUNSEL IN SUPPORT OF
MOTION FOR CLASS CERTIFICATION

[Additional Counsel continued from previous page]

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Katherine C. Hubbard, Esq. [S.B.
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katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
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Andrea Woods, Esq.*
AMERICAN CIVIL LIBERTIES UNION
125 Broad Street, 18th Floor
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Telephone: (212) 549-2528
Facsimile: (212) 607-3329
Email: awoods@aclu.org

**pro hac vice applications forthcoming*

1 **PROOF OF SERVICE**

2 I, Katherine Uckert, am employed in the County Los Angeles, State of California;
3 I am over the age of 18 years and not a party to this action. My business address is 975
4 East Green Street, Pasadena, California 91106.

5 On April 24, 2020, I served the foregoing:

6 **DECLARATIONS OF CLASS COUNSEL**
7 **IN SUPPORT OF MOTION FOR CLASS CERTIFICATION**
8

9 on the interested parties in this action by transmitting a true copy thereof, as follows:

10 **SEE ATTACHED SERVICE LIST**

11 [...]
12 **BY U.S. MAIL:** By placing it for collection and mailing, in the course of ordinary
13 business practice, enclosed in a sealed envelope, with postage fully prepaid, addressed to
14 all parties of record on the service list.

15 [...]
16 **BY FEDERAL EXPRESS:** I enclosed said document(s) in an envelope provided
17 by FedEx and addressed to all parties of record on the service list. I delivered the
18 envelope or package for collection and overnight delivery to a courier or driver
19 authorized by FedEx to receive documents.

20 **[X] BY EMAIL OR ELECTRONIC TRANSMISSION:** I caused a copy of the
21 document to be sent from the email address kuckert@kmbllaw.com to the persons at the
22 email addresses listed in the accompanying service list. I did not receive, within a
23 reasonable time after the transmission, any electronic message or other indication that
24 the transmission was unsuccessful. ****Due to the COVID-19 pandemic, the parties have
25 stipulated to electronic service of the forgoing documents.***

26 I declare under penalty of perjury under the laws of the United States of America
27 and the State of California that the foregoing is true and correct.

28 Executed this 24th day of April 2020, at Pasadena, California.


Katherine Uckert, CP

SERVICE LIST

ANDREW BAUM - State Bar No. 190397
MICHAEL E. GERST - State Bar No. 266514
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Attorneys for Defendants,
COUNTY OF LOS ANGELES, LOS ANGELES COUNTY SHERIFFS
DEPARTMENT, SHERIFF ALEX VILLANUEVA

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Tanya Sukhija-Cohen SBN 295589
Theresa Zhen, Esq. SBN 300710
Shaleen Shanbhag SBN 301047
Hadsell Stormer Renick & Dai LLP
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Pasadena, California 91106
Telephone: (626) 844-7660
Facsimile: (626) 844-7670

Attorneys for Plaintiffs
Other Counsel on Following Page

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

Cullors, et al., individually and as
class representatives

Plaintiffs,

vs.

COUNTY OF LOS ANGELES,
SHERIFF ALEX M VILLANUEVA,
in his official capacity, et al,

Defendants.

Case No. 20-cv-3760

**DECLARATION OF DAN STORMER
IN SUPPORT OF PLAINTIFFS'
MOTION FOR CLASS
CERTIFICATION**

[Additional Counsel continued from previous page]

Peter J. Eliasberg, Esq. [S.B. #189110]
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Los Angeles, CA 90017
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Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B.
#302729]
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Facsimile: (202) 609-8030
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katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
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virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
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915 15th St., N.W.
Washington, D.C. 20005
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Facsimile: (202) 393-4931
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Andrea Woods, Esq.*
AMERICAN CIVIL LIBERTIES UNION
125 Broad Street, 18th Floor
New York, NY 10004
Telephone: (212) 549-2528
Facsimile: (212) 607-3329
Email: awoods@aclu.org

**pro hac vice applications forthcoming*

DECLARATION OF DAN STORMER

I, DAN STORMER, declare and state as follows:

BACKGROUND

1. I am an attorney licensed to practice law by the State of California. I have personal knowledge of the facts contained in this declaration and if called to testify, could and would competently testify thereto.

2. I submit this declaration in support of Plaintiffs request to appoint myself and three attorneys from my firm, Tanya Sukhija-Cohen, Theresa Zhen, and Shaleen Shanbhag, as class counsel in this case. Ms. Sukhija-Cohen, Ms. Zhen and Ms. Shanbhag have extensive experience in the area of civil rights and human rights, including excessive force and wrongful convictions. Attached hereto as Exhibits 1 and 2 are the resumes of Ms. Sukhija-Cohen and Ms. Zhen, which further detail their outstanding professional and academic credentials and qualifications to be appointed as class counsel.

3. We also seek appointment of our co-counsel, who include several of the nation's foremost experts in class action litigation challenging injustice in the criminal justice system. Plaintiffs request for appointment of class counsel also includes: Kaye, McLane, Bednarski & Litt (Barrett Litt and Lindsay Battles); Civil Rights Corps (Katherine Hubbard and Alec Karakatsanis); UCLA Law School Clinic professors Catherine Sweetser, Alicia Virani and Aaron Littman; American Civil Liberties Union (Eric Balaban and Andrea Woods); and the ACLU of Southern California (Peter Eliasberg).

4. I am a partner of the law firm of Hadsell Stormer Richardson & Renick, LLC which practices primarily in the area of constitutional, civil rights, International Human Rights, and public interest law. I have been in the practice of law for thirty-nine years and a member of the State Bar of California since 1981, an inactive member of the State Bar of Colorado (1974), and former member of the State Bar of Washington (1977).

5. I am "AV Preeminent" rated by Martindale-Hubbell. I have been listed in "The Best Lawyers In America" since 1994. Also, as a result of surveys of attorneys by the Daily Journal, I have been repeatedly listed as one of the "Top 100 Most Influential

1 Lawyers in California” (Cal. Law Business), as well as the Top 75 Labor and
 2 Employment Lawyers. I have been repeatedly selected as a SUPER LAWYER by Los
 3 Angeles Magazine and Law & Politics Magazine. In the same surveys, I was also
 4 selected as one of the top 10 lawyers in the Los Angeles area. I have been listed since
 5 1999 in “Guide to the World’s Leading Labour and Employment Lawyers.” Each of the
 6 partners in our firm was also selected as a SUPER LAWYER. I have been named as a
 7 Fellow of the College by the Governors of The College of Labor and Employment
 8 Lawyers. I have been rated as one of the top ten employment lawyers in this state. I have
 9 also been listed as one of the top five plaintiff employment lawyers in California
 10 (Chambers USA–America’s Leading Business Lawyers, 2003-2004). Our firm is also
 11 listed in the same study as being one of the top four firms in the state.

12 6. Attached as Exhibit A is the listing of awards I have received.

13 7. I have co-authored three law review articles: Stormer and Bernstein, The Impact
 14 of Kolender v. Lawson on Law Enforcement and Minority Groups, 12 Hastings
 15 Constitutional Law Quarterly, 105 (1984); Stormer and Ferber, Legal Responses to
 16 Unconstitutional Termination of Disability Benefits, 22 Idaho Law Review 201 (1985-
 17 1986); Stormer and Richardson, The Graying of America: Age Discrimination in the
 18 Nineties, 26 West Los Angeles Law Review 189 (1995). I previously wrote a monthly
 19 column for the Matthew Bender-California Labor and Employment Bulletin. I have
 20 contributed to literally dozens of other publications, including a chapter in the James
 21 Publications Book: Sexual Harassment.

22 8. During the past 45 years, I have taught at over 300 legal programs and seminars as
 23 well as having been a keynote and graduation speaker. I have taught at Hastings College
 24 of Law (Trial Advocacy, Pre-Trial Criminal Procedure), Loyola College of Law
 25 (Prisoners’ Rights), San Fernando Valley College of Law (Trial Advocacy), and at
 26 Southwestern University College of Law (Political Trials). I have also taught trial
 27 advocacy for the National Institute of Trial Advocacy, Hastings College of Trial
 28 Advocacy, and California Institute of Trial advocacy. I have lectured extensively on

1 Civil Rights and Harassment to students, bar groups, CEB organizations and community
2 groups.

3 9. I have been the subject of numerous Daily Journal profiles, including May 2005,
4 August 14, 1989, and December 1985, and numerous Top 100 Lawyer profiles and Top
5 Labor and Employment profiles, one profile in the Los Angeles Lawyer (December
6 1984), one in the California Lawyer (December 1988) and one in the Legal Exchange
7 (May 1990) and in California Law Business (November 1993) as well as the Pasadena
8 Star News (April 20, 2005). I have repeatedly been listed as one of the top employment
9 lawyers in California as the result of Daily Journal surveys. I was also profiled in the
10 Wagner alumni journal (Fall 2008). Additionally, I was profiled in the Santa Monica
11 Community College semi-annual publication "Voices on Higher Education" in 1998.

12 10. I have been acknowledged internationally as one of the leading civil rights,
13 employment, plaintiff-side labor and constitutional law attorneys, as recognized in "The
14 Best Lawyers in America," Euromoney Publications' "Guide to the Worlds' Leading
15 Labour and Employment Lawyers," "America's Registry of Outstanding Professionals,"
16 as well as the National and International "Who's Who of Professionals."

17 11. As noted above, I am often asked to speak to legal groups on various issues
18 concerning civil rights and trials. I have been a law school commencement address
19 speaker. I have spoken and/or delivered papers in over 250 seminars. For instance, I
20 have spoken to the Los Angeles Trial Lawyers Association on the issue of how to try an
21 employment discrimination case; the Los Angeles County Labor Law Section held a
22 seminar on "The Care and Feeding of Juries" in which I was a primary speaker; the
23 California Employment Law Council presented a program on mediation in which I was
24 one of three speakers; the Trial Lawyers Association presents each year a "Masters
25 Series" involving, as they describe it, "prominent successful attorneys," and I was one of
26 those persons selected to present a closing argument. I have been the key-note speaker at
27 the annual California State Bar Labor and Employment law symposium. I have been the
28 commencement speaker at the graduation for The Thomas Jefferson School of Law. I

1 have also spoken at seminars on civil rights trials presented by MALDEF, ACLU,
2 Consumer Attorneys of California, Consumer Attorneys Association of Los Angeles,
3 Florida Trial Lawyers, Western Trial Lawyers Association, National Employment
4 Lawyers Association, Los Angeles County Bar, California State Bar, National Lawyers
5 Guild, California Trial Lawyers Association, American Trial Lawyers Association,
6 Association of Business Trial Lawyers, The National Institute of Trial Advocacy and
7 many others. These seminars are only some of the engagements at which I have spoken.
8 I have also spoken at several ABA conventions and at literally hundreds of trial practice
9 workshops and other legal educational seminars.

10 12. I have received a number of awards: Religious Liberty Award by the ACLU in
11 2012; Certificate of Special Congressional Recognition by Congressman Howard L.
12 Berman in 2012; LGBT Award by the ACLU Foundation of Southern California in 2007;
13 The Honorable Robert W. Kenny Award by the Los Angeles Chapter of the National
14 Lawyers Guild in 2005; Los Angeles Regional Social Justice Award by Occidental
15 College - Urban & Environmental Policy Institute; Certificate of Recognition for Human
16 Rights Legal Representation by the California State Assembly; Joseph Posner Award by
17 the California Employment Lawyer's Association; Certificate of Recognition for Fighting
18 Discrimination by the California State Assembly Resolution; The Los Angeles Office of
19 the City Attorney's Commendation for outstanding contribution to the citizens of Los
20 Angeles in 1995; the California Lieutenant Governor's Commendation for longstanding
21 commitment to ensure equal justice and for service to the community in 1995; the Pursuit
22 of Justice Award by the California Women's Law Center in 1995, the California
23 Assembly Resolution honoring me for my commitment to civil rights, constitutional law
24 and public interest law in 1995; the Clarence Darrow Award by People's College of Law
25 in 1991; the Hollywood Fair Housing Council Award in 1989; the Pro Bono Firm of the
26 Year by Public Counsel Law Center in 1987; and the Pro Bono Service Award given to
27 me by the Legal Aid Foundation of Los Angeles in 1986.

13. I have tried many cases to juries. On a number of occasions I have achieved results of a million or more, examples are Martin v. Texaco (20 million), Schell v. Parks (4.31 million), Zinzun v. City of Los Angeles (3.84 million), Ruiz v. Jackson (1.6 million), Wysinger v. The Automobile Club of Southern California (1.3 million), and Bonsangue v. ADP (slightly over 1 million). I have been co-counsel or lead counsel in several dozen cases which have settled for seven or eight figures (no decimals included).

14. I have served as lead counsel or co-counsel in a number of class actions with published opinions including: McLaughlin v. County of Riverside, 500 U.S. 44 (1991) (class representing inmates of Riverside and San Bernardino County jail, including oral argument before the U.S. Supreme Court); Del Monte v. Wilson, 1 Cal.4th 1009 (1992) (a class representing disabled veterans); Leeds v. Watson, 630 F.2d 674 (9th Cir. 1980) (class consisted of county jail inmates); Benson v. The County of Orange, 788 F.Supp 1123 (C.D.Cal. 1992) (class represented all Orange County jail inmates); Lopez v. Heckler, 572 F.supp. 26 (C.D. Cal. 1983) (class included Social Security beneficiaries residing in the Ninth Circuit whose benefits were terminated based on a finding that they were not adequately impaired.); Pierce v. County of Orange, 526 F.3d 1190 (9th Cir. 2008) (class of disabled inmates, ongoing injunction and court monitoring).

15. I have also been class counsel in a number of other class actions including: Rodriguez v. City of Los Angeles, CV11-01135 DMG (JEMx) (class of persons subject to illegal restrictions in a purported “gang injunction”); Morales v. Aramark Corporation, CV09-5565 CBM (MLGx) (class of employees denied meal and rest breaks under California law); Paige v. State of California, CV 94-0083 CBM (Ctx) (class of State troopers denied promotions based on race; and Cundiff v. Verizon, BC 237806 (class of consumers suing Verizon (formerly GTE California, Inc.) for unfair business practices) (See also 167 Cal.App.4th 718 (2008) and 101 Cal.App.4th (2002)).

16. I have argued a number of cases resulting in published opinions including:
United States Supreme Court:

1 17. In National Aeronautics and Space Administration (NASA) v. Nelson, 131 S. Ct.
2 1755 (2010), I co-counseled for respondent scientists, engineers, and administrative
3 personnel contract employees working for California Institute of Technology (Caltech) at
4 the Jet Propulsion Laboratory (JPL). We urged the Supreme Court to hold that NASA's
5 background investigation into confidential medical treatment or counseling for drug use
6 and adverse information including private sexual matters of low-risk, long-time
7 employees, violated the employees' Constitutional right to informational privacy.

8 18. In County of Riverside v. McLaughlin, 111 S.Ct. 1661 (1991), I argued before the
9 Supreme Court that the County of Riverside's practice of exceeding a 48-hour period in
10 making probable cause determinations of arrested individuals was unconstitutional. The
11 Supreme Court held that the County of Riverside was not immune from systemic
12 challenges such as this class action.

13 19. In the matter of Wayte v. United States, 105 S.Ct. 1524 (1985), I was co-counsel
14 for David Wayte. We urged the Supreme Court to hold the Government's passive
15 enforcement system for Selective Service nonregistrants and its policy to persuade
16 nonregistrants to change their minds violated the First and Fifth Amendment.

17 20. I filed an amicus brief in Heckler v. Campbell, 103 S.Ct. 1952 (1983), urging the
18 Supreme Court to affirm the decision of the Court of Appeals which held the Secretary of
19 Health and Human Services' guidelines setting forth rules to determine whether a job
20 existed for a disability benefits claimant did not provide adequate evidence of specific
21 alternative jobs that respondent could perform.

22 21. In Kolender v. Lawson, 103 S.Ct. 1855 (1983), I filed an amicus brief urging the
23 Supreme Court to affirm the decision of the Court of Appeals, which held that a
24 California statute requiring persons who loiter or wander on the streets to identify
25 themselves when requested by a peace officer was constitutionally vague on its face
26 because it encouraged arbitrary enforcement.

27 22. In Youngberg v. Romeo, 102 S.Ct. 2452 (1982), I filed an amicus brief on behalf
28 of Mental Health Advocacy Services et al. urging the Supreme Court to protect

respondent's constitutional right to safe conditions of confinement and freedom from unreasonable bodily restraints.

23. In Cabell v. Chavez-Salido, 102 S.Ct. 735 (1982), I was co-counsel on appellees' brief arguing that a California statute that required probation officers to be United States citizens was unconstitutional.

Federal Courts of Appeal:

24. In Obaydullah v. Obama, 609 F.3d 444 (2010), I was co-counsel for a Guantanamo Bay inmate. We successfully obtained a trial in his petition for writ of habeas corpus.

25. In Doe v. Wal-Mart Stores, Inc., 572 F.3d 677 (9th Cir. 2009), I was co-counsel for workers in defendant's suppliers' garment factories in China, Bangladesh, Indonesia, Swaziland, and Nicaragua, as well as in California. We argued that defendant was negligent in undertaking and retaining control of contracts with its suppliers, and breached these supply contracts by failing to adequately monitor suppliers' factories to ensure compliance with basic labor standards that suppliers were required to meet. Moreover, we argued that defendant imposed difficult time and price requirements on suppliers to force suppliers to violate the standards. We argued defendant's breach resulted in harm to plaintiffs, who were third party beneficiaries to the contract, including lost pay and benefits for California workers due to unfair competitive disadvantage, and various poor working conditions for foreign workers, including excessive hours or days of work, withheld pay, confiscation of withheld pay, overtime without pay, less than minimum-wage pay, denial of overtime pay, less than required rest periods, lack of safety equipment, denial of maternity benefits, discrimination because of union activities, and physical abuse.

26. In the United States Court of Appeals for the Ninth Circuit in the matter of Boyd v. City of Hermosa Beach, 321 Fed. Appx. 584 (9th Cir. 2009), I was co-counsel for citizens subjected to police force while exercising their First Amendment rights. We successfully urged the court to uphold the lower courts denial of qualified immunity to one defendant sergeant for his unlawful and excessive use of force against one plaintiff

1 picketer when he pushed her twice though she was not committing any dangerous crime,
2 did not pose any threat to the officer, was not resisting arrest, and was not attempting to
3 flee.

4 27. In the United States Court of Appeals for the Ninth Circuit in the matter of Nelson
5 v. NASA, 530 F.3d 865 (9th Cir. 2008), we were counsel for JPL employees in non-
6 sensitive “low risk” positions who were subjected to defendant NASA’s extensive and
7 unlawful background investigation of appellants. We successfully argued that
8 questionnaires that asked low risk contract employees to disclose information considering
9 financial integrity, abuse of alcohol and/or drug abuse, any treatment or counseling
10 received for drug abuse, mental or emotional stability, and to sign an open-ended waiver
11 authorizing the government to collect “any information ...from schools, residential
12 management agents, employers, criminal justice agencies, retail business establishments,
13 or other sources of information” “includ[ing], but ... not limited to ... academic,
14 residential, performance, attendance, disciplinary, employment history, and criminal
15 history record information” implicated a constitutional right to informational privacy, and
16 the government failed to demonstrate the questions were narrowly tailored to meet
17 legitimate government interests. I also successfully moved for denial of rehearing en
18 banc. See Nelson v. NASA, 568 F.3d 1028, 1029 (9th Cir. 2009).

19 28. In Nelson v. NASA, 512 F.3d 1134 (9th Cir. 2008), we successfully challenged the
20 denial of a preliminary injunction against the defendant NASA’s new policy that any new
21 worker who failed to submit a questionnaire would be summarily terminated, as NASA
22 had not demonstrated any specific harm that it would face if it was enjoined during the
23 action from applying its broad investigation to “low risk” contract employees, many of
24 whom had worked at the laboratory for decades. I also successfully challenged the denial
25 of a preliminary injunction against defendant Caltech’s similar termination policy that
26 punished noncompliant JPL employees who failed to obtain federal identification badges,
27 only attainable after submitting to similar over-broad questioning, as this policy created a
28

1 coercive environment in which plaintiffs would have to choose between their jobs or their
2 constitutional rights.

3 29. I was co-counsel in Paige v. California, 233 Fed. Appx. 646 (9th Cir. 2007), where
4 we represented a minority employee and similarly situated minority employees in the
5 California Highway Patrol (CHP). Using statistical evidence of disparate treatment to
6 support a claim that plaintiffs were excluded for promotions under Title VII through the
7 to use of CHP promotional examinations for a particular period of time, I successfully
8 urged the court to find error in the district court's rejection as insignificant any of the
9 statistical results we offered on behalf of our clients showing a disparity of greater than
10 1.96 standard deviations. The court rejected the district courts use of a threshold higher
11 than 1.96 standard deviation as a result of our work.

12 30. In Merritt v. Am. Stores Co., 154 Fed. Appx. 637 (9th Cir. 2005), I was co-counsel
13 for employees who sued defendant Lucky Stores for hostile work environment. We
14 successfully appealed the district courts motion for summary judgment against our clients
15 due to their erroneous finding that the incidents alleged were not serious enough to
16 overlook their infrequency and not severe enough to change the conditions of
17 employment. In fact, we presented evidence sufficient to reverse the district courts
18 finding and remand for further consideration.

19 31. As co-counsel for a flight attendant with a disability in Salisbury v. Delta Air
20 Lines, Inc., 126 Fed. Appx. 368 (9th Cir. 2005), we argued defendant employer failed to
21 reasonably accommodate plaintiff's disability, discriminated against due to her disability,
22 subjected her to adverse employment action when it demoted her from flight attendant to
23 a clerical position, and failed to engage plaintiff in a good faith interactive process to
24 reasonably accommodate her as required by California's Fair Employment and Housing
25 Act.

26 32. In the case of John Doe v. Unocal Corp., 2002 U.S. App. LEXIS 19263, at *1 (9th
27 Cir. Dec. 3, 2001), I was co-counsel for plaintiffs who were workers from Myanmar,
28 formerly Burma. We argued that the Myanmar government, in joint venture with

1 UNOCAL Corp. and other entities had perpetrated numerous human rights violations
2 including forced labor, physical violence, and forced relocation. The Ninth Circuit held
3 that there was sufficient evidence to preclude summary judgment on whether the
4 defendants aided and abetted the Myanmar military in subjecting the workers to forced
5 labor, murder, and rape. The case was remanded to the district court.

6 33. Standing Committee on Discipline of U.S. Dist. Court for Cent. Dist. of California
7 v. Yagman, 55 F.3d 1430 (9th Cir. 1995), I filed an amicus brief in support of an attorney
8 against whom disciplinary proceedings were brought for exercising his First Amendment
9 rights by making statements criticizing a judge.

10 34. In the United States Court of Appeals for the Ninth Circuit in the matter of
11 American-Arab Anti-Discrimination Committee v. Reno, 70 F.3d 1045 (9th Cir. 1995), I
12 was co-counsel for appellants who claimed that the Immigration and Naturalization
13 Service had selectively enforced immigration laws in violation of appellants' First
14 Amendment rights. The Court of Appeals for the Ninth Circuit affirmed the United
15 States District Court for the Central District in California's decision to grant a
16 preliminary injunction against the INS in the proceedings to deport six of the plaintiffs,
17 and vacated the decision that the District Court lacked jurisdiction to consider the
18 selective enforcement claim of the two remaining plaintiffs.

19 35. In Stewart v. Gates, 987 F.2d 1450 (9th Cir. 1993), I argued the district court's
20 award of attorneys' fees in an underlying civil rights litigation concerning prison
21 conditions in Orange County, California should not be reversed because the fees were
22 "reasonable" in light of the Kerr factors – novelty or difficulty of the case, the preclusion
23 of other employment, time limitations, the amount at stake, the results attained and the
24 undesirability of the case – and a fee enhancement was necessary to the determination of
25 a reasonable fee.

26 36. In McLaughlin v. County of Riverside, 888 F.2d 1276 (9th Cir. 1989), I
27 successfully argued before the Ninth Circuit Court of Appeals on behalf of a claim of
28

1 detainees seeking to enjoin the County of Riverside's practice of exceeding a 48-hour
2 period while making probable cause determinations of arrested individuals.

3 37. In Martinez v. Winner, 771 F.2d 424 (10th Cir. 1985), I participated in Appellant's
4 brief claiming that defendants deprived plaintiff of his civil and constitutional rights and
5 conspired to get plaintiff into prison on unsubstantiated criminal charges.

6 38. In the matter of Morales-Alvarado v. INS, 655 F.2d 172 (9th Cir. 1981), I was
7 counsel for petitioner and argued that the Board of Immigration Appeals improperly
8 considered petitioner's criminal conviction in exercising its decision to deny petitioner's
9 application for voluntary departure.

10 39. In Leeds v. Watson, 630 F.2d 674 (9th Cir. 1980), I successfully argued for
11 appellants before the Ninth Circuit Court of Appeals that conditions in the Kootenai
12 County Jail (Idaho) were not fit for the confinement of prisoners.

13 40. I was counsel in Hooker v. United States Department of Health and Human
14 Services, 858 F.2d 525 (9th Cir. 1988), and argued that plaintiff's husband's disability
15 benefits had been wrongfully terminated in a manner which should allow Tort liability.

16 **Federal District Courts:**

17 41. In Pierce v. County of Orange, —F. Supp.2d—, 2011 WL 68843 (C.D. Cal.), I was
18 co-counsel in a class action representing pretrial detainees in the county jail. We
19 successfully argued that physical barriers to accessibility of jail facilities and certain
20 categories of programs, services, and activities which were not available to the mobility-
21 impaired and dexterity-impaired sub-class of detainees, violated the Americans with
22 Disabilities Act (ADA).

23 42. . In Rosenstock v. L.A. Unified Sch. Dist., 2009 U.S. Dist. LEXIS 108187 (C.D.
24 Cal. 2009), I was counsel for an employee of Millikan Middle School under the Los
25 Angeles Unified School District and successfully presented evidence sufficient to
26 withstand summary judgment of plaintiff's hostile work environment, sexual harassment,
27 and retaliation claims, and defeated the defendant's argument that plaintiff failed to
28 exhaust her administrative remedies because she only alleged "harassment" in her

1 DFEH/EEOC charge. In addition to arguing that my client was subjected to unwelcome
2 sexual advances by her supervisor both inside and outside the workplace that were
3 “sufficiently work-related”, which constituted sexual harassment within the meaning of
4 the Title VII, I also successfully argued that the test to determine whether a plaintiff
5 exhausted administrative remedies is whether the discriminatory acts in the lawsuit are
6 likely or reasonably related to the allegations in the administrative charge, rather than
7 simply observing which box was checked off on behalf of the plaintiff in the
8 DFEH/EEOC forms, as defendants argued.

9 43. Bardzik v. County of Orange, 605 F. Supp. 2d 1076 (C.D. Cal. 2009), I was
10 counsel for a lieutenant who, in retaliation for the exercise of his first amendment rights
11 in supporting the political challenger of Sheriff Corona, the County of Orange County
12 and the Orange County Sheriff Department rescinded a promised promotion, denied pay
13 raises, prevented further promotion, transferred the lieutenant to a less prestigious
14 position, and fabricated wrongdoing by the lieutenant, which resulted in an internal
15 investigation. I argued that the lieutenant’s duties and role were not that of a policy-
16 making position where political affiliation was a reasonably appropriate requirement for
17 the job, and even if they were, the retaliation against him exceeded the scope of the
18 policymaker exception; that defendants engaged in unnecessary harassment against the
19 lieutenant, that the retaliation was motivated to further a scheme of corrupt activities, and
20 that the lieutenant’s claims were not barred by qualified immunity. The court denied the
21 defendant’s motion for summary judgment on my client’s First Amendment claim.

22 44. In Wang v. Chinese Daily News, Inc., 2008 U.S. Dist. LEXIS 82538 (C.D. Cal.
23 2008), I was co-counsel for a class consisting of former and current employees of a
24 newspaper based in Los Angeles which was found by a jury to have violated the Fair
25 Labor Standards Act (FLSA), the California Business and Professions Code, and sections
26 of the California Labor Code. We successfully argued the newspaper failed to give
27 plaintiffs meal and rest breaks, to pay overtime, and to pay for vacations, resulting in a
28 jury verdict in favor of plaintiffs on all causes of action and an award of over \$5.2 million

1 in employment law and wage and hour damages, which was upheld by the United States
2 District Court for the Central District of California.

3 45. In Nguon v. Wolf, 517 F. Supp. 2d 1177 (C.D. Cal. 2007), I was co-counsel for a
4 female high school student who was suspended for “inappropriate public display of
5 affection” due to kissing another female student on campus. I argued that the defendant
6 school officials violated the student’s right to equal protection and her First Amendment
7 right to freedom of expression by disciplining her, and her privacy right under the
8 California Constitution when the principal disclosed to the student’s mother, who was
9 unaware of her daughter’s sexual orientation until the disclosure, that she had been
10 kissing another girl.

11 46. In Fitzgerald v. City of Los Angeles, 485 F. Supp. 2d 1137 (C.D. Cal. 2007), I was
12 co-counsel for residents of a city who, after initially filing suit against defendant law
13 enforcement officials alleging that the officials’ policy of arbitrarily stopping, detaining
14 and searching individuals or groups of individuals who appeared to be homeless, or
15 appeared to be residents of the area in question, violated their Fourth Amendment rights,
16 entered into a settlement agreement with law enforcement, which included a permanent
17 injunction prohibiting searches in question. I argued for the extension of the injunction,
18 which the court granted for a period of four months, holding that arbitrary, capricious or
19 harassing searches of all individuals, regardless of their probation or parole status,
20 violated both federal and California law.

21 47. In C.N. v. Wolf, 2006 U.S. Dist. LEXIS 97121 (C.D. Cal.2006), I filed a Motion in
22 Limine to exclude the testimony of the School defendant’s expert on the grounds that his
23 testimony was not within the ken of expert testimony and that he was not timely
24 designated. I also successfully defeated several Motions in Limine filed by defendant,
25 including a motion to exclude evidence of a 2001 disciplining of a same-sex female
26 couple at the school, as it was evidence relevant to plaintiff’s showing of disparate
27 treatment; a motion to exclude evidence of emotional or psychological injury sustained
28 by plaintiff as part of pain and suffering; and a motion to exclude three photographs that

1 depicted heterosexual students engaging in inappropriate public displays of affection, or
2 “PDA”, because the court recognized that a high prevalence of PDA may have been
3 sufficient to establish that administrators saw, or ignored, PDA among heterosexual
4 couples.

5 48. In Wang v. Chinese Daily News, Inc., 236 F.R.D. 485 (C.D. Cal 2006), after the
6 court issued an order approving class notice, and after plaintiffs mailed notice to putative
7 class members and defendants provided notice and opt-out forms in its workplace, we
8 filed a motion to invalidate the returned opt-outs, to restrict defendants’ communications
9 with the class, and for post-judgment curative notice, due to circumstances surrounding
10 the opt out period. The court found that the opt-outs submitted in the lawsuit were a
11 product of a coercive environment that pressured employees to opt out lest they risk
12 losing their jobs, and coupled with the ongoing employer-employee relationship between
13 the class and defendants, were not a product of independent decision-making and thus
14 invalid. The court also granted our remaining motions, sustained our objections to the
15 statements of four employees because they were members of the class for purposes of
16 injunctive and declarative relief, and overruled several of defendants objections to
17 statements by four employees and other witnesses.

18 49. In the matter of Bowoto v. Chevron 2004 U.S. Dist. LEXIS 4603 (2004), I was co-
19 counsel for plaintiffs who were Nigerian workers. We argued that Chevron, along with
20 its foreign subsidiaries in Nigeria, and in joint venture with the Nigerian government,
21 perpetrated numerous human rights violations. The violations included firing live
22 ammunition at workers staging a protest on Chevron Texaco Corporation’s subsidiary
23 Chevron Nigeria Limited’s oil platform, killing two workers. The defendants filed
24 motions for summary judgment on all plaintiffs’ federal claims and pendent state law
25 claims. The Court determined that the plaintiffs’ claims as to Chevron Nigeria Limited’s
26 liability based on an agency, aiding and abetting, and ratification theory would proceed
27 forward. The District Court granted defendants’ motion for summary judgment as to
28 Chevron’s direct liability and alter-ego liability.

1 50. In the matter of Cummings v. Western Trial Lawyers Ass'n, 133 F. Supp.2d 1144
2 (D. Ariz. 2001), I was co-counsel on behalf of defendants in an action brought by a
3 former full-time executive director who alleged causes of action for defamation, breach
4 of contract, breach of the duty of good faith and fair dealing, intentional infliction of
5 emotional distress, intentional interference with a business relationship, false light, and
6 quantum meruit. The court granted our motion to dismiss as to plaintiff's intentional
7 interference with business relationship claim.

8 51. In the case of York v. County of El Dorado, 119 F. Supp. 2d 1106 (E.D. Cal.
9 2000), I was co-counsel for a class of plaintiff prisoners who sued the defendant county
10 over conditions at the county's jails, such as the overcrowded jail populations at the
11 Placerville and South Lake Tahoe jail facilities. By formal agreement, the plaintiff class
12 and defendant county agreed to a limit on jail population. The stipulation and order of
13 the court approving the settlement agreement had no provision for the court's retention of
14 jurisdiction for enforcement. The defendant county moved to terminate the injunctive or
15 prospective relief contained in the settlement. The court denied the defendant's motion
16 for lack of jurisdiction.

17 52. In the case of John Doe v. Unocal Corp, 110 F. Supp. 2d 1294 (C.D. Cal. 2000), I
18 was co-counsel for plaintiffs who were workers from Myanmar, formerly Burma. We
19 argued that the Myanmar government, in joint venture with UNOCAL corp. and other
20 entities had perpetrated numerous human rights violations including forced labor,
21 physical violence, and forced relocation. The defendant filed motions for summary
22 judgment on all plaintiffs' federal claims and pendent state law claims. The District
23 Court granted defendant's motion for summary judgment as to plaintiffs' federal claims
24 and remanded the pendent claims back to state court.

25 53. In the case of John Doe v. Unocal Corp., 67 F. Supp. 2d 1140 (C.D. Cal. 1999), I
26 was co-counsel for plaintiffs who were workers and residents of Myanmar, formerly
27 Burma. We argued that plaintiffs should be granted class certification on the grounds
28 that plaintiffs faced future injury based on defendant's conduct. The District Court

1 denied our motion for class certification but held that plaintiffs could assert their
2 individual claims because they faced a substantial probability of forced repatriation.

3 54. In the case of John Doe v. Unocal Corp., 27 F. Supp. 2d 1174 (C.D. Cal. 1998), I
4 was co-counsel for plaintiffs who were farmers and residents of Myanmar, formerly
5 Burma. We argued that UNOCAL Corp., along with the Myanmar government, and
6 Total S.A., a French Corporation, had perpetrated human rights violations in furtherance
7 of defendants joint venture. Defendant Total S.A. filed a motion to dismiss for lack of
8 personal jurisdiction. The District Court granted Total S.A.'s motion.

9 55. In the case of John Doe v. UNOCAL Corp., 963 F. Supp. 880 (C.D. Cal. 1997), I
10 was co-counsel for plaintiffs who were workers and residents of Myanmar, formerly
11 Burma. We argued that UNOCAL, in a joint venture with the Myanmar government and
12 other entities had perpetrated numerous human rights violations including but not limited
13 to physical violence, forced labor, forced relocation, false imprisonment, rape, and
14 murder. Defendant filed a motion to dismiss plaintiffs' complaint. The District Court
15 denied the motion in part and granted in part. The court denied defendant UNOCAL's
16 Fed. R. Civ. P 12(b)(6) motion. The court held that SLORC (the Myanmar government),
17 and MOGE, were entitled to sovereign immunity and were not indispensable parties
18 under Fed. R. Civ. P. 19. The District Court further held that subject matter jurisdiction
19 over the remaining plaintiffs was available under the Alien Tort Claims Act. The District
20 Court granted plaintiffs' leave to amend on the issues of continuing violations and a
21 claim brought under the California Business and Professions Code.

22 56. In the matter of Bureerong v. Uvawas, 922 F. Supp. 1450 (C.D. Cal. 1996), I was
23 counsel for plaintiffs who were workers from Thailand and argued that plaintiffs had
24 been falsely imprisoned and employed in a system of involuntary servitude. The
25 common law claims and the FLSA claims were presented in a unique fashion. The court
26 ruled that we had properly stated a cause of action. See also Bureerong v. Uvawas, 167
27 F.R.D. 83 (C.D. Cal. 1996) and Bureerong v. Uvawas, 959 F.Supp. 1231 (C.D. Cal.
28 1997).

57. In the case of Richard v. City of Pasadena, 889 F. Supp. 384 (C.D. Cal. 1995), I was counsel for plaintiff whom the court determined to be the prevailing party and awarded plaintiff attorneys' fees against the City of Pasadena.

58. In American-Arab Anti-Discrimination Committee v. Reno, 883 F. Supp. 1365 (C.D. Cal. 1995), the District Court had granted a preliminary injunction against the selective enforcement of immigration laws and had issued a permanent injunction against the use of undisclosed information to adjudicate appellants' legalization applications.

59. In the matter of Ragge v. MCA/Universal Studios, 165 F.R.D. 601 (C.D. Cal. 1995), I was counsel for plaintiff and filed a successful Motion to Compel Production of resumes and job applications in the personnel files of named defendants.

60. In another Federal Rules Decision, Ragge v. MCA/Universal Studios, 165 F.R.D. 605 (C.D. Cal. 1995), I argued that two conditions be attached to the mental examination of my client. First, that the tests to be conducted be disclosed in advance of the examination and second, that a third party observer be present at the examination.

61. In Bullfrog Films v. Catto, 815 F. Supp. 338 (C.D. Cal. 1993), I was counsel for plaintiffs who were granted attorneys' fees, costs, and expenses against the United States.

62. In the matter of Benson v. County of Orange, 788 F. Supp. 1123 (C.D. Cal. 1992), I was counsel for plaintiffs and argued for an injunction against the County's reduction of jail visitation times.

63. I was counsel for plaintiff in Kaiser v. County of Sacramento, 780 F. Supp. 1309 (E.D. Cal. 1991), and argued for a preliminary injunction to provide adequate legal access to law books and legal assistance.

64. In the matter of Lopez v. Heckler, 572 F. Supp. 26 (C.D. Cal. 1983), I was counsel for a class of plaintiffs that were challenging the procedure used to terminate Social Security disability benefits.

65. In the case of U.S. v. Wayte, 549 F. Supp. 1376 (C.D. Cal. 1982), I was co-counsel for a defendant who had been indicted for failing to register for the draft under § 3 of the Military Selective Service Act. We filed a motion to dismiss the indictment on the

grounds that the United States failed to rebut the court's prima facie finding of selective prosecution. The court granted defendant's motion and dismissed the indictment because defendant showed that the United States could have located non-vocal non-registrants but chose not to and that defendant was singled out for prosecution because he exercised his right to free speech under the First Amendment of the United States Constitution.

66. In Champagne v. Hygrade Food Products, Inc., 79 F.R.D. 671 (E.D. Wash. 1978), I was counsel for plaintiff and submitted a motion to take oral depositions by non-stenographic means and to record the proceedings by a separate tape recorder. Plaintiffs' motion was granted.

California Supreme Court:

67. Rosenthal v. Great Western Financial Securities Corp. (1996) 14 Cal.4th 394. This was an action in which the Supreme Court of the State of California interpreted, among other things, the applicability of the United States Arbitration Act to California courts. The Court also determined what the standards were for setting aside an arbitration agreement. I argued this matter before the Court.

68. I was counsel for appellants in Del Monte v. Wilson (1992) 1 Cal.4th 1009, and argued before the Supreme Court of California that a statute that conditioned the distribution of veterans' benefits on California residency violated appellants' constitutional right to equal protection of the laws. The court affirmed the decision of the Court of Appeals in Del Monte v. Deukmejian (1991) 1 Cal.App.4th 1213, and found the statute violative of the equal protection clause of the Fourteenth Amendment of the United States Constitution. I argued this matter before the California Supreme Court.

69. In the matter of City of Torrance v. Transitional Living Centers for Los Angeles, Inc. (1982) 30 Cal.3d 516, I filed an amicus brief on behalf of Respondent urging the court to affirm the trial court's decision to deny a preliminary injunction that would prevent the Defendant from maintaining a facility for mental patients in a classified zone of the Appellant City of Torrance.

California Courts of Appeal:

1 70. In Grobesson v. City of Los Angeles, 190 Cal.App. 4th 778 (2d Dist. 2010), as co-
2 counsel for appellant in his discrimination, retaliation and constructive discharge case, we
3 were successful in upholding the trial court's order granting a motion for a new trial on
4 the ground of juror misconduct.

5 71. In the education-rights action of Coachella Valley Unified School Dist. v. State of
6 California (2009), 176 Cal. App. 4th 93, I was co-counsel to nine public school districts
7 challenging California's failure to comply with the No Child Left Behind Act with
8 respect to students who are not yet proficient in English. We challenged defendant's
9 refusal to provide reasonable accommodations on assessments of students with limited
10 English proficiency, and explained how California, unlike fourteen other states, refuses to
11 utilize a Spanish-language test or a modified-English language test that reduces
12 unnecessary linguistic complexity. See also Coachella Valley Unified Sch. Dist v.
13 California, 2005 U.S. Dist. LEXIS 44825 (N.D. Cal. 2005).

14 72. In Cundiff v. Verizon, California, Inc. (2008), 167 Cal. App. 4th 718, after
15 securing a settlement for three main sub-classes of consumers of a 170,000-member class
16 who were wrongfully charged for obsolete or nonexistent telephones for fifteen years
17 without their knowledge by the defendant telephone companies, we filed a motion to
18 amend the judgment in order to direct the settlement administrator to pay approximately
19 \$414,000 in unclaimed funds on a pro rata basis to the charities named in the settlement
20 agreement. While the trial court rejected the motion, the Court of Appeals reversed and
21 remanded, finding that the definition of "unpaid residue" under section 384 of the Code
22 of Civil Procedure accurately described the unclaimed funds at issue in our case, as
23 indicated by the plain meaning of the words of the statute and its legislative history.

24 73. In the matter of Wysinger v. Automobile Club of Southern California (2007), 157
25 Cal. App. 4th 413, I represented an employee under FEHA who contended he had been
26 unlawfully discriminated and retaliated against by his employer. I successfully argued
27 that the court uphold the jury's verdict that found that the employer retaliated against my
28 client because he filed an age discrimination claim, and the employer failed to engage in

1 an interactive process regarding his disability, the latter finding which I argued was not
2 inconsistent with the jury's finding that the employer did not fail to provide a required
3 reasonable accommodation to my client for his disability. The court also found in our
4 favor that the jury award of \$1million in punitive damage was not excessive because the
5 employer's conduct supported these damages when a supervisor threatened to "crush
6 managers" who opposed a new compensation plan that disproportionately reduced the
7 compensation of older workers.

8 74. In Motevalli v. Los Angeles Unified School District, (2004) 122 Cal.App.4th 97, I
9 represented an LAUSD schoolteacher who was not rehired because of her political
10 activities. The court set the standards by which such non-renewal can take place.

11 75. In Cundiff v. Bell Atlantic Corp. (2002) 101 Cal.App.4th 1395, I represented a
12 class of consumers who contended that defendant telephone companies charged them for
13 obsolete or nonexistent telephones for fifteen years without their knowledge. The trial
14 court sustained defendants' demurrer on the ground that the Public Utilities Commission
15 had primary jurisdiction over the matter alleged in the complaint. The appellate court
16 disagreed and reversed, holding that the consumers stated facts sufficient to constitute
17 multiple causes of action.

18 76. Beyda v. City of Los Angeles (1998) 65 Cal.App.4th 511. The Court of Appeals
19 on this matter determined the admissibility of evidence of defendant's harassment of
20 other employees. There had been, prior to this case, questions about whether such
21 evidence was admissible. The Court in Beyda determined that such evidence is, in fact,
22 admissible under Government Code § 12940 and Title VII of the Civil Rights Act of
23 1964. The Court determined that harassment of other individuals was admissible even if
24 the acts were not committed in the presence of the plaintiff.

25 77. I represented Appellants before the California Court of Appeals in Planned
26 Parenthood v. City of Santa Maria (1993) 16 Cal.App.4th 685, and argued that the
27 Respondent City of Santa Maria could not condition the receipt of public funds upon the
28 recipient's agreement not to provide abortion services. The Court of Appeals agreed and

1 affirmed the trial court's decision that a government entity may not offer a grant of public
2 funds on condition that the recipient waive the constitutional right to privacy.

3 78. In the matter of Martin v. Fisher (1992) 11 Cal.App.4th 118, I was counsel for
4 Appellant and argued successfully before the Court of Appeals of California that the trial
5 court erred in dismissing appellant's claims against respondent for failure to exhaust
6 administrative remedies.

7 79. I was counsel for appellants in Castro v. Los Angeles City Board of Supervisors
8 (1991) 232 Cal.App.3d 1432, and sought a preliminary injunction against a nonprofit
9 corporation that provided legal services in dependency court because the representation
10 of multiple parties with potentially adverse interests created a conflict of interest within
11 the corporation and among its attorneys.

12 80. In the matter of Smith v. State Bar of California (1989) 212 Cal.App.3d 971, I was
13 co-counsel for Appellant and argued that the trial court erred in sustaining the State Bar's
14 demurrer and dismissing appellant's action. Appellant was unable to take the bar
15 examination for which he was registered and sued to compel the State Bar to transfer his
16 fees to a subsequent test.

17 81. I have also represented plaintiffs in taxpayer suits. For instance, in the case of
18 Gates v. Superior Court (1986) 178 Cal.App.3d 301 [prohibition], I was co-counsel on
19 behalf of plaintiff to recover money allegedly spent illegally by defendants.

20 82. I was counsel for Appellants in Mental Health Association in California v.
21 Deukmejian (1986) 186 Cal.App.3d 1531, and sought declaratory and injunctive relief to
22 require respondents to create rehabilitative programs for gravely disabled persons as
23 alternatives to treatment at Metropolitan and Camarillo State Hospitals.

24 83. In the matter of In re Lambert (1983) 143 Cal.App.3d 239, I was counsel for
25 Appellants and argued that a court order awarding conservator's costs and attorneys' fees
26 from an estate that consists solely of Social Security income violated a federal statute that
27 immunized Social Security benefits from garnishment or other legal process.

28 **Colorado Supreme Court:**

84. I argued for appellant in the matter of Augustino v. Colorado Dept. of Revenue, 193 Colo. 273 (1977), that the district court's revocation of appellant's driver's license was a violation of his right to equal protection.

Washington Supreme Court:

85. In the matter of In re Harris, 94 Wash.2d 430 (1980), I represented petitioners before the Supreme Court of Washington. Petitioners had been committed to state mental institutions under the criminal commitment statute and claimed that they should have been committed under the civil commitment statute.

86. I was counsel for respondent David Fry in Stack v. Chicago, Milwaukee, St. Paul & Pacific Railroad Company, 94 Wash.2d 155 (1980), and argued before the Supreme Court of Washington that Respondent Chicago, Milwaukee, St. Paul & Pacific Railroad Company could not counterclaim against its injured respondent employees or pursue a third party claim against other employee crew members for property damage allegedly caused by their negligence. The Supreme Court of Washington affirmed the trial court's dismissal of Milwaukee's counterclaim and third party actions.

87. In the matter of Brooks v. Rhay, 92 Wash.2d 876 (1979), I represented petitioner before the Supreme Court of Washington. Petitioner sought relief by writ of habeas corpus challenging the action of the Board of Prisons and Paroles ("Board") that changed the sentencing judge's decision that petitioner's sentence for second-degree assault run concurrently with a sentence for a prior conviction. The Board changed petitioner's sentence to run consecutively with his prior sentence. The case was remanded to the trial court for re-sentencing.

88. I was counsel for appellant in Dawson v. Hearing Committee, Washington State Penitentiary, 92 Wash.2d 391 (1979), and argued before the Supreme Court of Washington that disciplinary hearings in our state prisons are subject to judicial review under the Administrative Procedures Act.

89. In the matter of In re Myers, 92 Wash.2d 113 (1979), I was counsel for appellant whose husband had taken their children out of Washington and argued that the trial court

1 in Washington had jurisdiction to make child custody determinations. The Supreme
 2 Court of Washington concluded that the trial court had personal jurisdiction over the
 3 parents and subject jurisdiction to decide questions of child custody, support and
 4 visitation.

5 **Washington Courts of Appeal:**

6 90. I represented appellant in the Court of Appeals of Washington in Toulou v.
 7 Department of Social & Health Services, 27 Wash.App.137 (1980), and argued that the
 8 Department of Social & Health Services' rule allowing the department to withhold public
 9 assistance payments for two months denied appellant equal protection of the laws.

10 91. In the matter of In re Bush, 26 Wash.App.486 (1980), I was counsel for petitioner
 11 and challenged the mandatory minimum sentence fixed by the Board of Prison Terms and
 12 Paroles. The Court of Appeals of Washington held that the setting of the minimum term
 13 did not comport with procedural due process and remanded to the Parole Board for
 14 further proceedings.

15 92. I was counsel for appellants in the matter of Rice v. Department of Social & Health
 16 Services, 26 Wash.App. 32 (1980), and challenged the validity of a regulation that
 17 provides that a person in need of non-continuing general medical assistance must notify
 18 the Department of Social & Health Services of that fact within 7 days of the date medical
 19 care is begun in order to receive coverage from the onset of care. The Court of Appeals
 20 of Washington ruled that the trial court erred in upholding the 7-day rule.

21 93. I was counsel for appellant in the matter of In re Reuben Hernandez, 25 Wash.App.
 22 447 (1980), and sought to revoke an order that relinquished appellant's child to a private
 23 agency for adoption because appellant was mentally incompetent when she agreed to give
 24 up her child and her consent was procured by fraud. The Court of Appeal of Washington
 25 found insufficient evidence to prove that appellant was mentally incompetent when she
 26 agreed to give up her child or that her consent was procured by fraud.

27 94. In the matter of In re Williams, 21 Wash.App. 238 (1978), I was counsel for
 28 petitioner who sought relief after consecutive sentences for burglary and possession of

1 stolen property were imposed by the Board of Prison Terms and Paroles (“Board”). I
 2 argued before the Washington Court of Appeals that petitioner had entered a guilty plea
 3 with the understanding that concurrent sentences would be imposed. The Court of
 4 Appeals held that petitioner was entitled to specific performance of his plea bargain and
 5 remanded the case to the Board for resentencing in accordance with the plea agreement.

6 95. I represented appellant in the matter of State v. Miller, 22 Wash.App. 960 (1979),
 7 and argued that appellant’s plea bargain was involuntary induced by the prosecutor.

8 96. I was counsel for petitioners in the matter of In re McCoy, 22 Wash.App. 7 (1978),
 9 where petitioners sought resentencing after the Board of Prison Terms and Paroles set
 10 petitioners’ sentences on two convictions to run consecutively. The court held that
 11 resentencing was not required.

12 97. After the decision in Brooks v. Rhay, 92 Wash.2d 876 (1979), which overruled
 13 McCoy, petitioners in McCoy, supra, sought reconsideration, in the matter of In re
 14 McCoy, 25 Wash.App. 600 (1980), I was again counsel for petitioners. The Washington
 15 Court of Appeals ordered that petitioners be returned to Spokane County Superior Court
 16 for resentencing.

17 18 CONCLUSION

19 98. As this case list demonstrates, I have engaged in a wide range of complex
 20 civil and civil rights cases, as well as class actions.

21
22 I declare under penalty of perjury under the laws of the State of California
 23 and the United States of America that the foregoing is true and correct.

24 Executed this April 24, 2020, at Pasadena, California.

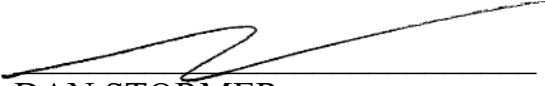
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 27 DAN STORMER
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EXHIBIT A**AWARDS / ACTIVITIES**

500 Leading National Plaintiff Consumer Lawyers	Lawdragon 500 Leading Plaintiff Consumer Lawyers	2020
500 Leading National Plaintiff Employment Lawyers	Lawdragon 500 Leading Plaintiff Employment Lawyers Guide	2018, 2019, 2020
Best Attorneys of America	Rue Ratings' Best Attorneys of America	Lifetime Charter Member
Fellow	The Fellows of the American Bar Foundation	Life Fellow
Employment Law – Individuals	Best Lawyers in America 26th Edition of The Best Lawyers in America	2016, 2017, 2018, 2019, 2020
Litigation – Labor and Employment	Best Lawyers in America 26th Edition of The Best Lawyers in America	2016, 2017, 2018, 2019, 2020
Top Attorneys in Southern California	Los Angeles Magazine	2020
Best Lawyers in Southern California (Selected by Peer Recognition & Professional Achievement)	The Wall Street Journal	2020

Top 100 Litigation Lawyers in America	American Society of Legal Advocates	2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Fellow	American Society of Legal Advocates	2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Best Law Firms – Tier 1 Ranking	U.S. News & World Report – Best Lawyers “Best Law Firms”	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Top 100 Trial Lawyers	The National Trial Lawyers	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Top Attorney	Pasadena Magazine	2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Top 100 Trial Lawyers	American Trial Lawyers Association	2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Adaptive Technical Team	Professional Ski Instructors of America	2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Adaptive Committee	Professional Ski Instructors of America	2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Certified Ski Instructor - Alpine, Adaptive, Seniors, and Children's Skiers	Professional Ski Instructors of America	2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015,

		2016, 2017, 2018, 2019, 2020
Selected to the Southern California Super Lawyers list	Southern California Super Lawyers Magazine	2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Guide to the Worlds' Leading Labour and Employment Lawyers	Euromoney Publications	1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020
Best Lawyers in America	Naifeh & Smith - National Yearly Survey of America's Leading Lawyers	1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 (Listed in <i>Best Lawyers</i> for 10 Years or Longer), 2020
Who's Who	Various Who's Who Publications	1991-present
Employment Law – Individuals “Lawyer of the Year” for Pasadena	Best Lawyers in America	2016, 2019

Decades of Service Award	National Lawyers Guild Los Angeles	2019
Lawyer of the Year	2019 Edition of The Best Lawyers in America	2019
Civil Rights Law - Attorney of the Year in California	2019 Corporate Intl Magazine Global Award	2019
Lawyer Of The Year: Southern California	The Wall Street Journal	2019
America's Most Honored Professionals	The American Registry	2019
Top 100 Trial Lawyers	American Association for Justice	2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018
America's Top 100 Civil Defense Litigators	America's Top 100 Civil Defense Litigators	2018
America's Top 100 Criminal Defense Attorneys	America's Top 100 Criminal Defense Attorneys	2017, 2018
Top 100 Attorneys in Southern California	Southern California Super Lawyers Magazine; Law and Politics Magazine	2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017
Top 75 Labor & Employment Lawyers	The Daily Journal	2011, 2012, 2013, 2014, 2015, 2016, 2017

Attorney of the Year - CLAY Award – Civil Rights	California Lawyer Magazine	2006, 2017
LA CAN Freedom Now Award	The Los Angeles Community Action Network	2016
Top 10 Attorneys in Southern California	Southern California Super Lawyers Magazine; Law and Politics Magazine	2005, 2007, 2008, 2009, 2014, 2015
Best Lawyers in America Employment Law - Individuals	Best Lawyers in America – 20 th Edition	2014 (over 20 years consecutively on list)
Hadsell Stormer Richardson & Renick LLP – Tier 1 Ranking	U.S. News - Best Lawyers’ “Best Law Firms”	2014
Southern California’s Top Rated Lawyers	American Lawyer Media	2013
Best Attorneys in Los Angeles	Best Lawyers – Individuals Award	2013
Congressional Award for Outstanding Public Service to the Community	Congressman Howard L. Berman	2012
<i>Religious Liberty Award</i>	ACLU of Southern California	2012
Lawyer of the Year – Individuals - Employment Law	Naifeh & Smith – Best Lawyers in America	2012

The Top 3000 Lawyers in America	Lawdragon Magazine	2006, 2010, 2011
Pro Bono Honor	Chief Judge of the United States District Court for the District of Columbia and The Standing Committee on Pro Bono Legal Services of the Judicial Conference for the District of Columbia Circuit	2011
Recognized for Distinction in Labor and Employment Law	The American Lawyer	2011
Appellate Lawyer Award	The National Law Journal	2010
Southern California 50 Leadership Council	RAND Institute for Civil Justice	2010
Top Lawyers	Labor + Employment	2010
The 500 Leading Lawyers in America	Lawdragon Magazine	2006, 2007, 2010
The Top 100 – California's Leading Lawyers - 100 Most Influential Lawyers in California	The Daily Journal	1998, 1999, 2000, 2001, 2002, 2005, 2006, 2009, 2010
Honored Member	America's Registry of Outstanding	

	Professionals	2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008
Honored Member	Strathmore's Who's Who	1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008
The Wagner Alumni Fellows Award – Law	Wagner College	2008
Certificate of Recognition	Los Angeles City Council, Eric Garcetti – President	2007
LGBT Award	ACLU Foundation of Southern California	2007
Fellow of the Dean's Roundtable	Chapman University School of Law	2007
The Los Angeles Area's Best Lawyers	Los Angeles Times - West Magazine	2006
Certificate of Recognition For Outstanding Dedication to the Community	California State Senate	2006
Certificate of Appreciation In	Los Angeles City Council	2006

Honor of Dedication to Social Justice in the City of Los Angeles		
Social Justice Award	Occidental College - Urban & Environmental Policy Institute	2006
The 500 Leading Litigators in America	Lawdragon Magazine	2006
Certificate of Recognition for Human Rights Legal Representation	California State Assembly	2006
Joseph Posner Award	California Employment Lawyer's Association	2005
Certificate of Recognition for Fighting Discrimination	California State Assembly Resolution	2005
Robert Kenny Award	National Lawyers Guild	2005
Fellow of the College	Governors of The College of Labor and Employment Lawyers	2004
Top 5 Employment Lawyers in California	Chambers Publishing - America's Leading Business Lawyers	2003
Los Angeles Office of the	For outstanding contribution to the citizens of Los Angeles	1995

City Attorney's Commendation		
California Lt. Governor's Commendation	For longstanding commitment to ensure equal justice and for service to the community	1995
California Assembly Resolution	Commitment to Civil Rights, Constitutional Law and Public Interest Law	1995
Pursuit of Justice Award	California Women's Law Center	1995
Top 10 Labor & Employment Lawyers in California	The Daily Journal	1991
Clarence Darrow Award	People's College of Law	1991
Hollywood Fair Housing Council Award	Hollywood Fair Housing Council	1989
Pro Bono Firm of the Year	Public Counsel Law Center	1987
Pro Bono Service Award	Legal Aid Foundation of Los Angeles	1986

Other Activities

- Rim of the World Special Athletes – Board of Directors
- Adaptive Recreation Center's Foundation – Board of Directors

- Professional Ski Instructors of America/American Association of Snowboard Instructors
- Adaptive Committee - Western Region - Chair
- Adaptive Committee –National
- Tech Team - Western Division Adaptive
- Board of Directors - Big Bear Therapeutic Riding Center
- Adaptive Adventures Unlimited – Board of Directors
- Tahoe Adaptive Competition Center – Founding Member
- Silverlake Parks and Recreation - Sports Board
- Echo Park / Silverlake People’s Child Care Center
- Volunteer Coaching
- John Marshall High School - Assistant Tennis Coach - Boys & Girls Varsity
- Various Youth Sports Leagues - Baseball (ages 6-adult), Soccer (ages 6-15), and Basketball (ages 6-15)
- Professional Ski Instructors of America (Focusing on teaching persons with disabilities, as well as Alpine and Children's instruction)
- “The Edge” – Professional Ski Instructors of America Magazine

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EXHIBIT 1

Tanya Sukhija-Cohen

EDUCATION

University of California, Los Angeles (UCLA) School of Law | Los Angeles, CA
Juris Doctor, May 2013

University of California, Los Angeles (UCLA) | Los Angeles, CA
Bachelor of Arts, Political Science and International Development Studies, June 2010
Highest Departmental Honors in Political Science

EXPERIENCE

Hadsell Stormer Renick & Dai LLP | Pasadena, CA
Associate Attorney, August 2019 – Present
Civil rights, employment, and class action litigation in federal and state courts. Conduct motion practice, discovery, research, and depositions. Handle day-to-day case management, court appearances, and communications with clients and opposing counsel.

Magistrate Judge Dena Palermo, U.S. District Court for the Southern District of Texas | Houston, TX
Judicial Law Clerk, March 2018 – August 2019
Drafted opinions, reports and recommendations, and bench memoranda on dispositive and discovery motions in civil cases. Conducted legal research. Assisted in preparation for hearings.

Law Offices of Dale K. Galipo | Woodland Hills, CA
Consulting Appellate Attorney, January 2018 - February 2018
Associate Attorney, August 2016 - December 2017
Civil rights litigation in federal and state courts. Drafted complaints, motions, discovery, pre-trial motions and documents, and appellate briefs. Conducted research and depositions. Handled day-to-day case management, court appearances, and communications with clients and opposing counsel.

Equality Now | New York, NY; Nairobi, Kenya
Program Officer, September 2014 - July 2016
Legal Fellow, September 2013 - September 2014
Strategic litigation and legal advocacy for international women's rights, including with international human rights tribunals and United Nations bodies. Drafted legal memoranda, briefs, and reports. Researched domestic, foreign, and international law. Developed and maintained partnerships with foreign-based NGOs.

Schonbrun Seplow Harris and Hoffman, LLP | Los Angeles, CA
Law Clerk, January 2013 – June 2013
Drafted legal memoranda and conducted legal research for litigation involving civil rights, torture, police excessive force, and corporate liability for international human rights violations.

U.S. Department of State, Office of the Legal Counselor | The Hague, Netherlands
Legal Extern, August 2012 – December 2012
Drafted cables and conducted legal research regarding human rights cases in international criminal tribunals.

Sonke Gender Justice Network | Cape Town, South Africa
Policy Advocacy and Research Intern, May 2012 – July 2012
Drafted legal memoranda on international human rights issues to advance gender equality.

South Asian Network | Artesia, California
Law Clerk, May 2011 – August 2011
Researched and drafted legal memoranda on forced labor, racial profiling, and domestic violence.

BAR ADMISSIONS

Admitted in California and New York.

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EXHIBIT 2

THERESA ZHEN

EDUCATION

UCLA School of Law – Juris Doctor, May 2014

Specialization in David. J. Epstein Program in Public Interest and Policy and Critical Race Studies

Stanford University – Bachelor of Arts in Economics and Sociology, with Honors, June 2009

Specialization in Organizations, Business, and the Economy

EMPLOYMENT

Hadsell Stormer Renick & Dai LLP, Pasadena, CA

Associate Attorney (Jul. 2019 – present)

Litigate civil rights and employment actions on behalf of plaintiffs in California. Manage every stage of complex litigation from the pleadings phase through trial, including taking depositions, all aspects of discovery and motion practice, and comprehensive mediations and settlement negotiations. Handle day-to-day case management, court appearances, and communications with clients and opposing counsel.

East Bay Community Law Center, A Clinic of UC Berkeley School of Law, Berkeley, CA

Staff Attorney and Clinical Supervisor (Oct. 2016 – Jul. 2019)

Launched innovative decriminalization of poverty (DECOP) project to provide holistic legal services to indigent defendants suffering from the collateral consequences of predatory court fines and fees. Supervised and trained certified law students. Litigated *Doe v. Shiimoto*, class action lawsuit against the California DMV for unlawfully reporting and maintaining criminal records of one million drivers. Designed and taught seminar Court-Ordered Debt and Poverty (2018-2019). Secured an amendment of Alameda county ordinance to repeal probation, public defender, and sheriff fees, and discharge \$44 million in outstanding debt. Provided civil legal services through collaboration with EBCLC's other practice areas.

A New Way of Life Reentry Project, Los Angeles, CA

Skadden Fellow (Sept. 2014 – Sept. 2016)

Designed and executed a 2-year project representing formerly incarcerated individuals in proceedings to modify, reduce, or waive court-ordered debt on traffic and misdemeanor offenses. Drafted pleadings, interviewed plaintiffs, and wrote legal memoranda regarding application of facts to law for unlawful denial of employment due to a criminal record. Conducted pre-filing investigation and early stages of litigation in *Alvarado v. Los Angeles Superior Court*, a civil rights lawsuit to enforce statutory and constitutional rights of motorists saddled with traffic fines they cannot afford to pay. Implemented a statewide traffic ticket amnesty program and court rules regarding ability-to-pay hearings. Represented individuals for relief under Penal Code § 1203.4, Prop 47, and Prop 64, and numerous other post-conviction remedies.

Federal Public Defender for the Central District of CA, Los Angeles, CA

Clinical Law Student (Jan. 2014 – May 2014)

Represented client at bench trial before the Chief Magistrate Judge Suzanne Segal of the Central District of California on disorderly conduct charge, resulting in an acquittal.

The Bronx Defenders, Bronx, NY

Law Clerk, Criminal Defense Practice (May 2013 – August 2013)

Interviewed and arraigned 20 clients charged with low-level marijuana possession offenses, leading to successful reduction in fines and fees. Conducted legal research for federal litigation and data collection to reduce discriminatory impact of stop-and-frisk policies and marijuana arrests.

Southern Center for Human Rights, Atlanta, GA

Law Clerk, Impact Litigation (May 2012 – August 2012)

Observed misdemeanor and felony arraignments in Georgia Superior Courts to document constitutional violations. Monitored jail conditions in an Alabama jail facility. Represented a prisoner serving a life sentence for drug possession before the Alabama Parole Board, resulting in his release.

Neufeld Scheck & Brustin, LLP (civil rights firm), New York, NY

Paralegal (July 2009 – July 2011)

Served as lead paralegal on ten federal and state complex civil litigation cases involving wrongful convictions resulting from police and prosecutorial misconduct. Filed documents in state and federal court. Organized voluminous discovery of police reports, medical records, hospital records, and policies. Interviewed clients and their family members.

WRITINGS/PUBLICATIONS

(Color)Blind Reform: How Ability-To-Pay Determinations Are Inadequate To Transform A Racialized System of Penal Debt, N.Y.U. Rev. of Law and Social Change (forthcoming 2019)

White Paper: *Pay or Prey: How Alameda County's Criminal Justice System Extracts Wealth from Marginalized Communities* (2018) (Lead Author)

A Clean Slate Case Study of Community Lawyering, 106 CALIF. L. REV. 557 (2018) (coauthor Vinuta Naik)

Report: *Not Just a Ferguson Problem: How Traffic Courts Drive Inequality in California* (2015) (Contributing Author)

SELECTED HONORS AND AWARDS

Skadden Fellowship, awarded to 25 “talented young lawyers to pursue the practice of public interest law,” Sept. 2014-Sept. 2016

Recent Alumni Award, awarded by the David. J. Epstein Public Interest Program in Law and Policy, UCLA School of Law, April 2018

Public Interest Peer of the Year, awarded by classmates, UCLA School of Law, May 2013

BAR MEMBERSHIP

Admitted in California (2014)

1 Dan Stormer, Esq., SBN 101967
dstormer@hadsellstormer.com
2 Tanya Sukhija-Cohen SBN 295589
3 Theresa Zhen, Esq. SBN 300710
4 Shaleen Shanbhag SBN 301047
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10 Lindsay Battles, SBN 262862
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11 975 East Green St.
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12 Telephone: (626) 844-7660
13 Facsimile: (626) 844-7670

14 Attorneys for Plaintiffs
15 Other Counsel on Following Page

16 **UNITED STATES DISTRICT COURT**
17 **CENTRAL DISTRICT OF CALIFORNIA**

18 Cullors, et al., individually and as
19 class representatives

20 Plaintiffs,

21 vs.
22

23 COUNTY OF LOS ANGELES,
24 SHERIFF ALEX M VILLANUEVA,
in his official capacity, et al,

25 Defendants.
26
27
28

**DECLARATION OF
BARRETT S. LITT
IN SUPPORT OF MOTION FOR
CLASS CERTIFICATION**

[Additional Counsel continued from previous page]

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Katherine C. Hubbard, Esq. [S.B.
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Email: alec@civilrightscorps.org
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Catherine Sweetser, SBN 271142
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**pro hac vice applications forthcoming*

DECLARATION OF BARRET S. LITT

I, **BARRETT S. LITT**, declare:

1. This declaration is submitted in support of Plaintiffs' Motion for Class Certification. The facts set forth herein are within my personal knowledge or knowledge gained from review of the pertinent documents. If called upon, I could and would testify competently thereto.

2. I submit this declaration in support of Plaintiffs request to appoint myself and Lindsay Battles, a partner in my firm, as class counsel in this case, along with our co-counsel, who include several of the nation's foremost experts in class action litigation challenging injustice in the criminal justice system. Plaintiffs request for appointment of class counsel also includes:

(1) Dan Stormer, Tanya Sukhija-Cohen, Theresa Zhen, and Shaleen Shanbhag of Hadsell Stormer, Renick & Dai, LLP (HSRD). Dan Stormer separately submits a declaration detailing the credentials of HSRD attorneys to be appointed as class counsel.

(2) Katherine C. Hubbard and Alec Karakatsanis of Civil Rights Corps, a nonprofit legal organization dedicated to challenging systemic injustice in the American legal system. Katherine Hubbard separately submits a declaration detailing hers and Mr. Karakatsanis's credentials to be appointed as class counsel.

(3) Aaron Littman, Catherine Sweetser and Alicia Virani of the University of California Los Angeles (UCLA) School of Law. Mr. Littman, Ms. Sweetser and Ms. Virani separately submit a declaration detailing their credentials to be appointed as class counsel.

(4) Eric Balaban and Andrea Woods of the American Civil Liberties Union. Mr. Balaban's CV is attached hereto as **Exhibit 3** and details his credentials to be appointed as class counsel.

1 (5) Peter Eliasberg, Chief Counsel of the American Civil Liberties Union of
2 Southern California.

3 3. I am an attorney duly licensed to practice in the State of California. Since
4 1984, I have been the principal or senior partner in firms that operate for the specific
5 purpose of developing and maintaining a civil rights and public interest law practice that
6 operates in the private sector on the basis of self-generated fee awards and other
7 recoveries. Since January 1, 2013, I have been a partner in the law firm of Kaye,
8 McLane, Bednarski & Litt. Between September 2010 and December 31, 2012, I was a
9 partner in the law firm of Litt, Estuar, and Kitson. From July 2004 to September 2010, I
10 was a partner in the law firm of Litt, Estuar, Harrison, and Kitson. From 1998 to July
11 2004, I was the principal in the law firm of Litt & Associates, Inc. From September 1,
12 1991 to May 1, 1997, when my then partner left the law firm to become Deputy General
13 Counsel for Civil Rights at the federal Department of Housing and Urban Development, I
14 was a partner at the firm of Litt & Marquez. And for the seven years prior to that, I was a
15 partner in the firm of Litt & Stormer, Inc.

16 4. I graduated from the University of California at Berkeley in 1966 and from
17 UCLA School of Law in 1969. For the first approximately ten years of my practice, I
18 focused primarily in the area of criminal defense at the trial and appellate levels, mostly
19 in the federal courts. In that capacity, I handled hundreds of matters, tried many cases
20 ranging from immigration offenses to murders, and handled numerous appeals. Since
21 1981, I have focused primarily on complex civil litigation in the areas of constitutional
22 law, civil rights law, class action litigation, and complex multi-party litigation.

23 5. My former firm, Litt & Stormer, received the Pro Bono Firm of the Year
24 Award from Public Counsel in 1987 in recognition of its public interest and civil rights
25 work. Litt & Marquez received an award from the NAACP Legal Defense Fund in July
26 1992, as civil rights firm of the year in recognition of its civil rights work. I received an
27 award from UCLA School of Law as its public interest alumnus of the year in 1995 and
28

1 in 2010 I received a CLAY award for my work in *Goldstein v. City of Long Beach et al.*
 2 (along with my co-counsel in the case), described in my CV.

3 6. I have both spoken and written on the subject of civil rights training. I
 4 published an article entitled "Class Certification in Police/Law Enforcement Cases" in
 5 *Civil Rights Litigation and Attorney's Fee Annual Handbook*, Vol. 18, Ch. 3 (West
 6 Publishing 2002) and one for the National Police Accountability Project titled "Select
 7 Substantive Issues Regarding Class Action Litigation In The Jail/Prison Setting",
 8 *National Police Accountability Project*, October 2006. I published an article in the *Los*
 9 *Angeles Lawyer* regarding the use of minimum statutory damages under the Unruh Act,
 10 particularly actions brought under Civil Code §52.1, to enhance the prospects for
 11 certifying class actions. See "Rights for Wrongs," *Los Angeles Lawyer* December 2005.
 12 In 2010, I published an article in West's *Civil Rights Litigation and Attorney's Fee*
 13 *Annual Handbook* entitled, "Obtaining Class Attorney's Fees." I am rated "A/V" by
 14 Martindale-Hubbell, am listed in Best Lawyers in America, and have been listed in Super
 15 Lawyers Southern California in the field of civil rights for the past 16 consecutive years.

16 7. A partial list of civil rights class actions in which I am, or have been, the, or
 17 one of the, lead counsel, include the following certified class actions:

- 18 ➤ *Amador v. Baca*, No.: 10-1649 SVW (RC) (C.D. Calif) (pending certified
 19 class action challenging manner of searches of women inmates in outside
 20 bus bay; estimated number of class members is an estimated 94,000; 23
 21 (b)(2) and (b)(3) classes certified; summary judgment on liability granted to
 22 Plaintiffs; \$53 Million settlement has been preliminarily approved; final
 23 approval hearing scheduled for July 2020);
- 24 ➤ *Williams v. Block*, Case No.: CV-97-03826-CW (Central District of
 25 California) and related cases (a series of county jail overdetention and strip
 26 search cases, settled for \$27 Million and a complete revamp of jail
 27 procedures; classes certified in conjunction with settlement; class size over
 28 250,000);

- *Craft v. County of San Bernardino*, 468 F.Supp.2d 1172 (C.D.Cal. 2006) (certified class action against the Sheriff of San Bernardino County for blanket strip searches of detainees, arrestees, and persons ordered released from custody; partial summary judgment decided for plaintiffs; class size approximately 150,000; \$25.5 Million settlement approved April 1, 2008);
- *MIWON v. City of Los Angeles*, Case No.: CV 07-3072 AHM (C.D. Calif.) (certified class action against City of Los Angeles and others for use of police force and related conduct at MacArthur Park on May 1, 2007; final approval of class settlement for \$12,800,000 settlement granted June 24, 2009, the largest class action protest settlement in the U.S.);
- *Bynum v. District of Columbia*, Case No.: 02-956 (RCL) (D.D.C.) (certified class action against the District of Columbia for overdetections and blanket strip searches of persons ordered released from custody; final approval of \$12,000,000 settlement occurred January 2006);
- *Nozzi v. Housing Authority of the City of Los Angeles*, CV 07-00380 GW (C.D. Calif.) (pending certified class action against the Housing Authority for violations of due process and federal regulations by failing to provide proper notice of Section 8 rent increase affecting approximately 10,000 tenants; case dismissed on summary judgement for defendants; reversed by Ninth Circuit; dismissed again; reversed second time in *Nozzi v. Hous. Auth. of City of Los Angeles*, 806 F.3d 1178 (9th Cir. 2015), as amended on denial of reh'g and reh'g en banc (Jan. 29, 2016; case pending).and summary judgment on liability ordered entered for Plaintiffs; on remand, (b)(2) and (b)(3) classes certified in *Nozzi v. Hous. Auth. of the City of Los Angeles*, No. CV 07-380 PA (FFMX), 2016 WL 2647677, at *1 (C.D. Cal. May 6, 2016)); final approval for \$9.25 Million settlement granted);
- *Barnes v. District of Columbia*, Civil Action No.: 06-315 (RCL) (D.D.C.) (class action against District of Columbia for continuing to both over-detain

and strip search post-release inmates despite settlement in Bynum, supra; class certification granted; summary judgment granted Plaintiffs on most claims; case ultimately settled for \$6 Million);

➤ *Lopez v. Youngblood*, No.: CV07-00474 LJO (DLBx) (E.D. Calif.) (certified class action against Kern County, California, for unlawful pre-arraignment and post-release strip searches and strip searches not conducted in private; class certification and summary judgment on liability granted; approximately \$7 Million settlement);

➤ *Aichele et al. v. City of Los Angeles, et al.* Case No.: CV 12-10863 DMG FFM (x) (C.D. Calif.) (certified class action for injunctive relief and damages for arrests and related actions regarding the shutdown of the use of the City Hall lawn by Occupy LA; estimated class size is 300-400; class certified; \$2,675,000 settlement);

➤ *McKibben v. County of San Bernardino*, Case No.: EDCV 14-2171 - JGB (SPx) (certified class action for injunctive relief and damages for unequal treatment of Gay, Bisexual and Transgender jail inmates; class size of 650 people; final approval of settlement for injunctive relief, class damages and attorneys' fees approved on Feb. 11, 2019);

➤ *Amador v. Baca*, No.: 10-1649 SVW (RC) (C.D. Calif) (certified class action against LASD challenging manner of searches of women inmates in outside bus bay at Century Regional Detention Facility; estimated number of class members is 94,000; 23 (b)(2) and (b)(3) classes certified; summary judgment on liability granted; preliminary approval granted for \$53,000,000 settlement);

➤ *Roy v. Los Angeles County Sheriff's Department*, Case No.: CV 12-9012 RGK (FFMx) (pending class action for injunctive relief and damages;(b)(2) and (b)(3) classes certified in Sept. 2016; summary judgment on liability granted; settlement discussions pending);

➤ *Chua et al. v. City of Los Angeles*, et al. Case No.: CV-00237-JAK-GJS(x) (C.D. Calif.) (class action for injunctive relief and damages for arrests and related actions regarding Ferguson related protests at 6th & Hope and Beverly & Alvarado; estimated class size is 170; class certification granted; final approval of settlement granted March 2020).

8. In addition, I am or have been lead or co-lead counsel in other class actions and in several pending class actions where the issue of class certification has not yet been addressed. (See attached Ex. A, my curriculum vita, for further details,)

9. My CV also includes a list of individual or multi-plaintiff civil rights cases (in addition to class actions) in which I am or have been the, or one of the, lead counsel, going back to the late 1980's, as well as many reported decisions in which I have been counsel and argued the case.

10. As the foregoing and my case list demonstrate, I have been involved with, and successful in, a wide range of complex civil rights cases, including class actions such as this, and have the requisite skills and experience to act as class counsel in this case. In addition, my firm and I have the legal and financial resources needed to pursue this case to the full extent necessary, as my representation over the past 10 plus years demonstrates.

11. I have no conflicts of interest with any members of the class nor, to my knowledge, do any of the other of Plaintiffs' counsel.

12. The size of this class is readily manageable. I have handled certified law enforcement class actions where the number of class members has exceeded 100,000.

13. This case presents little difficulty in negotiating a settlement if Defendants are so inclined, or in litigating liability and a classwide injunction if they are not.

14. The events all arose in the Los Angeles, and venue would reside in this District. Plaintiffs are unaware of any other pending litigation specifically addressing the constitutional adequacy of the Los Angeles County Sheriff's Department's efforts to mitigate the spread of the novel coronavirus within the jail system.

1 15. The other counsel in this case and I are prepared to, and have the full
2 resources to, handle all aspects of this case.

3 ***Qualifications of Lindsay Battles:***

4 16. Plaintiffs also request appointment of Lindsay Battles as class counsel. Ms.
5 Battles has worked exclusively on large complex civil rights litigation since the
6 beginning of her career, predominantly on complex civil rights class actions. She has
7 acted as co-lead counsel with me in *Amador v. Baca* (above); was so appointed by the
8 Court in the class certification orders; and had the primary day to day responsibility for
9 that case. In *Roy vs. County of Los Angeles* (above), which I co-counseled with her and
10 also with the ACLU, Ms. Battles was the attorney primarily responsible for litigating
11 class certification and affirmative summary judgment motions. Plaintiffs not only secured
12 class certification on liability, but also a favorable liability determination on behalf of the
13 entire class and decisions recognizing the availability of class-wide general damages for
14 over-detention/unlawful incarceration. Ms. Battles was extensively involved in the
15 *McKibben* case on behalf of gay, bi-sexual and transgender inmates in San Bernardino
16 County Jail, which received final settlement approval in early 2019 (see ¶ 7 *supra*); and
17 in *M.S. v. County of Ventura*, 2:16-cv-03084-DSF-RAO (CD Cal.), a jail class action
18 regarding the failure to provide prompt competency mental health treatment, which is in
19 the process of being settled. (See my attached CV.). She has also worked on various
20 individual complex civil rights cases including wrongful conviction cases, *O'Connell* and
21 *Goldstein*, listed in my CV.

22 17. Ms. Battles' work on individual civil rights cases also includes cases
23 challenging conditions for mentally ill inmates within jails. In *Loberg v. County of Los*
24 *Angeles*, in which she represented the family of a mentally ill inmate who jumped to his
25 death in a Los Angeles County jail along with Ronald Kaye of this firm, the case settled
26 for \$1.7M. In *Losorelli v. County of Los Angeles* (2015), she and Mr. Kaye represented
27 the family of a 23-year old man who committed suicide in a Los Angeles County jail.
28 The case settled for \$1.6M and likewise triggered substantial policy changes for inmates

1 suffering from mental illnesses. She has twice received the ACLU of Southern
2 California's Prisoner's Rights Award for her work on behalf of inmates in *Loberg* and
3 *McKibben*

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

5 Executed on April 24, 2020, at Pasadena, California.

6
7 
8 Barrett S. Litt

EXHIBIT A:

CURRICULUM VITAE

Barrett S. Litt

Kaye, McLane, Bednarski & Litt, LLP
975 East Green Street
Pasadena, California 91106
Telephone: (626) 844-7660
Facsimile: (626) 844-7670

Education

1966 B.A. University of California at Berkley
1969 J.D. UCLA School of Law

Honors and Awards

1987 Pro Bono Firm of the Year Award from Public Counsel (Litt & Stormer)
1992 Civil Rights Firm of the Year Award from the NAACP Legal Defense Fund (Litt & Marquez)
1995 Public Interest Alumnus of the Year Award from UCLA School of Law
2010 California Lawyer Attorney of the Year Award (CLAY)

Recent Contributions to Professional Publications

“Class Certification in Police/Law Enforcement Cases”, *Civil Rights Litigation and Attorney’s Fee Annual Handbook*, Vol.18, Ch.3, West Publishing 2002

“Rights for Wrongs”, addressing issues under the California Civil Rights statutes, *Los Angeles Lawyer Magazine*, December 2005

“Select Substantive Issues Regarding Class Action Litigation In The Jail/Prison Setting”, *National Police Accountability Project*, October 2006

“Obtaining Class Attorney’s Fees,” *Civil Rights Litigation and Attorney’s Fee Annual Handbook*, Vol.26, West Publishing 2010

Professional

1/2013 to the present	Kaye, McLane, Bednarski & Litt, LLP
2004 to 2012	Litt, Estuar & Kitson, LLP
1997 to 2004	Litt & Associates
1991 to 1997	Litt & Marquez
1984 to 1991	Litt & Stormer

Licensed to practice in:

State of California
U.S. District Court, Central District of California
U.S. District Court, Eastern District of California
U.S. District Court, Northern District of California
Ninth Circuit Court of Appeals
Fourth Circuit Court of Appeals
Fifth Circuit Court of Appeals
Eleventh Circuit Court of Appeals
D.C. Circuit Court of Appeals
United States Supreme Court

Admitted Pro Hac Vice in:

U.S. District of Columbia
U.S. District Court, Northern District of Georgia
U.S. District Court, District of Maryland
U.S. District Court, Arizona

Rated “AV” by Martindale-Hubbell

Listed in *Southern California Super Lawyers* in the fields of civil rights and class actions for the years 2005-present.

Listed in Best Lawyers in America (Los Angeles area) in the field of civil rights.

Civil Rights Class Actions – Classes Certified and Settlements Currently Pending:

Amador v. Baca, No.: 10-1649 SVW (RC) (C.D. Calif) (pending certified class action challenging manner of searches of women inmates in outside bus bay; estimated number of class members is an estimated 94,000; 23 (b)(2) and (b)(3) classes certified; summary judgment on liability granted to Plaintiffs; \$53 Million settlement has been preliminarily approved; final approval hearing scheduled for July 2020);

Roy v. Los Angeles County Sheriff's Department, Case No.: CV 12-9012 RGK (FFMx) (pending class action for injunctive relief and damages;(b)(2) and (b)(3) classes certified in Sept. 2016; summary judgment on liability granted; settlement discussions pending);

Vu v. JD Homes, Case No.: 14CECG00062 (California Superior Court for County of Fresno) – Class action involving several thousand residential units in Fresno County alleged to be in substandard or untenable conditions; case settled for independent inspections available to each unit, plus financial relief for former tenants; preliminary approval hearing scheduled for November 23, 2019).

Civil Rights Class Actions – Classes Certified and Case Currently Pending:

Puente v. City of Phoenix, Case 2:18-cv-02778-JJT (District of Arizona) (pending class action against the City of Phoenix for the unlawful breakup and use of force against several thousand people protesting President Trump's attendance at a rally in 2017; class certification motion granted November 2019).

Pending Class Actions Where Class Certification has not yet been addressed:

Brewster v. City of Los Angeles, Case No.: EDCV14-2257- JGB (SPx) (class action for injunctive relief and damages for 30 day impounds of cars without a warrant; dismissal reversed by Ninth Circuit; class certification motion and motion for preliminary injunction pending; case dismissed and currently on appeal);

M.S. v. County of Ventura, No. 2:16-CV-03084-BRO-RAO(x) (C.D. Calif.) (pending class action for injunctive relief and damages for failure to provide mental health treatment to criminal defendants held in jail and found incompetent to stand trial until their mental health is restored; tentative class settlement has been reached and settlement papers in preparation)).

Coordinated Proceeding, County Inmate Telephone Service Cases, Case No: JCCP 4897 (Superior Court for the County of Los Angeles (nine pending class action complaints against nine counties coordinated in Los Angeles and consolidated into a single complaint alleging that the telephone charges to jail inmates and inmate callers constitute an unlawful tax under the California Constitution, seeking injunctive relief and damages; demurrer for lack of standing granted and appeal pending).

Civil Rights Class Actions – Classes Certified and Cases Resolved:

Williams v. Block, Case No.: CV-97-03826-CW (Central District of California) and related cases (a series of county jail overdetention and strip search cases, settled for \$27 Million and a complete revamp of jail procedures; classes certified in conjunction with settlement; class size over 250,000);

Craft v. County of San Bernardino, 468 F.Supp.2d 1172 (C.D.Cal. 2006) (certified class action against the Sheriff of San Bernardino County for blanket strip searches of detainees, arrestees, and persons ordered released from custody; partial summary judgment decided for plaintiffs; class size approximately 150,000; \$25.5 Million settlement approved April 1, 2008);

MIWON v. City of Los Angeles, Case No.: CV 07-3072 AHM (C.D. Calif.) (certified class action against City of Los Angeles and others for use of police force and related conduct at MacArthur Park on May 1, 2007; final approval of class settlement for \$12,800,000 settlement granted June 24, 2009, the largest class action protest settlement in the U.S.);

Bynum v. District of Columbia, Case No.: 02-956 (RCL) (D.D.C.) (certified class action against the District of Columbia for overdetentions and blanket strip searches of persons ordered released from custody; final approval of \$12,000,000 settlement occurred January 2006);

Nozzi v. Housing Authority of the City of Los Angeles, No.: CV 07-00380 GW (C.D. Calif.) (pending certified class action against the Housing Authority for violations of due process and federal regulations by failing to provide proper notice of Section 8 rent increase affecting approximately 10,000 tenants; case dismissed on sj for defendants; reversed by Ninth Circuit; dismissed again; reversed second time in *Nozzi v. Hous. Auth. of City of Los Angeles*, 806 F.3d 1178 (9th Cir. 2015), *as amended on denial of reh'g and reh'g en banc* (Jan. 29, 2016; case pending).and summary judgment on liability ordered entered for Plaintiffs; on remand, (b)(2) and (b)(3) classes certified in *Nozzi v. Hous. Auth. of the City of Los Angeles*,

No. CV 07-380 PA (FFMX), 2016 WL 2647677, at *1 (C.D. Cal. May 6, 2016)); final approval for \$9.25 Million settlement granted);

Barnes v. District of Columbia, Civil Action No.: 06-315 (RCL) (D.D.C.) (class action against District of Columbia for continuing to both over-detain and strip search post-release inmates despite settlement in *Bynum*, *supra*; class certification granted; summary judgment granted Plaintiffs on most claims; case ultimately settled for \$6 Million);

Lopez v. Youngblood, No.: CV07-00474 LJO (DLBx) (E.D. Calif.) (certified class action against Kern County, California, for unlawful pre-arraignment and post-release strip searches and strip searches not conducted in private; class certification and summary judgment on liability granted; approximately \$7 Million settlement);

Aichele et al. v. City of Los Angeles, et al. Case No.: CV 12-10863 DMG FFM (x) (C.D. Calif.) (certified class action for injunctive relief and damages for arrests and related actions regarding the shutdown of the use of the City Hall lawn by Occupy LA; estimated class size is 300-400; class certified; \$2,675,000 settlement);

Gail Marie Harrington-Wisely, et al. v. State of California, et al., Superior Court Case No.: BC 227373 (a case involving searches of visitors to California prisons utilizing backscatter x-ray methods without reasonable suspicion; injunctive relief class certified; stipulated injunction entered; partial reversal on appeal and case returned to Superior Court for determination of attorney's fees and discrete damages claims; case settled for approximately 15 individual damages claims decertified in light of certain liability determinations on appeal; injunctive relief attorneys' fee resolved for \$4.25 Million.)

McKibben v. County of San Bernardino, Case No.: EDCV 14-2171 - JGB (SPx) (certified class action for injunctive relief and damages for unequal treatment of Gay, Bisexual and Transgender jail inmates; class size of approximately 800 people; final approval of settlement for injunctive relief, class damages and attorneys' fees approved August 2019);

Chua et al. v. City of Los Angeles, et al. Case No.: CV-00237-JAK-GJS(x) (C.D. Calif.) (pending class action for injunctive relief and damages for arrests and related actions regarding Ferguson related protests at 6th & Hope and Beverly & Alvarado; estimated class size is 170; class certification granted; final approval of settlement granted March 16, 2020).

Ofoma v. Biggers, Case No.: 715400 (Complex Litigation Panel) (Orange County Superior Court)(family discrimination class action settled in 1996 for damages for the individual plaintiffs and the class of residents, a consent decree and an award of attorneys' fees);

Francis, et al. v. California Department of Corrections, et al., Case No.: BC302856 (class action against the CDC(R) for the failure to reimburse inmates assigned to the restitution centers in Los Angeles for their obligations as ordered by the court. Case was successful in bringing about the restructuring of the CDCR's inmate accounting systems, and in the payment of restitution settlement in the amount of \$325,000.)

People of the State of California v. Highland Federal Savings and Loan, Case No.: CA 718 828 (Los Angeles Superior Court)(class action filed on behalf of the People of the State of California and a class of tenants residing in several slum buildings located in Los Angeles for financing practices encouraging and perpetuating slum conditions, settled for \$3.165 million after decision in *People v. Highland*, 14 Cal.App.4th 1692, 19 Cal. Rptr. 555 (1993) established potential liability for lenders);

Hernandez v. Lee, No.: BC 084 011 (Los Angeles Superior Court) (a class action on behalf of tenants of numerous buildings for slum conditions settled in 1998 for \$1,090,000);

Mould v. Investments Concept, Inc., Case No.: CA 001 201 (Los Angeles Superior Court)(race discrimination class action on behalf of a class of applicants and potential housing applicants, settled in 1992 for a total of \$850,000 for the class and a comprehensive consent decree regarding the defendants' discriminatory policies and practices);

California Federation of Daycare Association v. Mission Insurance Co., Case No.: CA 000 945 (Los Angeles Superior Court)(class action on behalf of several thousand family daycare providers whose daycare insurance policies were canceled mid-term or were not renewed by Mission Insurance Company, settled in 1980's for reinstatement of policies and attorney's fees; brought at request of Public Counsel).

Multi-party Civil Rights Cases:

Hospital and Service Employees Union, SEIU Local 399, AFL-CIO v. City of Los Angeles (Los Angeles Superior Court) (a settlement in 1993 of \$2.35 million against the Los Angeles Police Department for injuries to 148

demonstrators at Century City organized by the Justice for Janitors campaign of SEIU);

Rainey v. County of Ventura, Case No.: 96 4492 LGB (C.D. Calif.)(action against County of Ventura for race discrimination on behalf of 12 police officers, settled for damages, structural relief and attorney's fees);

Lawson v. City of Los Angeles, Case No.: BC 031 232 (Los Angeles Superior Court)(lawsuit filed in 1991 on behalf of individuals who had been subjected to what plaintiffs alleged were unlawful use of force practices by the Los Angeles Police Department's Canine Unit, settled in 1995 for \$3.6 million and comprehensive structural relief);

Tipton-Whittingham v. City of Los Angeles, Case No.: CV-94-3240 (TH)(C.D. Cal.)(sex discrimination and harassment suit against the Los Angeles Police Department, involving over 25 individual officers, as a result of which the Department has already completely revamped its anti-discrimination policies and procedures; damages claims settled for \$4.85 Million in 2004 in addition to separate fee award of nearly \$2 Million in 2000 for injunctive relief, resulting in decision in *Tipton-Whittingham v. City of Los Angeles* (2004) 34 Cal.4th 604, in which the California Supreme Court upheld catalyst fees under California law);

Hampton v. NRG (racial harassment in employment claim; jury verdict of \$1,000,000 for two former employees, plus award of attorney's fees and costs; settled in mid-'90's while on appeal);

Zuniga v. Los Angeles Housing Authority, 41 Cal.App.4th 2 (1995) (holding that the Housing Authority could be held responsible for injuries to tenants after the Housing Authority was put on notice that tenants were being victimized on the premises and took no reasonable measures to prevent the injury; case settled for \$1,040,000);

PIN v. HACLA, Case No.: CV-96-2810 RAP (RNBx)(action against the Housing Authority of the City of Los Angeles on behalf of several hundred present or former tenants for discrimination by failing to provide adequate security for isolated minorities in housing developments, settled in 1998 for \$1.3 Million plus a comprehensive structural relief settlement agreement);

Heidy v. United States Customs Serv., 681 F.Supp. 1445 (C.D.Cal. 1988) (injunction against U.S. Customs Service for policies and practices of seizing materials from persons traveling from Nicaragua in violation of the First Amendment);

Castaneda v. Avol (Los Angeles Superior Court) (1985) (action on behalf of approximately 350 slum housing residents, settled in 1988 for a comprehensive injunction and \$2.5 Million damages, plus a separate award of attorneys' fees).

Individual Civil Rights Cases: Wrongful Conviction Cases

Craig Coley v. City of Simi Valley (wrongful conviction case of man imprisoned for 39 years for crime he did not commit; settled pre-filing for \$21 Million; case handled jointly with Neufeld, Scheck & Brustin, who are based in New York);

Frank and Nicholas O'Connell v. County of Los Angeles, et al., Case No.: 13-01905-MWF (PJWx) (C.D. Cal.) (civil rights cases for police failure to turn over exculpatory information and eyewitness manipulation, resulting in murder conviction; plaintiff spent 27 years in prison before his habeas petition was granted, and he was not re-tried; suit on behalf of son as well for denial of relationship with father as result of conviction; defendants' qualified immunity appeal rejected in *Carrillo/O'Connell v. County of Los Angeles*; \$15 Million settlement);

Thomas Goldstein v. City of Long Beach et al., Case No.: 04-CV-9692 AHM (Ex) (C.D. Cal.) (civil rights cases for police failure to turn over exculpatory information regarding jailhouse informant perjury and eyewitness manipulation, resulting in murder conviction; plaintiff spent 24 years in prison before his habeas petition was granted, and he was not re-tried; brought in mid-way through the case to act as lead counsel; final settlement of \$7.95 Million approved by the Court; Ninth Circuit recently reversed dismissal of County/DA's Office, and case against DA settled for additional \$900,000);

Bruce Lisker v. City of Los Angeles, Case No.: CV 09-9374 AHM (AJW) (C.D. Cal.) (civil rights cases for police fabrication of evidence and failure to turn over exculpatory information, resulting in murder conviction; plaintiff spent 26 years in prison before his habeas petition was granted, and he was not re-tried; 9th Circuit affirmed district court's denial of immunity on 3/20/15; petition for en banc review denied; \$7.6 Million settlement).

Consulting counsel in wrongful conviction cases of *Franky Carrillo v. County of Los Angeles*, CV 11-10310-SVW(AGRx) (settled for \$10.1 Million), *Obie Anthony v. City of Los Angeles*, CV 12-01332-CBM (AJWx) (settled for \$8.3 Million) and *v. County of Los Angeles*, CV 13-07224-CBM (AJWx) (settled for \$890,000 and reform of DA practices), and

Harold Hall v. City of Los Angeles, C.D. Cal. No. CV 05-1977 ABC, 9th Cir. No. 10-55770 (appeal from grant of summary judgment to Defendants affirmed).

Other Individual Civil Rights Cases:

McClure v. City of Los Angeles, No.: CV-92-2776-E (C.D. Cal.)(fair housing and equal protection case against City of Long Beach and its agents for preventing six group homes for Alzheimer's victims from opening; jury verdict of \$22.5 Million (reduced on remittitur to \$13,826,832) plus approximately \$10,000,000 in attorney's fees and costs; settled while on appeal for \$20 Million);

U.S. v. Hovsepian, 359 F.3d 1144, 1147 (9th Cir. 2004)(en banc) (successful action to naturalize individuals previously convicted of conspiracy to bomb Turkish consulate in Philadelphia), aff'd en banc after remand, 422 F.3d 883 (9/6/05);

Walker v. City of Lakewood, 263 F.3d 1005 (9th Cir. 2001) (reversing district court decision dismissing fair housing organization's claim against city for retaliation for supporting tenants suing landlord; case subsequently settled for structural relief, damages and attorneys' fees);

Tavelman v. City of Huntington Park (individual employment discrimination case against the City on behalf of a Jewish police officer who had been subjected to a campaign of religious harassment which was settled in mid-'90's for \$350,000);

Ware v. Brotman Medical Center (Los Angeles Superior Court) (1993 \$2.5 million jury verdict against hospital for removal of hospital privileges of black doctor; settled for \$1.75 million);

Mathis v. PG&E (1991 \$2 million verdict against PG&E for barring contract employee from Diablo Canyon Nuclear Power Plant; reversed by the Ninth Circuit);

Macias v. State of California (Los Angeles Superior Court) (action against the State of California and others for blinding of young man as a result of exposure to malathion spray, a portion of which was decided in *Macias v. State of California*, 10 Cal.4th 844 (1994));

Melgar v. Klee (Los Angeles Superior Court) (1988) (\$1.5 million jury verdict against Los Angeles Police Department for police shooting; settled for \$1.45 million).

Selected Civil Rights Decisions (from 1995 forward):

Aichele v. City of Los Angeles, 2013 WL 2445195 (C.D. Cal. June 5, 2013);

Amador v. Baca, No. CV-10-1649 SVW, 2014 WL 10044904 (C.D. Cal. Dec. 18, 2014) (order certifying class [later decertified and then recertified]);

Amador v. Baca, No. CV 10-01649-SVW-JEM, 2017 WL 9472901 (C.D. Cal. June 7, 2017)(order granting summary judgment on liability to Plaintiffs on behalf of class of women inmates who were strip/visual body cavity searched without privacy);

Biggs v. Best, Best & Krieger, 189 F.3d 989 (9th Cir. 1999);

Bynum v. Dist. of Columbia, 384 F.Supp.2d 342 (D.D.C. 2005);

Bynum v. District of Columbia, 412 F.Supp.2d 73 (D.D.C. 2006);

Carrillo v. Cty. of Los Angeles, 798 F.3d 1210 (9th Cir. 2015);

Chua v. City of Los Angeles, No. LACV1600237JAKGJSX, 2017 WL 10776036 (C.D. Cal. May 25, 2017) (Order certifying class);

Craft v. Cnty. of San Bernardino, EDCV 05-359 -SGL, 2006 WL 4941829 (C.D. Cal. Mar. 23, 2006);

Craft v. County of San Bernardino, 468 F.Supp.2d 1172 (C.D.Cal. 2006);

Craft v. Cnty. of San Bernardino, 624 F. Supp. 2d 1113 (C.D. Cal. 2008);

Goldstein v. City of Long Beach, 603 F. Supp. 2d 1242 (C.D. Cal. 2009);

Goldstein v. City of Long Beach, CV 04-9692AHM, 2010 WL 3952888 (C.D. Cal. Apr. 9, 2010)

Goldstein v. City of Long Beach, 715 F.3d 750 (9th Cir. 2013)

Haynie v. Superior Court, 26 Cal.4th 1061 (Cal. S. Ct. 2001);

Jones v. Murphy, 256 F.R.D. 519 (D. Md. 2009)

Jones v. Murphy, 470 F.Supp.2d 537 (D.Md. 2007);

Jones v. Murphy, 567 F. Supp. 2d 787 (D. Md. 2008);

West v. Murphy, 771 F.3d 209 (4th Cir. 2014)

Lisker v. City of Los Angeles, CV 09-09374 AHM AJWX, 2011 WL 3420665 (C.D. Cal. Aug. 4, 2011);

Lisker v. City of Los Angeles, CV 09-09374 AHM AJWX, 2012 WL 3588560 (C.D. Cal. Aug. 20, 2012);

Lisker v. City of Los Angeles, 2:09-CV-09374-ODW, 2014 WL 293463 (C.D. Cal. Jan. 27, 2014)

Lisker v. City of Los Angeles, 780 F.3d 1237 (9th Cir. 2015)

Lopez v. Youngblood, 609 F.Supp.2d 1125 (E.D.Cal. 2009);

Lopez v. Youngblood, 2011 WL 10483569 (E.D. Cal. Sept. 2, 2011)

Macias v. State of California, 10 Cal.4th 844 (Cal. S. Ct. 1995).

Mathis v. Pacific Gas and Elec. Co., 75 F.3d 498 (9th Cir. 1996);

Multi-Ethnic Immigrant Workers Org. Network v. City of Los Angeles, 2009 WL 1065072 (C.D. Cal. Mar. 19, 2009)

Nozzi v. Hous. Auth. of City of Los Angeles, 425 F. App'x 539, 540 (9th Cir. 2011)

Nozzi v. Hous. Auth. of City of Los Angeles, 806 F.3d 1178 (9th Cir. 2015), *as amended on denial of reh'g and reh'g en banc* (Jan. 29, 2016)

Powell v. Barrett, 376 F.Supp.2d 1340 (N.D.Ga. 2005);

Powell v. Barrett, 496 F.3d 1288 (11th Cir. 8/23/07)

Powell v. Barrett, 541 F.3D 1298 (11th Cir. 2008) (en banc) [overruling a portion of the preceding panel decision; after remand to the panel, remaining issues remanded to the District Court];

Rodriguez v. Cty. of Los Angeles, 96 F. Supp. 3d 1012 (C.D. Cal. 2014), *aff'd*, 891 F.3d 776 (9th Cir. 2018) (order awarding 5,378,174.66 in attorney's fees);

Rodriguez v. Cty. of Los Angeles, 891 F.3d 776, 784 (9th Cir. 2018) (upholding jury verdict for LASD inmates beaten in violation of the Eighth Amendment and attendant award of attorney's fees);

Roy v. Cty. of Los Angeles, No. CV1209012ABFFMX, 2018 WL 3435417 (C.D. Cal. July 11, 2018) (grant of motion to modify class definition);

Roy v. Cty. of Los Angeles, 114 F. Supp. 3d 1030, 1032 (C.D. Cal. 2015) (granting part and denying in part motion for judgment on the pleadings);

Roy v. Cty. of Los Angeles, No. CV1209012ABFFMX, 2018 WL 914773, at *1 (C.D. Cal. Feb. 7, 2018), *reconsideration denied*, 2018 WL 3439168 (C.D. Cal. July 11, 2018) (order granting in part summary judgment on liability);

Roy v. Cty. of Los Angeles, No. CV1209012ABFFMX, 2018 WL 3436887 (C.D. Cal. July 11, 2018) (order denying decertification of class);

Silva v. Block, 49 Cal.App.4th 345 (1996);

Streit v. County of Los Angeles, 236 F.3d 552 (9th Cir. 2001);

Tipton-Whittingham v. City of Los Angeles, 316 F.3d 1058 (9th Cir. 2003);

Tipton-Whittingham v. City of Los Angeles, 34 Cal.4th 604 (2004);

U.S. v. Hovsepian, 359 F.3d 1144 (9th Cir. 2004) (en banc);

U.S. v. Hovsepian, 422 F.3d 883 (9th Cir. 2005) (en banc);

Walker v. City of Lakewood, 272 F.3d 1114 (9th Cir. 2001);

Zuniga v. Housing Authority, 41 Cal.App.4th 82 (1995);

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EXHIBIT 3

Eric Balaban
ACLU National Prison Project
915 15th St NW
Washington, D.C. 20005

Legal Employment

ACLU National Prison Project, Washington, D.C.
Senior staff counsel (2005-present)
Staff counsel (1996-2005)
Fellow (1994-96)

I have represented over 75,000 prisoners nationwide in federal class action lawsuits challenging unconstitutional and unlawful conditions of confinement. As class counsel, I have been responsible for all phases of litigation, from pre-filing investigations, through discovery, motion, trial, and appellate practice. I also coordinate the ACLU NPP's national advocacy campaigns to combat debtor's prisons and to right-size jails. Since 2000, I have served as the office's law student and fellow coordinator, recruiting, hiring and supervising law students and junior attorneys who work in our office.

I have served as counsel in the following cases, among others:

United States Supreme Court and Courts of Appeals

Martin v. Hadix, 527 U.S. 343 (1999) (holding fees provisions of the Prison Litigation Reform Act (PLRA) apply retroactively) (co-author of brief on behalf of the American Civil Liberties Union as *amicus curiae*)

Montana State Prison Inmates v. State of Montana, Department of Correction Personnel, No. 06-25182, 2007 WL 1122506 (9th Cir. Apr. 17, 2007) (upholding denial of motion to terminate consent decree requiring Montana officials to comply with the Americans with Disabilities Act at the state's largest prison) (lead counsel)

Gomez v. Vernon, 255 F.3d 1115(9th Cir. 2001) (upholding individual relief and sanctions orders against defendants' counsel in class action retaliation lawsuit on behalf of Idaho prisoners) (co-counsel and co-author of appellate brief)

Amos v. Maryland Dep't of Public Safety and Corr. Svcs., 126 F.3d 589 (4th Cir. 1997) (upholding judgment on behalf of disabled prisoners remedying inaccessible cells and facilities under the Rehabilitation Act and the Americans with Disabilities Act) (co-counsel and principal author of appellate brief)

United States District Court Cases

Graves v. Penzone, 48 F. Supp. 3d. 1318 (D. Ariz. 2014) (lead counsel in class action challenging inadequate health care and hazardous conditions on behalf of pretrial detainees housed at the Maricopa County Jail. Lead trial counsel for multi-week trial in February 2014 on Defendants' motion to terminate, handling briefing, direct and cross examination and arguments related to Plaintiffs' mental health claims. Defendants' motion was denied in September 2014, and the court entered a detailed implementation order requiring over two dozen specific improvements to health care policies and practices.)

Carty v. Bryan, No. 94-78, 2007 WL 817607 (D.V.I. Feb 27, 2007), 144 F. Supp. 2d 395 (D.V.I. 2001) (lead counsel in class action challenging conditions for prisoners held at two U.S. Virgin Islands correctional facilities. I handled direct and cross-examinations and arguments at evidentiary hearings that resulted in the court holding defendants in contempt three times of various remedial orders. Lead negotiator for comprehensive settlement agreement requiring improvements in every aspect of operations at the facilities. Trial counsel for quarterly evidentiary hearings. Monitoring and enforcement activities are ongoing).

Carruthers v. Tony, No. 76-6086, 2017 WL 3531471 (S.D. Fla. Aug. 15, 2017), 209 F. Supp. 2d 1294 (S.D. Fla. 2002), (lead counsel in challenge to conditions at the Broward County, Fla. Jail. Under the case, defendants terminated their contract with the medical provider after a series of preventable deaths, and have implemented criminal justice reforms that reduced the jail population by over 20%. Lead negotiator of stipulations resolving defendants' motion to terminate the case, resulting in ongoing monitoring and enforcement).

Langford v. Bullock, No. 93-46 (D. Mont.) (lead counsel in class action to conditions at the Montana State Prison in Deer Lodge, MT. Under the case, defendants constructed an infirmary and medical services center, drafted and implemented health care policies, and hired a medical director. The case now focuses on discrimination against disabled prisoners in violation of the Americans with Disabilities Act. A comprehensive settlement addressing the ADA claims was reached in February 2018. Monitoring and enforcement are ongoing).

Rosas v. Villanueva, No. 012-cv-0428 (C.D. Cal) (co-lead counsel in class action challenging a long-standing pattern of systematic and excessive use of force by officers against prisoners held at three Los Angeles County Jail facilities. Plaintiffs' investigative work on deputy-on-prisoner violence triggered an ongoing federal criminal investigation. Settlement was approved in April 2015. Monitoring is ongoing).

Dockery v. Hall, Civil Action No. 3:13-cv-00326-WHB-JCG (S.D. Miss.) (co-lead counsel in class action lawsuit challenging unconstitutional conditions at the East Mississippi Correctional Facility, the state's designated facility to house the most seriously mentally ill prisoners. Claims include inadequate medical and mental health care, hazardous environmental conditions, excessive use of force, improper use of solitary confinement, and failure to protect prisoners from violence. Seven-week trial concluded on April 9, 2018. Entered case as co-lead counsel four months before trial. I am responsible for all aspects of the case, and co-led an 11-member trial team).

Hernandez v. County of Monterey, 110 F. Supp. 3d 929 (N. D. Cal 2015) (co-counsel in class action lawsuit challenging unconstitutional and illegal conditions at the Monterey County Jail.

Claims include inadequate medical and mental health care, failure to protect prisoners from violence, and ADA violations. The complaint was filed in May 2013. Principal author of preliminary injunction motion to address hazards in suicide prevention, tuberculosis control, continuity of medications, treatment of detoxifying prisoners, and ADA discrimination. Preliminary injunction granted in April 2015. Comprehensive settlement reached in May 2015.)

Gomez v. Vernon, No. 91-299 (D. Idaho) (co-counsel in class action alleging retaliation against Idaho prisoners; extensive discovery and motion practice. I handled direct and cross examinations and arguments during a seven-week trial.)

Austin v. Department of Corrections, 876 F. Supp. 1437 (E.D. Pa. 1995), (co-counsel responsible for mental health monitoring in statewide challenge to conditions of confinement in thirteen Pennsylvania state prisons).

Goldsmith v. Dean, No. 93-CV-383 (D. Vt.) (co-counsel in statewide lawsuit challenging conditions at DOC facilities, including first-ever class action challenge to prison-based sex offender treatment program. I handled direct and cross-examinations and arguments at an evidentiary hearing on plaintiffs' preliminary injunction motion, after which defendants ceased complained-of practices in the sex offender program. A comprehensive settlement was reached in 1996 and the case was terminated in 2001 after defendants substantially complied with the settlement).

Hamilton v. Morial, No. 69-2664 (E.D. La.) (lead counsel in class action on behalf of prisoners held at the Orleans Parish Prison challenging inadequate health care, failure to protect, and environmental hazards. Responsible for compliance monitoring in the case from 2004-06. Comprehensive remedial orders were entered in 1990, 1991, and 1994, and case was dismissed in 2006).

Academic Appointments

Georgetown University Law Center, Washington, D.C.
Adjunct Professor of Law (Fall 2015-present)

I teach Prison Reform Advocacy and Litigation, a course with both classroom and fieldwork practicum components.

Harvard Law School, Cambridge, MA.
Wasserstein Public Interest Fellow (Fall 2017)

I served as a Wasserstein Public Interest Fellow, advising Harvard Law students in a program on public interest careers.

Publications

Journal Articles and Reports

Freeing the Most Vulnerable: Litigation Tools to Reduce the Disabled Prisoner Population, 1 UCLA Criminal Justice Law Review 1 (2017)

Shining a Light into Dark Corners: A Practitioner's Guide to Successful Advocacy to Curb Debtor's Prisons, 15 Loyola J. Public Interest Law No. 2 (Spring 2014)

Off the Record: Profiteering and Misconduct in Ohio's Mayor's Courts (ACLU 2019) (co-author), available at

https://www.acluohio.org/wpcontent/uploads/2019/04/Report_OffTheRecordProfiteerinAndMisconductInOhiosMayorsCourts_FINAL_2019-0415.pdf

In for a Penny: The Rise of America's New Debtor's Prisons (ACLU 2010) (co-author), available at http://www.aclu.org/files/assets/InForAPenny_web.pdf

Abandoned and Abused: Orleans Parish Prisoners in the Wake of Hurricane Katrina (ACLU 2006) (co-author), available at <http://www.aclu.org/prisoners-rights/abandoned-abused-complete-report>

Selected Short Pieces

Broward County Jail: A COVID-19 Time bomb, Florida Sun Sentinel, Apr. 3, 2020 (op ed.)

Time Has Come to Save Mentally Ill Inmates from Solitary Confinement, Arizona Capitol Times, Feb. 27, 2018 (op ed.)

How Officials Use a Dubious Condition to Explain Stun Gun Deaths, The Guardian, Sep. 20, 2015 (op ed.)

Eric Balaban and Benjamin Currence, *The V.I. Should Raise the Pay for BOC Officers*, Virgin Islands Daily News, Sep. 10, 2015 (op ed.)

A Living Nightmare for V.I. Prisoners, Virgin Islands Daily News, Dec. 29, 2014 (op ed.)

Eric Balaban and Michelle Welsh, *Expanding Monterey County Jail a Bad Idea*, Monterey County Herald, Aug. 9, 2013 (op ed.)

Eric Balaban and Ryan Kiesel, *Tulsa Should Stop Debtor's Prison Practices*, Tulsa World, Nov 12, 2013 (op ed.)

Eric Balaban and Lauren Kuhlik, *No One Should be Forced to Give Birth Alone in a Jail Cell* (ACLU blog post May 9, 2019), available at <https://www.aclu.org/blog/prisoners-rights/women-prison/no-one-should-be-forced-give-birth-alone-jail-cell>

Eric Balaban and Stephanie Wylie, *A Mentally Ill Man in Solitary Cut off a Body Part at the Broward County Jail* (ACLU blog post Mar. 28, 2019), available at <https://www.aclu.org/blog/prisoners-rights/medical-and-mental-health-care/mentally-ill-man-solitary-cut-body-part-broward>

Eric Balaban and Ryan Kendall, *Brutality Against Prisoners is Often Unseen. In this Virgin Islands Jail, It was Caught on Video* (ACLU blog post Dec. 19, 2018), available at <https://www.aclu.org/blog/prisoners-rights/brutality-against-prisoners-often-unseen-virgin-islands-jail-it-was-caught>

How a Montana Prison is Reforming its Treatment of People with Disabilities (ACLU blog post June 20, 2018) available at <https://www.aclu.org/blog/disability-rights/disability-rights-and-criminal-justice/how-montana-prison-reforming-its>

Victory at Sheriff Joe Arpaio's Jails, Where Too Many Have Suffered and Died from Neglect (ACLU blog post Oct. 3, 2014), available at <https://www.aclu.org/blog/victory-against-sheriff-joe-arpaio-s-jails-where-too-many-have-suffered-and-died-neglect>

Carl Takei and Eric Balaban, *Shocking Video from a Maine Prison Shows a Restrained Prisoner Being Tortured with Pepper Spray* (ACLU blog post Apr. 3, 2013), available at <https://www.aclu.org/blog/shocking-video-maine-prison-shows-restrained-prisoner-being-tortured-pepper-spray>

Eric Balaban and Gabe Eber, *Marty Atencio (1967-2011): Another Victim of Sheriff Joe Arpaio's Jails* (ACLU blog post Oct. 23, 2012), available at <https://www.aclu.org/blog/marty-atencio-1967-2011-another-victim-sheriff-joe-arpaio-s-jails>

Eric Balaban and Cory Stoughton, *Long Island Should Break its Addiction to Incarceration* (ACLU blog post May 2, 2012), available at <https://www.aclu.org/blog/long-island-should-break-its-addiction-incarceration>

Selected Press and Invited Public Appearances

UDC David A. Clarke School of Law, “*Incarceration and Religious Freedom*,” plenary (February 2, 2019)

University of Virginia School of Law, “*Life as a Prisoner's Rights Lawyer*,” (October 23, 2017)

Harvard Law School, “*Challenging Debtor's Prisons*” (September 27, 2017)

National Disability Rights Network, “*Using the Americans with Disabilities Act to Decarcerate*,” annual national conference (June 13, 2017)

ACLU National Staff Conference, “*Stay Out, Get Out: Using the ADA to Reduce Incarceration*,” (CLE speaker) (April 27, 2017)

UCLA School of Law, “*Decarceration and Disability*,” symposium (Sept. 24, 2016)

Bazelon Center for Mental Health Law, “*Strategies to Reduce the Number of Mentally Ill in Our Prisons and Jails*,” (Mar. 2, 2016)

National Consortium on Racial and Ethnic Fairness in the Courts, “*Challenges for Low-Income Populations in the Criminal Justice System*,” 26th Annual Conference, Cody, Wyo. (June 27, 2014)

Loyola University College of Law, “*The Re-Emergence of Debtor’s Prisons*,” symposium (Feb. 8, 2014)

Sargent Shriver National Center on Poverty Law, “*Trapped: The Effect of Criminal Debt on Re-Entry*,” symposium (Sept. 12, 2013)

Yale Law School, “*States, Minds, State of Mind: Mental Health as a Human Right*,” symposium (Mar. 24, 2012)

Tulane Law School, “*The Rise of New Debtor’s Prisons*,” symposium (Apr. 16, 2010)

American Association of Psychiatry and the Law, “*A Cold Shoulder: ICE and Detainee Psychiatric Services*,” 40th Annual Meeting (Nov 1, 2009)

ACLU National Staff Conference, “*Investigating Medical and Mental Health Claims in Prisons and Jails*,” (CLE speaker) (Jan. 28, 2009)

UDC David A. Clarke School of Law, “*Katrina’s Wake: Emergency Preparedness and Response from the Bayou to the Beltway*,” symposium (Feb. 29, 2008)

Invited witness, Hearings on Bureau of Corrections, Public Safety, Homeland Security and Justice Committee, 28th Legislature of the U.S. Virgin Islands (Jan. 16, 2008)

ACLU National Membership Conference, “*Orleans Parish Prison After Katrina*,” (Jan. 25, 2007)

Virginia Bar Association, “*After the Hammer Falls: Assisting Your Incarcerated Client*,” (CLE speaker) (June 2003)

National Public Radio, *Reports of Squalid Conditions at New Orleans Prison*, available at <http://www.npr.org/templates/story/story.php?storyId=12890196>

National Public Radio, *Death by Excited Delirium: Diagnosis or Cover-Up*, available at <http://www.npr.org/templates/story/story.php?storyId=7608386>

National Public Radio, *Lacking Option, Officials Keep Schizophrenic in Jail*, available at <http://www.npr.org/templates/story/story.php?storyId=17357398>

I have also spoken at Georgetown University Law Center, American University School of Law, Howard University School of Law, and the University of Maryland School of Law, among others. I have appeared on CNN, the *Today Show*, and numerous local news affiliates. I have been quoted in *Rolling Stone*, *Slate*, *Huffington Post*, *The New York Times*, *Washington Post*, *Los Angeles Times*, *Chicago Tribune*, *San Francisco Chronicle*, *Philadelphia Enquirer*, *Florida Sun Sentinel*, *Arizona Republic*, and *New Orleans Times Picayune*, among others.

Education

University of Pennsylvania (B.A., American History, *summa cum laude* with honors 1989)
Phi Beta Kappa
Winner of the Thomas Cochrane Prize for Best Honors Thesis in American History

University of Virginia School of Law (J.D. 1993)
Research Associate, Institute of Law, Psychiatry and Public Policy

Bar Membership and Admissions

Maryland (1994)
Pennsylvania (1994-inactive)
United States Supreme Court
United States Courts of Appeals for the Fourth, Ninth, and Eleventh Circuits
Numerous United States District Courts

1 Dan Stormer, Esq., SBN 101967
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19 Attorneys for Plaintiffs
20 Other Counsel on Following Page

21 **UNITED STATES DISTRICT COURT**
22 **CENTRAL DISTRICT OF CALIFORNIA**

23 RODNEY CULLORS, DENEAL
24 YOUNG, JESSICA HAVILAND,
25 RANY UONG, MARK AVILA,
26 CAROLE DUNHAM, LEANDREW
27 LEWIS, VICTOR GUTIERREZ,
28 JEREMIAH FARMER, on behalf of
themselves and all others similarly
situated, DIGNITY AND POWER
NOW, YOUTH JUSTICE
COALITION,
Plaintiffs,
vs.
COUNTY OF LOS ANGELES, LOS
ANGELES COUNTY SHERIFF
ALEX VILLANUEVA, and DOES
1-10, inclusive,
Defendants.

Case No.: 20-cv-3760

**DECLARATION OF CATHERINE
SWEETSER IN SUPPORT OF MOTION
FOR CLASS CERTIFICATION**

[Additional Counsel continued from previous page]

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Alec Karakatsanis*
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#302729]
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**pro hac vice applications forthcoming*

DECLARATION OF CATHERINE SWEETSER

I, Catherine Sweetser, make this declaration of my own free will. I have personal knowledge of the facts set forth herein and if called as a witness, could and would testify competently thereto:

1. I am an attorney at the UCLA School of Law and of counsel at Schonbrun Seplow Harris Hoffman & Zeldes LLP. Until Dec. 31, 2019, I was a partner at Schonbrun Seplow Harris & Hoffman LLP and litigated a number of class actions for injunctive relief while at the firm.

2. At UCLA School of Law, I work with Alicia Virani, Associate Director of the Criminal Justice Program and Director of the Bail Practicum, and Aaron Littman, Binder Clinical Teaching Fellow and instructor of the Civil Rights and Police Accountability clinic and the Ninth Circuit Prisoners' Rights Clinic. Our clinics operate under the umbrella of the UCLA Law Clinics. Ms. Virani, Mr. Littman and I all have extensive experience which recommends us as class counsel. All of us are admitted to the California State Bar as well as in the Central District of California.

3. Together with Barry Litt and Dan Stormer, among others, I was one of the attorneys for the class when my firm, Schonbrun Seplow Harris & Hoffman LLP was appointed class counsel for a class action protest case in *Aichele v. City of Los Angeles*, 314 F.R.D. 478, 497 (C.D. Cal. 2013). More recently, I was one of the counsel representing the class in *Chua v. City of Los Angeles*, Case No. 2:16-cv-00237-JAK-GJS (C.D. Cal. 2017).

4. I also have experience litigating injunctive relief on behalf of vulnerable populations and in litigating policy changes with local governments. Cases in which I have litigated on behalf of vulnerable populations include *Mitchell v. City of Los Angeles*, No. 16-07350 (C.D. Cal), and *Orange County Catholic Worker v. County of*

1 *Orange*, No. 8:17-cv-1340 (C.D. Cal). Both resulted in settlements which governed how
2 the local government handled the constitutional rights of homeless populations.

3 5. My colleague Aaron Littman has significant experience representing classes of
4 prisoners and litigating challenges to law enforcement actions. From 2017 to 2019, Mr.
5 Littman was a staff attorney in the impact litigation unit of the Southern Center for
6 Human Rights (SCHR), a non-profit located in Atlanta, Georgia. *See Georgia Advocacy*
7 *Office v. Jackson*, 1:19-cv-01634 (N.D. Ga.) (represented putative class dozens of
8 mentally ill women in case regarding their treatment in jail in Fulton County, Georgia,
9 obtained preliminary injunctive relief); *K.A. v. Hobby*, 1:17-cv-00099 (M.D. Ga.) (lead
10 counsel, appointed class counsel, represented approximately 800 high school students in
11 suspicionless mass search case in Worth County, Georgia); *Gumm v. Jacobs*, 5:15-cv-
12 00041 (M.D. Ga.) (appointed class counsel, represented over 100 prisoners in
13 challenging long-term solitary confinement in the Georgia Department of Corrections'
14 Special Management Unit, negotiated consent decree with significant reforms to
15 conditions and procedures); *Calhoun v. Pennington*, 1:09-cv-03286 (N.D. Ga.)
16 (represented group of individual bar patrons in suspicionless mass search case in
17 enforcing consent decree); *Maynor v. Morgan County, Ala.*, 5:01-CV-00851 (N.D. Ala.)
18 (represented class of jail detainees in conditions case in enforcing consent decree).
19 While at SCHR, he also represented multiple clients in post-conviction proceedings, and
20 attended an intensive class action training sponsored by the Impact Fund.
21

22 6. My colleague Alicia Virani also has extensive experience in representing
23 prisoners. She began her career working in juvenile justice and education rights law as a
24 Staff Attorney at the California Conference for Equality and Justice. Starting in
25 September 2014, she transitioned to working as a Deputy Public Defender in the Office
26 of the Orange County Public Defender, and continued there until January 2018.
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EXHIBIT A

CATHERINE SWEETSER

UCLA School of Law, 385 E. Charles Young Dr. East, Los Angeles, CA 90095; sweetser@law.ucla.edu

EXPERIENCE

UCLA School of Law, Promise Institute for Human Rights, Los Angeles, California,

Deputy Director, Jan. 1, 2020—*present*

Director, Human Rights Litigation Clinic, Jan. 1, 2020—*present*

SCHONBRUN, SEPLOW, HARRIS AND HOFFMAN LLP, Los Angeles, California,

Of Counsel, Jan. 1, 2020—*present*

Partner, January 1, 2016—December 31, 2020

Associate, April 30, 2012—December 31, 2015

Litigated cases concerning human rights and civil rights, in particular concerning the scope of the Alien Tort Statute, human trafficking, police brutality, First Amendment rights, and the civil rights of the homeless. Drafted briefs and petitions at all levels of both state and federal court, including the Ninth Circuit, D.C. Circuit, and United States Supreme Court; argued an appeal in California state court; argued and won numerous motions in federal court; took and defended depositions; second chair at trial in one case, third chair in several others, and lead counsel in several others that settled and did not go to trial.

INTERNATIONAL HUMAN RIGHTS CLINIC, UC IRVINE SCHOOL OF LAW, Irvine, California

Director, January 2019—December 31, 2020

Co-Director, August 2013—May 2018

Co-director with Paul Hoffman of the International Human Rights Clinic at UC Irvine. Prepared reading materials and lesson plans, led clinic seminar, and supervised and assisted students in drafting and filing Inter-American Commission for Human Rights (IACHR) petitions, appellate briefs, and petitions for certiorari to the Supreme Court, and in preparing memos for nonprofit partners.

ALTSHULER BERZON, San Francisco, California

Associate, Sept. 7, 2010—January 31, 2012

Attorney focusing on labor law; drafted briefs in both state and federal court; handled cases before the NLRB.

CHAMBERS OF THE HONORABLE JUDITH W. ROGERS, U.S. COURT OF APPEALS FOR THE D.C. CIRCUIT,

Law Clerk, Aug. 10, 2009 –Aug. 6, 2010

EDUCATION

NEW YORK UNIVERSITY SCHOOL OF LAW, New York, New York

LL.M., Jan. 2010

J.D., May 2008, *magna cum laude*

Honors: Order of the Coif

Jerome Lipper Prize (*for outstanding work in the field of International Law*)

Florence Allen Scholar (*Top ten percent of the class based on first four semesters of law school*)

Pomeroy Scholar (*Top ten students in class based on first two semesters of law school*)

YALE UNIVERSITY, New Haven, Connecticut

B.A. in Political Science and International Studies, *magna cum laude*, May 2005

Senior Theses: *Prospects for African Union Peacekeeping: The Mission in Burundi and Dependence on Western Support* and *The United Nations Operation in Burundi: Implications for Prediction of Peacekeeping Success*.

Honors: Phi Beta Kappa

PUBLICATIONS

Reply: Humanity as the Alpha and Omega of Sovereignty, 20 EUR. J. INT'L L. 549 (2009).

Providing Effective Remedies to Victims of Abuse by Peacekeeping Personnel, 83 N.Y.U. L. REV. 1643 (2008).

CATHERINE SWEETSER

UCLA School of Law, 385 E. Charles Young Dr. East, Los Angeles, CA 90095; sweetser@law.ucla.edu

PRESENTATIONS

Guest Lecturer on Corporate Accountability, Loyola Marymount University, BADM 4950, Business and Social Responsibility in the Global Society (February 2017 and January 2018) and BADM 3040, Management and Society (January 2019)

“Litigating Human Rights in the Federal Courts,” Duke University School of Law, Human Rights in Practice Speaker Series, October 25, 2018.

“Alien Tort Statute: Updates and Projections,” UCLA School of Law, International Human Rights Clinicians Conference, April 29, 2018.

“Fighting for Human Rights through the United States Courts,” Santa Monica College, March 29, 2018.

“Homelessness: Problems and Solutions,” UC Irvine School of Law, Martin Luther King Jr. Teach-In and Training, January 13, 2018.

“Using U.S. Domestic Liability as a Means for Accountability of International Human Rights Violations,” UC Davis School of Law, Journal of International Law and Policy Symposium, February 3, 2017.

“Global Human Rights Litigation and Enforcement,” Society for Business Ethics Annual Conference, August 6, 2016.

“Keynote: International Human Rights Law and Local Action”, Chapman University and CSU Fullerton UN Association Chapters, Symposium: the United Nations at Seventy, October 24, 2015.

“Protecting the Right to Vote as a Human Right,” Los Angeles Law Library Law Week Human Rights Panel, Los Angeles, California, May 2, 2014.

“Arbitrary Detention in the United States: *Mirmehdi v. United States* in Domestic and International Tribunals”, Panel Organized by the UCLA International Human Rights Clinic, Los Angeles, California, April 22, 2014.

“Workers’ Rights As Human Rights”, Human Rights for Legal Aid Attorneys, conference organized by the Local Human Rights Lawyering Project, Irvine, California, July 18, 2013.

“Deference in U.S. Domestic Courts and Implications for Legality Review”, Global Administrative Law—Viterbo V Seminar, Viterbo, Italy, June 12, 2009.

“*Ashwander* at the International Tribunal: Interpreting Bilateral Investment Treaties to Avoid Domestic Constitutional Questions”, New York University – University of Cape Town Global Administrative Law Workshop, Cape Town, South Africa, March 18, 2008.

“Ensuring Accountability of Peacekeeping Personnel for Human Rights Violations”, *Best Paper*, Emerging Human Rights Scholarship Conference, Center for Human Rights & Global Justice, New York, New York, April 6, 2007.

BAR ADMISSIONS

New York State Bar, July 13, 2009.

California State Bar, October 26, 2010.

LANGUAGES

Proficient in Spanish.

AARON LITTMAN

UCLA School of Law
385 Charles E. Young Drive East
Los Angeles, California 90095
littman@law.ucla.edu
(310) 825-9562

EMPLOYMENT

UCLA School of Law

Binder Clinical Teaching Fellow, 2019-Present
Deputy Director, COVID Behind Bars Data Project, 2020-Present

Southern Center for Human Rights

Staff Attorney, Impact Litigation Unit, 2017-2019

The Honorable Myron Thompson

U.S. District Court for the Middle District of Alabama
Law Clerk, 2015-2017

The Honorable Stephen Reinhardt

U.S. Court of Appeals for the Ninth Circuit
Law Clerk, 2014-2015

EDUCATION

Yale Law School, J.D., 2014

Senior Editor, *Yale Law Journal*

Worker and Immigrant Rights Advocacy Clinic, 2012-2014

Teaching Assistant, Professor Judith Resnik (Federal Courts)

Research Assistant, Professor James Forman, Jr. (*Locking Up Our Own*)

Justice Stevens Fellow, American Civil Liberties Union, Immigrants' Rights Project

Legal Intern, U.S. Department of Justice, Civil Rights Division, Special Litigation Section

University of Cambridge, M.Phil. in Criminological Research, 2011

Lopez-Rey Prize (proxime accessit) for best performance, Institute of Criminology

Lewis-Thomas Law Scholar, Sidney Sussex College

Yale College, B.A. in Political Science, *magna cum laude*, 2010

Clement Prize for best thesis on U.S. Constitution, Political Science Department

Staden Cup for moral and intellectual conscience, Ezra Stiles College

Liman Fellow, Equal Justice Initiative

PUBLICATIONS

(De)carceral Jail Administration (work in progress)

Prison Visitation Policies: A Fifty State Survey, 32 YALE LAW AND POLICY REVIEW 149 (2013), reprinted in PRISONERS AND THE LAW, Ira P. Robbins, ed. (with Chesa Boudin and Trevor Stutz)

PRESENTATIONS

“(De)carceral Jail Administration,” Junior Scholars Conference, University of Michigan Law School, April 18, 2020 (held remotely due to pandemic)

“(De)carceral Jail Administration,” In Our Backyards: Symposium on Incarceration, Vera Institute of Justice, April 16, 2020 (canceled due to pandemic)

Panelist, “Strategies for Prisons, Jails, and Oversight Bodies During the COVID-19 Crisis,” National Association for Civilian Oversight of Law Enforcement, March 24, 2020 (held remotely due to pandemic)

“(De)carceral Jail Administration,” National Association for Civilian Oversight of Law Enforcement Academic Symposium, University of Texas Law School, March 6, 2020

Panelist, “The Unique Power of the Alabama Sheriff,” ProPublica Local Reporting Network, April 16, 2019

Panelist, “New Strategies for Public Institutions,” Food Justice Symposium, Harvard Law School, March 9, 2019

Panelist, “The Thirteenth,” Center for Ethics, Emory University, April 13, 2017

Panelist, “Visiting Prisons: A Symposium,” Liman Colloquium, Yale Law School, April 3, 2014

TEACHING AND SUPERVISION EXPERIENCE

UCLA School of Law: Civil Rights and Police Accountability Clinic (Spring 2020);
Ninth Circuit Appellate Advocacy: Prisoners’ Rights Clinic (Fall 2020-Spring 2021)

Southern Center for Human Rights: supervised law students in preparing bond motions during weeklong trips to immigration detention centers (Summer 2017 and Summer 2018); supervised intake paralegals in reviewing, investigating, and responding to thousands of complaints received from incarcerated people (2018-2019)

Yale Law School: Federal Courts (teaching assistant to Professor Judith Resnik, Fall 2013);
Liman Public Interest Workshop (student convener, Spring 2010, Fall 2012, and Spring 2013)

Manson Youth Institution, Connecticut: Prison Education Project (coordinator, 2008-2010)

PROFESSIONAL AFFILIATIONS

Bar Memberships: California, Georgia, New York, Massachusetts

Court Admissions: Ninth Circuit, Central District of California, Northern and Middle Districts of Georgia

Alicia Virani

UCLA School of Law, 405 Hilgard Avenue, Los Angeles, CA 90095; (310) 825-5216; virani@law.ucla.edu

LEGAL EXPERIENCE

UCLA School of Law, Criminal Justice Program, Los Angeles, CA

Associate Director, January 2018-present

Work with students on research projects and school-wide programming related to criminal justice policy; write amicus briefs on relevant criminal justice related issues; provide research and data support to community-based organizations looking to expand the use of restorative justice and diversion models for youth throughout Los Angeles County.

Instructor of the following courses:

- *Pay or Stay: Practicum on Bail*
- *Restorative Justice & Trauma Informed Lawyering*

Orange County Public Defender's Office, Orange County, CA

Deputy Attorney III, September 2014 – December 2017

As a misdemeanor attorney: managed a case load of 100-150 indigent clients charged with misdemeanors; conducted research and wrote motions to suppress, formal discovery motions, and motions for dismissal; executed twenty-two jury trials.

As a parents attorney: managed a caseload of 100-150 parents in the dependency system; negotiated outcomes favorable to clients; connected clients to available resources and services; executed over fifty bench trials.

The California Conference for Equality and Justice, Long Beach, CA

Staff Attorney & Equal Justice Works Fellow, June 2012 – August 2014

Created and directed a program that diverts 100 youth out of the juvenile justice system each year. Led a citywide Juvenile Justice Working Group. Engaged in statewide legislative advocacy for policies that reduce racial disparities in the juvenile justice system. Wrote and successfully obtained numerous grants to ensure the continuity of the program. Conducted trainings and presentations on Restorative Justice for prosecutors, public defenders, judges, and law enforcement.

UCLA School of Law, Los Angeles, CA

Research Assistant to Professor Devon Carbado, August 2010 – May 2011

Wrote research memoranda on racial profiling in the immigration context, gender-based employment discrimination, and a variety of other topics related to Critical Race Theory. Edited book drafts.

Law Clerk, Criminal Defense Clinic, Spring 2011

Wrote and filed a habeas motion to vacate a sentence on behalf of a United States citizen wrongfully convicted for illegal re-entry.

Wrote a successful motion to suppress based on a *Miranda* violation.

San Francisco Public Defender's Office, San Francisco, CA

Law Clerk, Juvenile Division, Summer 2010

The Alliance for Children's Rights, Los Angeles, California

Law Clerk, Benefits Program, Summer 2009

National Center for Lesbian Rights, Los Angeles, CA

Law Clerk, September 2008 – March 2009

National Lawyers Guild, San Francisco, California

Thomas Steel Fellow, Summer 2008

EDUCATION

UCLA School of Law, Los Angeles, CA

J.D. and M.A. in Urban Planning, May 2011

GPA 3.504

Specializations in Epstein Program in Public Interest Law and Policy and Critical Race Studies

Honors: Equal Justice Works Fellowship; Public Interest Scholarship and Rosenthal Bar Exam Scholarship Recipient, California Bar Foundation; Women Lawyers Association of Los Angeles Scholarship

Activities: Dean's Learning Environment and Diversity Task Force, Member
Let's Go! Liberation Transgender Law Project, Co-Founder

Vassar College, Poughkeepsie, NY

B.A., International Studies (Departmental Honors), May 2005

GPA 3.61

1 Dan Stormer, Esq., SBN 101967
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3 Tanya Sukhija-Cohen SBN 295589
4 Theresa Zhen, Esq. SBN 300710
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19 Attorneys for Plaintiffs
20 Other Counsel on Following Page

21 **UNITED STATES DISTRICT COURT**
22 **CENTRAL DISTRICT OF CALIFORNIA**

23 RODNEY CULLORS, DENEAL
24 YOUNG, JESSICA HAVILAND,
25 RANY UONG, MARK AVILA,
26 CAROLE DUNHAM, LEANDREW
27 LEWIS, VICTOR GUTIERREZ,
28 JEREMIAH FARMER, on behalf of
themselves and all others similarly
situated, DIGNITY AND POWER
NOW, YOUTH JUSTICE
COALITION,
Plaintiffs,
vs.
COUNTY OF LOS ANGELES, LOS
ANGELES COUNTY SHERIFF
ALEX VILLANUEVA, and DOES
1-10, inclusive,
Defendants.

Case No.: 20-cv-3760

**DECLARATION OF KATHERINE
HUBBARD IN SUPPORT OF MOTION
FOR CLASS CERTIFICATION**

[Additional Counsel continued from previous page]

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Katherine C. Hubbard, Esq. [S.B.
#302729]
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Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

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Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
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Email: awoods@aclu.org

**pro hac vice applications forthcoming*

DECLARATION OF KATHERINE HUBBARD

1
2 1) My name is Katherine Hubbard and, on behalf of Civil Rights Corps, I am
3 one of the counsel for the named Plaintiffs and the putative Class members in this case. I
4 submit this Declaration in support of the motion for class certification.

5 2) I received a Juris Doctor degree from Stanford University in 2014. After
6 graduating law school, I worked as a Law Fellow at Equal Justice Initiative where I
7 litigated criminal appeals. I then worked as a Litigation Fellow at Equal Justice Under
8 Law, where I litigated federal civil rights class action lawsuits.

9 3) I have been an attorney at Civil Rights Corps, a non-profit civil rights
10 organization, since the founding of the organization in 2016. I have worked on numerous
11 civil rights cases, including class actions and habeas petitions.

12 4) I have been appointed class counsel in the constitutional civil rights class
13 action lawsuits Schultz v. State, 330 F. Supp. 3d 1344 (N.D. Ala. 2018) and Edwards v.
14 Cofield, 265 F. Supp. 3d 1344 (M.D. Ala. 2017). I currently serve as counsel on several
15 constitutional civil rights class action lawsuits including Swain v. Junior (S.D. Fla. Case
16 No. 1:20-cv-21457-KMW); Sanchez v. Brown (N.D. Tex. Case No. 3:20-cv-00832-E);
17 Allison v. Allen (M.D.N.C. Case No. 19-cv-1126); and Daves v. Dallas, (N.D. Tex. Case
18 No. 3:18-cv-154).

19 5) I have served as lead counsel on several successful habeas petitions in state
20 and federal court on behalf of individuals challenging unconstitutional pretrial detention
21 including Reem v. Hennessy, No. 17-CV-06628-CRB, 2017 WL 6765247 (N.D. Cal.
22 Nov. 29, 2017); Rodriguez-Ziese v. Hennessy, No. 17-CV-06473-BLF, 2017 WL
23 6039705 (N.D. Cal. Dec. 6, 2017); Coleman v. Hennessy, No. 17-CV-06503-EMC, 2018
24 WL 541091 (N.D. Cal. Jan. 5, 2018); and Arevalo v. Hennessy, 882 F.3d 763, 767 (9th
25 Cir. 2018).

26 6) My colleague Alec Karakatsanis is the Founder and Executive Director of
27 Civil Rights Corps. Prior to starting Civil Rights Corps, he co-founded Equal Justice
28 Under Law, a non-profit civil rights organization based in Washington, D.C. Prior to

1 this, he served as an attorney in the Special Litigation Division of the Public Defender
 2 Service for the District of Columbia, where he litigated constitutional civil rights claims
 3 and complex criminal law issues in federal and District of Columbia trial and appellate
 4 courts. Prior to that, he served as a law clerk in the United States District Court for the
 5 Middle District of Alabama and as an Assistant Federal Public Defender in the Middle
 6 District of Alabama.

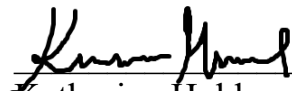
7 7) Mr. Karakatsanis has been lead attorney in numerous constitutional civil
 8 rights class action lawsuits. See, e.g., ODonnell v. Harris Cty., Texas, 892 F.3d 147 (5th
 9 Cir. 2018); Walker v. City of Calhoun, 901 F.3d 1245 (11th Cir. 2018); Dixon v. St.
 10 Louis, No. 4:19-CV-0112-AGF, 2019 WL 2437026 (E.D. Mo. June 11, 2019); Caliste v.
 11 Cantrell, 329 F. Supp. 3d 296 (E.D. La. 2018); Daves v. Dallas County, 341 F. Supp. 3d
 12 688 (N.D. Tex. 2018); Rodriguez v. Providence Cmty. Corr., Inc., 155 F. Supp. 3d 758
 13 (M.D. Tenn. 2015); Jones on behalf of Varden v. City of Clanton, 2015 WL 5387219
 14 (M.D. Ala. 2015); Cooper v. City of Dothan, 2015 WL 10013003 (M.D. Ala. 2015);
 15 Pierce et al. v. City of Velda City, 2015 WL 10013006 (E.D. Mo. 2015); Thompson v.
 16 City of Moss Point, 2015 WL 10322003 (S.D. Miss. 2015).

17 8) Civil Rights Corps has devoted significant time and resources to becoming
 18 familiar with the conditions in the Los Angeles County jails, the health and safety risks
 19 that COVID-19 poses to people in jails, and the substantive and procedural law of
 20 challenging unconstitutional jail conditions.

21 9) Civil Rights Corps has sufficient funds available to litigate this case and is
 22 prepared to contribute significant resources to litigating this case.

23
 24 I declare under penalty of perjury under the laws of the State of California and the
 25 United States of America that the foregoing is true and correct.

26 Executed this April 24, 2020.

27
 28 
 Katherine Hubbard

1 Dan Stormer, Esq., SBN 101967
2 dstormer@hadsellstormer.com
3 Tanya Sukhija-Cohen SBN 295589
4 Theresa Zhen, Esq. SBN 300710
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19 Attorneys for Plaintiffs
20 Other Counsel on Following Page

21 **UNITED STATES DISTRICT COURT**
22 **CENTRAL DISTRICT OF CALIFORNIA**

23 Cullors, et al., individually and as
24 class representatives

25 Plaintiffs,

26 vs.

27 COUNTY OF LOS ANGELES,
28 SHERIFF ALEX M VILLANUEVA,
in his official capacity, et al,

Defendants.

Case No. 2:20-cv-03760

**DECLARATION OF CARLOS
FRANCO-PAREDES, M.D., M.P.H.**

[Additional Counsel continued from previous page]

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Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B.
#302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
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Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
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**pro hac vice applications forthcoming*

1 **DECLARATION OF CARLOS FRANCO-PAREDES, M.D., M.P.H.**

2
3 I, Carlos Franco-Paredes, M.D., M.P.H., declare under penalty of perjury
4 under the laws of the United States as follows:

5 **OVERVIEW OF BACKGROUND AND SPECIALIZATIONS**

6 1. My name is Dr. Carlos Franco-Paredes. I am an Associate Professor
7 of Medicine at the University of Colorado in the Department of Medicine, Division
8 of Infectious Diseases. I completed my internal medicine residency and infectious
9 diseases fellowship at Emory University School of Medicine. I am also the
10 Infectious Diseases Fellowship Program Director and supervise the training of
11 medical students, internal medicine residents, and infectious diseases fellows at the
12 University of Colorado, Anschutz Medical Center.

13 2. In addition, I hold a public health degree in global health from the
14 Rollins School of Public Health at Emory University with a concentration on the
15 dynamics of global infectious disease epidemics and pandemics.

16 3. From 2006 to 2009, I was a consultant with the World Health
17 Organization, Headquarters in Geneva, Switzerland where I participated in
18 developing the global action plan for influenza vaccine, guidelines for pandemic
19 influenza preparedness.

20 4. I have a certification of training in travel and tropical medicine, by the
21 International Society of Travel Medicine and the American Society of Tropical
22 Medicine and Hygiene, respectively.

23 5. As an infectious diseases clinician, I have twenty years of relevant
24 clinical experience. As part of this experience, I have participated in the medical
25 care of individuals detained at the Aurora, CO, Immigration Detention Facility and
26 I have performed medical second opinion evaluations for patients in the custody of
27 the Department of Homeland Security, Immigration and Customs Enforcement
28 (ICE). At my current academic institution, I have also provided direct care for

1 many patients in ICE custody or incarcerated settings including patients at Aurora
2 Contract Detention Facility (“Aurora facility”), who are living with HIV-infection
3 at my current academic institution.

4 6. Over the last six weeks, since the COVID-19 pandemic began
5 disseminating in the U.S., I have witnessed firsthand the impact of COVID-19 at
6 University of Colorado, Anschutz Medical Center, and have provided direct care to
7 54 patients with this infection. Many have required intensive care management and
8 mechanical ventilator support.

9 7. I present my Curriculum Vitae attached as Exhibit 2. I have written
10 and published many relevant scientific publications on the topics of infectious
11 diseases pandemics and epidemics, particularly in influenza. I have 198 scientific
12 publications in peer-reviewed scientific journals. I teach a class at the school of
13 medicine on caring for underserved populations including immigrants and
14 incarcerated populations and in best practices in global health. I have written a
15 textbook in infectious diseases.

16 17 **FORMAL ANALYSIS**

18 8. As an infectious disease clinician with a public health degree in the
19 dynamics of infectious disease epidemics and pandemics, I am concerned about the
20 inevitable spread of COVID-19 in jails, prisons, community corrections facilities,
21 and juvenile detention centers. The conditions in these facilities do not allow for
22 appropriate infection control protocols and will make the current COVID-19
23 pandemic worse. Incarcerated populations have higher rates of underlying illness
24 and, by extension, will have a higher case fatality rate. It is now clear that
25 asymptomatic individuals can spread this infection. With staff traveling between
26 their homes and the facilities, and newly arrested individuals brought in as others
27 are released, containment of the virus is not possible. Prisons and jails are
28 becoming the epicenter of COVID-19 transmission in the U.S. I can also certify

1 that incarcerated individuals have a higher prevalence of chronic medical
2 conditions that place them at high risk of developing severe coronavirus disease
3 and potentially dying from this infection. Some of these medical conditions include
4 HIV/AIDS, uncontrolled diabetes mellitus, chronic obstructive pulmonary disease,
5 and other conditions

6 9. Increasing Number of COVID-19 Cases and Deaths in the U.S. Every
7 U.S. state is dealing with COVID-19 cases and the number of deaths continue to
8 pile up. Since March 16, 2020, the epidemiologic curve demonstrates a logarithmic
9 increase in the number of cases with many major epicenters of transmission as it
10 has occurred in the Pacific Northwest, New York, New Jersey, Florida, California,
11 and Louisiana. As of today, there are approximately 856, 209 cases and 47,442
12 deaths demonstrating that community-based transmission clearly continues to
13 occurⁱ.

14 10. The catastrophic consequences of the current COVID-19 pandemic
15 obeys to two major factors: (a) the transmissibility of this infection and (b) the
16 severity of the disease in human populations. As this is a rapidly spreading
17 pandemic, I would like to provide this addendum outlining advances in
18 understanding the impact of the pandemic globally and specifically in the U.S. It
19 is pivotal to incorporate these new facts into the pandemic response and the
20 increasing vulnerability of incarcerated persons. The current outbreak of the novel
21 coronavirus (SARS-Co-2) in different county jails and prisons in the U.S.
22 highlights the ease of transmission of COVID-19 behind walls of jails and prisons.
23 There is sufficient experience with this pandemic demonstrating that congested
24 living conditions facilitate the spread of this infection.

25 11. Jails and prisons are epicenters for infectious diseases because of the
26 unavoidable close contact in often overcrowded, poorly ventilated, and unsanitary
27 conditions. On April 14 the Bureau of Federal Prisons reported 446 cases among
28 inmates and 248 cases among employees in 42 facilities and 11 Residential

1 Reentry Centers (RRCs). However, by April 19, there were 495 cases among
2 inmates, 309 cases among staff, and 22 deaths distributed in 45 facilities and 19
3 RRCs. There are at least 1,300 confirmed cases of COVID-19 tied to prisons and
4 jails with at least 34 deaths when combining prisons and jails nationwide as per
5 different reports. The revolving door of jails have fueled an increasing number of
6 documented outbreaks in custodial institutions.

7 12. Detention and incarceration of any kind requires large groups of
8 people to be held together in a confined space and creates the worst type of setting
9 for curbing the spread of a highly contagious infection such as COVID-19.
10 Implementing CDC protocols to mitigate Covid-19 transmission is therefore not
11 sufficient unless social distancing is meaningfully implemented. These infection
12 prevention protocols include “social distancing” measures, where individuals
13 maintain a distance of at least six feet from each other, and frequent hand-washing
14 and other good hygiene practices. To contain the spread of the disease, these
15 protocols must be meticulously followed. These protocols apply to both
16 incarcerated and non-incarcerated individuals.

17 13. Reducing the inmate population so that social distancing becomes
18 possible remains the cornerstone of reducing the impact of these outbreaks. In a
19 carceral setting, social distancing protocols would require, for example, that
20 individuals sleep in cells instead of dormitories. Therefore, to the extent they
21 cannot be released, and census permitting, medically vulnerable individuals should
22 be housed in single-person cells to mitigate the risk of serious illness or death to
23 this population.

24 14. These protocols are necessary to prevent spread of COVID-19 among
25 otherwise healthy people. However, these protocols are imperative for high-risk
26 individuals. During the intake, a medical assessment is needed to identify those at
27 high-risk of complications to guide enforcement of social distancing interventions
28 such as placement in a cell instead of a dormitory. Additionally, persons with

1 comorbidities that place them at increased risk of severe disease and death should
2 be considered a priority group for testing for COVID-19. Unless social distancing
3 is achieved through reduction in the jail population, other measures to slow
4 transmission will not be sufficient.

5 15. LACJ is the largest county jail system in the United States. It is
6 comprised of four facilities – Men’s Central Jail (“MCJ”), Century Regional
7 Detention Facility (“CRDF”) (the women’s jail), Twin Towers and Pitchess
8 Detention Center, which is comprised of four different facilities including the
9 North County Correctional Facility (“NCCF”). As shown in custodial settings in
10 Ohio, the rate of asymptomatic and symptomatic infection in an enclosed jail
11 environment could reach up to 70% (with more than 20% asymptomatic infection).
12 Therefore, there is an urgent need to expand testing capabilities within L.A.
13 County Jail System to interrupt transmission and establish appropriate isolation
14 and quarantine interventions.

15 16. Particularly in the absence of universal testing within the L.A. County
16 Jail system, it is my professional opinion that expanding testing capabilities will
17 improve isolation and quarantine strategies. Consistent with CDC guidelines, 14-
18 day quarantine should be used for: a) asymptomatic individuals exposed to a case
19 to guide quarantine practices; and, b) new arrestees and bookings. Medical
20 isolation practices should be implemented for those with symptoms consistent with
21 COVID-19 regardless of having any underlying comorbidity to develop severe
22 disease. New admittees are especially crucial to consider given the fact that
23 despite having excellent infection control practices, suggested social distancing
24 interventions, keeping the door open for new introductions may only flatten the
25 epidemiologic curve but will not definitively halt the occurrence of new cases
26 within the L.A. County Jail System.

1 17. Within the L.A. County system, those with symptoms consistent with
2 COVID-19 should undergo a clinical assessment including testing for the presence
3 of the novel coronavirus SARS-CoV-2 in nasopharynx. The sensitivity of this test
4 depending on the assay varies between 75-85%. Those who test positive should be
5 placed in isolation (as should persons with symptoms consistent with COVID-19
6 pending test results). Those with a negative test should be placed in quarantine
7 with close clinical monitoring and if indicated repeat testing.

8 18. Cohorting of those exposed to a case may spread further this infection
9 if not done properly. Groups of low-risk, asymptomatic exposed persons can be
10 quarantined as a cohort; cohorting should not be used for symptomatic/presumed
11 positive persons (where no laboratory test has confirmed positive status). Presumed
12 positive individuals should be medically isolated consistent with CDC guidelines.
13 The number of private rooms in a L.A. County Jail system is insufficient to comply
14 with the recommended social distancing.

15 19. Another important consideration that complicates disinfection and
16 decontamination practices is the ability of this novel coronavirus to survive for
17 extended periods of time on materials that are highly prevalent in secure settings,
18 such as metals and other non-porous surfaces. Current outbreak protocols require
19 frequent disinfection and decontamination of all surfaces of the facility, which is
20 exceedingly difficult given the large number of incarcerated individuals, frequent
21 interactions between incarcerated individuals and staff, and regularity with which
22 staff move in and out of each facility.

23 20. Again, it is critical to understand that even asymptomatic individuals
24 can spread virus to others. Therefore, merely screening those with symptoms is
25 inadequate to keep COVID-19 out of L.A. County Jail System.

26 21. Responding to outbreaks in L.A. County Jail System calls for highly
27 trained staff to correctly institute and enforce isolation and quarantine procedures
28 and have training on the appropriate utilization of personal protective equipment. It

1 is essential that nursing and medical staff be trained in infection control practices,
2 implementing triage protocols, and the medical management of suspected,
3 probable and confirmed cases of coronavirus infection. These same personnel
4 would have to initiate the management of those with severe disease and not be
5 working in different units. Since these are closed facilities, the number of exposed,
6 infected, and ill individuals may rapidly overwhelm staff and resources. As a
7 result, many patients would need transfer to hospitals near these facilities, likely
8 overwhelming the surrounding healthcare systems, which are already functioning
9 at full capacity caring for the general non-incarcerated community.

10 22. Likely Outcome if COVID-19 Spreads in the LA County Jail System.
11 Given the high population density of L.A. County Jail System and the ease of
12 transmission of this viral pathogen, the infection rate will be exponential if even a
13 single person, with or without symptoms, that is shedding the virus enters a
14 facility. For every person with the virus, they will infect more than 2 other people –
15 whether they be incarcerated individuals or staff. Of those infected, one-fifth will
16 get so ill that they require hospital admission, and about 10% will develop severe
17 disease requiring treatment only available in the intensive care unit. To illustrate
18 the magnitude of this threat, a jail or prison that holds 1000 individuals can
19 anticipate that between 200 to 300 individuals may acquire the infection. Of these,
20 80 to 100 individuals may develop severe disease requiring admission to the
21 hospital, potentially to an intensive care unit. Of these, 8 to 10 individuals may die
22 from multiorgan failure precipitated by the infection. Medical care for cases of
23 COVID-19 may involve large human and financial costs.

24 23. Risk minimization through release from the L.A. Jail County System.
25 Reducing the number of incarcerated individuals in the L.A. system is necessary
26 for effective infection control and sanitization practices that could dramatically
27 reduce the burden COVID-19 will inevitably place on our health system. Urgent
28 action is needed given the predicted shortage of medical supplies such as personal

protective equipment, shortage of staff as medical personnel become ill themselves, and limited life-saving resources such as ventilators.

Medically Vulnerable Individuals:

24. People who are considered at high risk of severe illness and death should they be infected with the coronavirus include the following:

- People age 55 or older
- Anyone diagnosed with cancer, autoimmune disease (including lupus, rheumatoid arthritis, psoriasis, Sjogren's, Crohn's), chronic lung disease (including asthma, COPD, bronchiectasis, idiopathic pulmonary fibrosis), history of cardiovascular disease (MI), chronic arthritis (rheumatoid, psoriatic), chronic liver or kidney disease, diabetes, hypertension, heart failure, HIV, on chronic steroids or other immunosuppressant medications for chronic conditions
- People with a history of smoking or other substance use disorders
- Severe obesity.
- Pregnant women.

25. **For people in the highest risk populations, the fatality rate of COVID-19 infection is about 15 percent.** The clinical experience in China, South Korea, Italy and Spain has shown that 80% of confirmed cases tend to occur in persons 30-69 years of age regardless of having any underlying medical conditions. Of these, 20% develop severe clinical manifestations or become critically ill. Among those with severe clinical manifestations regardless of their age or underlying medical conditions, progress to respiratory failure, septic shock, and multiorgan dysfunction requiring intensive care support including the use of mechanical ventilator support. The overall case fatality rate is 10-14% of those who develop severe disease. In China, 80% of deaths occurred among adults $\geq$ 60 years^c.

1 26. There is growing number of confirmed cases in the U.S., increasing
 2 number of hospitalizations and admissions to intensive care units, and many
 3 deaths. In this wave of the pandemic or in subsequent ones, it is likely the number
 4 of infected individuals will continue to augment. In the closed-settings of prisons
 5 and jails, where there is overcrowding and confinement of a large number of
 6 persons, networks of transmission become highly conducive to spread rapidly.

7 27. **Preliminary data from China showed that 20 percent of people in**
 8 **high-risk categories who have contracted COVID-19 there have died.** Reports
 9 by the Chinese CDC, demonstrates that the case fatality rate is highest among
 10 critical cases in the high-risk categories with COVID at 49%^f. case fatality was
 11 higher for patients with comorbidities: 10.5% for those with cardiovascular
 12 disease, 7% for diabetes, and 6% each for chronic respiratory disease,
 13 hypertension, and cancer. Case fatality for patients who developed respiratory
 14 failure, septic shock, or multiple organ dysfunction was 49%^b.

15 28. **For people with these risk factors, COVID-19 can severely**
 16 **damage lung tissue, which requires an extensive period of rehabilitation, and**
 17 **in some cases, can cause a permanent loss of respiratory capacity.** There is
 18 preliminary evidence that persons with COVID-19 and recovering from severe
 19 disease and whom developed extensive pulmonary disease including Acute
 20 Respiratory Distress Syndrome (ARDS)^g may have long-term sequelae similar to
 21 other infectious pathogens evolving in a similar pattern. Long term sequelae of
 22 those with sepsis, ARDS and respiratory failure identified in the literature include
 23 long-term cognitive impairment, psychological morbidities, neuromuscular
 24 weakness, pulmonary dysfunction, and ongoing healthcare utilization with reduced
 25 quality of life^h and need for rehabilitation servicesⁱ.

26 29. **COVID-19 may also target the heart muscle, causing a medical**
 27 **condition called myocarditis, or inflammation of the heart muscle.**
 28 **Myocarditis can affect the heart muscle and electrical system, reducing the**

heart's ability to pump. This reduction can lead to rapid or abnormal heart rhythms in the short term, and long-term heart failure that limits exercise tolerance and the ability to work.

30. The full description of the pathogenesis of COVID-19 requires to be completely elucidated. However, there is clinical evidence that in addition to the severe lung injury associated to this viral infection, some persons may also develop myocardial involvement that appears to be the result of either direct viral infection or caused the immune response to SARS-CoV-2. From the published case reports, myocarditis caused by this viral pathogen is associated with congestive heart failure, cardiac arrhythmias and death^j. Similar to other viral myocarditis, most patients may develop long-term myocardial damage^k.

31. Emerging evidence also suggests that COVID-19 can trigger an over-response of the immune system, further damaging tissues in a cytokine release syndrome that can result in widespread damage to other organs, including permanent injury to the kidneys and neurologic injury. These complications can manifest at an alarming pace. Among persons infected with SARS-CoV-2 and developing COVID-19 severe disease systemic inflammation is associated with adverse outcomes^l. However, there is evidence that the use of corticosteroids have not shown benefit and they might be more likely to harm when administered in persons with ARDS caused by COVID-19^m. Similar to influenza infection, acute lung injury and acute respiratory distress syndrome are most likely caused by the respiratory epithelial membrane dysfunction leading to acute respiratory distress syndrome^{l,n}. Preliminary evidence from case reports and small cases series from China and South Korea confirm that there is minimal inflammation and evidence of cell necrosis in the form of apoptosis of the respiratory epithelium^o. The resultant tissue hypoxia is responsible and potential concomitant bacterial sepsis contribute to multiorgan dysfunction and death. If a patient with COVID-19 develops myocarditis, cardiogenic shock caused by

1 fulminant myocarditis may also contribute to the overall occurrence of multiple
2 organ failure^k.

3
4 **OPINION**

5 There is an outbreak of COVID-19 in the L.A. County Jail System since
6 there more case of this viral infection than expected in a given period. These
7 facilities are not designed to contain the spread of a highly contagious disease or to
8 treat those with significant illness. It is likely that there will be high numbers of ill
9 incarcerated individuals, as well as the staff critical to these facilities. The broader
10 health system in L.A. does not have the capacity to handle a wave of critically ill
11 patients coming from this jail system in addition to the ongoing community
12 outbreak. Improving mitigation strategies to reduce exposure to the novel
13 coronavirus by social distancing, improving hygiene (disinfection and
14 decontamination of surfaces), and testing capabilities to guide isolation and
15 quarantine procedures is instrumental to interrupt transmission within facilities of
16 the L.A. County Jail system. Additionally, it is my professional opinion that the
17 prompt release of individuals with medical conditions at risk of severe disease and
18 death due to coronavirus infection, and prompt reduction in incarcerated
19 populations in this system overall, is necessary to reduce the impact of the ongoing
20 outbreak.

21
22 **DOCUMENTS REVIEWED FOR THIS DECLARATION**

23 **Declarations:**

- 24 1. DeNeal Young.
25 2. Holly Davidson
26 3. Jeffrey Livotto
27 4. Jeremiah Farmer
28 5. Jessica Haviland

6. Leandrew Lewis
7. Rany Uong
8. Joe Goldenson
9. Catrina Balderrama
10. Andrew Fuentes

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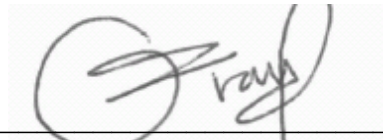
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19
20 I declare under penalty of perjury that the statements above are true and correct
21 to the best of my knowledge.

22 Date: April 24, 2020

23
24 

25 Carlos Franco-Paredes, MD, MPH, DTMH (Gorgas)

26 Associate Professor of Medicine
27
28

EXHIBIT A.

PERSONAL INFORMATION

Carlos Franco-Paredes, M.D., M.P.H.

CURRENT PROFESSIONAL POSITION AND ACTIVITIES:

- Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus and Infectious Diseases (July 2018 - ongoing).
- Fellowship Program Director, Division of Infectious Diseases, University of Colorado Denver School of Medicine, Anschutz Medical Campus (March 2019- ongoing).

EDUCATION

1989 -1995 M.D. - La Salle University School of Medicine, Mexico City, Mexico

1996-1999 Internship and Residency in Internal Medicine, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA

1999-2002 Fellowship in Infectious Diseases, Emory University School of Medicine Affiliated Hospitals, Atlanta, GA

1999-2002 Fellow in AIDS International Training and Research Program, NIH Fogarty Institute, Rollins School of Public Health, Emory University, Atlanta, GA

1999 - 2002 Masters Degree in Public Health (M.P.H.) Rollins School of Public Health, Emory University, Atlanta, GA, Global Health Track

2001-2002 Chief Medical Resident, Grady Memorial Hospital, Emory
University School of Medicine, Atlanta, GA
2006 Diploma Course in Tropical Medicine, Gorgas. University of
Alabama, Birmingham and Universidad Cayetano Heredia,
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CERTIFICATIONS

1999-Present Diplomat in Internal Medicine American Board of
Internal Medicine
(Recertification 11/2010-11/2020)
2001-present Diplomat in Infectious Diseases, American Board of
Internal Medicine, Infectious Diseases Subspecialty
(Recertification 04/2011-04/2021)
2005-present Travel Medicine Certification by the International
Society of Travel Medicine
2007-present Tropical Medicine Certification by the American Society
of Tropical Medicine – Diploma in Tropical Medicine
and Hygiene
(DTMH - Gorgas)

EMPLOYMENT HISTORY:

- 2002 - 2004 - Advisor to the Director of the National Center for Child and Adolescent Health and of the National Immunization Council (NIP), Ministry of Health Mexico; my activities included critical review of current national health plans on vaccination, infectious diseases, soil-transmitted helminthic control programs; meningococcal disease outbreaks in the jail system, an outbreak of imported measles in 2003-2004 and bioterrorism and influenza pandemic preparedness.

I represented the NIP at meetings of the Global Health Security Action Group preparation of National preparedness and response plans for Mexico

- 2005 – 2011- Co-Director Travel Well Clinic, Emory University Emory Midtown Hospital
- 2004- 8/2009 -Assistant Professor of Medicine
Department of Medicine, Division of Infectious Diseases
Emory University School of Medicine, Atlanta GA
- 3/2008-10/2009 Consultant WHO, HQ, Geneva, Influenza Vaccine
- 9/2009- 3/2011 Associate Professor of Medicine
Department of Medicine, Division of Infectious Diseases
Emory University School of Medicine, Atlanta GA
- 1/2007 – 3/2011 Assistant Professor of Public Health
Hubert Department of Global Health
Rollins School of Public Health, Emory University, Atlanta GA
- 4/2011 –5/2013 - Associate Professor of Public Health in Global Health
Hubert Department of Global Health
Rollins School of Public Health, Emory University, Atlanta GA
- 2010 - WHO HQ Consultant for a 4-month-period on the Deployment of H1N1 influenza vaccine in the African Region, Jan to March 2010, Switzerland Geneva, WHO HQ 2010 sponsored by John Snow Inc. USAID, Washington, D.C.
- 2014-2015 - Consultant International Association of Immunization Managers, Regional Meeting of the Middle Eastern and North African Countries and Sub Saharan Africa, held in Durban South Africa, Sept 2014; and as rapporteur of the Inaugural Conference, 3-4 March 2015, Istanbul, Turkey.

- 3/2011- 5/2017 - Phoebe Physician Group –Infectious Diseases Clinician Phoebe Putney Memorial Hospital, Albany, GA.
- 5/2015 - 9/2015 - Consultant Surveillance of Enteric Fever in Asia (Pakistan, Indonesia, Bangladesh, Nepal, India) March 2015-October 2015.
- June 19, 2017-June 31, 2018–Visiting Associate Professor of Medicine, Division of Infectious Diseases, University of Colorado Denver, Anschutz Medical Campus
- June 2004- present - Adjunct Professor of Pediatrics, Division of Clinical Research, Hospital Infantil de México, Federico Gómez, México City, México. Investigador Nacional Nivel II, Sistema Nacional de Investigadores (12/2019); SNI III Sistema Nacional de Investigadores (1/2020-); Investigador Clínico Nivel E, Sistema Nacional de Hospitales

HONORS AND AWARDS

- I. 1995 TOP GRADUATING STUDENT, LA SALLE SCHOOL OF MEDICINE**
- 1997 Award for Academic Excellence in Internal Medicine, EUSM
- 1999 Alpha Omega Alpha (AOA) House staff Officer, EUSM
- 2002 Pillar of Excellence Award. Fulton County Department of Health and Wellness Communicable Disease Prevention Branch, Atlanta GA
- 2002 Emory University Humanitarian Award for extraordinary service in Leadership Betterment of the Human Condition the Emory University Rollins School of Public Health
- 2002 Winner of the Essay Contest on the Health of Developing Countries:

Causes and Effects in Relation to Economics or Law, sponsored by the Center for International Development at Harvard University and the World Health Organization Commission on Macroeconomics Health with the essay "*Infectious Diseases, Non-zero Sum Thinking and the Developing World*"

2002 "James W. Alley" Award for Outstanding Service to Disadvantaged Populations, Rollins School of Public Health of Emory University May 2002. Received during Commencement Ceremony Graduation to obtain the Degree of Masters in Public Health

2006 Golden Apple Award for Excellence in Teaching, Emory University, School of Med

2006 Best Conference Award Conference, "*Juha Kokko*" Best Conference Department of Medicine, EUSM

2007 "*Jack Shulman*" Award Infectious Disease fellowship, Excellence in Teaching Award, Division of Infectious Diseases, EUSM

2007 Emerging Threats in Public Health: Pandemic Influenza CD-ROM, APHA's Public Health Education and Health Promotion Section, Annual Public Health Materials Contest award

2009 National Center for Preparedness, Detection, and Control of Infectious Diseases. Honor Award Certificate for an exemplary partnership in clinical and epidemiologic monitoring of illness related to international travel. NCPDCID Recognition Awards Ceremony, April 2009. CDC, Atlanta, GA

2012 The ISTM Awards Committee, directed by Prof. Herbert DuPont, selected the article "Rethinking typhoid fever

vaccines" in the Journal of Travel Medicine (Best Review Article)

2012 Best Clinical Teacher. Albany Family Medicine Residency Program

2018 Outstanding Educator Award – Infectious Diseases Fellowship, Division of Infectious Diseases, University of Colorado, Anschutz Medical Center, Aurora Colorado

EDITORSHIP AND EDITORIAL BOARDS

2007-Present Deputy/Associate Editor PLoS Neglected Tropical Disease Public Library of Science

2017-2018 Deputy Editor, Annals of Clinical Microbiology and Antimicrobials BMC

2007-2019 Core Faculty International AIDS Society-USA -Travel and Tropical Medicine/HIV/AIDS

INTERNATIONAL COMMITTEES

2018- Member of the Examination Committee of the International Society of Travel Medicine. Developing Examination Questions and Proctoring the Certificate in Traveler's Health Examination

Proctor Certificate of Traveler's Health Examination (CTH) as part of the International Society of Travel Medicine– 12th Asia-Pacific Travel Health Conference, Thailand 21-24 March 2019

Proctor Certificate of Traveler's Health Examination (CTH), Atlanta, GA, September, 2019

PRESENTATIONS AT NATIONAL/INTERNATIONAL MEETINGS

2017- Meeting of the Colombian Society of Infectious Diseases, August 2017:

1 Discussion of Clinical Cases Session, Influenza, MERS-Coronavirus, Leprosy,
 2 Enteric Fever
 3 2018 – Cutaneous Mycobacterial Diseases, Universidad Cayetano Heredia,
 4 Lima, Peru, Mayo 2018
 5 2018 – Scientific Writing Seminar, ACIN, Pereira, Colombia, August 2-4, 2018
 6 2019 – First International Congress of Tropical Diseases ACINTROP 2019. March
 7 21, 2019, Monteria, Colombia, Topic: Leishmaniasis
 8 2019 – One Health Symposium of Zoonoses, Pereira Colombia, August 16-17,
 9 2019, Topic: Zoonotic Leprosy
 10 2019 – Congress Colombian Association of Infectious Diseases (ACIN), Topic:
 11 Leprosy in Latin America, Cartagena, Colombia, August 21-24, 2019
 12 2019 – World Society Pediatric Infectious Diseases, Manila Philippines, November
 13 7-9, 2019 - Tropical Medicine Symposium: Diagnosis, Treatment, and Prevention
 14 of Leprosy.
 15 2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama,
 16 November 26, 2019, Oral Transmission of Leprosy Symposium
 17 2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama,
 18 November 27, 2019, Leprosy Situation in the Americas.
 19
 20

21 **PUBLICATIONS**

22 **BOOKS**

23 **Franco-Paredes C**, Santos-Preciado JI. Neglected Tropical Diseases in Latin
 24 America and the Caribbean, Springer-Verlag, 2015. ISBN-13: 978-3709114216
 25 ISBN-10: 3709114217
 26 **Franco-Paredes C**. Core Concepts in Clinical Infectious Diseases, Academic
 27 Press, Elsevier, March 2016. ISBN: 978-0-12-804423-0
 28

**RESEARCH ORIGINAL ARTICLES (clinical, basic science, other) in
refereed journals:**

1. Del Rio C, **Franco-Paredes C**, Duffus W, Barragan M, Hicks G. Routinely Recommending HIV Testing at a Large Urban Urgent-Care Clinic – Atlanta, GA. *MMWR_Morbid Mortal Wkly Rep* 2001; 50:538-541.
2. Del Rio C, Barragán M, **Franco-Paredes C**. *Pneumocystis carinii* Pneumonia. *N Engl J Med* 2004; 351:1262-1263.
3. Barragan M, Hicks G, Williams M, **Franco-Paredes C**, Duffus W, Del Rio C. Health Literacy is Associated with HIV Test Acceptance. *J Gen Intern Med* 2005; 20:422-425.
4. Rodriguez-Morales A, Arria M, Rojas-Mirabal J, Borges E, Benitez J, Herrera M, Villalobos C, Maldonado A, Rubio N, **Franco-Paredes C**. Lepidopterism Due to the Exposure of the Moth *Hylesia metabus* in Northeastern Venezuela. *Am J Trop Med Hyg* 2005; 73:991-993.
5. Rodriguez-Morales A, Sánchez E, Arria M, Vargas M, Piccolo C, Colina R, **Franco-Paredes C**. White Blood Cell Counts in *Plasmodium vivax*. *J Infect Dis* 2005; 192:1675-1676.
6. **Franco-Paredes C**, Nicolls D, Dismukes R, Kozarsky P. Persistent Tropical Infectious Diseases among Sudanese Refugees Living in the US. *Am J Trop Med Hyg* 2005; 73: 1.
7. Osorio-Pinzon J, Moncada L, **Franco-Paredes C**. Role of Ivermectin in the Treatment of Severe Orbital **Myiasis Due to *Cochliomyia hominivorax***. *Clin Infect Dis* 2006; 3: e57-9.
8. Rodriguez-Morales A, **Franco-Paredes C**. Impact of *Plasmodium vivax* Malaria during Pregnancy in Northeastern Venezuela. *Am J Trop Med Hyg* 2006; 74:273-277.

- 1 **9.** Rodriguez-Morales A, Nestor P, Arria M, **Franco-Paredes C.** Impact of
2 Imported Malaria on the Burden of Malaria in Northeastern Venezuela. *J Travel*
3 *Med* 2006; 13:15-20.
- 4 **10.** Rodríguez-Morales A, Sánchez E, Vargas M, Piccolo C, Colina R, Arria M,
5 **Franco-Paredes C.** Is anemia in *Plasmodium vivax* More Severe and More
6 Frequent than in *Plasmodium falciparum*? *Am J Med* 2006; 119:e9-10.
- 7 **11.** Hicks G, Barragan M, **Franco-Paredes C**, Williams MV, del Rio C. Health
8 Literacy is a Predictor of HIV Knowledge. *Fam Med J* 2006; 10:717-723.
- 9 **12.** Cardenas R, Sandoval C, Rodriguez-Morales A, **Franco-Paredes C.** Impact of
10 Climate Variability in the Occurrence of Leishmaniasis in Northeastern Colombia.
11 *Am J Trop Med Hyg* 2006; 75:273-7.
- 12 **13.** **Franco-Paredes C**, Nicolls D, Dismukes R, Wilson M, Jones D, Workowski
13 K, Kozarsky P. Persistent and Untreated Tropical Infectious Diseases among
14 Sudanese Refugees in the US. *Am J Trop Med Hyg* 2007; 77:633-635.
- 15 **14.** Rodríguez-Morales AJ, Sanchez E, Arria M, Vargas M, Piccolo C, Colina R,
16 **Franco-Paredes C.** Hemoglobin and haematocrit: The Threefold Conversion is
17 also Non Valid for Assessing Anaemia in *Plasmodium vivax* Malaria-endemic
18 Settings. *Malaria J* 2007; 6:166.
- 19 **15.** **Franco-Paredes C**, Jones D, Rodriguez-Morales AJ, Santos-Preciado JI.
20 Improving the Health of Neglected Populations in Latin America. *BMC Public*
21 *Health* 2007; 7.
- 22 **16.** Kelly C, Hernández I, **Franco-Paredes C**, Del Rio C. The Clinical and
23 Epidemiologic Characteristics of Foreign-born Latinos with HIV/AIDS at an
24 Urban HIV Clinic. *AIDS Reader* 2007; 17:73-88.
- 25 **17.** Hotez PJ, Bottazzi ME, **Franco-Paredes C**, Ault SK, Roses-Periago M. The
26 Neglected Tropical Diseases of Latin America and the Caribbean: Estimated
27 Disease Burden and Distribution and a Roadmap for Control and Elimination.
28 *PLoS Negl Trop Dis* 2008; 2:e300.

- 1 **18.** Tellez I, Barragan M, Nelson K, Del Rio C, **Franco-Paredes C.** *Pneumocystis*
- 2 *jiroveci* (PCP) in the Inner City: A Persistent and Deadly Pathogen. *Am J Med Sci*
- 3 2008; 335:192-197.
- 4 **19.** Rodriguez-Morales AJ, Olinda, **Franco-Paredes C.** Cutaneous Leishmaniasis
- 5 Imported from Colombia to Northcentral Venezuela: Implications for Travel
- 6 Advice. *Trav Med Infect Dis* 2008; 6(6): 376-9.
- 7 **20.** Jacob J, Kozarsky P, Dismukes R, Bynoe V, Margoles L, Leonard M, Tellez I,
- 8 **Franco-Paredes C.** Five-Year Experience with Type 1 and Type 2 Reactions in
- 9 Hansen's Disease at a US Travel Clinic. *Am J Trop Med Hygiene* 2008; 79:452-
- 10 454.
- 11 **21.** Delgado O, Silva S, Coraspe V, Ribas MA, Rodriguez-Morales AJ, Navarro P,
- 12 **Franco-Paredes C.** Epidemiology of Cutaneous Leishmaniasis in Children and
- 13 Adolescents in Venezuela. *Trop Biomed.* 2008; 25(3):178-83.
- 14 **22. Franco-Paredes C,** Lammoglia L, Hernandez I, Santos-Preciado JI.
- 15 Epidemiology and Outcomes of Bacterial Meningitis in Mexican Children: 10-
- 16 Years' Experience (1993-2003). *Int J Infect Dis* 2008; 12:380-386.
- 17 **23.** Pedroza A, Huerta GJ, Garcia ML, Rojas A, Lopez I, Peñagos M, **Franco-**
- 18 **Paredes C,** Deroche C, Mascareñas C. The Safety and Immunogenicity of
- 19 Influenza Vaccine in Children with Asthma in Mexico. *Int J Infect Dis* 2009;
- 20 13(4): 469-75.
- 21 **24.** Museru O, **Franco-Paredes C.** Epidemiology and Outcomes of Hepatitis B
- 22 Virus Infection among Refugees Seen at U.S. Travel Medicine Clinic: 2005-2008.
- 23 *Travel Med Infect Dis* 2009; 7: 171-179.
- 24 **25.** Rodriguez-Morales AJ, Olinda M, **Franco-Paredes C.** Imported Cases of
- 25 Malaria Admitted to Two Hospitals of Margarita Island, Venezuela: 1998-2005.
- 26 *Travel Med Infect Dis* 2009; (1): 48-45.
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- 1 **26.** Kelley CF, Checkley W, Mannino DM, **Franco-Paredes C**, Del Rio C,
2 Holguin F. *Trends in Hospitalizations for AIDS-associated *Pneumocystis jiroveci**
3 *Pneumonia in the United States (1986-2005)*. *Chest* 2009; 136(1): 190-7.
- 4 **27.** Carranza M, Newton O, **Franco-Paredes C**, Villasenor A. Clinical Outcomes
5 of Mexican Children with Febrile Acute Upper Respiratory Infection: No Impact
6 of Antibiotic Therapy. *Int J Infect Dis* 2010; 14(9): e759-63.
- 7 **28.** Museru O, Vargas M, Kinyua M, Alexander KT, **Franco-Paredes C**, Oladele
8 A. Hepatitis B Virus Infection among Refugees Resettled in the U.S.: High
9 Prevalence and Challenges in Access to Health Care. *J Immigrant Minor Health*
10 **2010;**
- 11 **29.** Moro P, Thompson B, Santos-Preciado JI, Weniger B, Chen R, **Franco-**
12 **Paredes C.** Needlestick injuries in Mexico City sanitation workers. *Revista*
13 *Panamericana de Salud Pública/Pan American Journal of Public Health* 2010; 27
14 (6): 467-8.
- 15 **30.** Barragan M, Holtz M, **Franco-Paredes C**, Leonard M. The Untimely
16 Misfortune of Tuberculosis Diagnosis at time of Death. *Infect Dis Clin Pract* 2010;
17 18(6):1-7.
- 18 **31.** Hochberg N, Armstrong W, Wang W, Sheth A, Moro R, Montgomery S,
19 Steuer F, Lennox J, **Franco-Paredes C.** High Prevalence of Persistent Parasitic
20 Infections in Foreign-born HIV-infected Persons in the United States. *PLoS*
21 *Neglect Dis* 2011; 5(4): e1034.
- 22 **32.** Larocque RC, Rao SR, Lee J, Ansdell V, Yates JA, Schwartz BS, Knouse M,
23 Cahill J, Hagmann S, Vinetz J, Connor BA, Goad JA, Oladele A, Alvarez S,
24 Stauffer W, Walker P, Kozarsky P, **Franco-Paredes C**, Dismukes R, Rosen J,
25 Hynes NA, Jacquerioz F, McLellan S, Hale D, Sofarelli T, Schoenfeld D, Marano
26 N, Brunette G, Jentes ES, Yanni E, Sotir MJ, Ryan ET; the Global TravEpiNet
27 Consortium. Global TravEpiNet: A National Consortium of Clinics Providing Care
28 to International Travelers--Analysis of Demographic Characteristics, Travel

- Destinations, and Pretravel Healthcare of High-Risk US International Travelers, 2009-2011. *Clin Infect Dis*. 2012; 54(4):455-462.
33. Espinosa-Padilla SE, Murata C, Estrada-Parra S, Santos-Argumendo L, Mascarenas C, **Franco-Paredes C**, Espinosa-Rosales FJ. Immunogenicity of a 23-valent pneumococcal polysaccharide vaccine among Mexican children. *Arch Med Res* 2012;
34. Harris JR, Lockhart SR, Sondermeyer G, Vugia DJ, Crist MB, D'Angelo MT, Sellers B, **Franco-Paredes C**, Makvandi M, Smelser C, Greene J, Stanek D, Signs K, Nett RJ, Chiller T, Park BJ. *Cryptococcus gattii* infections in multiple states outside the US Pacific Northwest. *Emerg Infect Dis*. 2013; 19 (10):1620-6.
35. **Franco-Paredes C**. Aerobic actinomycetes that masquerade as pulmonary tuberculosis. *Bol Med Hosp Infant Mex* 2014; 71(1): 36-40.
36. Chastain DB, Ngando I, Bland CM, **Franco-Paredes C**, and Hawkins WA. Effect of the 2014 Clinical and Laboratory Standard Institute urine-specific breakpoints on cefazolin susceptibility rates at a community teaching hospital. *Ann Clin Microbiol Antimicrob* 2017; 16(1): 43.
37. Kashef Hamadani BH, **Franco-Paredes C**, MCollister B, Shapiro L, Beckham JD, Henao-Martinez AF. Cryptococcosis and cryptococcal meningitis- new predictors and clinical outcomes at a United States Academic Medical Center. *Mycoses* 2017; doi: 10.1111/myc.12742.
38. Chastain DB, **Franco-Paredes C**, Wheeler SE, Olubajo B, Hawkins A. Evaluating Guideline Adherence regarding Empirical Vancomycin use in patients with neutropenic fever. *Int J Infect Dis* 2018; Feb 22. pii: S1201-9712(18)30052-3. doi: 10.1016/j.ijid.2018.02.016. PMID: 29477362
39. Parra-Henao G, Amioka E, **Franco-Paredes C**, Colborn KL, Henao-Martinez AF. Heart failure symptoms and ecological factors as predictors of Chagas disease among indigenous communities in the Sierra Nevada de Santa Marta, Colombia. *J*

1 *Card Fail* 2018; Mar 26. pii: S1071-9164(18)30119-2. doi:

2 10.1016/j.cardfail.2018.03.007.

3 **40.** Vela Duarte D, Henao-Martinez AF, Nyberg E, Castellanos P, **Franco-**
4 **Paredes C**, Chastain DB, Lacunar Stroke in Cryptococcal Meningitis: Clinical and
5 Radiographic Features. *J Stroke and Cerebrovascular Disease* 2019;

6 **41.** Chastain DB, Henao-Martinez AF, **Franco-Paredes C**. A clinical pharmacist
7 survey of prophylactic strategies used to prevent adverse events of lipid-associated
8 formulations of amphotericin B. *Infect Dis* 2019;

9 **42.** Henao-Martínez AF, Chadalawada S, Villamil-Gomez WE, DeSanto K, Rassi
10 A Jr, **Franco-Paredes C**. Duration and determinants of Chagas latency: an
11 etiology and risk systematic review protocol. *JBIS Database System Rev Implement*
12 *Rep.* 2019 Jul 22. doi: 10.11124/JBISRIR-D-18-00018.

14 **CONSENSUS STATEMENTS**

16 Pritchett MA, Oberg CL, Belanger A, De Cardenas J, Cheng G, Cumbo Nacheli G,
17 **Franco-Paredes C**, Singh J, Toth J, Zgoda M, Folch E. Society for Advanced
18 Bronchoscopy Consensus Statement and Guidelines for bronchoscopy and airway
19 management amid the COVID-19 pandemic. *J Thorac Dis* 2020;
20 <http://dx.doi.org/10.21037/jtd.2020.04.32>

22 **RESEARCH ORIGINAL ARTICLES AS COLLABORATOR (clinical, basic 23 science, other) in refereed journals:**

24 **43.** Benator D, Bhattacharya M, Bozeman L, Burman W, Cantazaro A, Chaisson
25 R, Gordin F, Horsburgh CR, Horton J, Khan A, Lahart C, Metchock B, Pachucki
26 C, Stanton L, Vernon A, Villarino ME, Wang YC, Weiner M, Weis S;
27 **Tuberculosis Trials Consortium.** Rifapentine and Isoniazid Once a Week versus
28 Rifampicin and Isoniazid twice a week for Treatment of Drug-susceptible

1 Pulmonary Tuberculosis in HIV-Negative Patients: a Randomised Clinical Trial.
2 *Lancet* 2002; 360:528-34.

3 **44.** Weiner M, Burman W, Vernon A, Benator D, Peloquin CA, Khan A, Weis S,
4 King B, Shah N, Hodge T; **Tuberculosis Trials Consortium.** Low INH
5 Concentrations and Outcome of Tuberculosis Treatment with Once-weekly INH
6 and Rifapentine. *Am J Rev Crit Care Med* 2003; 167:1341-1347.

7 **45.** Jasmer RM, Bozeman L, Schwartzman K, Cave MD, Saukkonen JJ, Metchock
8 B, Khan A, Burman WJ; **Tuberculosis Trials Consortium.** **Recurrent**
9 **Tuberculosis in the United States and Canada: Relapse or Reinfection?** *Am J*
10 *Respir Crit Care Med* 2004; **170:1360-1366.**

11 Mendelson M, Davis XM, Jensenius M, Keystone JS, von Sonnenburg F, Hale DC,
12 Burchard GD, Field V, Vincent P, Freedman DO; **GeoSentinel Surveillance**
13 **Network.** [Health risks in travelers to South Africa: the GeoSentinel experience and](#)
14 [implications for the 2010 FIFA World Cup.](#) *Am J Trop Med Hyg.* 2010; 82(6):
15 991-5.

16 **46.** Hagmann S, Neugebauer R, Schwartz E, Perret C, Castelli F, Barnett ED,
17 Stauffer WM; GeoSentinel Surveillance Network. Illness in children after
18 international travel: analysis from the **GeoSentinel Surveillance Network.**
19 *Pediatrics.* 2010; 1 25(5): e1072-80.

20 **47.** Schlagenhauf P, Chen LH, Wilson ME, Freedman DO, Tcheng D, Schwartz E,
21 Pandey P, Weber R, Nadal D, Berger C, von Sonnenburg F, Keystone J, Leder K;
22 **GeoSentinel Surveillance Network.** Sex and gender differences in travel-
23 associated disease. *Clin Infect Dis.* 2010; 50 (6): 826-32.

24 **48.** Jensenius M, Davis X, von Sonnenburg F, Schwartz E, Keystone JS, Leder K,
25 López-Véléz R, Caumes E, Cramer JP, Chen L, Parola P; **GeoSentinel**
26 **Surveillance Network.** Multicenter GeoSentinel analysis of rickettsial diseases in
27 international travelers, 1996-2008. *Emerg Infect Dis.* 2009; 15(11):1791-8.
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- 1 **49.** Chen LH, Wilson ME, Davis X, Loutan L, Schwartz E, Keystone J, Hale D,
2 Lim PL, McCarthy A, Gkrania-Klotsas E, Schlagenhauf P; **GeoSentinel**
3 **Surveillance Network.** *Emerg Infect Dis.* 2009; 15(11): 1773-82.
- 4 **50.** Nicolls DJ, Weld LH, Schwartz E, Reed C, von Sonnenburg F, Freedman DO,
5 Kozarsky PE; **GeoSentinel Surveillance Network.** [Characteristics of](#)
6 [schistosomiasis in travelers reported to the GeoSentinel Surveillance Network](#)
7 [1997-2008.](#) *Am J Trop Med Hyg* 2008; 79(5): 729-34.
- 8 **51.** Greenwood Z, Black J, Weld L, O'Brien D, Leder K, Von Sonnenburg F,
9 Pandey P, Schwartz E, Connor BA, Brown G, Freedman DO, Torresi J;
10 **GeoSentinel Surveillance Network.** Gastrointestinal infection among
11 international travelers globally. *J Travel Med* 2008; 15(4):221-8.
- 12 **52.** Davis XM, MacDonald S, Borwein S, Freedman DO, Kozarsky PE, von
13 Sonnenburg F, Keystone JS, Lim PL, Marano N; **GeoSentinel Surveillance**
14 **Network.** [Health risks in travelers to China: the GeoSentinel experience and](#)
15 [implications for the 2008 Beijing Olympics.](#) *Am J Trop Med Hyg* 2008; 79(1): 4-8.
- 16 **53.** Boggild AK, Castelli F, Gautret P, Torresi J, von Sonnenburg F, Barnett ED,
17 Greenaway CA, Lim PL, Schwartz E, Wilder-Smith A, Wilson ME; **GeoSentinel**
18 **Surveillance Network.** Vaccine preventable diseases in returned international
19 travelers: results from the GeoSentinel Surveillance Network. *Vaccine* 2010;
20 28(46):7389-95.
- 21 **54.** Esposito DH, Han PV, Kozarsky PE, Walker PF, Gkrania-Klotsas E, Barnett
22 ED, Libman M, McCarthy AE, Field V, Connor BA, Schwartz E, MacDonald S,
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24 disease among ill returned travelers from pre- and post-earthquake Haiti: The
25 GeoSentinel experience. *Am J Trop Med Hyg* 2012 Jan; 86(1):23-8.
- 26 **55.** Boggild AK, Castelli F, Gautret P, Torresi J, von Sonnenburg F, Barnett ED,
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with influenza: results from the GeoSentinel Surveillance Network, 1997-2007. *J Travel Med* 2012; 19(1):4-8. doi: 10.1111/j.1708-8305.2011.00579.x.

REVIEW, EDITORIALS, CASE SERIES, CASE REPORT ARTICLES:

56. Franco-Paredes C, Jurado R. Ankylosing Spondylitis Fibrocavitary Lung Disease. *Clin Infect Dis* 2001; 32:1062.

57. Franco-Paredes C, Evans J, Jurado R. Diabetes Insipidus due to *Streptococcus pneumoniae* Meningitis. *Arch Intern Med* 2001; 161; 1114-15.

58. Franco-Paredes C, Blumberg H. Tuberculosis Psoas Abscess caused by *Mycobacterium tuberculosis* and *Staphylococcus aureus*: Case Report and Review. *Am J Med Sci* 2001; 321:415-17.

59. Jurado R, Franco-Paredes C. Aspiration Pneumonia: A Misnomer. *Clin Infect Dis* 2001;33:1612-3.

60. Del Rio Carlos, Franco-Paredes C. Bioterrorism: A New Public Health Problem. *Sal Publ Mex* 2001; 43:585-88.

61. Franco-Paredes C, Blumberg H. New Concepts in the Diagnosis of Latent Tuberculosis Infection. *Consultant* 2001; 41:1105-1121.

62. Franco-Paredes C, Bellehumeur T, Sanghi P, et al. Aseptic Meningitis and Retrobulbar Optic Neuritis Caused By VZV Preceding the Onset of PORN in a Patient with AIDS. *AIDS* 2002; 16:1045-1049.

63. Franco-Paredes C, Mehrabi D, Calle J, Jurado R. Night Sweats Revisited. *Infect Dis Clin Pract* 2002; 11:291-293.

64. Franco-Paredes C, Jurado R, Del Rio C. The Clinical Utility of the Urine Gram Stain. *Infect Dis Clin Pract* 2002; 11:561-563.

65. Franco-Paredes C, Agudelo C. Editorial Response: The Ever Expanding Clinical Spectrum of Tuberculosis. *J Clin Rheumatol* 2002;8:1-2.

- 1 **66. Franco-Paredes C**, Rebolledo P, Folch E, Hernandez I, Del Rio C. Diffuse
2 CD8 Lymphocytosis Syndrome in HIV-infected Patients. *AIDS Reader* 2002;
3 12:408-13.
- 4 **67. Franco-Paredes C**. Human Immunodeficiency Virus Infection as a Risk
5 Factor for Tuberculosis Infection and Clinical Disease. *Infect Med* 2002; 19:475-
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8 Pancreas. Report of two cases and Review of the Literature. *Am J Med Sci* 2002;
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- 10 **69. DiazGranados C, Franco-Paredes C**, Steinberg J. A Long Suffering Patient
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- 12 **70. Franco-Paredes C**, Martin K. Extranodal Rosai-Dorfman Manifested in the
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- 14 **71. Franco-Paredes C**, Workowski K, Harris M. Infective Endocarditis-
15 Endarteritis Complicating Coarctation of the Aorta. *Am J Med* 2002; 112(7):590-
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- 17 **72. Folch E, Hernandez I, Barragan M, Franco-Paredes C**. Infectious Disease,
18 Non-Zero Sum Thinking and the Developing World. *Am J Med Sci* 2003; 326:66-
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- 20 **73. Franco-Paredes C**, Santos Preciado JI. Parasitology Resources on the World
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 22 Rodriguez-Morales, Evimar Hernández-Rincón, Jorge Alvarado-Socarras, Gustavo
 23 Contreras, Maritza Cabrera, Rosa M. Navas, Fredi Díaz-Quijano, Tamara Rosales,
 24 Rosa A. Barbella-Aponte, Wilmer E. Villamil-Gómez, Marietta Díaz, Yenddy
 25 Carrero, Anishmenia Pineda, Nereida Valero-Cedeño, Cesar Cuadra-Sánchez,
 26 Yohama Caraballo-Arias, Belkis J. Menoni-Blanco, Giovanni Provenza, Jesús E.
 27 Robles, María Triolo-Mieses, Eduardo Savio-Larriera, Sergio Cimerman, Ricardo
 28 J. Bello, **Carlos Franco-Paredes**, Juliana Buitrago, Marlen Martinez-Gutierrez,

1 Julio Maquera-Afaray, Marco A. Solarte-Portilla, Sebastián Hernández-Botero,
2 Krisell Contreras, Jaime A. Cardona-Ospina, D. Katterine Bonilla-Aldana, Alfonso
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202. Murillo-Garcia D, Galindo J, Pinto N, Motoa G Benamu E, **Franco-Paredes C**, Chastain D, Henao-Martinez AF. Anaerobic bacteremias in left ventricular assist devices and advanced heart failure. *Case Rep Infect Dis* 2019;

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8 **BOOK CHAPTERS:**

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21 Hidron A, **Franco-Paredes C.** American Trypanosomiasis. Chagas' Disease. In:
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 3 for Travelers 2009-2010, Centers for Disease Control and Prevention, Elsevier Ltd,
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5 **Franco-Paredes C,** Santos-Preciado JI. Introduction of Antimicrobial Agents in
 6 Poor-Resource Countries: Impact on the Emergence of Resistance. In:
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21 Hochberg N, **Franco-Paredes C.** Emerging Infections in Mobile Populations. In:
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10 **Franco-Paredes C.** Illness and Death in the Universe. In: Narrative Medicine
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28 **Franco-Paredes C.** Prevención de la transmisión. In: Guerrero MI, Hernández CA

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Published Abstracts in Peer-Reviewed Journals:

Kleinschmidt-DeMasters B, Hawkins K, **Franco-Paredes C**. Non-tubercular mycobacterial spinal cord abscesses in an HIV plus male due *M. haemophilum*. *J Neuropathol Experim Neurol* 2018; 77(6): 532.

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FORMAL TEACHING

Medical Student Teaching

2001 - 2002 Clinical Methods, Emory University School of Medicine

II. 2001 - 2002 CLINICAL INSTRUCTOR HARVEY CARDIOLOGY COURSE, EMORY UNIVERSITY SCHOOL OF MEDICINE

2001 - 2002 Problem-Based Learning for Second year Medical Students, EUSM

2005-2011 Clinical Methods Preceptor, ECLH

2006-2008 Medical Spanish - Instructor for M2, EUSM

2006-2007 Directed Study on Social Determinants of Infectious Diseases for M2 students (Lindsay Margolis and Jean Bendik), EUSM

2007-2011 Instructor - Global Health for M2 Students, EUSM

2007-2008 Presentation-Case Discussion – Social Determinants of Diseases – Coordinated by Dr. Bill Eley – Emory School of Medicine New Curriculum.

2018- Small Group: Parasitic Diseases, Microbiology Course for First Year
 Medical Students, University of Colorado, Anschutz Medical Center.
 2019- MS-2 Small group discussion Microbiology, University of Colorado,
 Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic
 Arthritis-Cat Bite
 2019- Class Global Health and Underserved Populations of the New SOM
 CU Curriculum. Course Co-Director. Pilot Class (Jan 6-Jan 17, 2020).
 2020- MS-2 Small group discussion Microbiology, University of Colorado,
 Anschutz Medical Center: Parasitic Diseases, CNS Infections, Septic
 Arthritis-Cat Bite

Graduate Program

Training programs

2006-2011 Professor - GH511 (Global Health 511) International Infectious
 Diseases Prevention and Control, Rollins School of Public Health
 2009-2011 Professor – GH500 D – Key Issues in Global Health, Career MPH
 Program
 2006-2011 Thesis Advisor to students Global Health Track – Hubert Department
 of Global Health, Rollins School of Public Health of Emory
 University
 2008-2011 Coordinator International Exchange between Rollins School of Public
 Health and National Institute of Public Health, Cuernavaca, Mexico –
 Supported by the Global Health Institute of Emory University

Residency and Fellowship Program:

2004-2011 Resident Report – Noon Conferences Emory Crawford Long Hospital
 and Grady Memorial Hospital
 2004-2011 Didactic Lectures on Parasitic Diseases and Non-tuberculous
 mycobacterial diseases for Internal Medicine Residents and Infectious
 Disease Fellows

1 2005-2008 Coordinator Journal Club Infectious Disease Division
 2 2005-2011 Travel Medicine Elective, Internal Medicine Residents (2 internal
 3 residents per month)
 4 2005 Grand Rounds – EUH - Department of Medicine: “Travel Medicine”
 5 2006 Grand Rounds – ECLH – Department of Medicine: “Malaria”
 6 2008 Grand Rounds - ECLH – Department of Medicine: “Leprosy”
 7 2008-2011 Journal Club Coordinator, Internal Medicine Residency Program –
 8 ECLH
 9 2009 Grand Rounds - EUH – Department of Medicine: “Leprosy a Modern
 10 Perspective of an Ancient Disease”
 11 2009 Grand Rounds – Pulmonary and Critical Care Division – Neglected
 12 Tropical Diseases of the Respiratory Tract, June 16, 2009
 13 2017 Grand Rounds – Leprosy, University of Colorado, Anschutz Medical
 14 Center, Division of Infectious Diseases, December 2017
 15 2017 Grand Rounds – Infections associated with Secondary Antiphospholipid
 16 Syndrome, University of Colorado, Anschutz Medical Center,
 17 Division of Rheumatology,
 18 2018 Didactic Session – Travel Medicine (Pretravel and Posttravel)
 19 Infectious Diseases Fellowship Anschutz Medical Center, Division of
 20 Infectious Diseases
 21 2017- Infectious Diseases Fellows Clinic, University of Colorado, Anschutz
 22 Medical Center, IDPG.
 23 2019 Invited Speaker: Travel Medicine, Pretravel/Posttravel Care, Physician
 24 Assistant Program, September 12, 2019, University of Colorado,
 25 Anschutz Medical Center
 26

27 **Other categories:**
 28

1 2000-2002 Physician Assistant Supervision during Fellowship/Junior Faculty,
 2 Emory University
 3 2004-2007 Mentoring of four College Students to enter into Medical School
 4 (Emory, Southern University, and Dartmouth):
 5 Lindsay Margolis 2004-Emory University
 6 Michael Woodworth 2005 – Emory University
 7 Peter Manyang 2007 – Southern University
 8 Padraic Chisholm 2007 – Southern University/Emory University
 9 2009-2011 Project Leader. Partnership – Emory Global Health Institute –
 10 University-wide - Emory Travel Well Clinic and is titled Hansen’s
 11 disease in the state of Georgia: A Modern Reassessment of an Ancient
 12 Disease”. [http://www.globalhealth.emory.edu/fundingOpportunities/p](http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php)
 13 [rojectideas.php](http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php). Students: 5 MPH students (RN/MPH, MD/MPH)
 14 2017- Infectious Diseases Fellowship Program, University of
 15 Colorado, Anschutz Medical Center. Teaching activities
 16 Inpatient and outpatient (ID Fellows Weekly Clinic)
 17 2019- Infectious Diseases Fellowship Program Director
 18 University of Colorado, Aurora Colorado
 19

20 **Supervisory Teaching:**

21 Ph.D. students directly supervised:
 22 Global Health, Rollins School of Public Health - PhD Task Force Member – 2007-
 23 2009
 24 Residency Program:
 25 Emory University: Internal Medicine Residents and Infectious Disease Fellows
 26 Supervision – Inpatient Months – 3-4 months per year on Grady Wards. I
 27 participated in the presentation and discussion of clinical cases, and discussion of
 28 peer-reviewed journal with medical students, residents, and fellows. Overall

1 evaluations: Outstanding Teacher. (Anna Von 2005-2006; Seth Cohen 2008,
 2 Susana Castrejon 2007; Lindsay Margoles 2007-2008; Jean Bendik 2006-2008;
 3 Meredith Holtz 2007-2008)
 4 University of Colorado, Anschutz Medical Center (since June 2017- present). Case
 5 discussion in infectious diseases during clinical rounds inpatient services (ID Gold,
 6 ID Blue, ID Orthopedics).
 7 2004-2009 Thesis advisor – MPH Students – Hubert Department of Global Health
 8 – Concentration Infectious Diseases: Brenda Thompson 2004; Katrina Hancy
 9 2004; Trina Smith 2006; Melissa Furtado 2007-2008; Oidida Museru 2008-2009;
 10 Hema Datwani 2010; Ruth Moro 2010; Talia Quandelacy 2010
 11 2015 – Class GH511, Topic: “Leprosy” as part of the International Infectious
 12 Diseases, Global Health Track, Rollins School of Public Health, Emory
 13 University, Atlanta GA
 14 2017 – Class GH511, Topic: “Leprosy” as part of the International Infectious
 15 Diseases, Global Health Track, Rollins School of Public Health, Emory University,
 16 Atlanta GA
 17 2019 - Project Mentorship – Diffuse lepromatous leprosy. Undergraduate Student,
 18 University of Colorado, Boulder. Mikali Ogbasselassie. Project was carried out in
 19 Collaboration with the Dermatology Center of the Hospital General de Mexico.
 20 Poster presentation by Mikali Ogbasselassie September 22, 2019, UMBC,
 21 Baltimore, Maryland.

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20 Other Counsel on Following Page

21 **UNITED STATES DISTRICT COURT**
22 **CENTRAL DISTRICT OF CALIFORNIA**

23 Cullors, et al., individually and as
24 class representatives

25 Plaintiffs,

26 vs.

27 COUNTY OF LOS ANGELES,
28 SHERIFF ALEX M VILLANUEVA,
in his official capacity, et al,

Defendants.

Case No. 20-cv-3760

**DECLARATION OF
DR. JOE GOLDENSON**

[Additional Counsel continued from previous page]

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Declaration of Dr. Joe Goldenson

I, Dr. Joe Goldenson, declare as follows under penalty of perjury pursuant to 28 U.S.C. §1746:

Background

1. I am a medical physician with 33 years of experience in correctional health care. For 28 years, I worked for Jail Health Services of the San Francisco Department of Public Health. For 22 of those years, I served as the Director and Medical Director. In that role, I provided direct clinical services, managed public health activities in the San Francisco County jail, including the management of HIV, tuberculosis, Hepatitis C, and other infectious diseases in the facility, planned and coordinated the jail's response to H1N1, and administered the correctional health enterprise, including its budget, human resources services, and medical, mental health, dental, and pharmacy services.
2. I served as a member of the Board of Directors of the National Commission on Correctional Health Care for eight years and was past President of the California chapter of the American Correctional Health Services Association. In 2014, I received the Armond Start Award of Excellence from the Society of Correctional Physicians, which recognizes its recipient as a representative of the highest ideals in correctional medicine.
3. For 35 years, I held an academic appointment as an Assistant Clinical Professor at the University of California, San Francisco.
4. I have worked extensively as a correctional health medical expert and court monitor. I have served as a medical expert for the United States District Court for the Northern District of California for 25 years. I am currently retained by that Court as a medical expert in *Plata v. Newsom*, Case No. 3:01-cv-01351 (N.D. Cal.), to evaluate medical care provided to inmate patients in the California Department of Correctional Rehabilitation, including the detection, management, and treatment of infectious diseases in CDCR facilities. I have also served as a medical expert/monitor at Cook County Jail in Chicago and Los Angeles County Jail, at other jails in Washington, Texas, and Florida, and at prisons in Illinois, Ohio, and Wisconsin.

- 1
2 5. My CV is attached as Exhibit A.
- 3
4 6. Within the preceding four (4) years, I have testified as an expert by deposition or
5 trial in the following cases:
 - 6 • *Charlotte Diana Winkler v. Madison County, Kentucky, et al.*, United States
7 District Court, Eastern District of Kentucky, Central Division at Lexington, Case
8 No. 5:15-CV-45-KKC, Deposition (June 2016)
 - 9 • *Jane Doe #1, et al. v. Johnson, et al.*, United States District Court for the District
10 of Arizona, No. CV-15-00250-TUC-DCB, Hearing for Preliminary Injunction
11 (November 2016)
 - 12 • *Eugene McCain v. St. Clair County, et al.*, United States District Court, Eastern
13 District of Michigan, Southern Division, Case No. 2:16-cv-10112 (March 2017)
 - 14 • *Jane Doe #1, et al. v. Johnson, et al.*, United States District Court for the District
15 of Arizona, No. CV-15-00250-TUC-DCB, Deposition (December 2017)
 - 16 • *The Estate of Rachel M. Hammers, Deceased, et al. v. Douglas County, Kansas*
17 *Board of Commissioners, et al.*, District Court of Douglas County, Kansas at
18 Lawrence, Case No. 2:14-CV-02188-JTM-KMH, Trial (June 2018)
 - 19 • *Jane Doe #1, et al. v. Johnson, et al.*, United States District Court for the District
20 of Arizona, No. CV-15-00250-TUC-DCB, Trial (January 2020)
- 21
22 7. I am not being compensated for my time reviewing materials and preparing
23 this report.
- 24
25 8. I have been asked by attorneys representing prisoners at Los Angeles County
26 Jail (LACJ) to review and comment on materials in connection with a case to
27 be filed on behalf of prisoners held at LACJ regarding the conditions during
28 and preparedness for the COVID-19 pandemic.
9. In addition to my knowledge, training, education, and experience in the field of
prisoner health care and infectious diseases, and resources relied upon by
experts in infectious diseases and prison health, I also reviewed public health
guidelines on COVID-19; as well as COVID-19 management in correctional
facilities, including the Centers for Disease Control and Prevention (CDC)
guidance on management of COVID-19 in correctional facilities, and the
COVID-19 Guidance for Correctional Facilities from the Los Angeles County
Department of Public Health (LA DPH).

COVID-19

10. COVID-19 is a serious disease that has reached pandemic status. As of April 21, 2020, there are at least 2,397,000 confirmed cases of COVID-19 worldwide, including 751,273 cases in the United States.¹ At least 162,956 people have died worldwide, including 35,884 in the United States. As of April 21, 2020 there were 33,897 confirmed cases of COVID in California and 1,227 reported deaths.² These numbers have been increasing at an alarmingly rapid rate, reflecting the exponential growth of infections. Because these numbers include only laboratory confirmed cases, they likely understate the actual number of cases and deaths. Most medical and public health experts agree that the situation, which is already dire, will continue to worsen over the coming weeks to months.

11. COVID-19 is a highly contagious respiratory illness. It is transmitted between persons in close proximity (within about six feet) by airborne droplets released by infected individuals when they cough or sneeze. The droplets can survive in the air for up to three hours. It may also be possible for an individual to become infected by touching a surface or object that has the virus on it and then touching his or her own mouth, nose, or possibly eyes. Infected droplets can survive on surfaces for variable lengths of time, ranging from up to four hours on copper, to 24 hours on cardboard, to two to three days on plastic or stainless steel.

12. Signs and symptoms of COVID-19 may appear two to 14 days after exposure and may include fever, cough, and shortness of breath or difficulty breathing. In severe cases, infection can result in respiratory failure or death. The care of people infected with COVID-19 depends on the seriousness of their illness. People with moderate symptoms may require hospitalization for supportive treatment, including intravenous fluids and supplemental oxygen. People with severe symptoms may require ventilation and intravenous antibiotics.

13. A significant number of infected individuals do not exhibit symptoms, however, and asymptomatic individuals—either before the onset of symptoms

¹ World Health Organization, Coronavirus disease (COVID-19) Situation Dashboard, World Health Organization, <https://experience.arcgis.com/experience/685d0ace521648f8a5beeee1b9125cd> (accessed Apr. 21, 2020).

² <https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/>

or because no symptoms will ever manifest—can nevertheless transmit the disease to others. According to the CDC, up to 25 percent of people infected with COVID-19 will remain asymptomatic.³ Similarly, infected individuals may experience only mild symptoms. These asymptomatic and mildly symptomatic individuals can, and do, transmit the virus, contributing to its rapid spread. Because of the high risk of transmission by asymptomatic individuals, CDC recently recommended everyone wear a mask when they leave their homes, as did the LA DPH.⁴

14. There is currently no medical treatment for COVID-19, other than supportive measures. Nor is there a vaccine.

15. Current preventive measures seek to slow the transmission of COVID-19 through social distancing (keeping persons separated by at least six feet), frequent handwashing, and respiratory hygiene (e.g., covering one's mouth and nose when coughing or sneezing, use of personal protective equipment), and frequent cleansing of surfaces to prevent infection and the spread of the virus.⁵

COVID-19 in Detention Facilities Generally

16. For multiple reasons, the risk of exposure to and transmission of infectious diseases, as well as the potential harm to those who become infected, is significantly higher in jails than in the community, putting jail inmates and correctional staff at high risk of becoming ill with COVID-19.

17. Close living quarters and often overcrowded conditions in jails, prisons, and detention centers facilitate the rapid transmission of infectious diseases, particularly those transmitted by airborne droplets through sneezing or coughing. In these congregate settings, large numbers of people are closely

³ Apoorva Mandavilli, *Infected but Feeling Fine: The Unwitting Coronavirus Spreaders*, N.Y. Times (Mar. 31, 2020), <https://www.nytimes.com/2020/03/31/health/coronavirus-asymptomatic-transmission.html>.

⁴ Los Angeles Department of Public Health, *Guidance for Cloth Face Coverings*, http://publichealth.lacounty.gov/media/Coronavirus/GuidanceClothFaceCoverings.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

⁵ U.S. Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (“Interim Guidance”), at 8-12, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

1 confined and forced to share bunkrooms, bathrooms, cafeterias, and other
 2 enclosed spaces. They are physically unable to practice social distancing,
 3 which the CDC has identified as a “cornerstone of reducing transmission of
 4 respiratory diseases such as COVID-19.”⁶

5 18. Within these facilities, space and resource limitations—and the resulting
 6 inability of inmates and employees to practice social distancing⁷—make it
 7 extremely difficult to effectively quell the explosive growth of a highly
 8 contagious virus. The CDC has recognized that correctional and detention
 9 facilities “present unique challenges for control of COVID-19 transmission
 10 among incarcerated/detained persons, staff, and visitors.”⁸

11 19. People in detention facilities typically sleep in close quarters, often sharing
 12 multiple bunk beds in a single room. Common areas are likewise shared, but
 13 by even larger groups of people. Toilets, showers, sinks, and telephones are
 14 also communal, and are not adequately disinfected after each use, which is
 15 especially important during the current pandemic when more frequent cleaning
 16 and disinfecting are required.⁹ Even in housing units where detainees sleep in
 17 individual cells, or share small cells with one or more other people, common
 18 areas, equipment and facilities like showers can be communal as well. Food
 19 preparation and distribution is centralized and communal, often for an entire
 20 facility, with little opportunity for regular disinfection as called for by the
 21 CDC’s *Interim Guidance*.¹⁰

22 20. During an infectious disease outbreak, people can protect themselves and
 23 reduce the risk of exposure to and transmission of the disease by washing their
 24 hands regularly. High touch surfaces (e.g., cell doors, switches, telephones,
 25 knobs) must also be cleaned and disinfected after each use with effective
 26 bleach-based cleaning products to prevent virus spread. These preventive
 27 measures are often not implemented in prisons and jails, due to the lack of
 28 sufficient soap and/or hand sanitizer, cleaning supplies, and/or people to carry
 out these duties in contravention of the CDC’s *Interim Guidance*.¹¹

26 ⁶ *Id.* at 4.

27 ⁷ *Id.* at 11.

28 ⁸ *Id.* at 2.

⁹ *See id.* at 9.

¹⁰ *See id.* at 9-10.

¹¹ *See id.*

1 21. Housing units are commonly poorly ventilated, which facilitates the
2 transmission of airborne illnesses, such as COVID-19.

3 22. Current CDC recommendations for reducing the transmission of COVID-19 in
4 jails include screening of all newly arriving arrestees,¹² quarantining all newly
5 arriving arrestees for 14 days and performing daily symptom screening and
6 temperature checks while they are in quarantine,¹³ isolating any detainee with
7 any symptoms consistent with COVID-19 or with fever who is currently
8 housed in the facility,¹⁴ and the wearing of masks in congregate settings.¹⁵
9 These are also difficult, if not impossible, to implement in jails due to space
constraints, lack of sufficient respiratory isolation rooms, and lack of necessary
equipment and other resources, including the wide unavailability of test kits.

10 23. Testing kits are not widely available, and it can take anywhere from a few days
11 to a week to obtain test results. And, someone who is tested shortly after he or
12 she was infected may test negative. Non-test based verbal screens—i.e., asking
13 a person for a subjective report of symptoms—cannot adequately screen for
14 new, asymptomatic or pre-symptomatic infections. COVID-19 has a typical
15 incubation period of two to fourteen days, most commonly five days, and
16 transmission often occurs before presentation of symptoms. According to the
17 CDC, up to 25 percent of people infected with COVID-19 will remain
18 asymptomatic.¹⁶ Similarly, infected individuals may experience only mild
19 symptoms. These newly infected, asymptomatic and mildly symptomatic
20 individuals can, and do, transmit the virus, contributing to its rapid spread. As
21 a result, such inadequate screening presents a critical problem. The possibility
22 of asymptomatic transmission means that monitoring staff or incarcerated
23 people for fevers is inadequate to identify all who may be infected and
24 preventing transmission. Because of the problems with screening procedures,
the risk of false negative tests, the unavailability of test kits and the delays in
obtaining test results, one necessary means to prevent the introduction of
COVID-19 into the jails by someone who is arrested is to quarantine all

25 ¹² See *id*

26 ¹³ See *id.* at 14.

27 ¹⁴ See *id.* at 15.

28 ¹⁵ See CDC, *Recommendations for Cloth Face Covers*, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>.

¹⁶ Apoorva Mandavilli, *Infected but Feeling Fine: The Unwitting Coronavirus Spreaders*, N.Y. Times (Mar. 31, 2020), <https://www.nytimes.com/2020/03/31/health/coronavirus-asymptomatic-transmission.html>.

1 arrestees for 14 days and monitor them daily for symptoms and fever before
2 they are deemed safe to introduce into the general population of the jail.

3 24. In detention facilities, groups of persons are often moved from space to space,
4 for example, from a dormitory to a cafeteria, from one facility to another, or
5 from a facility to central holding area for court appearances. These group
6 movements, which cluster large numbers of people together in small spaces,
7 increase the risk of transmission between incarcerated persons and throughout
8 the facility or from one facility to another. Additionally, detention facilities
9 often rely on detainees to perform work that supports the operation of the
10 facility, such as food service, laundry, and cleaning. To perform these work
11 assignments, the detainees typically travel from their housing units to other
12 parts of the facility.

13 25. Correctional Officers and other detention facility staff routinely have direct
14 physical contact with detainees, especially when handcuffing or removing
15 handcuffs from detainees who are entering or exiting the facility. Correctional
16 Officers and facility staff members also move around within the facility, which
17 creates opportunities for transmission both among staff in different parts of the
18 facility and transmission to and from detainees in different parts of the facility.

19 26. Correctional facilities largely lack the robust medical care infrastructure that
20 would be necessary to deal with a COVID-19 outbreak. On-site medical
21 facilities are almost never equipped to handle an outbreak of an infectious
22 disease. In the event of an outbreak, resources will be depleted rapidly. This
23 makes both containing the illness and caring for those who have become
24 infected much more difficult. Jails and prisons must rely on outside medical
25 facilities (hospitals, emergency departments) to provide intensive medical care.
26 During an epidemic, these outside facilities may be over capacity themselves.

27 27. When an outbreak strikes a correctional facility, correctional and medical staff
28 will become ill. They will not show up to work. These vacancies can result in
29 facilities becoming dangerously understaffed, which compromises medical
30 care. Healthcare staff who provide treatment are unavailable. Correctional staff
31 also play a vital role in delivering medical services, by escorting prisoners,
32 responding to and alerting medical of medical emergencies, and providing
33 security to health care staff while they provide services. Their absence also
34 compromises treatment.

28. If infected, jail inmates are at greater risk for harm from COVID-19 than those in the general community. This is due to a number of factors including the fact that people in jails have high rates of chronic illnesses, such as diabetes, heart disease, chronic lung disease, and immunosuppressive illnesses such as HIV that increase the risk from COVID-19; often have had poor or absent prior health care; and often have made unhealthy life-style choices, including alcohol and drug use. For these reasons, it is well accepted within the medical community that jail inmates are physiologically 10 years older than their chronological age. The CDC has identified the following categories of people as being particularly vulnerable to severe illness for COVID-19:

- Diabetes mellitus
- Lung disease including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- Heart disease
- Blood disorders (e.g., sickle cell disease or on blood thinners)
- Chronic kidney disease
- Chronic liver disease
- Compromised immune system (immunosuppression)
- Current or recent pregnancy in the last two weeks
- Endocrine disorders
- Metabolic disorders
- Neurological and neurologic and neurodevelopment conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury]¹⁷
- Severe obesity¹⁸

¹⁷ U.S. Centers for Disease Control and Prevention, *Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission*, <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>.

¹⁸ U.S. Centers for Disease Control and Prevention, *Groups at Higher Risk for Severe Illness*, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html#severe-obesity>.

1 The CDC also deems people 65 or older to be particularly vulnerable to
 2 COVID-19. However, in my professional opinion the proper figure for jail
 3 inmates is 55 years old because, as I explained above, they are physiologically
 4 10 years older than their chronological age. In this regard, I note that LA DPH
 5 has identified incarcerated persons 50 years or older as being at high risk. See
 6 LA DPH April 9, 2020 Guidance for Correctional and Detention Facilities, at
 7 5.

8
 9 29. Because of the conditions typically found in jails, jails often have particularly
 10 serious incidence of communicable disease. For example, during the H1N1-strain
 11 flu outbreak in 2009 (known as the “swine flu”), jails and prisons experienced a
 12 disproportionately high number of cases.¹⁹ As of recently, the Cook County Jail
 13 in Chicago was reportedly the largest-known source of U.S. COVID-19 virus
 14 infections.²⁰ Just recently it was reported that 78% of the approximately 2,500
 15 prisoners in a prison in Ohio tested positive.²¹ The State of Ohio tested its
 16 prisoners en masse for COVID-19 so this number includes large numbers of
 inmates who were asymptomatic and would otherwise not have been tested. This
 underscores the risk of the spread of COVID-19 by asymptomatic individuals. In
 addition, 109 staff had tested positive for COVID-19.²²

17 30. For these reasons, the pandemic has prompted prisoner releases around the
 18 world. France has freed 5,000 inmates, and in the United States, 3,500 have
 19 been granted early release in California. In Britain, the Ministry of Justice
 20 said thousands of prisoners will be granted early release within weeks in an
 21 effort to contain the spread of the virus in cells and facilities where social
 distancing rules are impossible to maintain.²³ Many cities and counties across

22
 23 19 David M. Reutter, *Swine Flu Widespread in Prisons and Jails, but Deaths are Few*, Prison Legal
 24 News (Feb. 15, 2010), <https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/>.

25 ²⁰ Cheryl Corley, *The COVID-19 Struggle In Chicago's Cook County Jail*, NPR (Apr. 13, 2020),
<https://www.npr.org/2020/04/13/833440047/the-covid-19-struggle-in-chicagos-cook-county-jail>.

26 ²¹ Ohio Department of Rehabilitation & Correction, COVID-19 Inmate Testing Updated 4/20/2020,
<https://drc.ohio.gov/Portals/0/DRC%20COVID-19%20Information%2004-20-2020%20%201304.pdf>.

27 ²² 73% Of Inmates At An Ohio Prison Test Positive For Coronavirus, NPR (Apr. 20, 2020),
 28 <https://www.npr.org/sections/coronavirus-live-updates/2020/04/20/838943211/73-of-inmates-at-an-ohio-prison-test-positive-for-coronavirus>.

²³ *Britain plans to free many inmates early as it reports a one-day death toll*, N.Y. Times, 4/3/20.

1 the U.S., including San Francisco, Chicago, Cleveland and New York, are also
2 releasing prisoners to reduce the risk of COVID-19.

3 31. During an infectious disease outbreak, a containment strategy requires people
4 who have known or suspected illness be isolated and that caregivers have
5 access to personal protective equipment to protect themselves and to prevent
6 the further transmission of the disease. During an outbreak, jails and prisons
7 are under-resourced in being able to provide medically appropriate housing for
8 persons with known or suspected infectious illness, and are often
9 underequipped to provide sufficient personal protective equipment, increasing
10 the risk of a widespread outbreak.

11 32. **Isolation** is a complex and major concern in correctional facilities. In some
12 prisons and jails, the only cells with solid doors for quarantine will be
13 disciplinary or administrative segregation cells, which usually house people
14 placed in solitary confinement. Moving people suspected of contracting
15 COVID-19 – or those at high risk of suffering serious illness once infected - to
16 segregation units *may* help quell the potentially devastating spread of illness.
17 However, isolation of people who are ill using solitary confinement is not a
18 completely effective way to prevent transmission of the virus because, except
19 in specialized negative pressure rooms (rarely in medical units if available at
20 all), air continues to flow outward from isolation cells to the rest of the facility.
21 Segregation cells bring their own physical and mental health risks. They are
22 most commonly used to punish people and may cause substantial
23 psychological trauma and distress. Those with serious mental illness are at
24 heightened risk when placed in isolation. Therefore, placing high-risk or
25 laboratory-confirmed patients with COVID-19 in cells usually used for solitary
26 confinement will likely deter others from reporting symptoms or seeking
27 medical attention, thus quickly hastening the spread of the disease as
28 symptomatic prisoners will not report themselves to staff and will remain in
congregate settings. Additionally, these cells often lack intercoms or other
means of communicating with a correctional officer or medical provider when
patients are in need of help, resulting in decreased medical attention and
increased risk of death. This may further increase patients' concerns that they
will suffer, not get the care they need in a timely manner, and die in such
rooms. For these reasons, it is unrealistic to believe that an effective
prevention, mitigation, and treatment response to COVID-19 in correctional
facilities can rely upon conditions that incarcerated people are likely to

1 experience as punitive. When such housing cells must be used for short-term
 2 quarantine and isolation patients should have full access to telephone or tablet
 3 communication with family and friends on the outside and access to personal
 4 property, personal hygiene supplies and access to canteen.²⁴

5 33. In sum, current CDC recommendations for social distancing, frequent hand
 6 washing, frequent cleansing of surfaces, symptom screening, temperature
 7 checks and isolation to prevent infection and the spread of the virus are
 8 extremely difficult, if not impossible, to implement in county jails. As a result,
 9 the risk of COVID-19 transmission is far greater than in non-custodial
 10 institutions.

11 **CONDITIONS IN JAILS POSE SIGNIFICANT RISK OF TRANSMISSION OF** 12 **COVID-19 IN THE COMMUNITY OUTSIDE THE JAILS**

13 34. The conditions in jails pose very significant risk of transmission of
 14 communicable diseases like COVID -19 not only to inmates, employees and
 15 volunteers in the jails, but also to the community as a whole. It has long been
 16 known that jails, prisons, and detention centers can be hotbeds of disease
 17 transmission, and that due to the frequent ingress and egress of employees at
 18 these facilities, an outbreak within a jail, prison, or detention center can
 19 quickly spread to surrounding communities. While jails are often thought of as
 20 closed environments, this is not the case. Custody, medical, and other support
 21 staff and contractors enter and leave the facility throughout the day. New
 22 arrestees arrive daily. Since there is no effective way to screen for newly
 23 infected or asymptomatic individuals, they can unknowingly transmit COVID-
 24 19 to the jail population. Jail inmates are often transferred between housing
 25 units, to other facilities, and to and from Court. This further increases the
 26 likelihood of transmission of COVID-19. When there is an outbreak in a jail,
 27 staff can become infected and bring the virus home to their families and
 28 community. For example, the tuberculosis epidemic that broke out in New
 York City in the early 1990s began in jails and was spread to the community
 by jail employees who became infected and then returned home.

²⁴ Brie Williams, MD, et al., *Correctional Facilities In The Shadow Of COVID-19: Unique Challenges And Proposed Solutions*, Health Affairs, 3/26/20, <https://www.healthaffairs.org/doi/10.1377/hblog20200324.784502/full>

35. It is difficult to overstate the devastation that a COVID-19 outbreak could inflict on the county jail and its surrounding communities. At Rikers Island in New York, between the mornings of Wednesday, April 1 and Thursday, April 2, the number of COVID-19 positive incarcerated individuals and staff members grew by 47 and 57 people, respectively, upping the jail's total numbers of confirmed cases to 231 among the incarcerated population and 223 among staff.²⁵ The first known case of COVID-19 at Rikers was confirmed on Wednesday, March 18,²⁶ illustrating just how quickly this disease can and will overwhelm detention facilities.

36. I am aware that cases of COVID-19 have been reported among either inmates, correctional staff or both in at least ten counties in California – Los Angeles, San Francisco, Orange, Santa Clara, Alameda, Riverside, Contra Costa, Santa Barbara, San Bernardino, and San Diego. In seven of those counties, Santa Clara,²⁷ San Diego,²⁸ Riverside,²⁹ Kern,³⁰ Los Angeles,³¹ Orange,³² and Santa Barbara³³, there are reports of correctional staff testing

²⁵ Julia Craven, *Coronavirus Cases Are Spreading Rapidly on Rikers Island*, Slate (Apr. 2, 2020), <https://slate.com/news-and-politics/2020/04/rikers-coronavirus-cases-increase.html>.

²⁶ *As Testing Expands, Confirmed Cases of Coronavirus in N.Y.C. Near 2,000* N.Y. Times (Mar. 18, 2020), <https://www.nytimes.com/2020/03/18/nyregion/coronavirus-new-york-update.html>.

²⁷ Kerry Crowley, *Eight more inmates have COVID-19 at Santa Rita Jail, seven others await test results*, The Mercury News (Apr. 8, 2020), <https://www.mercurynews.com/2020/04/08/eight-more-inmates-have-covid-19-at-santa-rita-jail-seven-others-await-test-results/>.

²⁸ Jeff McDonald, *Four San Diego sheriff's employees have tested positive for the COVID-19 virus*, The San Diego Union-Tribune (Apr. 3, 2020), <https://www.sandiegouniontribune.com/news/watchdog/story/2020-04-03/four-sheriffs-employees-jail-inmate-test-positive-for-covid-19-department-says>.

²⁹ City News Service, *Riverside Sheriff's Deputy Dies, 25 Other Employees Infected with Coronavirus*, NBC 4 Los Angeles (Apr. 2, 2020), <https://www.nbclosangeles.com/news/coronavirus/drastic-aspects-of-covid-19-riverside-sheriffs-deputy-dies-25-other-employees-infected-with-coronavirus/2340074/>.

³⁰ Madi Bolanos, *Kern County Sheriff's Staff And Inmates Test Positive For COVID-19*, Valley Public Radio News (Apr. 7, 2020), <https://www.kvpr.org/post/kern-county-sheriffs-staff-and-inmates-test-positive-covid-19>.

³¹ Alene Tchekmedyan, *A member of the nursing staff at L.A. County jails who died last week had COVID-19*, LA Times (April 8, 2020), <https://www.latimes.com/california/story/2020-04-08/coronavirus-la-county-jails-twin-towers>.

³² Tony Saavedra, *Full quarantine imposed at Orange County central jail after 4 more inmates contract coronavirus*, The Orange County Register (Apr. 7, 2020), <https://www.ocregister.com/2020/04/07/full-quarantine-imposed-at-orange-county-central-jail-after-4-more-inmates-contrast-coronavirus/>.

³³ Brian Osgood, *Worker at County Jail Tests Positive for COVID-19*, The Santa Barbara Independent (Mar. 17, 2020), <https://www.independent.com/2020/03/17/worker-at-county-jail-tests-positive-for-covid-19/>.

positive. Given the speed with which the virus is being transmitted, the rapidly growing number of cases across the state, and the regular movement of corrections staff in and out of the jails, it is inevitable that there will be cases of COVID-19 in most if not all the jails without very significant reductions in the jail population and other steps to prevent the transmission of the disease and that those outbreaks in the jails will lead to further rapid transmission within the communities around the jails.

37. Moreover, once COVID-19 spreads throughout a jail, the burden of caring for these sick individuals will shift to local community medical facilities. This burdening of community medical systems will reduce the availability of intensive care units or trained infectious disease practitioners, personal protective equipment and other life-sustaining supplies for the county as a whole, thus increasing the health risks to COVID-infected citizens of the county.

SPECIFIC ISSUES REGARDING LOS ANGELES COUNTY JAIL AND COVID-19

38. Above, I have addressed issues that are essentially inherent in the COVID-19 risks associated with being incarcerated in virtually any jail setting, including the Los Angeles County Jail (LACJ). However, there are several issues specific to LACJ. LACJ is the largest county jail system in the United States. It is comprised of multiple facilities, including Men's Central Jail (MCJ), Century Regional Detention Facility (CRDF) (the women's jail), Twin Towers Correctional Facility and Pitchess Detention Center, which is comprised of four different facilities including the North County Correctional Facility (NCCF). Based on my review of the materials in this case, my experience working on public health in jails, and my review of medical literature, it is my professional opinion that persons placed in the Los Angeles jails are at an unreasonable risk of serious harm from COVID-19.

39. While the Los Angeles Sheriff's Department (LASD) has reduced the jail population by approximately 30%, this reduction is insufficient to enable social distancing. I understand that the Population Management Bureau (PMB) and Correctional Health Services have been working to assess individuals for release and to identify all medically vulnerable persons, including all persons over 55. Nonetheless, LASD's jail facilities remain near their rated capacities, i.e., the

1 maximum number of inmates that should be housed in that jail facility.³⁴
 2 Moreover, the rated capacity of a facility does not account for a pandemic like
 3 COVID-19. The failure to adequately reduce the jail population results in
 4 medically vulnerable individuals being unable to maintain social distancing from
 5 other potentially infected persons, leaving these medically vulnerable prisoners at
 6 very high risk of severe illness or death. In fact, the reductions in jail population
 7 have been insufficient to implement social distancing measures essential to
 8 mitigate the risk of transmission of the disease. Further, the sheer number of
 9 prisoners currently held at the jail compromises the ability of jail officials to
 address the risks associated with COVID-19. It is axiomatic that the fewer
 prisoners the jail, the less the risk of transmission of the disease, and the less strain
 there is on the jail's medical care system.

10 40. The Los Angeles Department of Public Health (LA DPH) has issued guidance to
 11 the Los Angeles Sheriff's Department (LASD), detailing the specific steps to be
 12 taken to mitigate the spread of the virus.³⁵ The LA DPH's recommendations align
 13 with CDC guidelines in a number of areas, and include, but are not limited to:
 14 requiring staff to wear masks and gloves at all times, providing soap available at
 15 no cost, providing liquid soap available when possible, providing paper towels,
 16 providing tissues at no cost, providing no-touch trash receptacles, ensuring access
 17 to running water, providing masks to symptomatic persons, enabling social
 18 distancing, positioning beds at least six feet apart, increasing cleaning of common
 19 spaces, eliminating appointment co-pays, reducing the jail population in order to
 abide by social distancing guidelines, and prioritizing early release of medically
 vulnerable individuals. The current practices at LACJ do not comply with the
 CDC or LA DPH guidelines in a number of important respects.

20 41. I have reviewed the LASD's announced COVID-19 policies and guidelines,
 21 which I find wholly inadequate. With regard to new jail admittees, LASD

22 "screen[s] incoming inmates outside before entering the Inmate Reception
 23 Center (IRC) facility. Inmates brought to the IRC who responded "yes" to
 24 the screening questions or displayed symptoms were masked and isolated in

25 ³⁴LASD Custody Division Rated Capacity Report, December 2019,
 26 <https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Population%202019%20Fourth%20Quarter%20Report.pdf>, p. 11.

27 ³⁵ Los Angeles County Department of Public Health, *Guidance for Correctional and Detention*
 28 *Facilities* (Apr. 9, 2020),
<http://publichealth.lacounty.gov/media/Coronavirus/GuidanceCorrectionalDetentionFacilities.pdf> (last
 visited Apr. 12, 2020).

1 the on-site Correctional Treatment Center (CTC). Newly arrived arrestees
 2 who were asymptomatic, but who reported close contact with infected
 3 people, were masked and placed in quarantine if appropriate. Inmates who
 4 display symptoms or reported close contact with infected people, in the
 5 future will be isolated or quarantined as appropriate.”
 (https://lasd.org/covid19updates/#custody)

6 42. This is inadequate. As I previously indicated, some 25% of infected people are
 7 asymptomatic, and asking them screening questions will fail to identify them so
 8 they can be isolated, tested, and treated if positive. Also, symptom screening
 9 alone is ineffective since it may take several days after becoming infected for
 10 symptoms to appear. Therefore, all new admittees should be quarantined for 14
 11 days and monitored on at least a daily basis for fever and symptoms of COVID-19
 12 so that those who are infected will no longer carry the virus (and those who become
 13 infected remain separated) before being placed in a housing unit with other
 14 prisoners who are not infected. Without quarantining all newly-admitted
 15 prisoners, it is inevitable that some percentage of new admittees will carry the
 virus and infect others housed in the jail. By LASD's own description, the intake
 screening process only addresses symptomatic people or those known to have in
 contact with infected people when entering the jail.

16 43. CDC recommends screening all staff daily on entry into the facility for COVID-19
 17 symptoms and close contact with cases, and the provision of temperature checks.
 18 Currently, it is my understanding that staff are not being screened daily for
 19 symptoms and given daily temperature checks. This measure is necessary to
 20 ensure that jail staff do not spread the disease inside the jail. As of April 19, 2020,
 21 the LASD website only says that they are monitoring and encouraging people to
 self-report. Those measures are not sufficient when many cases of COVID-19 are
 mild yet still highly contagious. See https://lasd.org/covid19updates/#custody.

22 44. I have been provided numerous inmate declarations (which I am advised are being
 23 provided to the court). Based on the information in these declarations, many of the
 24 CDC and LA DPH recommended measures have not been implemented across LA
 25 County jails. These declarations indicated several significant problems that are not
 26 being, or are inadequately being, addressed by LASD, which I discuss in the
 following paragraphs.

27 45. Social distancing is the single most important tool in preventing transmission of
 28 the virus. For this reason, both the CDC and LA DPH recommend housing as
 many incarcerated persons as possible in cell units, instead of dormitories where

1 social distancing is not feasible. However, the LASD continues to house
2 thousands of persons in crowded dorms where they cannot possibly maintain six
3 feet of distance between themselves and others. At least several jail facilities,
4 including North County Correctional Facility (NCCF) and Men's Central Jail
5 (MCJ), house jail prisoners in dormitory units where dozens of triple bunk beds
6 are placed as close as three feet apart. Even if LASD directs individuals to sleep
7 head to foot, they remain less than six feet apart. They remain in similarly close
8 proximity while eating, walking, and sitting at their bunks. Prisoners who are
9 particularly vulnerable to severe illness for COVID-19 per CDC guidelines are
10 housed in, or have been told they will be transferred to, large dormitories where
11 they will be exposed to a greater risk of COVID-19 spread.

12 46. LASD is responsible for the transport of incarcerated individuals to and from their
13 court dates in courthouses across Los Angeles County. At various stages of the
14 transport process, LASD deputies handcuff incarcerated individuals who are
15 housed in different jail facilities to one another, facilitating the exchange of
16 respiratory vapors and droplets between prisoners of different jails. LASD also
17 temporarily holds incarcerated people from all different jails in small enclosed
18 cells, 20 to 30 individuals per cell, in the courthouses, thereby increasing the risk
19 of inter-facility spread. Due to the small size of the holding cell and the large
20 numbers of people in them, if someone in the holding tank is positive for COVID-
21 19, the disease can readily spread in the enclosed confined space.

22 47. In addition, inmates are not kept far enough apart while being taken to attorney
23 visits. One inmate reported being ordered to stand less than 6 feet apart while
24 being held in a confined space on the way to his attorney visit. At least one
25 person in the space was coughing. Nor are inmates isolated during transportation
26 for medical care visits. Multiple inmates are made to share the same van and
27 transport.

28 48. Hand hygiene – washing one's hands several times a day – is a critical component
of stopping the spread of the virus. According to the declarations I reviewed,
LASD does not reliably and consistently supply prisoners with free soap and other
hand hygiene necessities. At MCJ, many jail detainees apparently receive a one-
time provision of one small bar of soap that is insufficient for the routine
handwashing and showering. Once they have used this soap, they are required to
buy additional bars from the commissary (assuming they have funds). Even in
cells or dorms where soap is provided, few detainees have access to paper towels
or hand dryers. These practices do not comply with basic CDC/LA DPH

1 recommendations to provide unlimited no-cost soap (liquid where possible).
2 These inadequacies facilitate the rapid spread of COVID-19 within the jail.

3 49. Similarly, LASD apparently does not ensure that high touch surfaces, which
4 should be cleaned with EPA-registered disinfectants effective against the COVID
5 19 virus several times per day, are so cleaned. These are also CDC/LA DPH
6 recommendations, especially for common areas. In all jail facilities, LASD
7 incarcerated persons share a limited number of phones and communal tables
8 within dayrooms and dormitories. According to the declarations, LASD does not
9 ensure these areas are routinely disinfected nor do they provide incarcerated
10 persons with the supplies to disinfect phones and high touch areas on their own.
11 Because the virus can survive on inanimate objects, the jail's failure to clean
12 regularly high-touch surfaces increases the risk of transmission.

13 50. The failure to clean and disinfect shared surfaces is even more concerning given
14 the conditions in which incarcerated persons are forced to live. Many jail
15 detainees, particularly those in dormitories, must share communal phones,
16 exercise equipment, railings, sinks, showers, and toilets. They are not cleaned or
17 disinfected between each use, and the LASD does not provide supplies for
18 disinfection or cleaning between each use. At some facilities, prisoners receive
19 clean towels and bedding only once a month. As public health officials have long
20 recognized, such substandard hygiene conditions are known to contribute to the
21 spread of viruses.

22 51. Access to personal protective equipment still appears to be a serious problem for
23 staff and incarcerated persons alike. On the early morning of April 10th, LASD
24 distributed face coverings (non-medical masks) throughout at least some facilities,
25 consistent with CDC guidance and City of Los Angeles orders requiring face
26 coverings in public spaces. (As of April 13th, NCCF had not provided masks to
27 persons in dorms). LASD provided no information as to when they will provide
28 new clean masks nor any instruction on how to routinely wash masks consistent
with CDC recommendations. LASD has not provided appropriate personal
protective equipment to incarcerated persons required to clean spaces where
confirmed and suspected COVID-19 patients have spent time. Incarcerated
persons in fact report that they are required to clean such contaminated spaces
without adequate gowns, coveralls, or masks. Jail staff also fail to consistently
wear masks to help ensure the protection of the entire detainee and staff
populations.

1 52. The CDC has recommended that cloth face coverings be changed often and
2 washed at least daily. The CDC guidance on jail settings refers the jailer to the
3 CDC's document entitled "*Interim Infection Prevention and Control*
4 *Recommendations for Patients with Suspected or Confirmed Coronavirus Disease*
5 *2019 (COVID-19)*" (Updated April 13, 2020) in Healthcare Settings infection
6 control protocols, which notes that cloth face coverings "should be changed if
7 they become soiled, damp, or hard to breathe through, laundered regularly (e.g.,
8 daily and when soiled), and, hand hygiene should be performed immediately
9 before and after any contact with the cloth face covering." Providing each inmate
only one mask makes it more difficult for them to launder, clean, and change
masks when they "become saturated with respiratory secretions." I have seen no
evidence that these guidelines are being followed.

10 53. At least several incarcerated persons have reported that they were forced to share
11 enclosed spaces with persons exhibiting a dry cough and other signs of COVID-19
12 illness. The failure to promptly isolate symptomatic persons has already resulted
13 in the spread of infection within the jail. During a transfer to a court appearance,
14 one detainee was placed in a holding cell with someone who was coughing and
15 visibly sick. Several days later, the detainee became sick herself, and after
16 numerous requests for medical care, she obtained a test for COVID-19 (and tested
17 positive). Based on her report, and the reports of others, LASD is not promptly
medically isolating positive and suspected COVID-19 cases and quarantining
close contacts of COVID-19 cases consistent with CDC guidelines.

18 54. LACJ is also not timely testing persons with known symptoms of COVID-19.
19 Moreover, several incarcerated persons have reported that they have been unable
20 to get a test despite exhibiting a cough and/or other symptoms. If these persons
21 were in the community, they would meet the criteria for a test for displaying
22 active symptoms of the disease. At LACJ, they are denied tests, even though by
23 reason of being jailed they pose a far higher risk of transmitting COVID-19 to
others.

24 55. Public health guidelines require the Jail to conduct contact investigations to
25 identify and quarantine all persons who have come into close contact with persons
26 with known or suspected COVID-19. Monitoring of close contacts should include
27 regular symptom screening and temperature checks. Quarantines should separate
28 high-risk and low-risk inmates. LACJ has not instituted contact investigations and
quarantine and monitoring practices for those in close contact with symptomatic
inmates consistent with public health guidelines.

1 56.LACJ is utilizing segregation units to house persons with known or suspected
2 COVID-19 illness. This acts to deter prisoners from reporting COVID-related
3 symptoms, due to their fear that doing so will result in their being placed in
4 punitive isolation conditions.

5 57.LACJ does not provide information to all prisoners regarding symptoms of
6 COVID-19 and prevention practices inmates should employ to reduce the risks of
7 transmission of the disease, as CDC guidance requires.

8 58.I have reviewed the Declaration of Catrina Balderamma. Ms. Balderamma has
9 attested that she has tested positive for COVID-19. There are many aspects of the
10 care she describes that raise concerns about the LACJ's response to COVID-19
11 that are emblematic of the problems at LACJ and that contribute to an
12 unreasonable risk to all jail inmates.

- 13 a. Ms. Balderamma was booked into the Jail in January 2020. For months
14 after her admission, she received no information about COVID-19 from
15 jail personnel as to how to protect herself from the virus.
- 16 b. On March 16, 2020, Ms. Balderamma was taken to Court and placed in
17 a holding cell with 14 other inmates while awaiting her Court
18 appearance. One of the individuals was coughing and having difficulty
19 breathing. There was not enough space in the holding cell to maintain
20 appropriate social distancing.
- 21 c. Ms. Balderamma began complaining of symptoms consistent with
22 COVID-19 (headache and lethargy) and requested medical care on
23 March 18, 2020. Despite submitting numerous subsequent requests to
24 see medical because of continued symptoms (fever, chills, sweating,
25 sore throat, and continued headache) and filing a grievance on March 25,
26 2020, Ms. Balderamma was not evaluated by medical until April 1,
27 2020. All individuals with symptoms of COVID-19 need to be
28 medically evaluated timely.
- d. On April 1, 2020, a physician evaluated her in the main medical clinic at
CRDF. At that time, her temperature was 103.8 and she was
complaining of a severe headache and nausea. She was given
medication for her headache. She was not given a test for COVID-19
and was not given a mask. She was placed in a holding cell with 5 other
women for 2 ½ to 3 hours and then returned to her housing unit. She
was placed back in her cell with her roommate. Ms. Balderamma was
not given a mask despite her symptoms. The cell was so small he could

- 1 not practice social distancing. Individuals with symptoms of COVID-19
 2 need to be medically isolated from other detainees.
- 3 e. Later that night, she was moved to a single cell in a disciplinary
 4 segregation unit. According to her declaration, there was no toilet paper
 5 or soap, she was unable to shower, and there was old food under the bed
 6 and on the walls. She was denied medication when a deputy refused to
 7 open the food slot in her door and allow the nurse to deliver her
 8 medication.
- 9 f. The following day, or day after, Ms. Balderamma was escorted to a
 10 vehicle for transportation to the Correctional Treatment Center (CTC) at
 11 Twin Towers. However, upon arrival at the vehicle, staff was notified
 12 that there were no empty beds at the CTC. Ms. Balderamma was taken
 13 back to her cell in administrative segregation.
- 14 g. The next day she was transferred to the CTC. The following day she was
 15 tested for COVID-19. On or about April 9, 2010, the test came back
 16 positive. Ms. Balderamma states she was treated well by the doctors and
 17 nurses in the CTC.
- 18 h. On April 10, 2020, Ms. Balderamma was cleared to return to CRDF.
 19 (CDC guidelines state people with COVID-19 no longer require medical
 20 isolation when they have not had a fever for at least 72 hours without the
 21 use of medicine that reduces fevers, their other symptoms have
 22 improved, and at least 7 days have passed since their symptoms first
 23 appeared.³⁶ The LA DPH jail guidelines list similar criteria for when
 24 staff can return to work after infection with COVID-19.)
- 25 i. Upon Ms. Balderamma's return to CRDF, she was placed back in a cell
 26 in disciplinary segregation. She describes the conditions of her
 27 confinement in administrative segregation as: "While incarcerated in
 28 module 1600, I am inside my cell 24 hours a day. I am not allowed to
 make phone calls. I am served food through a slot in my door. The
 deputies rarely pick up my trash so it piles up by the door. My sink is
 clogged and fills up with dirty water when other people flush their
 toilets. The sink is clogged with dirty water so high that I am unable to
 place a cup under the faucet to catch the water that runs from there in
 order to brush my teeth or wash myself. I have not been allowed out of

³⁶ CDC, Caring for Someone Sick at Home or other non-healthcare settings,
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

my cell to shower while in this module. Before I was sent to CTC I received no soap while housed in 1600. It was not until April 11th that I received half a bar of soap to clean with. No one comes in to clean my cell and I have no access to disinfectant. There are balls of dust everywhere on the floor and the cell is incredibly disgusting.” While in segregation, Ms. Balderamma has been unable to call and speak with her family. As noted above, Ms. Balderamma is reportedly no longer considered to be contagious. There is no medical or public health rationale for her continued isolation. Furthermore, it is not currently known whether individuals who have been infected with COVID-19 can be re-infected. Placing her in a housing unit with known or suspect cases potentially places her at further risk.

59. At least several declarants reported that they or their cellmates were forced to relinquish their CPAP (continued positive airway pressure) machines, which are devices required to keep one’s airways open while sleeping. The CPAP machines were not replaced by any alternatives to the critical care that individuals with diagnosed sleep apnea or other obstructed breathing conditions need. At least one incarcerated person with diminished lung capacity has reported having trouble breathing while sleeping after confiscation of his CPAP machine.
60. Individuals diagnosed with asthma are housed in varying dorms and cells in LACJ. One incarcerated individual with chronic asthma indicated that they have difficulty accessing inhalers. He filed a request for an inhaler and he did not ultimately receive an inhaler until 10 days later, causing a delay in necessary medical care.
61. LACJ’s inability to adequately contain COVID-19 creates higher risk for medically vulnerable populations. LACJ holds persons who by reason of their age and/or chronic medical condition are particularly susceptible to becoming seriously ill or even dying should they become infected with COVID-19.
62. I have reviewed the Declaration of Albert Kirk Jones. Mr. Jones has attested that he has 64 years old and has a history of respiratory illness, debilitating pneumonia, bronchitis, diminished lung capacity, breathing difficulties, and a heart condition. Mr. Jones also requires the assistance of a CPAP machine at night, which has been confiscated from him. Mr. Jones is medically vulnerable per CDC and public health guidelines, and therefore is at imminent risk of serious illness and death should he remain at the Jail.

1 63.I have reviewed the Declaration of Benito Venegas. Mr. Venegas has attested that
2 he has asthma and epilepsy, which has resulted in seizures twice a month for the
3 last ten years. Mr. Venegas is medically vulnerable per CDC and public health
4 guidelines, and therefore is at imminent risk of serious illness and death should he
remain at the Jail.

5
6 64.I have reviewed the Declaration of Carole Dunham. Ms. Dunham has attested that
7 she has Type I diabetes and receives insulin shots four times a day. Ms. Dunham
8 is medically vulnerable per CDC and public health guidelines, and therefore is at
imminent risk of serious illness and death should she remain at the Jail.

9
10 65.I have reviewed the Declaration of DeNeal Young. Mr. Young has attested that he
11 suffers from severe obesity and an undiagnosed heart condition. Mr. Young is
12 confined to a wheelchair due to blood clots in his legs, which place him at risk of
13 heart attack, pulmonary embolism, and stroke. Mr. Young is medically vulnerable
per CDC and public health guidelines, and therefore is at imminent risk of serious
illness and death should he remain at the Jail.

14
15 66.I have reviewed the Declaration of Holly Davidson. Ms. Davidson has attested
16 that she was diagnosed with lymphoma in February of 2016 and underwent partial
17 chemotherapy. Ms. Davidson is medically vulnerable per CDC and public health
18 guidelines, and therefore is at imminent risk of serious illness and death should
she remain at the Jail.

19
20 67.I have reviewed the Declaration of Jeffrey Livotto. Mr. Livotto has attested that as
21 an asthmatic, he has suffered serious asthma attacks. Mr. Livotto is medically
22 vulnerable per CDC and public health guidelines, and therefore is at imminent risk
of serious illness and death should he remain at the Jail.

23
24 68.I have reviewed the Declaration of LeAndrew Lewis. Mr. Lewis has attested that
25 he is diabetic, has high blood pressure, and has a history of bronchitis. Mr. Lewis
26 is medically vulnerable per CDC and public health guidelines, and therefore is at
imminent risk of serious illness and death should he remain at the Jail.

27
28 69.I have reviewed the Declaration of Mark Avila. Mr. Avila has attested that he has
chronic asthma and restricted breathing that is exacerbated by delays in the jail's
provision of critical medication (e.g., inhalers). Mr. Avila is medically vulnerable

per CDC and public health guidelines, and therefore is at imminent risk of serious illness and death should he remain at the Jail.

70.I have reviewed the Declaration of Rodney Cullors. Mr. Cullors has attested that he is 58 years old and suffers from hypertension, spinal damage, and heart problems. Mr. Cullors also attests that he has been diagnosed with schizophrenia, bipolar disorder, and manic depression. Mr. Cullors is medically vulnerable per CDC and public health guidelines, and therefore is at imminent risk of serious illness and death should he remain at the Jail.

71.I have reviewed the Declaration of Victor Gutierrez. Mr. Gutierrez has attested that he suffers from asthma. Mr. Gutierrez is medically vulnerable per CDC and public health guidelines, and therefore is at imminent risk of serious illness and death should he remain at the Jail.

Population Reduction

72.It is also my professional opinion that a necessary component of bringing jails into compliance with the recommendations of the CDC and LA DPH to minimize the risk of COVID -19 transmission within the jails and to the larger community is to substantially reduce the population of jail facilities so that the public health guidelines can be met.

73.I am aware that LACJ has already reduced its population since the COVID outbreak. However, in my professional opinion those reductions are insufficient to enable the recommendations of the CDC guidelines, particularly with respect to social distancing, to be met. Los Angeles County has reduced its jail population from about 17,076 to 11,883, which is about a 30% reduction.³⁷ Yet, it is still near its capacity of 12,404 as rated by the Board of State and Community Corrections (BSCC).³⁸ Moreover, BSCC ratings were not designed with a pandemic that requires social distancing in mind. As a result, facilities that are operating at or not far below their BSCC rated capacities will not allow for

³⁷ Monitoring Jail Populations During COVID – 19 (Vera Institute of Justice)
<https://www.vera.org/projects/covid-19-criminal-justice-responses/covid-19-data>

³⁸ Los Custody Division Population Quarterly Report October - December 2019 at page 11,
<https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Population%202019%20Fourth%20Quarter%20Report.pdf>

1 inmates, correctional and other staff to maintain appropriate social distancing
 2 necessary to preventing the transmission of COVID-19. Even if a jail system is
 3 well below its BSCC rated capacity, it will not be operating consistent with CDC
 4 Guidance if, among other things, it houses inmates in crowded dormitory housing,
 5 has crowded dayrooms where inmates share showers and telephones, it fails to
 6 quarantine inmates with symptoms of COVID, and does provide for adequate soap
 7 and cleaning supplies to allow for the regular disinfection of surfaces.
 Accordingly, the jail population should still be reduced in order to allow for the
 creation of reasonably safe conditions for those who remain.

8 74.To minimize the risk of COVID-19, the population must be reduced so that it is
 9 possible for incarcerated persons to be able to main distance of six feet or more
 10 from each other at all times, including in communal areas; there is no double or
 11 triple bunking; there are adequate numbers of medical cells for any inmate who is
 12 symptomatic or who has contracted COVID-19; and proper screening,
 13 quarantining, and isolation procedures can be put into place for anyone attempting
 14 to enter the jail – both staff and inmates. Measures such as more regular
 15 disinfection and cleaning, and wider availability of soap are insufficient to address
 16 the dangers that COVID-19 poses in jail without a significant reduction of the jail
 17 population to allow for genuine social distancing among inmates, correctional
 18 staff and other jail staff.

19 75.In particular, those who are medically vulnerable (see ¶ 28) should be moved out
 20 of the jails to the absolute maximum extent possible. This population remains at
 21 serious risk of serious illness and death should they remain at the jail.

22 76.Significantly reducing county jail populations is an urgent public health measure.
 23 It will allow facilities to significantly reduce the risk of infection for both
 24 incarcerated people and correctional officers, which in turn protects the
 25 communities where corrections staff live.

26 77.Programs must be developed to ensure the safe re-entry of inmates into the
 27 community. Individuals with existing housing can be released with instructions
 28 for self-quarantine for 14 days and compliance with community-based shelter-in-
 place protocols. Those without housing should be released to shelters or half-way
 houses with the capacity for quarantine and social distancing. Lack of suitable
 housing must not be used to keep people in jail. Intensive discharge planning
 efforts must be implemented to maximize the safe release of inmates into the
 community. Quarantine in the jail for 14 days, prior to release, must only be used
 as a last resort. Community self-quarantine, or compliance with community-based

shelter-in-place protocols, entails exposure to a small number of co-habitants, typically family members. Incarcerated people under quarantine are likely to interact with multiple custody and clinical staff members for food, showers, yard time, and medical needs. Where possible, public health and housing authorities should work together with the private sector to utilize hotels and other vacant living spaces that provide a safe environment where it is feasible to shelter in place, access food, and adhere to social distancing during the COVID-19 pandemic.³⁹

78. I recognize that there are issues regarding public safety when addressing jail population reduction. To the extent these issues are addressed in this case for those who are medically vulnerable, release must be considered in light of the severe public health consequences of not releasing such individuals.

79. It would be valuable for the court to appoint qualified expert who could make recommendations regarding: (1) the specific steps taken to implement the recommendations I have made herein, (2) all other mitigation efforts to significantly reduce the risk of contraction of COVID-19 by all inmates not immediately released, (3) a housing plan for any released inmate whose testing confirms that have been exposed or infected with COVID-19 and who do not have in place housing, and (4) an evaluation of whether the release of medically vulnerable inmates permits adequate social distancing, or whether additional releases are necessary.

Necessary Measures for those who are currently or will be in the LA County Jail

80. Aside from appropriately releasing the maximum number of people possible, for those presently or in the future incarcerated during the life of the pandemic, LASD should follow all CDC/LA DPH Guidance for correctional facilities, whether that guidance is phrased as mandatory or discretionary. The following remedies should be implemented immediately:

- a. **Communication:** Effectively communicate to all incarcerated people, including low-literacy and non-English-speaking people, sufficient information about COVID-19, measures taken to reduce the risk of transmission, and any changes in policies or practices to reasonably ensure that individuals are able to

³⁹ AMEND, *How to Release People from Prison to Achieve Public Health Goals during COVID-19: Recommended Principles and Practices*, April 13, 2020, <https://amend.us/wp-content/uploads/2020/04/Public-health-focused-decarceration-guidelines-1.pdf>.

- 1 take precautions to prevent infection. Effective communication must include in
 2 person communication rather than instruction through a video only. Effective
 3 communication is also particularly important for those incarcerated persons
 4 with serious mental illness. This population is at a heightened risk of contracted
 5 and spreading the virus because they may be less capable of following hygiene
 6 and social distancing instructions due to their mental illness. In addition,
 7 signage must be posted throughout the facility communicating COVID-19
 8 symptoms and hand hygiene instructions. Such signage must be understandable
 9 for non-English speaking people as well as those with low literacy, and provide
 10 clear information about the presence of COVID-19 cases within a facility and
 11 the need to increase social distancing and maintain hygiene precautions.
- 12 b. **Entrance Screening:** Perform pre-intake screening for all new arrestees for
 13 symptoms of COVID-19 upon entry (or re-entry). This includes temperature
 14 screening, as well as a verbal symptom check.
 - 15 c. **Quarantine New Admissions:** Quarantine *all* new entrants for 14 days before
 16 they enter the general population by cohorting daily intakes if necessary.
 - 17 d. **Housing:** To the extent possible, house jail detainees in cells instead of
 18 dormitories. Recommend that those persons sharing sleeping quarters sleep
 19 head-to-foot. To the extent practicable, beds in housing units should be
 20 rearranged to allow for sufficient separation during sleeping hours.
 - 21 e. **Social Distancing:** Whenever possible, require all staff and incarcerated
 22 persons to maintain a distance of six feet from one another.
 - 23 f. **Hand Hygiene:** Ensure that each incarcerated person receives, free of charge:
 24 (1) an individual (and ample) supply of hand soap (liquid if possible) sufficient
 25 to allow frequent hand washing; and (2) paper towels for hand drying. Ensure
 26 that any and all soap dispensers in communal areas are adequately stocked with
 27 liquid soap. Require that all LASD staff working in County jails wash their
 28 hands, apply hand sanitizer containing at least 60% alcohol, or change their
 gloves both before and after interacting with any person or touching surfaces in
 cells or common areas.
 - g. **Disinfection of Surfaces:** Ensure that staff or incarcerated workers, several
 times a day, clean and disinfect high touch surfaces and objects in common
 areas, with EPA-registered disinfectants; provide jail detainees with cleaning
 supplies – including access to EPA-registered disinfectants or disinfectant
 wipes – so that they can clean surfaces within their own living spaces. (High
 touch areas include phones, doorknobs, sink handles, toilet handles, and
 recreation equipment.) Facility staff must ensure there is adequate supervision
 of all individuals responsible for cleaning and disinfecting these areas.

- 1 h. **Tissues:** Provide an adequate supply of tissues and no-touch trash receptacles
2 for all persons; require staff and incarcerated persons to cough into a tissue or
3 their elbow and to throw tissues in the trash.
- 4 i. **Hygiene Generally:** Provide access to daily showers and daily access to clean
5 laundry, including clean personal towels and washrags after each shower.
6 Ensure showers are cleaned and disinfected at least daily and that incarcerated
7 persons have supplies to clean showers between uses. Provide more frequent
8 access to laundry, at least twice weekly, which should be possible given the
9 reduction in population that has already occurred.
- 10 j. **Screening of Jail Staff:** Perform screening for all custody, medical and
11 ancillary jail staff for symptoms of COVID-19 every time they enter the
12 facility. This includes temperature screening, as well as a verbal symptom
13 check.
- 14 k. **PPE for Jail Staff & Incarcerated Persons:** Require that all jail staff and
15 incarcerated persons wear PPE consistent with CDC and LA DPH guidelines.
16 Ensure that all staff working in County jails wear personal protective
17 equipment, including CDC-recommended surgical masks (if surgical masks are
18 limited staff should wear cloth face masks). If cloth masks are distributed, they
19 must be laundered regularly.
- 20 l. **Testing:** Conduct immediate testing for incarcerated persons displaying known
21 symptoms of COVID-19.
- 22 m. **Isolation for Confirmed and Suspected Covid-19 Cases:** Ensure that
23 individuals identified as having COVID-19 are medically isolated pursuant to
24 CDC guidelines. Use cohorts only for individuals with laboratory-confirmed
25 COVID-19 cases, not suspected cases. Ensure that medically isolated
26 individuals have continued access to showers, recreation, mental health
27 services, reading materials, phones, cleaning supplies, communications with
28 counsel, and personal property. Ensure that medically isolated individuals are
provided individualized meals that comply with assigned medical diets.
- n. **Quarantine for Close Contacts of Covid-19 Cases:** Ensure that individuals
identified as close contacts of COVID-19 cases are quarantined pursuant to
CDC guidelines. Cohorting may be used for quarantined persons consistent
with CDC and public health guidelines.
- o. **Co-Pays for Medical Care:** Waive all medical co-pays for those experiencing
COVID-19-related symptoms and waive all charges for medical grievances
related to possible infection with COVID-19 during this health crisis.

- 1 p. **Maintain Same Standards of Medical Care.** Provide adequate medical
2 alternatives for those with decreased lung capacity who have had their CPAP
3 machines confiscated due to COVID-19.
4 q. **Communications with Family/Support.** Provide opportunities for
5 incarcerated persons to communicate free of charge with their families and
6 loved ones.

7 **Conclusion**
8

- 9 81. For the reasons above, it is my professional opinion that persons currently
10 detained in the LA County Jail are at significantly greater risk of contracting
11 COVID-19 than if they were permitted to shelter in place in their home
12 communities. If infected, many are at increased risk of suffering severe
13 complications and outcomes. In particular, those people who are medically
14 vulnerable and at risk of severe illness from COVID are at a high risk to develop
15 COVID-19 if they remain in jail and become either extremely ill or die as result.
16 82. It is also my professional opinion that conditions in the county jails also threaten
17 the health and safety of every individual within those jails—detained persons and
18 staff alike—and in their surrounding communities.
19 83. Finally, it is my opinion that as many people as possible – particularly the
20 medically vulnerable – should be released into appropriate settings and that the
21 extensive measures previously outlined regarding those who remain incarcerated
22 should be implemented immediately.

23 I declare under penalty of perjury that the foregoing is true and correct. Executed
24 on April 24, 2020 in Alameda County, California.

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Dr. Joe Goldenson

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EXHIBIT A

CURRICULUM VITAE

**JOE GOLDENSON, MD
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EDUCATION

Post Graduate Training

February 1992	University of California, San Francisco, CPAT/APEX Mini-Residency in HIV Care
1979-1980	Robert Wood Johnson Fellowship in Family Practice
1976-1979	University of California, San Francisco Residency in Family Practice

Medical School

1973-1975	Mt. Sinai School of Medicine, New York M.D. Degree
1971-1973	University of Michigan, Ann Arbor

Undergraduate Education

1967-1971	University of Michigan, Ann Arbor B.A. in Psychology

PROFESSIONAL EXPERIENCE

Practice Experience

1993-2015	Director/Medical Director Jail Health Services San Francisco Department of Public Health
1991-1993	Medical Director Jail Health Services San Francisco Department of Public Health
1990-1991	Chief of Medical Services, Hall of Justice Jail Health Services San Francisco Department of Public Health
1987-1990	Staff Physician Jail Health Services San Francisco Department of Public Health
1980-1987	Sabbatical
1975-1976	Staff Physician United Farm Workers Health Center, Salinas, CA

Consulting

6/16-8/19	Consultant to Los Angeles Department of Health Services re: provision of health care services in the LA County Jail
4/02-Present	Federal Court Medical Expert, <i>Plata v. Newsome</i> , Class Action Lawsuit re: prisoner medical care in California State Prison System
6/14-9/14	Medical expert for the Illinois Department of Corrections and the ACLU of Illinois
6/10-12/13	Federal Court appointed Medical Monitor, U.S.A. v. Cook County, et al., United States District Court for the Northern District of Illinois, No. 10 C 2946, re: medical care in the Cook County Jail
6/08-6/12	Member, <i>Plata v. Schwarzenegger</i> Advisory Board to the Honorable Thelton E. Henderson, U.S. District Court Judge
5/08-9/09	Medical Expert for ACLU re Maricopa County Jail, Phoenix, AZ
1/08	Member of the National Commission on Correctional Health Care's Technical Assistance Review Team for the Miami Dade Department of Corrections
9/07-1/10	Federal Court appointed Medical Expert, <i>Herrera v. Pierce County, et al.</i> , re: medical care at the Pierce County Jail, Tacoma, WA
8/06-8/12	State Court Appointed Medical Expert, <i>Farrell v. Allen</i> , Superior Court of California Consent Decree re medical care in the California Department of Juvenile Justice
6/05	Member of Technical Assistance Review Team for the Dallas County Jail
11/02-4/03	Medical Expert for ACLU re Jefferson County Jail, Port Townsend, Washington
4/02-8/06	Federal Court Medical Expert, <i>Austin, et. al vs Wilkinson, et al</i> , Class Action Law Suit re: Prisoner medical care at the Ohio State Penitentiary Supermax Facility
1/02-3/02	Consultant to the Francis J. Curry, National Tuberculosis Center re: <i>Tuberculosis Control Plan for the Jail Setting: A Template (Jail Template)</i> ,
8/01-4/02	Medical Expert for ACLU re Wisconsin Supermax Correctional Facility, Boscobel, WI
7/01-4/02	Medical Expert for Ohio Attorney General's Office re Ohio State Prison, Youngstown, OH
1/96-1/14	Member and Surveyor, California Medical Association Corrections and Detentions Health Care Committee
5/95-6/08	Medical Expert for the Office of the Special Master, <i>Madrid vs Alameida</i> , Federal Class Action Law Suit re: Prisoner medical care at the Pelican Bay State Prison Supermax Facility
3/98-12/98	Member, Los Angeles County Department of Public Health Jail Health Services Task Force

2/98	Medical Expert, Department of Justice Investigation of Clark County Detention Center, Las Vegas, Nevada
6/94	Surveyor, National Commission on Correctional Health Care, INS Detention Center, El Centro, CA

Work Related Committees

1/14 to present	Member, Editorial Advisory Board, <i>Correctional Health Care Report</i>
10/11 to 5/19	Member, Board of Directors of the National Commission on Correctional Health Care
5/07-10/12	Liaison to the CDC Advisory Council for the Elimination of Tuberculosis (ACET) from the National Commission on Correctional Health Care
12/04-3/06	Member of the CDC Advisory Council for the Elimination of Tuberculosis (ACET) Ad Hoc Working Group on the <i>Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC</i> (MMWR 2006; 55(No. RR-9))
6/03-8/03	Member of the Advisory Panel for the Francis J. Curry National Tuberculosis Center and National Commission on Correctional Health Care, 2003: <i>Corrections Tuberculosis Training and Education Resource Guide</i>
3/02-1/03	Member of the Advisory Committee to Develop the <i>Tuberculosis Control Plan for the Jail Setting: A Template (Jail Template)</i> , Francis J. Curry, National Tuberculosis Center
6/01-1/15	Director's Cabinet San Francisco Department of Public Health
3/01	Consultant to Centers for Disease Control on the Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings (MMWR 2003; 52(No. RR-1))
9/97-6/02	Member, Executive Committee of Medical Practice Group, San Francisco Department of Public Health
3/97-3/02	American Correctional Health Services Association Liaison with American Public Health Association
3/96-6/12	Chairperson, Bay Area Corrections Committee (on tuberculosis)
2/00-12/00	Medical Providers' Subcommittee of the Office-based Opiate Treatment Program, San Francisco Department of public Health
12/98-12/00	Associate Chairperson, Corrections Sub-Committee, California Tuberculosis Elimination Advisory Committee
7/94-7/96	Advisory Committee for the Control And Elimination of Tuberculosis, San Francisco Department of Public Health
6/93-6/95	Managed Care Clinical Implementation Committee, San Francisco Department of Public Health
2/92-2/96	Tuberculosis Control Task Force, San Francisco Department of Public Health
3/90-7/97	San Francisco General Hospital Blood Borne Pathogen Committee

1/93-7/93

Medical Staff Bylaws Committee, San Francisco Department of
Public Health

ACADEMIC APPOINTMENT

1980-2015

Assistant Clinical Professor
University of California, San Francisco

PROFESSIONAL AFFILIATIONS

Society of Correctional Physicians, Member of President's Council, Past-Treasurer and
Secretary

American Correctional Health Services Association, Past-President of California
Chapter

American Public Health Association, Jails and Prison's Subcommittee

Academy of Correctional Health Professionals

PROFESSIONAL PRESENTATIONS

Caring for the Inmate Health Population: A Public Health Imperative, Correctional Health
Care Leadership Institutes, July 2015

Correctional Medicine and Community Health, Society of Correctional Physicians Annual
Meeting, October, 2014

Identifying Pulmonary TB in Jails: A Roundtable Discussion, National Commission on
Correctional Health Care Annual Conference, October 31, 2006

A Community Health Approach to Correctional Health Care, Society of Correctional
Physicians, October 29, 2006

Prisoners the Unwanted and Underserved Population, Why Public Health Should Be in Jail,
San Francisco General Hospital Medical Center, Medical Grand Rounds, 10/12/04

TB in Jail: A Contact Investigation Course, Legal and Administrative Responsibilities, Francis
J. Curry National Tuberculosis Center, 10/7/04

Public Health and Correctional Medicine, American Public Health Association Annual
Conference, 11/19/2003

Hepatitis in Corrections, CA/NV Chapter, American Correctional Health Services
Association Annual Meeting, 1/17/02

Correctional Medicine, San Francisco General Hospital Medical Center, Medical Grand
Rounds, 12/16/02

SuperMax Prisons, American Public Health Association Annual Conference, 11/8/01

Chronic Care Programs in Corrections, CA/NV Chapter, American Correctional Health
Services Association Annual Meeting, 9/19/02

Tuberculosis in Corrections - Continuity of Care, California Tuberculosis Controllers
Association Spring Conference, 5/12/98

HIV Care Incarcerated in Incarcerated Populations, UCSF Clinical Care of the AIDS Patient
Conference, 12/5/97

Tuberculosis in Correctional Facilities, Pennsylvania AIDS Education and Training Center,
3/25/93

Tuberculosis Control in Jails, AIDS and Prison Conference, 10/15/93

The Interface of Public Health and Correctional Health Care, American Public Health Association Annual Meeting, 10/26/93

HIV Education for Correctional Health Care Workers, American Public Health Association Annual Meeting, 10/26/93

PUBLICATIONS

Structure and Administration of a Jail Medical Program. Correctional Health Care: Practice, Administration, and Law. Kingston, NJ: Civic Research Institute. 2017.

Structure and Administration of a Jail Medical Program – Part II. Correctional Health Care Report. Volume 16, No. 2, January-February 2015.

Structure and Administration of a Jail Medical Program – Part I. Correctional Health Care Report. Volume 16, No. 1, November-December 2014.

Pain Behind Bars: The Epidemiology of Pain in Older Jail Inmates in a County Jail. Journal of Palliative Medicine. 09/2014; DOI: 10.1089/jpm.2014.0160

Older jail inmates and community acute care use. Am J Public Health. 2014 Sep; 104(9):1728-33.

Correctional Health Care Must be Recognized as an Integral Part of the Public Health Sector, Sexually Transmitted Diseases, February Supplement 2009, Vol. 36, No. 2, p.S3-S4

Use of sentinel surveillance and geographic information systems to monitor trends in HIV prevalence, incidence, and related risk behavior among women undergoing syphilis screening in a jail setting. Journal of Urban Health 10/2008; 86(1):79-92.

Discharge Planning and Continuity of Health Care: Findings From the San Francisco County Jail, American Journal of Public Health, 98:2182–2184, 2008

Public Health Behind Bars, Deputy Editor, Springer, 2007

Diabetes Care in the San Francisco County Jail, American Journal of Public Health, 96:1571-73, 2006

Clinical Practice in Correctional Medicine, 2nd Edition, Associate Editor, Mosby, 2006.

Tuberculosis in the Correctional Facility, Mark Lobato, MD and Joe Goldenson, MD, Clinical Practice in Correctional Medicine, 2nd Edition, Mosby, 2006.

Incidence of TB in inmates with latent TB infection: 5-year follow-up. American Journal of Preventive Medicine. 11/2005; 29(4):295-301.

Cancer Screening Among Jail Inmates: Frequency, Knowledge, and Willingness Am J Public Health. 2005 October; 95(10): 1781–1787

Improving tuberculosis therapy completion after jail: translation of research to practice. Health Education Research. 05/2005; 20(2):163-74.

Incidence of TB in Inmates with Latent TB Infection, 5-Year Follow-up, American Journal of Preventive Medicine, 29(4), 2005

Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings, Morbidity and Mortality Reports, (External Consultant to Centers for Disease Control), Vol. 52/No. RR-1 January 24, 2003

Randomized Controlled Trial of Interventions to Improve Follow-up for Latent

Tuberculosis Infection After Release from Jail, Archives of Internal Medicine, 162:1044-1050, 2002

Jail Inmates and HIV care: provision of antiretroviral therapy and Pneumocystis carinii pneumonia prophylaxis, International Journal of STD & AIDS; 12: 380-385, 2001

Tuberculosis Prevalence in an urban jail: 1994 and 1998, International Journal of Tuberculosis Lung Disease, 5(5):400-404, 2001

Screening for Tuberculosis in Jail and Clinic Follow-up after Release, American Journal of Public Health, 88(2):223-226, 1998

A Clinical Trial of a Financial Incentive to Go to the Tuberculosis Clinic for Isoniazid after Release from Jail, International Journal of Tuberculosis Lung Disease, 2(6):506-512, 1998

AWARDS

Armond Start Award of Excellence, Society of Correctional Physicians, 2014

Award of Honor, San Francisco Board of Supervisors, 2014

Award of Honor, San Francisco Health Commission, 2014

Certificate of Appreciation, San Francisco Public Defender's Office, 2014

Certificate for Excellence in Teaching, California Department of Health Services, 2002

Employee Recognition Award, San Francisco Health Commission, July 2000

Public Managerial Excellence Award, Certificate of Merit, San Francisco, 1997

LICENSURE AND CERTIFICATION

Medical Board of California, Certificate #A32488

Fellow, Society of Correctional Physicians

Board Certified in Family Practice, 1979-1986 (Currently Board Eligible)

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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

11 Cullors, et al., individually and as
12 class representatives

13 Plaintiffs,

14 vs.

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16 COUNTY OF LOS ANGELES, LOS
17 ANGELES SHERIFF'S
18 DEPARTMENT, SHERIFF ALEX
19 M VILLANUEVA, in his official
capacity, et al,

20 Defendants.

Case No. 20-cv-3760

**[PROPOSED] ORDER GRANTING
CLASS CERTIFICATION**

21
22 Plaintiffs' Motion for Class Certification having come before this Court, and
23 after review of the documents submitted and hearing oral argument on the matter,
24 for good cause having been shown, it is hereby ruled:

25 Plaintiffs' Motion for Class Certification is provisionally GRANTED. The
26 Court provisionally certifies the following classes, each of which satisfy the
27 requirements of Rule 23:
28

Rule 23(b)(2) Equitable Relief Classes

1. *Pretrial Equitable Relief Class:* All current and future pretrial detainees incarcerated in any LACJ jail facility from the present until the COVID-19 pandemic has ended with development of a vaccine available to all inmates.

2. *Post-Conviction Equitable Relief Class:* All current and future post-conviction prisoners incarcerated in any LACJ jail facility from the present until the COVID-19 pandemic has ended with development of a vaccine available to all inmates.

Rule 23(b)(2) Medically Vulnerable Equitable Relief Subclasses

1. *Pretrial Medically Vulnerable Subclass:* All current and future pretrial detainees held in all County jails over the age of fifty-five, as well as all current and future [pretrial detainees/post-conviction prisoners] held in all County jails of any age who experience (a) lung disease, including asthma, chronic obstructive pulmonary disease (e.g. bronchitis or emphysema), or other chronic conditions associated with impaired lung function; (b) heart disease, such as congenital heart disease, congestive heart failure or coronary artery disease; (c) chronic liver or kidney disease (including hepatitis and dialysis patients); (d) diabetes or other endocrine disorders; (e) epilepsy; (f) hypertension; (g) compromised immune systems (such as from cancer, HIV, receipt of an organ or bone marrow transplant, as a side effect of medication, or other autoimmune disease); (h) blood disorders (including sickle cell disease); (i) inherited metabolic disorders; (j) history of stroke; (k) a developmental disability; (l) a current or recent (within the last two weeks) pregnancy; (m) severe obesity; and/or (n) any other condition identified either now or in the

1 future as being a particular risk for severe illness and/or death caused
2 by COVID-19.

3 **2. *Post-Conviction Medically Vulnerable Subclass:*** All current and
4 future post-conviction prisoners held in all County jails over the age
5 of fifty-five, as well as all current and future [pretrial detainees/post-
6 conviction prisoners] held in all County jails of any age who
7 experience (a) lung disease, including asthma, chronic obstructive
8 pulmonary disease (e.g. bronchitis or emphysema), or other chronic
9 conditions associated with impaired lung function; (b) heart disease,
10 such as congenital heart disease, congestive heart failure or coronary
11 artery disease; (c) chronic liver or kidney disease (including hepatitis
12 and dialysis patients); (d) diabetes or other endocrine disorders; (e)
13 epilepsy; (f) hypertension; (g) compromised immune systems (such
14 as from cancer, HIV, receipt of an organ or bone marrow transplant,
15 as a side effect of medication, or other autoimmune disease); (h)
16 blood disorders (including sickle cell disease); (i) inherited metabolic
17 disorders; (j) history of stroke; (k) a developmental disability; (l) a
18 current or recent (within the last two weeks) pregnancy; (m) severe
19 obesity; and/or (n) any other condition identified either now or in the
20 future as being a particular risk for severe illness and/or death caused
21 by COVID-19.
22

23 Plaintiffs' counsel of record shall be provisionally appointed as class
24 counsel: Dan Stormer, Tanya Sukhija-Cohen, Theresa Zhen and Shaleen Shanbhag
25 of Hadsell, Stormer, Renick & Dai, LLP; Barrett Litt and Lindsay Battles of Kaye,
26 McLane, Bednarski & Litt, LLP; Katherine Hubbard and Alec Karakatsanis of
27 Civil Rights Corps; Eric Balaban and Andrea Woods of the American Civil
28

1 Liberties Union; Peter Eliasberg of the American Civil Liberties Union of Southern
2 California; and Catherine Sweetser, Alicia Virani and Aaron Littman of the UCLA
3 School of Law Clinics shall be appointed as counsel for the Class.

4 The full hearing on Plaintiffs' motion for class certification shall be heard
5 and considered at the same time as the hearing on Plaintiffs' motion for a
6 preliminary injunction. This Order shall remain in effect until a final ruling on
7 Plaintiffs' motion.
8

9 Dated this ____ day of April 2020.

10 Hon. _____,
11 United States District Judge
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