Dan Stormer, Esq., SBN 101967
dstormer@hadsellstormer.com
Tanya Sukhija-Cohen SBN 295589
Theresa Zhen, Esq. SBN 300710
Shaleen Shanbhag SBN 301047
Hadsell Stormer Renick & Dai LLP
128 N. Fair Oaks Avenue
Pasadena, California 91103
Telephone: (626) 585-9600
Facsimile: (626) 577-7079

Barrett S. Litt, SBN 45527
blitt@kmbllaw.com
Lindsay Battles, SBN 262862
Kaye, McLane, Bednarski & Litt, LLP
975 East Green St.
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-03760-DDP

[Hon. Dean D. Pregerson]

EX PARTE APPLICATION FOR TEMPORARY RESTRAINING ORDER AND MOTION FOR PRELIMINARY INJUNCTION; MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT THEREOF FILED CONCURRENTLY WITH DECLARATIONS; EXHIBITS; [PROPOSED] ORDER

[Additional Counsel continued from previous page]

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B. #302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
Telephone: (202) 894-6126
Facsimile: (202) 609-8030
Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
UCLA LAW CLINICS
385 Charles E. Young Drive East
Los Angeles, CA 90095
(310) 825-9562
Email: csweetser@sshhlaw.com
virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
915 15th St., N.W.
Washington, D.C. 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ebalaban@aclu.org

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

Peter J. Eliasberg, Esq. [S.B. #189110]
ACLU OF SOUTHERN CALIFORNIA
1313 W. 8th St.
Los Angeles, CA 90017
Telephone: (213) 977-9500
Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

Plaintiffs Rodney Cullors, DeNeal Young, Jessica Haviland, Rany Uong, Mark Avila, Carole Dunham, LeAndrew Lewis, Victor Guttierez, and Jeremiah Farmer hereby apply *ex parte* to the Court pursuant to Federal Rule of Civil Procedure 65 and Local Rule 65-1 for a Temporary Restraining Order restraining Defendants from failing to follow procedures, recommended by medical professionals and public health officials, to ensure those detained in the Los Angeles County jails: 1) are informed about the existence of COVID-19 and the CDC and Los Angeles Department of Public Health recommendations relating to the disease; 2) can practice social distancing; 3) can maintain necessary hygiene and sanitation; and 4) have access to adequate and timely medical treatment to screen, test, and treat symptoms. Plaintiffs also seek emergency relief for release procedures for the medically vulnerable subclasses identified in the complaint and the accompanying motion for class certification. Plaintiffs also seek related emergency as is presented in detail in the Proposed Order submitted with this Application, and the setting of a date for a Preliminary Injunction hearing.

The grounds for this Application are more fully set forth in the Complaint, Declarations, Exhibits and Memorandum in support of this application.

Good cause exists to issue the requested relief as 1) Plaintiffs are likely to succeed on the merits of their claim that Defendants' deliberate indifference to the serious risk that COVID-19 poses to Plaintiffs and Class Members, particularly members of the Medically-Vulnerable Subclasses, violates their rights under the Eighth and Fourteenth Amendments; 2) without immediate injunctive relief from this Court, there is a substantial risk that Plaintiffs will suffer irreparable harm of serious illness and possibly death; 3) entry of an injunction poses no harm to Defendants and, indeed, will benefit Defendants because the ongoing conditions in the jails put jail staff at risk as well; and 4) it is in the public interest to grant an injunction to prevent the spread of COVID-19 within the Los Angeles County jails because an outbreak will have serious ramifications for people incarcerated in its walls, jail staff who carry the infection into their homes and communities, and Los Angeles County residents who will suffer from the ensuing rapid spread of this infectious disease.

Pursuant to L.R. 7-19, the contact information for Defendants' counsel is: Andrew Baum, GLASER WEIL, 10250 Constellation Blvd., 19th Floor, Los Angeles, CA 90067, T: 310.553.3000. Although Mr. Weil has not yet appeared in this action, Plaintiffs' counsel have been in communication with him throughout this week; have advised him both verbally and in writing of the filing of the complaint and the Application for a Temporary Restraining Order. Mr. Baum has advised that Defendants will oppose this Application. See accompanying Declaration of Barrett S. Litt.

Respectfully Submitted:

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/ Dan Stormer _____
Dan Stormer

Attorneys for Plaintiffs

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I. INTRODUCTION

The L.A. County Jail is in the midst of a COVID-19 outbreak. Plaintiffs all fear they will contract the deadly COVID-19 virus in the Los Angeles County Jail. *See, e.g.*, Declaration of Rodney Cullors ("Cullors Dec.") ¶ 3 ("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."). Corrections expert Eldon Vail describes their fear as "credible, realistic and compelling given…how the jails are managing the risk." Declaration of Eldon Vail ("Vail Dec.") ¶ 65.

Defendants, who operate the Jail, are failing to contain this outbreak, creating and perpetuating an unacceptable risk that the people imprisoned in them will contract the disease, and that those who do will become seriously ill or die. [1] Contrary to guidance issued by public health officials, Defendants are failing to provide the hygiene, sanitation, medical services, and social distancing that this outbreak requires.

Plaintiffs and putative class members are already in danger. Six of the Plaintiffs, and the subclass they seek to represent, have pre-existing conditions that make them especially vulnerable to severe illness and death if they are infected. Absent this Court's intervention, many will suffer and some will die.

These conditions violate Plaintiffs' and putative class members' rights under the Eighth and Fourteenth Amendments to the U.S. Constitution and other provisions of federal and state law. They seek an emergency order under 42 U.S.C. § 1983 that the Jail comply with basic public health standards. A subclass of medically vulnerable prisoners asks this Court to release them under 28 U.S.C. § 2241, to

[1] The majority of Plaintiffs and class members are pre-trial detainees, but some are held post-conviction. Plaintiffs seek to certify classes for both categories.

protect them from becoming critically ill and dying due to Defendants' deliberate indifference.

II. STATEMENT OF FACTS

There is an ongoing outbreak of COVID-19 in the L.A. County Jail.[2] Since the pandemic began, 47 inmates have tested positive for COVID-19; 28 of those people remain in LASD custody. RJN Ex. 1. Only limited testing has occurred. RJN Ex. 1 (148 negative test results among LASD prisoners); Vail Dec. ¶ 12-13; RJN Ex. 25 (at 1:38:07). COVID-19 is a highly infectious respiratory illness. Declaration of Dr. Joe Goldenson ("Goldenson Dec.") ¶ 11. Infectious disease doctor Carlos Franco Parades estimates that, given the high population density of the LA County Jail System and the ease of transmission of the pathogen, the infection rate in the jails will be exponential. Declaration of Carlos Franco Paredes ("Franco Paredes Dec.") ¶ 22. He estimates that, of those infected, one-fifth will get so ill that they require hospital admission, and about 10% will develop severe disease requiring treatment only available in the intensive care unit. *Id*. Survivors may suffer long-term damage to the heart, liver, and lungs.[3] According to the Centers for Disease Control and Prevention (CDC), certain preexisting conditions such as—asthma, chronic lung

[2] As used in this brief, "Los Angeles County Jail" refers to the jail facilities operated by the Los Angeles County Sheriff's Department (LASD) that currently house prisoners. This includes, but is not limited to, Men's Central Jail (MCJ), North County Correctional Facility (NCCF), Pitchess Detention Center North Facility (PDC North), Pitchess Detention Center South Facility (PDC South), Century Regional Detention Facility (CRDF), and Twin Towers Correctional Facility (TTCF).

[3] Melissa Healy, *Coronavirus infection may cause lasting damage throughout the body, doctors fear*, L.A. TIMES (April 10, 2020), https://www.latimes.com/science/story/2020-04-10/coronavirus-infection-can-do-lasting-damage-to-the-heart-liver (describing studies finding impaired liver function and heart failure in COVID-19 patients); Panagis Galiatsatos, *What Coronavirus Does to the Lungs*, HOPKINS MEDICINE, https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/what-coronavirus-does-to-the-lungs (describing potential long-term lung damage from COVID-19).

disease (including bronchitis), heart disease, and diabetes intensify the risk of severe illness and death. RJN Ex. 2. For people in these high-risk populations, the fatality rate of COVID-19 is about 15%. Franco Parades Dec. ¶ 25.

In jails, the risk of exposure to and transmission of infectious diseases, as well as potential harm to those who become infected, is significantly higher than in the community. Goldenson Dec. ¶ 16. The CDC and the County of Los Angeles Department of Public Health ("LA DPH") have issued guidelines for correctional facilities on how this pandemic should be managed. *Id.* ¶ 40; RJN Ex. 3; RJN Ex. 4. This guidance includes "detailed recommendations" for preventing transmission, including hygiene and cleaning practices, social distancing, effective evaluation of symptoms, and the use of medical isolation and quarantine.

On March 31, 2020, LA DPH issued a letter to Los Angeles County Sheriff Alex Villanueva, recommending that LASD follow the CDC's guidance, as well as the additional measures of developing predictions for the impact of COVID-19 on each facility, population reduction, and release individuals with adequate shelter and supportive services. RJN Ex. 5. On April 9, 2020, LA DPH issued its own guidance for correctional and detention facilities to mitigate the risk of community spread. RJN Ex. 4.

"Social distancing is the single most important tool in preventing transmission of the virus," Goldenson Dec. ¶ 45, but social distancing is impossible in the LA County Jail. *Id.* Reductions in LA's jail population over the past two months thus far are insufficient to enable social distancing. Goldenson Dec. ¶ 39; Vail Dec. ¶ 45. The Jail continues to house medically vulnerable persons and expose them to conditions that place them at an imminent risk of illness and death.

In many of the Jail's dayrooms, bunks are stacked three high and[4] are separated from each other by 2-3 feet or less. Farmer Dec. ¶ 6; Gutierrez Dec. ¶ 13; Livotto Dec. ¶ 4; Lewis Dec. ¶ 6; Venegas Dec. ¶ 4. Prisoners can touch the bunk next to them or feel the breath of a person sleeping near them. Livotto Dec. ¶ 4; Lewis Dec ¶ 6; Gutierrez Dec ¶ 13. Meals are eaten communally, with prisoners close enough to bump elbows. Gutierrez Dec. ¶ 14. People in cells fare little better, finding it impossible to maintain 6 feet of distance from their cellmates. Uong Dec. ¶ 11; Young Dec. ¶ 5; Jones Dec. ¶ 8. When prisoners line up for food service, it is impossible for them to stay 6 feet away from each other. Venegas Dec. ¶ 6. Even people in single cells have barred doors and cannot stay six feet from the person in the cell next to them. Avila Dec. ¶ 7.

Defendants fail to protect prisoners during and after transport outside the jail, e.g., court appearances and medical appointments. Defendants continue to crowd numerous prisoners together into vans and, after transport, places prisoners together in holding tanks with no room to socially distance. *See* Cullors Dec. ¶ 15; Balderrama Dec. ¶ 4; Livotto Dec. ¶ 15; Haviland Dec. ¶ 8. LASD deputies handcuff prisoners from different parts of the jail and from different jail facilities to one another, facilitating the exchange of infection between prisoners of different jail facilities. Goldenson Dec. ¶ 46; Avila Dec. ¶ 20.

At a meeting of the Sheriff's Oversight Commission on April 16, Max Huntsman, the Inspector General, when discussing the court transport situation at the LA Jail, stated "Trips back and forth (to court) are very bad." RJN Ex. 8 (at

[4] Corrections expert Eldon Vail, speaking of the triple bunks, states that they are "a rare practice I have only witnessed in California state prisons during their period of their worse overcrowding" and states that "[o]n its face, in my opinion triple bunking represents an overcrowded condition." Vail Dec. ¶ 48.

0:35); Vail Dec. ¶ 60. Correctional expert Eldon Vail recommends that, when mass transportation is unavoidable, prisoners should be given protective equipment and medical attention if they come into contact with others who appear to be sick. Vail Dec. ¶ 61. Defendants have not taken these steps.

In terms of personal hygiene supplies that should be provided, the CDC and LA DPH recommend providing no-cost soap to prisoners, liquid if possible. Goldenson Dec. ¶ 48; Vail Dec. ¶ 31. The CDC and LA DPH recommend soap (liquid, if possible) be provided free to prisoners. Goldenson Dec. ¶ 40. Some prisoners are given a small bar weekly for all of their washing needs. Farmer Dec ¶ 10; Gutierrez Dec ¶ 5. If the soap runs out before new soap is issued, they have to borrow soap from others or buy it from the commissary, taking away from their limited funds. Avila Dec. ¶ 15; Jones ¶ 14; Cullors ¶ 4. Some were given a bar of soap upon arrival in the jail, but have not since been given any soap. Young Dec. ¶ 10; Venegas Dec. ¶ 11.

The CDC and LA DPH guidelines recommend providing prisoners with access to paper towels. Goldenson Dec. ¶ 40; Vail Dec. ¶ 37. The LA County Jail is not providing access to paper towels or hand sanitizer, nor to frequently laundered towels, bedding or clothing.[5] Dunham Dec. ¶ 9; Fuentes Dec. ¶ 11; Haviland ¶ 16; Lewis ¶ 9. "Such substandard hygiene conditions are known to contribute to the spread of viruses." Goldenson Dec. ¶ 50.

The CDC and LA DPH recommend continual cleaning throughout the day, routine and effective disinfecting of frequently touched surfaces and objects and use of EPA-registered disinfectants effective against the virus that causes COVID-

[5] While the CDC is cautious in its recommendation to allow alcohol-based hand sanitizer in jails, corrections expert Eldon Vail believes it should be allowed under these circumstances. Vail Dec. ¶ 39-42.

19. Vail Dec. ¶¶ 23-24. The cleaning supplies given to prisoners who clean the jails are so watered down that they are almost odorless. Avila Dec. ¶ 16; *see* Haviland Dec ¶ 19. There is no way for prisoners to avoid touching common surfaces such as tables or phones and no way to wipe down and disinfect surfaces between use. Livotto Dec. ¶ 13; Venegas ¶ 5. Prisoners who are exposed to others' bodily fluids while they clean the jails are given insufficient protective equipment. Dunham Dec. ¶ 5; Gutierrez Dec. ¶ 22.

On the morning of April 10, LASD distributed face coverings (non-medical masks) throughout at least some of the facilities. Prisoners were given a single cloth mask, with no instructions on how to properly use the mask or keep it clean. Farmer Dec. ¶ 5; Avila Dec. ¶ 11; Cullors Dec. ¶ 12; Jones Dec. ¶ 12; Davidson Dec. ¶ 9. The CDC's recommendation is that cloth face coverings "should be changed if they become soiled, damp, or hard to breathe through, laundered regularly (e.g. daily and when soiled), and, hand hygiene should be performed immediately before and after any contact with the cloth face covering." Goldenson Dec. ¶ 52.

Additionally, LA Jail has not instituted contact investigations and proper quarantine and monitoring practices for those in close contact with symptomatic inmates consistent with public health guidelines." Goldenson Dec. ¶ 55; *see also* Haviland Dec ¶¶ 10-12; Dunham Dec. ¶ 13. "The failure to promptly isolate symptomatic persons has already resulted in the spread of infection within the jail." Goldenson Dec. ¶ 53 (discussing Balderrama being placed in a holding cell with a prisoner who was coughing and visibly sick and subsequently being diagnosed with COVID-19 and concluding "LASD is not promptly medically isolating positive and suspected COVID-19 cases and quarantining close contacts of COVID-19 cases consistent with CDC guidelines"); Livotto Dec. ¶ 4 (quarantining two-thirds of a

dorm despite potential exposure to the entire dorm); Lewis Dec. ¶ 5 (combining two separate dorms in a facility that has quarantined nearly 1000 prisoners). Any attempts at quarantining particular areas of the jails are ineffective because trustees and deputies move between quarantined and non-quarantined areas, inconsistently wearing masks. Gutierrez Dec. ¶ 27-28; Livotto Dec. ¶ 4; Vail Dec. ¶ 64.

Plaintiffs and putative class members who showed symptoms have not received tests for COVID-19 despite exhibiting a cough, fever, and/or other symptoms. Haviland Dec. ¶ 15; Young Dec. ¶ 8; Dunham Dec. ¶ 16; Jones ¶ 20. "If these persons were in the community, they would be entitled to a test for displaying active symptoms of the disease. At LACJ, they are denied tests, even though by reason of being jailed they pose a far higher risk of transmitting COVID-19 to others." Goldenson Dec. ¶ 54.

Sometimes, when a prisoner exhibits symptoms for COVID-19[6], they are moved to isolation cells in punitive disciplinary or administrative segregation units, where they may remain for days, sometimes without toilet paper, soap, or showers, awaiting testing and diagnosis. Balderrama Dec. ¶¶ 12-14. Medical and mental health experts warn that punitive isolation conditions can cause prisoners to downplay their symptoms to avoid them. As Dr. Goldenson explains,

> Segregation cells bring their own physical and mental health risks. They are most commonly used to punish people and may cause substantial psychological trauma and distress. Those with serious mental illness are at heightened risk when placed in isolation. Therefore, placing high-risk or

[6] As described above, this does not include every prisoner with symptoms of the virus; many symptomatic prisoners are not medically isolated or even evaluated by medical staff, let alone tested. *See* Haviland Dec ¶ 15; Young Dec ¶ 8.

laboratory-confirmed patients with COVID-19 in cells usually used for solitary confinement will likely deter others from reporting symptoms or seeking medical attention, thus quickly hastening the spread of the disease as 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.

Goldenson Dec. ¶ 32. Defendants' current procedures for isolating symptomatic individual are counterproductive to protecting the health of prisoners.

"[LA County Jail] does not provide information to all prisoners regarding symptoms of COVID-19 and prevention practices inmates should employ to reduce the risks of transmission of the disease, as CDC guidance requires." Goldenson Dec. ¶ 57. Guards do not give prisoners information about COVID-19 or how to protect themselves, nor are signs posted or written material available at many of the facilities. Avila Dec. ¶ 12; Cullors Dec. ¶ 7; Young Dec. ¶ 6. The CDC's recommendation is to provide signage and clear information,.Vail Dec. ¶ 21 (stating it is "fundamental" that the LASD provide "timely, accurate, and regular communication").

CDC/LA DPH guidelines indicate that early release of all individuals who are medically vulnerable should be prioritized. Six Plaintiffs and many more putative class members in this case have health conditions, i.e., asthma and other respiratory conditions, heart conditions, diabetes, and cancer, that place them in the category of medically vulnerable, and that put them at risk of serious injury or death if they contract COVID-19. Jones Dec. ¶ 4 (respiratory illness, debilitating pneumonia, bronchitis, diminished lung capacity, breathing difficulties, and a heart condition);

Venegas Dec. ¶ 3 (asthma and epilepsy); Dunham Dec. ¶ 2 (Type I diabetes); Young Dec. ¶ 4 (severe obesity and an undiagnosed heart condition); Davidson Dec. ¶ 6-7 (asthma and immunocompromised due to cancer history); Livotto Dec. ¶ 2 (asthma); Avila Dec. ¶ 6 (chronic asthma, diabetes, liver disease, and blood disorder); Cullors Dec. ¶ 2 (58 years old and suffers from hypertension, spinal damage, and heart problems); Gutierrez Dec. ¶ 6 (asthma and pre-diabetes). Defendants are aware of these conditions, but keep Plaintiffs in conditions that threaten their lives. *See, e.g.*, Jones Dec. ¶ 10, 18 (jail staff physically forced Jones out of his medical cell into general population despite knowing that he suffers from respiratory illness); Fuentes Dec. ¶ 5 (Fuentes informed guards during booking that he had medical concerns including hepatitis and a compromised immune system due to a bone marrow transplant, but they made no effort to screen, isolate, or protect him).

Critically, LASD's screening procedures for prisoners and jail staff also do not meet CDC and LA DPH guidelines. At a meeting of the Sheriff's Oversight Commission on April 16, Inspector General Huntsman described the "insufficient" procedures for LA jail staff entering the facility to go to work, noting that temperatures are not always being taken upon entry, and stating, "If your goal is to protect people inside from getting COVID-19, we do not have an effective system in place." RJN Ex. 8 at 45:10-45:17. Many jail staff do not consistently wear masks while interacting with the prisoners, as recommended by CDC and LA DPH. Haviland Dec. ¶ 24; Goldenson Dec. ¶ 25. This lack of a consistent procedure puts both staff and prisoners at risk, and is contrary to the CDC guidance that specific questions be asked and temperature checks performed for all persons arriving at a facility. Vail Dec. ¶ 65; Goldenson Dec. ¶ 43.

The screening process for newly admitted prisoners—involving asking if they have symptoms and taking their temperature--is also dangerously inadequate. It fails to detect the 25% of infected people who are asymptomatic, and those recently infected who may remain asymptomatic for days, creating an unreasonable risk that infected persons will not be identified and isolated, and will then infect others throughout the jail. Goldenson Dec. ¶ 42. Defendants have failed to quarantine newly admitted prisoners so this risk of transmission is addressed.

ARGUMENT

Plaintiff classes seek a temporary restraining order requiring the Defendants to follow procedures, recommended by medical professionals, the CDC Guidance on COVID-19 in jails, and the Los Angeles County Department of Public Health (LA DPH), to ensure those detained in the LA County Jail: 1) are informed about the existence of COVID-19 and the CDC recommendations relating to the disease; 2) can practice social distancing; 3) can maintain necessary hygiene and sanitation; and 4) have access to adequate and timely medical treatment to screen, test, and treat symptoms. Moreover, the Medically Vulnerable Subclasses (ages 55 and over and those with medical conditions that significantly increase their risk of death or permanent organ damage from COVID-19) seek immediate release from the infectious jail environments through a writ of habeas corpus.

III. PLAINTIFFS ARE ENTITLED TO A TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION REQUIRING DEFENDANTS TO CHANGE THEIR PRACTICES IN THE LA COUNTY JAIL TO CONFORM TO MEDICALLY ACCEPTED MEANS OF PREVENTING AND MITIGATING THE SPREAD OF COVID-19.

Temporary restraining orders are governed by the same standard applicable to preliminary injunctions. *See Stuhlbarg Int'l Sales Co. v. John D. Brush & Co.*, 240 F.3d 832, 839 n.7 (9th Cir. 2001) (standards "substantially identical"). Therefore,

"[a] plaintiff seeking a [TRO] must establish that he is likely to succeed on the merits, that he is likely to suffer irreparable harm in the absence of preliminary relief, that the balance of equities tips in his favor, and that an injunction is in the public interest." *Am. Trucking Ass'ns v. City of L.A.*, 559 F.3d 1046, 1052 (9th Cir. 2009) (quoting *Winter v. Natural Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008)). That standard is met here.

A. PLAINTIFFS ARE LIKELY TO SUCCEED ON THE MERITS BECAUSE DEFENDANTS ARE DELIBERATELY INDIFFERENT TO THE SERIOUS, SOMETIMES FATAL THREAT OF COVID-19.

Plaintiffs and Class members are at imminent risk of death or serious injury from COVID-19 absent immediate action by this Court. Class members are highly likely to succeed on the merits because Defendants are deliberately indifferent to the risk of their contracting COVID-19 under both the Eighth Amendment and Fourteenth Amendments.

The Defendants have failed to implement the steps recommended by the overwhelming consensus of health experts, the LA DPH (RJN Ex. 9) and the CDC (RJN Ex. 10), including: access to information about COVID-19, free and abundant soap and water, sufficient social distancing space (at least six feet), the ability to clean and disinfect all common surfaces at least daily, and medical screening, containment, and treatment protocols for infectious disease. These failures constitute deliberate indifference in violation of the Eighth and Fourteenth Amendment.

Jails must protect those they detain from conditions of confinement that create "a substantial risk of serious harm." *Farmer v. Brennan*, 511 U.S. 825, 834 (1994). This right arises under the Eighth Amendment for convicted prisoners, *id.*; *Estelle v. Gamble*, 429 U.S. 97, 104 (1976), and with at least equal force under the

Fourteenth Amendment's Due Process Clause for pretrial detainees, *City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244 (1983); *Castro v. Cty. of Los Angeles*, 833 F.3d 1060, 1067–68 (9th Cir. 2016). Under these Amendments, an official is liable if she displays "deliberate indifference" to "a condition of confinement that is sure or very likely to cause serious illness and needless suffering" to prisoners, including specifically "exposure … to a serious, communicable disease." *Helling v. McKinney*, 509 U.S. 25, 33 (1993); *see also Keenan v. Hall*, 83 F.3d 1083, 1089–90 (9th Cir. 1996) (deprivation of outdoor exercise, excessive noise and lighting, lack of ventilation, inadequate hygiene supplies, and inadequate food and water were sufficient to state an Eighth Amendment claim).

In such cases, a plaintiff must show that the defendant: "(1) exposed her to a substantial risk of serious harm; and (2) was deliberately indifferent to her constitutional rights." *Mendiola-Martinez v. Arpaio*, 836 F.3d 1239, 1248 (9th Cir. 2016). Because "the due process rights of a pretrial detainee are at least as great as the Eighth Amendment protections available to a convicted prisoner," *Castro*, 883 F.3d at 1067, the Ninth Circuit applies a lower standard for a Fourteenth Amendment claim, requiring a showing that

> (i) the defendant made an intentional decision with respect to the conditions under which the plaintiff was confined; (ii) those conditions put the plaintiff at substantial risk of suffering serious harm; (iii) the defendant did not take reasonable measures to abate that risk, even though a reasonable official in the circumstances would have appreciated the high degree of risk involved—making the consequences of defendant's conduct obvious; and (iv) by not taking such measures, the defendant caused the plaintiff's injuries.

Gordon v. Cty. of Orange, 888 F.3d 1118, 1125 (9th Cir. 2018), Here, either standard is easily met given Defendants' response to this unprecedented viral pandemic.

1. The Jail's Conditions Create a Substantial Risk of Serious Harm

People detained in the LA County Jail are at a substantial risk of serious harm from COVID-19. A plaintiff satisfies this requirement when conditions "pose an

unreasonable risk of serious injury to his future health or safety." *Lane v. Philbin*, 835 F.3d 1302, 1307 (11th Cir. 2016); *Helling*, 509 U.S. at 35. COVID-19 – a novel disease with no current vaccine, effective treatment, or cure – is just such a threat. A vaccine is likely at least 12 months away.[7] The disease can cause severe pain in even mild and moderate cases; it feels like "having glass in your lungs" or "drowning in your own blood" and leaves patients choking and struggling to breathe.[8] It can cause pneumonia and, in severe cases, acute respiratory distress syndrome or sepsis, any of which can cause lasting harm to the lungs and other organs.[9] The case fatality ratio (the number of deaths divided by the number of confirmed cases) in the U.S. currently stands at 5.7%.[10] 48,816 confirmed COVID-

[7] Saralyn Cruickshank, *Experts Discuss Covid-19 and Ways to Prevent Spread of Disease*, John Hopkins Mag. (Mar. 17, 2020) https://hub.jhu.edu/2020/03/17/coronavirus-virology-vaccine-social-distancing-update.

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

[9] Franco Parades Dec. ¶¶ 28-29; Panagis Galiatsatos, M.D., M.H.S, *What Coronavirus Does to the Lungs*, Johns Hopkins Medicine (Apr. 13, 2020) https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/what-coronavirus-does-to-the-lungs.

[10] Johns Hopkins, Coronavirus Resource Center, Mortality Analyses https://coronavirus.jhu.edu/data/mortality.

19 deaths have occurred in the United States since the beginning of February. RJN Ex. 23.

LA County is in a state of emergency because of the COVID-19 pandemic. RJN Ex. 11. To date, LA DPH has identified 18,517 positive cases of COVID-19 across the county and a total of 848 deaths. RJN Ex. 12. LA DPH has required that all businesses cease in-person operations, and that essential businesses ensure six-foot social distancing and provision of handwashing facilities or hand sanitizer. RJN Ex. 13. LA DPH has also required the public to wear face coverings to enter businesses, prohibited public and private gatherings outside a single household or living unit, and closed beaches, trails, and non-essential businesses. RJN No. 14. LA DPH has advised that "COVID-19 can easily spread … [among those] in close contact with one another," and ordered those who have been in close contact with persons diagnosed with, or likely to have COVID-19 to self-quarantine. RJN Ex. 15. This Court has implemented emergency pandemic measures. RJN Ex. 26.

COVID-19 is already in the jail. At the time of this filing, 28 prisoners and 61 LASD employees have tested positive for COVID-19. RJN Ex. 16. The number who have the virus is likely significantly higher, due to very limited testing.[11] RJN Ex. 25 (at 1:38:07) ("Testing currently in correctional facilities, perhaps the jails more so than the prisons, have . . . [been] certainly not as widespread as the—as the situation requires."). Despite this, LA County Jail prisoners are in near-constant contact with each other in dormitory settings, and forced to forgo the social

[11] *See also,* RJN Ex. 25 (at 2:46:48) ("One of the biggest challenges … is to increase testing in correctional facilities, in the jails and prisons -- specifically in the jails. …[T]he positive cases among staff is maybe three- to four-fold higher than among incarcerated or detained persons, … illuminat[ing] …the lack of access for testing for people who are incarcerated or detained. And so we've urged our … correctional partners to widen testing, to relax criteria on testing [including those]… with mild, atypical symptoms, even asymptomatic people …. But currently, there is not nearly enough testing than the situation requires.")

distancing that is mandated for the general public through emergency decrees enforceable by criminal penalties. Symptomatic prisoners are sometimes placed in segregation cells without adequate monitoring for signs of serious illness, and their medical attention. *See* Balderrama Dec. ¶ 12. There is a substantial risk that infected prisoners will become seriously ill, suffer long-term damage, and die.

Other federal courts have acted quickly to grant extraordinary COVID-19 relief to people in detention, including TROs similar to the one requested here. *See, e.g.*, Banks *v. Booth*, 1:20-cv-00849-CKK, Dkt. No. 48 (D.D.C. Apr. 19, 2020) (granting TRO to putative class of prisoners); *Cameron v. Bouchard*, No. 2:20-cv-10949-LVP-MJH, Dkt. No. 40, at 4-7 (E.D. Mich. Apr. 17, 2020) (granting TRO to putative Oakland County class of pretrial and post-conviction prisoners).[12] Courts have also granted other extraordinary relief including habeas corpus, reversing decisions to detain individuals found to be a safety risk pretrial, and compassionate release.[13] These decisions reflect an emerging judicial consensus

[12] *See also Roman v. Wolf*, 5:20-cv-00768-TJH, Dkt. Nos. 52, 53, 55 (C.D. Cal. Apr. 23, 2020) (granting PI to provisionally certified class of ICE detainees at Adelanto); *Valentine v. Collier*, No. 4:20-CV-1115 (S.D. Tex. Apr. 16, 2020) (TRO to putative class of prisoners at geriatric prison); Order (Doc. 25); *Gray v. Cty. of Riverside*, 5:13-cv-0444-VAP-OPx, Dkt. No. 191 (C.D. Cal. Apr. 14, 2020) (granting Emergency Motion to Enforce Consent Decree requiring county to submit a plan to implement the Governor's order for physical distancing); *Swain v. Junior*, No. 1:20-cv-21457-KMW, Dkt. No. 25 (S.D. Fla. Apr. 7, 2020) (granting temporary restraining order).

[13] *See, e.g.*, *United States v. Grobman*, No. 18-cr-20989, Dkt. No. 397 (S.D. Fla. Mar. 29, 2020); *United States v. Perez*, 17-cr-513-3 (AT) (S.D.N.Y. Apr. 1, 2020); *United States v. Underwood*, No. 8:18-cr-201-TDC, Dkt. No. 179 (D. Md. Mar. 31, 2020); *Thakker v. Doll*, 20-cv-480 (M.D. Pa. Mar. 31, 2020), ECF No. 47; *Castillo et al. v. Barr*, 5:20-cv-00605, ECF Doc. 32 (C.D. Cal. Mar. 27, 2020); *United States v. Meekins*, Case No. 1:18-cr-222-APM, Dkt. No. 75 (D.D.C. Mar. 31, 2020); *United States v. Marin*, No. 15-cr-252, Dkt. No. 1326 (E.D.N.Y. Mar. 30, 2020); *United States v. Davis*, No. 1:20-cr-9-ELH, Dkt. No. 21, 2020 WL 1529158 (D. Md. Mar. 30, 2020); *United States v. Muniz*, Case No. 4:09-cr-199, Dkt. No. 578 (S.D. Tex. Mar. 30, 2020); *United States v. Bolston*, No. 1:18-cr-382-MLB, Dkt. No. 20 (N.D. Ga. Mar. 30, 2020); *United States v. Mclean*, No. 19-cr-380, Dkt. No. (D.D.C. Mar. 28, 2020); *United States v. Powell*, No. 1:94-cr-316-ESH, Dkt. No 98 (D.D.C. Mar. 28, 2020); *United States v. Hector*, No. 2:18-cr-3-

that every possible step must be taken to ameliorate the serious risk of contracting COVID-19 to jail detainees.

2. Defendants Know of the Excessive Risk that COVID-19 Poses to Prisoners' Health and Safety And Have Failed to Abate that Life-Threatening Risk

To establish jail officials' Eighth Amendment deliberate indifference, an official must be "aware of a risk to the inmate's health or safety and … deliberately disregard[] the risk." *Foster v. Runnels*, 554 F.3d 807, 814 (9th Cir. 2009). " '[A] factfinder may conclude that a prison official knew of a substantial risk from the very fact that the risk was obvious.'" *Id.* (*quoting Farmer,* 511 U.S. at 842). This requirement is met here.

First, it is obvious Defendants are subjectively aware of the risk posed by COVID-19, particularly in detention, whether through government orders (RJN Exs. 17, 18, 11), CDC guidance for jails and prisons (RJN Ex. 10), letters sent to

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002, Dkt. No. 748 (W.D. Va. Mar. 27, 2020); *United States v. Kennedy*, 18-cr-20315 (JEL), Dkt. No. 77 (E.D. Mich. Mar. 27, 2020); *United States v. Hector*, 18-cr-3, Dkt. No. 17 (4th Cir. Mar. 27, 2020); *United States v. Michaels*, 8:16-cr-76-JVS, Minute Order, Dkt. No. 1061 (C.D. Cal. Mar. 26, 2020); *United States v. Jaffee*, No. 19-cr-88 (RDM) (D.D.C. Mar. 26, 2020); *United States v. Harris*, No. 19-cr-356 (RDM), 2020 WL 1503444 (D.D.C. Mar. 26, 2020); *USA v. Garlock.*, No. 18 Cr 00418, 2020 WL 1439980, at *1 (N.D. Cal. Mar. 25, 2020); *Xochihua-Jaimes v. Barr*, No. 18-71460 (9th Cir. Mar. 24, 2020); *U.S. v. Stephens,* 15 Cr. 95 (AJN), 2020 WL 1295155 (S.D.N.Y. Mar. 19, 2020); *In re. Extradition of Alejandro Toledo Manrique*, 2020 WL 1307109, (N.D. Cal. March 19, 2020); *Committee for Public Counsel Servs. v. Chief Justice*, No. SJC-12926 (Mass. Apr. 3, 2020), https://www.mass.gov/files/documents/2020/04/03/12926.pdf; Legal Aid Society. "Legal Aid Secures Release of 106 Incarcerated New Yorkers at a high risk of COVID-19 from Technical Parole Violation Holds on Rikers Island," press release, Mar. 27, 2020 on Legal Aid NYC website, https://legalaidnyc.org/wp-content/uploads/2020/03/03-27-20-Secures-Release-of-106-Incarcerated-New-Yorkers-at-a-high-risk-of-COVID-19-from-Technical-Parole-Violation-Holds-on-Rikers-Island.docx.pdf?fbclid=IwAR3IvbeyQ1BdlVdnwjsZjVd_S71X06pp-uQAyGK2vUj7n2XpOa5URMPyZfQ, accessed Apr. 2020.

Defendants,[14] or news articles,[15] Defendants are well aware of the risks to those who reside in the county jails, as public statements by Sheriff Villanueva (RJN Ex. 19), LA DPH guidance to Sheriff Villanueva regarding COVID-19 (RJN Exs. 9, 21), and the LASD website of updates on the spread of the virus among LASD employees and prisoners (RJN Ex. 20), confirm. The Board of Supervisors issued an executive order requiring an immediate assessment of the county's jail to identify all measures to protect prisoners and the broader community from the spread of COVID-19. RJN Ex. 24.

On April 16, LASD Inspector General Max Huntsman described the "insufficient" procedures for jail staff entering the facility ("we do not have an effective system in place") and stated that temperatures are not always being taken

[14] *See, e.g.*, Letter from ACLU of Southern California to Los Angeles County Sheriff's Department (Mar. 12, 2020), https://www.aclusocal.org/en/letter-covid19-la-jail-conditions; Letter to Los Angeles County Sheriff's Department (Mar. 13, 2020), https://www.hrw.org/news/2020/03/16/advocacy-groups-urge-los-angeles-county-officials-take-immediate-action-stop-spread.

[15] David Mills & Emily Galvin-Almanza, *As Many as 100,000 Incarcerated People in our Prisons Will Die from the Coronavirus, Unless the US Acts Now*, BUS. INSIDER (Apr. 2, 2020), https://www.businessinsider.com/failure-to-release-prisoners-is-condemning-thousands-to-death-2020-4; Anna Flagg & Joseph Neff, *Why Jails Are So Important in the Fight Against Coronavirus*, N.Y. TIMES (Mar. 31, 2020), https://nyti.ms/3aIBHjv; Timothy Williams et al., *'Jails Are Petri Dishes': Inmates Freed as the Virus Spreads Behind Bars*, N.Y. TIMES (Mar. 30, 2020), https://nyti.ms/2Jmnf4z; Emma Grey Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*, WIRED (Mar. 24, 2020), https://www.wired.com/story/coronavirus-covid-19-jails-prisons; Ryan Lucas, *As COVID-19 Spreads, Calls Grow to Protect Inmates in Federal Prisons*, NPR (Mar. 24, 2020), https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820618140/as-covid-19-spreads-calls-grow-to-protect-inmates-in-federal-prisons; Weihua Li & Nicole Lewis, *This Chart Shows Why the Prison Population Is So Vulnerable to COVID-19*, MARSHALL PROJ. (Mar. 19, 2020), https://www.themarshallproject.org/2020/03/19/this-chart-shows-why-the-prison-population-is-so-vulnerable-to-covid-19; German Lopez, *A Coronavirus Outbreak in Jails or Prisons Could Turn into a Nightmare*, VOX (Mar. 17, 2020), https://www.vox.com/policy-and-politics/2020/3/17/21181515/coronavirus-covid-19-jails-prisons-mass-incarceration.

upon entry into the facility, and said he believes that more prisoners can be released. RJN Ex. 8 (0:45).

Defendant Villanueva has the authority under California law to release prisoners on his own in emergency situations. *See* Cal. Gov't Code § 8658 ("the person in charge" of a "correctional institution may remove the inmates" to a safe place or release them in an "emergency endangering the lives of inmates"); Penal Code § 4012 (permitting removal of prisoners to a safe place in the face of a "contagious disease" threatening prisoners). The fact that he has failed to exercise that authority for medically vulnerable prisoners in the face of this dire, once-in-a-century crisis is further evidence of deliberate indifference.

Second, Defendants disregard that risk by failing to implement the steps urged by the CDC and LA DPH and others to prevent the spread of the virus. An official demonstrates disregard of a risk by "failing to take reasonable measures to abate it." *Farmer*, 511 U.S. at 847. Here, the reasonable measures to prevent the spread of COVID-19 are well delineated and publicized: "[s]ocial distancing and proper hygiene are the *only* effective means by which we can stop the spread of COVID-19." Memo. & Order at 21, *Thakkar v. Doll*, No. 20-cv-480 (Mar. 31, 2020), ECF No. 47. The scientific consensus includes hand washing for at least 20 seconds and hand sanitizers, avoiding crowded places and six foot social distancing, and disinfecting common surfaces with household sprays or wipes.[16] RJN Ex. 22. The CDC and LA DPH have also recommended these measures within jails and prisons, calling for at least six feet of social distancing the "cornerstone", pushing facilities

[16] Angel N. Desai & Rayal Patel, *Stopping the Spread of COVID-19,* AM. MEDICAL ASS'N (Mar. 20, 2020), https://jamanetwork.com/journals/jama/fullarticle/2763533.

to provide free soap for "frequent hand washing,"[17] and "clean[ing] and disinfect[ing]" surfaces "[s]everal times a day." RJN Ex. 3, at 4, 8-9; RJN Ex. 9, at 2.

Defendants have failed to implement CDC LA DPH and public health guidelines on almost every score – absent necessary cleaning, hygiene, and health protocols, insufficient or virtually no social distancing, dangerously substandard screening, isolation and treatment practices. Despite population reductions, medically vulnerable individuals are particularly at very high risk, with the proliferation of a jail outbreak. This establishes a constitutional violation.

In the typical deliberate indifference case, courts give latitude and deference to jail and prison officials' decisions. But COVID-19 is not typical: it is a once-in-a-century public health emergency, and jail officials are ignoring a consensus regarding essential interventions. This is a danger not only to those confined and employed there, but to the surrounding community. Few tests are available, and symptom checks often fail given the virus's long latency and ability to spread from asymptomatic people. Goldenson Dec. ¶ 13. Asymptomatic prisoners are often refused tests. Haviland Dec. ¶ 15; Young Dec. ¶ 8. No vaccine or prophylactics exist, and the mortality rate is much higher than other diseases. Goldenson Dec. ¶¶ 10-11, 14. There is currently only one way to minimize the risk of COVID-19: prevent its spread, which requires all the foregoing distancing and hygiene measures, and identifying, isolating and treating those with symptoms. Goldenson Dec. ¶¶ 14-15. By failing to do these things, or allow prisoners to do them,

[17] The CDC likewise recommends that corrections officers be provided soap at no cost so that they can avoid contracting or transmitting the coronavirus when they touch surfaces or persons within the facility. RJN Ex. 3, at 10. *See also* RJN Ex. 9.

Defendants' failures knowingly expose Plaintiffs, guards, jail staff, and the public to extreme risk.

3. Plaintiffs Are Also Likely to Prevail on Their Disability Claims

Plaintiffs have brought claims under the ADA and the Rehabilitation Act, as well as under California analogues – Govt. Code §11135, and Civil Code §§ 51(f) and 54(c). Defendants have denied the medically vulnerable subclasses full and equal accommodations, advantages, facilities, privileges, and services to which they are entitled due to their basis of their disabilities, and failed to make necessary accommodations to those disabilities. Further, Defendants' handling of the COVID-19 crisis in the jails has a significantly disparate impact on medically vulnerable inmates to their very high risk of severe injury or death.

4. The Conditions of Confinement in the LA County Jails Constitute Unconstitutional Punishment of Pretrial Detainees

The Fourteenth Amendment protects prisoners from any form of punishment. *See Bell v. Wolfish,* 441 U.S. 520, 535 n. 16 (1979). Where a condition of confinement is not related to a legitimate government objective, courts infer "that the purpose of the governmental action is punishment that may not be constitutionally inflicted upon detainees *qua* detainees." *Bell,* 441 U.S. at 538-39. No legitimate government objective is served by housing pretrial detainees at LCJ in conditions that predictably increase their risk of contracting COVID-19, and of suffering and dying should they become infected. *See, e.g., Thakker*, 2020 WL 1671563, at *8 (in COVID-19 case, finding "no rational relationship between a legitimate government objective and keeping [detainees] detained in unsanitary, tightly packed environments—doing so would constitute punishment.") As such, Defendants have punished pretrial detainees at LACJ in violation of the Fourteenth Amendment.

B. PLAINTIFFS WILL SUFFER IRREPARABLE HARM WITHOUT A TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION.

Plaintiffs face a heightened risk of contracting this deadly virus. Incarcerated people detained around the country are dying of COVID-19.[18] A TRO to immediately mitigate the spread of the disease is necessary and cannot wait. In addition to risking death, those with COVID-19 may experience acutely painful symptoms or permanent, irreparable damage. *See* Franco Paredes Dec. ¶¶ 28-31 (COVID-19 can cause permanent loss of respiratory capacity, long-term heart failure, and widespread damage to other organs, including kidneys and the neurological system). A temporary restraining order and injunction are necessary to avoid this imminent harm. *See, e.g.*, *Harris v. Bd. of Supervisors, Los Angeles Cty.*, 366 F.3d 754, 766 (9th Cir. 2004) ("pain, infection, amputation, medical complications, and death due to delayed treatment" established irreparable harm); *Hernandez v. Cty. of Monterey*, 110 F. Supp. 3d 929, 956 (N.D. Cal. 2015) ("[i]nmates and community members are at risk without proper TB identification, isolation, diagnosis and treatment); *Rosado v. Alameida,* 349 F. Supp. 2d 1340, 1348 (S.D. Cal. 2004) (finding irreparable harm due to the fact that the delay of treatment could cost plaintiff his life). The requested relief is particularly urgent because some diagnosed prisoners are already infected. Many more are likely undiagnosed. *See* Goldenson Dec. ¶ 13.

[18] *See, e.g.*, Andrea Swalec, *Inmate at DC Jail Dies of Coronavirus, in First Virus Death at Facility*, NBC WASHINGTON (Apr. 13, 2020),https://www.nbcwashington.com/news/local/inmate-at-dc-jail-dies-of-coronavirus-in-first-virus-death-at-facility/2272486/; Paige Fry, *Third Inmate with COVID-19 at Cook County Jail Dies*, CHICAGO TRIBUNE (Apr. 12, 2020), https://www.chicagotribune.com/news/breaking/ct-covid-jail-death-third-20200413-ob7u5h7ccfg4zo6fgy46p2zpqi-story.html; Sarah N. Lynch, *Death Toll from COVID-19 at Oakdale Prison in Louisiana Continues to Climb*, REUTERS (Apr. 2, 2020), https://www.reuters.com/article/us-health-coronavirus-prisons/death-toll-from-covid-19-at-oakdale-prison-in-louisiana-continues-to-climb-idUSKBN21K2D4.

C. THE HARM PLAINTIFFS ARE SUFFERING OUTWEIGHS ANY POTENTIAL HARM TO DEFENDANTS CAUSED BY A PRELIMINARY INJUNCTION.

Without immediate court intervention, class members face severe health risks, including death. In contrast, the only potential harm Defendants face if ordered to bring their jail into compliance with public health guidelines is the expenditure of additional staff time and other payments to provide the information, hygiene products, cleaning agents, and medical treatment necessary to prevent the spread of the virus. Financial concerns do not outweigh serious risk of harm to plaintiffs. [19] *See Lopez v. Heckler*, 713 F.2d 1432, 1437 (9th Cir. 1983) ("Faced with … a conflict between financial concerns and preventable human suffering, …the balance of hardships tips decidedly in plaintiffs' favor."); *Rodde v. Bonta* 357 F.3d 988, 999 (9th Cir. 2004) (ADA preliminary injunction for plaintiffs with disabilities challenging closing specialty medical facility without providing alternatives; plaintiffs would be deprived of necessary treatment and suffer increased pain and medical complications).

In fact, the requested relief will benefit the jail staff by decreasing their risk of contracting COVID. When there is an outbreak in a jail, staff can become infected and bring the virus home to their families and community.[20] Goldenson Dec. ¶ 34. 61 LASD employees have already contracted it. RJN Ex. 16. A significant loss of manpower could require defendants to pay overtime to those who remain on the job.

Additionally, organizational plaintiffs Dignity and Power Now (DPN) and Youth Justice Coalition (YJC) will suffer irreparable harm through the diversion of

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

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

resources and frustration of their organizational missions if injunctive relief is not granted (as well as harm to YJC members). *See* Steppling Dec. ¶¶ 3-8; *see also* Saavedra Dec. ¶¶ 12-22 Frustrating an organizational mission constitutes irreparable harm. *See, e.g.*, *Valle del Sol Inc. v. Whiting*, 732 F.3d 1006, 1029 (9th Cir. 2013) ("ongoing harm to their organizational mission " established a likelihood of irreparable harm); *see also East Bay Sanctuary Covenant v. Trump*, 354 F.Supp.3d 1094, 1115–16 (N.D. Cal., 2018); *S.A. v. Trump*, 2019 WL 990680, at *9.

D. A PRELIMINARY INJUNCTION PROMOTES THE PUBLIC INTEREST.

It is in the public interest to prevent the spread of COVID-19. *See Banks v. Booth*, 1:20-cv-00849-CKK, Dkt. No. 49 at 25 ("injunctive relief … lessens the risk that Plaintiffs will contract COVID-19" and "is in the public interest because it supports public health."); *Cameron*, No. 2:20-cv-10949-LVP-MJH, Dkt. No. 12 at 4 (TRO requiring jail measures to mitigate spread of COVID-19 was in public interest because "it is always in the public interest to prevent the violation of a party's rights"). LA DPH has declared a public health emergency, which remains in effect. RJN Ex. 11. A jail outbreak will have serious adverse ramifications for prisoners, employees, medical staff and LA County generally, all of whom will suffer from the rapid spread of this disease. A jail outbreak would burden regional health care institutions, tasked to manage and treat COVID-19 cases. A recent epidemiological projection estimated that additional COVID infections caused by spread within the LA County Jail could cause 1,462 additional deaths, about half of

them outside of the jail.[21] There will not be sufficient resources to treat everyone who needs it if there is a COVID patient surge.

IV. NO SECURITY SHOULD BE REQUIRED

"The court has discretion to dispense with the security requirement [under Fed. R. Civ. P. 65(c)], or to request mere nominal security, where requiring security would effectively deny access to judicial review." *People of State of Cal. ex rel. Van De Kamp v. Tahoe Reg'l Planning Agency*, 766 F.2d 1319, 1325 (9th Cir.), *amended in irrelevant part*, 775 F.2d 998 (9th Cir. 1985); *see also, e.g.*, *Carrillo v. Schneider Logistics, Inc.*, 823 F. Supp. 2d 1040, 1047 (C.D. Cal. 2011) ("plaintiffs cannot afford to post even nominal security. Plaintiffs have also established that they are likely to prevail on the merits, and granting a TRO is in the public interest" and so "plaintiffs are not required to post a bond."). No security is required here because many members of the class are indigent, and the organizational plaintiffs are nonprofits without substantial resources. *Van de Kamp*, 766 F.2d at 1325-26. Requiring that they pay security would effectively deny them relief. Plaintiffs have established that they are likely to prevail on the merits and granting a TRO is in the public interest.

V. THIS COURT SHOULD ORDER RELEASE OF THE MEDICALLY VULNERABLE SUBCLASS OF PRETRIAL PRISONERS UNDER 28 U.S.C. § 2241.

The Medically Vulnerable Subclasses have conditions rendering them exceptionally vulnerable to death or serious harm from COVID-19. There is no practicable way to ensure that they avoid infection or that, if infected, they receive prompt and reasonable medical treatment within the jail. Their continued detention

[21] COVID-19 Model Finds Nearly 1,000 More Deaths Than Current Estimates, Due to Failure to Reduce Jails (Apr. 22, 2020), https://www.aclu.org/sites/default/files/field_document/aclu_covid19-jail-report_2020-8_1.pdf.

is a grave risk to their lives and violates the Constitution, necessitating their pursuant to a writ of habeas corpus under 28 U.S.C. § 2241.[22] *See Preiser v. Rodriguez*, 411 U.S. 475, 489 (1973) (habeas is the only federal remedy to obtain immediate release). 28 U.S.C. § 2241(c) establishes federal court jurisdiction to issue writs of habeas corpus for individuals "in custody in violation of the Constitution or laws or treaties of the United States."

The Supreme Court left open the possibility of litigating a pure conditions of confinement case through a petition for writ of habeas corpus in *Preiser v. Rodriguez*, 411 U.S. 475, 499 (1973). The Ninth Circuit has held that if a prisoner's claim does not lie at "the core of habeas corpus," or would not necessarily lead to speedier or immediate relief, it must be brought under § 1983. *Nettles v. Grounds*, 830 F.3d 922, 931 (9th Cir. 2016). That is not the case here. Medically Vulnerable Petitioners seek writs since requiring release since that is the only means to protect them from constitutionally deficient conditions that place them at imminent risk of severe injury or death. *See Malam v. Adducci*, No. 20-10829, 2020 WL 1672662, at *2-*4 (E.D. Mich. Apr. 5, 2020), as amended (Apr. 6, 2020).

There is no way to constitutionally confine Medically Vulnerable Subclass members in the jail. *See* Goldenson Dec. ¶ 61 ("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-

[22] Members of both Medically Vulnerable Subclasses bring this action under 28 U.S.C. § 2241 and Article I, Section Nine of the US Constitution. § 2241 is appropriate for members of the medically vulnerable pretrial class because they have not been convicted of a crime and are not in custody "pursuant to the judgment of a state court." *Stow v. Murashige*, 389 F.3d 880, 885 (9th Cir. 2004). It is appropriate for the post-conviction medically-vulnerable subclass because they do not attack the underlying sentence or conviction. *See Montez v. McKinna*, 208 F.3d 862, 865 (10th Cir. 2000) (a "challenge to the validity of [petitioner's] conviction and sentence" should "properly be brought under § 2254 but "an attack on the execution of his sentence" should be "pursuant to § 2241").

19"); ¶ 75 (population "at serious risk of serious illness and death" if they "remain at the jail); Franco Paredes Dec. ¶ 25 ("For people in the highest risk populations, the fatality rate of COVID-19 is about 15 percent."). COVID-19 is already present in the jail; 28 prisoners, and 61 LASD employees have tested positive for COVID-19. In other jails, infections have escalated rapidly, resulting in several deaths.[23] Goldenson Dec. ¶ 35-36; Vail Dec. ¶ 11 (describing outbreaks in jails and prisons) For the Medically Vulnerable Subclass, every interaction with staff or other inmates, every breath, every communal meal spent, and every touched surface exposes them to grave risk. Defendants have demonstrated that they are unable or unwilling to implement sufficient measures to ensure the safety of this vulnerable population, which, despite defendants' knowledge of their precarious health conditions, receives no additional protection. *See, e.g.,* Fuentes Dec. ¶ 5 (despite informing guards during booking of serious medical concerns, they made no effort to screen, isolate, or protect him). Subclass members must be removed from such dangerous conditions.

For such reasons, courts have granted emergency habeas petitions ordering the release of medically vulnerable people from confinement. *See, e.g.*, Order, *Wilson v. Williams*, No. 4:20-cv-00794-JG, Dkt. No. 22 (Apr. 22, 2020) (certifying a provisional subclass of medically vulnerable inmates of a federal prison, granting a writ of habeas corpus, and requiring defendants to identify, within one day, all

[23] Shannon Halligan, *Correctional Officer, 2 Inmates at Cook County Jail Die From COVID-19; Death of 2nd Officer Under Investigation*, WGN9 (Apr. 20, 2020), https://wgntv.com/news/coronavirus/sheriffs-officer-correctional-officer-both-die-from-covid-19/ (reporting 7 have died during the outbreak in the jail, 321 Sheriff's employees have tested positive, 398 prisoners have tested positive, and 183 prisoners have recovered); Bill Hutchinson, *ACLU Study Linked to Jails Projects Coronavirus Deaths Double in US*, ABC NEWS (APR. 22, 2020), https://abcnews.go.com/US/aclu-study-projects-coronavirus-deaths-double-us-government/story?id=70263946 (reporting that at Rikers Island, 367 prisoners have tested positive and two prisoners and a corrections officer have died from COVID-19).

members of the subclass and evaluate their eligibility for transfer out of the prison); Order, *Thakker v. Doll*, No. 20-cv-480 (JEJ), Dkt. No. 47 (M.D. Pa. Mar. 31, 2020) ("Considering …the grave consequences that will result from an outbreak of COVID-19, particularly to the high-risk Petitioners in this case, we cannot countenance physical detention in such tightly-confined, unhygienic spaces.")[24]

For all of the reasons previously explained, the Medically Vulnerable Subclass are entitled to this relief on an emergency basis. *See, e.g.*, *Francisco Hernandez v. Wolf*, No. 20-cv-617 (TJH), Dkt. No. 17 (C.D. Cal. Apr. 1, 2020) (granting habeas petition TRO pursuant to section 2241). The arguments advanced on behalf of the overall class' entitlement to a TRO and preliminary injunction apply all the more to the subclass, who are at even greater risk and whose need for immediate court intervention is even more urgent. (The proposed order does provide for Defendants to object to certain persons who may pose a significant risk to public safety if released; however, "[t]o the extent [public safety] 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." Goldenson Dec. ¶79.)[25]

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[24] *See also* Order, *Fraihat v. Wolf*, 20-cv-590 (TJH), (C.D. Cal., Mar. 30, 2020) ("our response to those at particularly high risk must be with compassion and not apathy. The Government cannot act with a callous disregard for the safety of our fellow human beings."); Order, *Rafael L.O. v. Tsoukaris*, No. 20-cv-3481, Dkt. No. 24 (D.N.J. Apr. 9, 2020); Order, *Hope v. Doll*, No. 20-cv-562 Dkt. No. 11 (M.D. Pa. Apr. 7, 2020); Order, *Malam v. Adducci*, No. 20-cv-10829 Dkt. No. 23 (E.D. Mich. Apr. 6, 2020); Order, *Francisco Hernandez v. Wolf*, 20-cv-617 (TJH), Dkt. No. 17 (C.D. Cal., Apr. 1, 2020);; Order, *Castillo v. Barr*, 20-cv-605 (TJH)(AFM), Dkt. No. 32 (C.D. Cal. Mar. 27, 2020); *Coronel*, 2020 WL 1487274; Order, *Basank v. Decker*, 20-cv-2518 (AT), Dkt. No. 11 (S.D.N.Y. Mar. 26, 2020); Order, *Ronal Umana Jovel v. Decker*, 12-cv-308 (GBD), Dkt. No. 27 (S.D.N.Y. Mar. 26, 2020).

[25] Moreover, to the extent that a member of the Medically Vulnerable subclass already has a set bail amount and remains incarcerated only for inability to pay that amount, a court has already determined that the risk of release is *not* unacceptably high. Cal. Const. art. 1, §12.

If this Court does not order immediate release of the Medically Vulnerable Subclass as a whole, it can order Defendants to produce a list of subclass members and any other appropriate information. *See, e.g.*, *Cameron v. Bouchard,* No. 2:20-cv-10949-LVP-MJH, Dkt. No. 40, at 7 (ordering Defendants to "[p]romptly provide Plaintiffs and the Court with a list of all individually who are in the Medically Vulnerable Subclass . . . which includes their location, charge and bond status," and a list of those "Defendants object to releasing and the basis for that objection"); *Swain v. Junior*, No. 1:20-cv-21457-KMW, at 2-5 (S.D. Fla. Apr. 7, 2020) (Defendants to file, within two days, a list of Medically Subclass Members under seal and "a notice describing the measures being employed to protect" them).

VI. THIS COURT SHOULD EXERCISE ITS AUTHORITY TO RELEASE PRETRIAL MEDICALLY VULNERABLE SUBCLASS MEMBERS ON NON-MONETARY BAIL CONDITIONS PENDING REVIEW OF THEIR REQUEST FOR HABEAS RELIEF UNDER § 2241.

Members of the Pretrial Medically-Vulnerable Subclass respectfully request that this Court order them released on non-monetary bail pending review of their request for habeas relief under § 2241. District courts may grant release pending a habeas decision where there are "special circumstances or a high probability of success." *See Land v. Deeds*, 878 F.2d 318, 318 (9th Cir. 1989). Indeed, at least one court has expressly exercised this power in a recent class action habeas case concerning the risk of COVID-19 to people who are medically vulnerable. *Wilson v. Williams*, Case No. 4:20-cv-00794-JG, Dkt. No. 22, at 8-9 (N.D. Ohio Apr. 22, 2020). Although the Ninth Circuit has never decided whether this means that a court may release a convicted state prisoner on bail pending a decision on the merits of a habeas petition challenging the conviction or sentence, *see In re Roe*, 257 F.3d 1077, 1080 (9th Cir.

2001), [26] other circuit courts have so concluded, even for convicted prisoners challenging their convictions and sentences.[27] In *post-conviction* proceedings where principles of comity and finality are at their zenith, these courts have held that to be released on bail pending habeas review the petitioner must demonstrate "extraordinary circumstances" and that the underlying claim raises "substantial claims." *See e.g. Mapp*, 241 F.3d at 226. In addition, as described below, this Court should exercise the authority to release members of the Medically Vulnerable Subclass on non-monetary bond.

Even assuming this stringent test for challenging final convictions applies to presumptively innocent pretrial detainees, extraordinary circumstances exist here for reasons previously explained at length. Rapid removal from the jail is necessary "to make the habeas remedy effective" and to avoid potentially catastrophic injury or death. *Mapp*, 241 F.3d at 226; *cf. Johnson v. Marsh*, 227 F.2d 528, 529-32 (3d Cir. 1955) (district court had power to grant bail pending habeas where the petitioner, "an advanced diabetic, was, under conditions of confinement, rapidly progressing toward total blindness"). Based on these considerations, the District of Massachusetts has released (and continues to release) federal immigration detainees

[26] The court in *Roe* assumed that district courts had the power to grant bail in extraordinary circumstances (noting that the federal rules contemplate enlargement of habeas prisoners), in line with every other circuit court of appeals to address the question.

[27] *See, e.g.*, *Mapp v. Reno*, 241 F.3d 221, 226 (2d Cir. 2001); *Landano v. Rafferty*, 970 F.2d 1230, 1239 (3rd Cir. 1992); *Martin v. Solem,* 801 F.2d 324, 329 (8th Cir. 1986); *Woodcock v. Donnelly*, 470 F.2d 93, 94 (1st Cir.1972); *Calley v. Callaway*, 496 F.2d 701, 702 (5th Cir. 1974); *Dotson v. Clark*, 900 F.2d 77, 79 (6th Cir. 1990); *Cherek v. United States*, 767 F.2d 335, 337 (7th Cir. 1985); *Pfaff v. Wells*, 648 F.2d 689, 693 (10th Cir. 1981); *Baker v. Sard*, 420 F.2d 1342, 1343–44 (D.C. Cir. 1969); *United States v. Perkins*, 53 F. App'x 667, 669 (4th Cir. 2002); *see also Hall v. San Francisco Superior Court*, No. C 09-5299 PJH, 2010 WL 890044, at *2 (N.D. Cal. Mar. 8, 2010) ("Based on the overwhelming authority [of other circuit courts] in support, the court concludes for purposes of the instant motion that it has the authority to release Hall pending a decision on the merits.").

on non-monetary bond conditions while their class action habeas petition is pending. *See Savino v. Souza*, No. 20-10617-WGY, 2020 WL 1703844, at *8-9 (Apr. 8, 2020) (explaining its decision to grant immigration bail pending habeas).[28] Given the severe and unavoidable risks to the Medically Vulnerable Class, this Court can and should act quickly to do the same.

Given the size of the LA County Jail, the Court has several options to consider in exercising its equitable flexibility. As a matter of equity, the Court (or some special designee such as a magistrate or master) could go through groups of presumptively innocent detainees as the *Savino* Court is doing. The Court could also, much more quickly, release on bail every medically vulnerable pretrial detainee charged with an offense that does not have as an element the use or threatened use of violence or unwanted sexual touching of another person, or release every pretrial detainee who is in jail solely because they cannot post their bail. Such filters are very reasonable proxies for public safety under these extraordinary circumstances. In adopting such an approach, this Court could order that non-financial conditions of release already ordered by a state court in any person's case remain the same, thereby helping to ensure that any intrusion on state court proceedings is minimal and targeted only at terminating pretrial detention of

[28] *See also Avendano Hernandez v. Decker*, No. 20-CV-1589 (JPO), 2020 WL 1547459, at *3 (S.D.N.Y. Mar. 31, 2020) (releasing § 2241 habeas petitioner challenging unconstitutional conditions of confinement—"specifically, continued risk of exposure to COVID-19"—because his continued detention would expose him to the infection he seeks habeas relief to avoid and, thus, "immediate release [wa]s necessary to 'make the habeas remedy effective'") (quoting *Mapp*, 241 F.3d at 230); Mem. and Order, *Jimenez v. Cronen*, No. 18-10225-MLW, Doc. 507-1 at 3-4 (D. Mass. Mar. 26, 2020) (release of habeas petitioner on bail was "necessary to … make the habeas remedy effective" in light of the coronavirus pandemic). Given the severe and unavoidable risks to the Medically Vulnerable Class, this Court can and should act quickly to do the same.

presumptively innocent people in dangerous conditions.[29] In these extraordinary times, where lives are literally at stake, such exceptional remedies are justified. This Court's flexibility to meet the demands of this crisis is one of the crucial features of courts sitting in equity in the American legal tradition.

VII. CONCLUSION

For the above-stated reasons, Plaintiffs request that the Court immediately grant their motion and issue emergency relief as set forth in the proposed order.

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/ Dan Stormer _____
Dan Stormer

Attorneys for Plaintiffs

[29] Conditions that would require interaction with other people, such as check-ins, should not be imposed due to the risk that such contact would pose to members of the subclass.

PROOF OF SERVICE

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

On April 24, 2020, I served the foregoing:

EX PARTE APPLICATION FOR TEMPORARY RESTRAINING ORDER AND MOTION FOR PRELIMINARY INJUNCTION; MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT THEREOF FILED CONCURRENTLY WITH DECLARATIONS; EXHIBITS; [PROPOSED] ORDER

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

SEE ATTACHED SERVICE LIST

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

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

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

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

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
GLASER WEIL FINK HOWARD AVCHEN & SHAPIRO LLP
10250 Constellation Boulevard, 19th Floor
Los Angeles, California 90067
Telephone: (310) 553-3000
Facsimile: (310) 556-2920
Email: abaum@glaserweil.com
Attorneys for Defendants,
COUNTY OF LOS ANGELES, LOS ANGELES COUNTY SHERIFFS DEPARTMENT, SHERIFF ALEX VILLANUEVA

Dan Stormer, Esq. [S.B. #101967]
Shaleen Shanbhag, Esq. [S.B. #301047]
Tanya Sukhija-Cohen, Esq. [S.B. #295589]
Theresa Zhen, Esq. [S.B. #300710]
HADSELL STORMER RENICK & DAI LLP
128 N. Fair Oaks Avenue
Pasadena, California 91103
Telephone: (626) 585-9600
Facsimile: (626) 577-7079
Emails: dstormer@hadsellstormer.com
sshanbhag@hadsellstormer.com
tanya@hadsellstormer.com
tzhen@hadsellstormer.com

Barrett S. Litt, Esq. [S.B. #45527]
Lindsay B. Battles, Esq. [S.B. #262862]
KAYE, MCLANE, BEDNARSKI, & LITT, LLP
975 E. Green Street
Pasadena, CA 91106
Telephone: (626) 844-7660
Facsimile: (626) 844-7670
Email: blitt@kmbllaw.com
lbattles@kmbllaw.com

Attorneys for Petitioners/Plaintiffs

[Additional Counsel continued on next page]

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

RODNEY CULLORS, DENEAL YOUNG, JESSICA HAVILAND, RANY UONG, MARK AVILA, CAROLE DUNHAM, LEANDREW LEWIS, VICTOR GUTIERREZ, 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.:

CLASS ACTION

DECLARATIONS OF REPRESENTATIVES FOR ORGANIZATION PLAINTIFFS IN SUPPORT OF PETITIONERS/ PLAINTIFFS' EX PARTE APPLICATION FOR TEMPORARY RESTRAINING ORDER AND MOTION FOR PRELIMINARY INJUNCTION

[Additional Counsel continued from first page]

Peter J. Eliasberg, Esq. [S.B. #189110]
ACLU OF SOUTHERN CALIFORNIA
1313 W. 8th St.
Los Angeles, CA 90017
Telephone: (213) 977-9500
Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B. #302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
Telephone: (202) 894-6126
Facsimile: (202) 609-8030
Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
UCLA LAW CLINICS
385 Charles E. Young Drive East
Los Angeles, CA 90095
(310) 825-9562
Email: csweetser@sshhlaw.com
virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
NATIONAL PRISON PROJECT
915 15th St., N.W.
Washington, D.C. 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ebalaban@aclu.org

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*

INDEX OF DECLARATIONS

Exhibit	Description
A	Declaration of Michael A. Saavedra, dated April 24, 2020
B	Declaration of Alexis Steppling, dated April 24, 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
Attorneys for Petitioners/Plaintiffs

Ex. A

DECLARATION OF MICHAEL A. SAAVEDRA

I, Michael Saavedra, declare that, if called upon to do so, I could and would competently testify to the truth of the matters stated herein:

1. I am the Legal Coordinator for Youth Justice Coalition ("YJC"), a party to this action. I make this declaration in support of Plaintiffs' Motion for a Temporary Restraining Order and Preliminary Injunction.

2. I have held the position of Legal Coordinator for the YJC since January 2019. Prior to that, I volunteered for the YJC since approximately May 2017. As the Legal Coordinator, my duties include: responding to legal mail from people incarcerated in the state prison system, including providing handouts and informational resources; coordinating free legal clinics twice a month for expungement and post-conviction relief; court accompaniment to provide support for families of people detained; coordinating a statewide campaign against Non-Designated Programming Facilities through organizing, coalition bulding, advocacy, and litigation;[1] coordinating weekly calls to provide updates on advocacy work across the state, including lobbying and rallies in Sacramento; and coordinating "Know Your Rights" workshops.

3. I am testifying to the knowledge in this declaration on behalf of YJC. YJC does not have a hierarchical structure and all staff are involved in overseeing the operations and budget of YJC. So, as the Legal Coordinator, I am personally involved in and have personal knowledge of YJC's operations and budget matters.

Youth Justice Coalition

4. The YJC is a 501(c)(3) non-profit organization based in Los Angeles ("LA"). The YJC's mission is working to build a movement led by system-involved youth, families, and formerly and currently incarcerated people to challenge race, gender, and class inequality in California's carceral systems. YJC uses community

[1] This campaign advocates against plans by the California Department of Corrections and Rehabilitation to merge Sensitive Needs Yards and General Population prisoners to cohabitate and program on a Non-Designated Yard together.

organizing, policy advocacy, political education, media messaging, activist arts, coalition-building, and transformative justice. Founded in 2003, the YJC is a grassroots, abolition-centered organization that is primarily composed of incarcerated and formerly incarcerated people and that advocates for decarceration, diversion, decriminalization, and improved conditions of confinement. The YJC's youth members are ages 7-24 who have been arrested, detained, incarcerated, and/or criminalized and pushed out of school through arrest, suspension, or expulsion. YJC also has adult members of all ages. The YJC provides family support and community engagement through political education, court support (participatory defense), helping youth and adults challenge their placement on the CalGang Database, and "Know Your Rights" workshops. The YJC offers a free legal clinic twice a month and provides participatory defense and court support to hundreds of people and their families each year in juvenile court, criminal court, traffic court, civil court (to challenge gang allegations and injunctions), and in immigration court. The YJC also runs a community center and high school for youth as a free alternative to incarceration and a re-entry reseource for people who are under probation supervision, who have to meet court-ordered conditions and/or programs, and/or who are returning home form juvenile halls, jails, youth, and adult prisons.

Youth Justice Coalition's Membership

5. The YJC has an extensive membership base. The YJC's "inside" membership includes more than 4,000 members inside correctional, detention, and juvenile facilities across the State of California. The YJC's "outside" membership includes more than 23,300 youth, families, formerly incarcerated people, and allied organizations.

6. As of April 9, 2020, the YJC's current membership inside state prisons run by the California Department of Corrections and Rehabilitation is 4,127. Among our current membership and allies of 23,336 who are not currently in state prison, at least 77 are family members with loved ones currently detained in Los Angeles County jails.

7. Anyone can become a member of the YJC by filling out a membership form

on the YJC's website, or by filling out a paper application. The membership application requests the individual's name, contact information, availability to volunteer, whether they or a family member have been impacted by the system and/or incarceration. The YJC often sends membership forms to incarcerated individuals upon request. Anyone who applies to become a member of the YJC can become a member as long as they or their immediate family have direct system experience. Other people can join the YJC as allies. The YJC maintains a list of its members in an electronic database, as well as in physical paper files. The YJC primarily contacts its "outside" members through e-mail, Instagram, Facebook, Twitter, phone calls or text and its "inside" members through mail. Those who become members of the YJC are added to the YJC's listserv, to which the YJC sends out notices of membership meetings, legal clinics, campaigns, calls to action, the YJC's calendar of events, and volunteer opportunities. The YJC routinely sends mail to "inside" members with informational resources, "Know Your Rights" materials, and updates on new laws that may affect their ability to reduce their sentence or prepare for parole.

8. Members engage with the YJC in a variety of ways. The YJC frequently sends out calls to action to members, which may include calling on members to lobby legislators at local and state levels including in Sacramento, make public comments at Los Angeles County Board of Supervisor, Los Angeles County Sheriff Civilian Oversight Commission, Police Commission, or City Council meetings; attend workshops and trainings; volunteer to coordinate and conduct YJC events and trainings; attend peaceful protests and marches; participate in letter writing campaigns; sign petitions; and use social media for advocacy. The YJC conducts trainings and workshops on alternatives to calling 911, gender-based violence, LGBTQ issues, abolition, and "Know Your Rights" issues. Although members are not required to pay any dues, members routinely volunteer for the YJC and the calls for action described above. The YJC also recently started a volunteer mail night, in which members come together and help with responding to prisoner mail with informational resources.

9. YJC members also attend membership meetings. Although there is no standing membership meeting, membership meetings are held whenever there is a call to action with opportunities for members to become engaged and volunteer. The YJC's membership is also organized within campaigns and coalitions that meet regularly. For example, the YJC coordinates weekly meetings for the S.T.O.P. Coalition for families whose loved ones have been killed by the police; bi-weekly calls for the 34 United Coalition for families across California whose loved-ones are in the state prison system; and meetings once or twice a month for the statewide Our Streets Coalition to challenge gang injunctions, gang databases and gang enhancements. The YJC hosts such membership meetings at least six times a month, with anywhere from 20 to 100 members in attendance at each meeting.

10. Plaintiff Mark Avila and DeNeal Young, and Declarant Benito Venegas are members of the YJC. Prior to writing this declaration, I personally saw their membership applications and know their applications were granted.

11. If LA County does not order the relief sought in this action, the YJC's members will suffer irreparable harm. The YJC's members in LA County jails face an ever-increasing risk of contracting COVID-19 with the potential for serious illness, health complications, and even death. Continuing to subject the YJC's members to the currently unsafe conditions in LA County jails violates their constitutional rights. The YJC's members who are elderly and/or have pre-existing health conditions are at an even greater risk of contracting COVID-19 and the only way to protect their health and constitutional rights is through their release. The YJC's "outside" members—who include family members of those incarcerated in LA County jails—will also suffer the loss of any loved ones who die from COVID-19 in jail, who return home and infect other family members, or who are detained for longer periods of time due to loss of their due process rights through court postponents of arraignments and hearings.

Youth Justice Coalition's Diversion of Resources

12. The YJC has diverted and expended its resources—including staff time and

financial resources—to advocate for protective measures for its members detained and incarcerated in LA County jails and for the release of medically vulnerable prisoners. The YJC has also diverted and expended its resources to support families of those incarcerated in LA County jails during the COVID-19 pandemic. The YJC has had to divert these resources away from its other campaigns. Since the outbreak of COVID-19 in or around early March 2020, the YJC has received a high number of calls and letters from its members in LA County jails and their families expressing concern about the health of people held within LA County jails amidst the pandemic and their risk of contracting COVID-19. The YJC has had to re-direct much of its focus to address emergency conditions within LA County jails in which many of its members – youth are transferred from juvenile halls, YJC members 18-24 who are detained on charges they are fighting in court, and adults whose families have contacted YJC fearful for their health – are struggling to both prepare for court, and maintain their safety and well-being in the misdst of a pandemic.

13. In response to COVID-19, the YJC has supported families to attend court hearings, and advocated for due process protections in light of court postponements and closures.

14. The YJC has also provided support, including monitoring and advocacy, when Los Angeles County Sheriff's Department ("LASD") Deputies have arrested individuals in violation of the LASD Sheriff Alex Villaneuva's order to "cite and release" where possible to minimize the jail population. For example, on March 26, 2020, Ms. Kim McGill, a YJC organizer, was called to the home of a member of YJC, a college student with no prior arrest or conviction history, who was being arrested by LASD deputies. Through repeated calls to LASD, she learned that the student would be booked into the LA County jail system and would not be arraigned for at least a week. Ms. McGill passed this information along to family members who could bail him out. Monitoring arrests that threaten the health of members has taken Ms. McGill away from her other work, such as advocating for changes in the justice system over all.

15. Furthermore, the YJC has advocated with county agencies for the urgent needs of people inside, ensuring that people received medical treatment, hygiene, masks, movement to a more suitable location within facilities, and information on the virus and its symptoms.

16. In the course of this advocacy, YJC has coordinated several COVID-19 related online community forums with community members and government officials. As one example, YJC staff assisted a member, Sage Scanlon-Perez, to present public testimony about the experience of her brother, Tonatiuh Ward, at an online community forum with officials that YJC organized on March 25, 2020. I personally watched her public testimony at the online forum and heard Ms. Ward explain that her brother is in pretrial detention in Twin Towers. She also stated that Mr. Ward has a diagnosis of schizoaffective disorder, and said: "He needs constant care from family and medical professionals, but the jails have shut down all visitation so we haven't seen him in almost a month now. My mom just spoke to him yesterday for the first time. They just started giving people 2 free 5-minute calls a week to make up for cancelling visits, but that is not comparable to 30 minute in person visits. … We sent letters 10 days ago that still haven't arrived." Ms. Ward reported thather brother "has no money to buy soap or hygiene products to protect himself. His immune system is heavily compromised, [and] we are afraid of what will happen to him when COVID spreads through the jails." She explained that "[i]n the process of advocating for him sheriffs have hung up on me, claimed to have no information, and told me that there's nothing anyone can do so just wait. There's a pandemic sweeping through the world and they're telling us to wait."

17. The YJC has also filed complaints on behalf of its members with the LA County Office of the Inspector General; lodged requests for information and assistance with the Los Angeles County's Probation Department, Office of Diversion and Re-entry, Department of Health Services, and LA County Sheriff's Civilian Oversight Commission; engaged with government officials to advocate for the protection of people detained in LA County jails from COVID-19, including by sending letters in

collaboration with other civil society organizations; mobilized community pressure and media coverage which culminated in the LA County Board of Supervisors passing a motion and executive order to assess the pandemic in LA County jails, courts and Probation facilities and release people; and mobilized dozens of organizations and hundreds of people for a car rally in downtown LA to protest the lack of protections against COVID-19 for people in LA County jails.

18. The YJC has also had to gather information and resources from medical practitioners so that the YJC can better respond to the needs of their members affected by COVID-19 in LA County jails. For example, although some people were finally given a face mask during the week of April 6th, LA County did not provide people more than one mask, nor information on how to use the masks or how to clean them. The YJC has had to fill that gap, and provide informational resources to their detained and incarcerated members on how to use masks and best protect themselves from COVID-19. This is notwork that the YJC normally undertakes, both in terms of the provision of health information and in terms of serving the emergency medical needs of so many people inside.

19. If the YJC were not spending resources on this COVID-19 campaign, it would otherwise use its resources toward its other campaigns. The YJC has had to stop working on several of its pre-existing campaigns in order to respond to the COVID-19 crisis in LA County jails. For example, the YJC has had to reduce its work on the following campaigns: the Los Angeles Youth Uprising Coalition that the YJC co-coordinates to advocate for youth diversion from arrest and the transfer of youth out of Probation into a youth development department; engagement with the Los Angeles County Sheriff Civilian Oversight Commission and state legislature to reduce law enforcement use of force and better respect the needs and healing of surviving families; its campaign against Non-Designated Programming Facilities; advocacy for the release of people in ICE detention centers and re-unification with their families; the debt-free justice campaign to end system fees, fines and money bail; the campaign for Community

Alternatives to 911; and advocacy for legislation to amend state laws in order to divert youth from arrest, shorten probation terms, decrease contact between youth and law enforcement, decriminalize truancy, and extend the age for juvenile court to 21.

20. The YJC is a small grassroots, non-profit organization with limited staff, time, and resources, and therefore does not have the capacity and resources to continue its typical work while also advocating for LA County to protect the detained population from COVID-19. On the organizing and advocacy side of the organization, the YJC has only two full-time employees, along with part-time organizing apprenticeships for 11 people – most of whom are youth leaders in our LOBOS' leadership program (Leading Our Brothers and Sisters Out of the System). Since early March 2020, most of the YJC's employees and core members (except teachers and support staff in the high school) have had to put their typical work on hold in order to focus on efforts to protect people in LA County jails from COVID-19.

21. The YJC has a current organizing and advocacy budget for the 2019-2020 program year of $780,906. The YJC allocates a certain amount of money for each of its campaigns, but does not have a separate budget or allocation of funds to work on preventing COVID-19 in LA County jails. As a result, the YJC has had to divert money from its other campaigns to work on the COVID-19 issues. Thus, work on the YJC's pre-existing campaigns has not only been reduced, but are now also under-funded. Thousands of dollars have been diverted from other campaign work to respond to COVID-19 organizing, advocacy, and support to people inside and their families.

22. If LA County does not implement measures to fully protect people detained and incarceted within the county's jail system from COVID-19, the YJC will be

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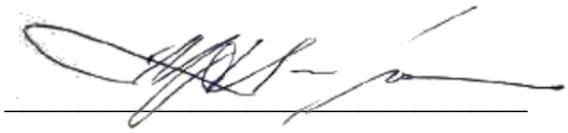
irreparably harmed by having to continue to divert resources toward its advocacy for the protection of prisoners in LA County jails, and this will make it more difficult for the YJC to accomplish its mission.

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

Executed this 24th day of April 2020, in Los Angeles, California.



Michael A. Saavedra

Ex. B

DECLARATION OF ALEXIS STEPPLING

I, Alexis Steppling, declare that, if called upon to do so, I could and would competently testify to the truth of the matters stated herein:

1. I am the Director of Campaigns and Policy for Dignity and Power Now ("DPN"), a party to this action. I have been working for the organization since October of 2018. I make this declaration in support of Plaintiffs' Motion for a Temporary Restraining Order and Preliminary Injunction.

2. DPN is a Los Angeles based 501(c)(3) grassroots organization founded in 2012 that fights for the dignity and power of all incarcerated people, their families, and communities. Our work is grounded in the principles of abolition, healing justice, and transformative justice. Our advocacy work focuses on establishing comprehensive and effective civilian oversight of the Los Angeles County Sheriff's Department and allocating the money from Los Angeles County's 3.5 billion dollar jail plan into mental health diversion programs and community resources. Our health and wellness work includes monthly pop-up arts and wellness events outside of Los Angeles County jails as well as responding to families when their loved ones are harmed or killed by law enforcement. Our leadership development work is through two programs: (1) Our Forever Rooted program is a weekly leadership development program to expand and develop leadership and participation in the organization of people who are formerly incarcerated; and (2) Our Dandelions Rising Youth Leadership Institute is for young people who are systems impacted.

Dignity and Power Now's Diversion of Resources

3. DPN employs eleven staff members, ten of which are full time.

4. Four of our staff members on our policy and campaigns team are currently diverting our resources, in terms of hours, to responding to the COVID-19 crisis in Los Angeles County jails. Ordinarily, those staff members would be working on our advocacy efforts to obtain civilian oversight of the Sheriff's Department, to increase use of diversion programs, and to increase mental health resources in the community.

5. All four of these staff members are fielding an increased number of calls from people who are incarcerated and their families. People inside the jails have greatly increased the amount that they reach out to us in order to gain information about COVID-19, and to let us know about the conditions inside. We are using staff resources to track the conditions and request of our members inside so that we can advocate for their needs; we have also shifted our advocacy work from advocating for increased civilian oversight to an urgent call on government officials to respond more quickly and accountably to this crisis in the jails.

6. DPN has extensive partnerships throughout the country and as a result we have been reached out to by many organizations who are putting together their demands related to the appropriate public health measures that must be taken to respond to COVID-19 in County jails. Our resources have gone towards helping draft demand letters that have been sent to Congress, the United States Conference of Mayors, the National Governors Association, the Federal Public Defenders, the National Sheriffs' Association, Centers for Disease Control and Prevention, National District Attorney's Association, the Federal Communications Commission, the Los Angeles District Attorney's Office, Los Angeles County Public Defender, Los Angeles County Sheriff's Department, and the Los Angeles City Attorney's Office. All of these efforts have a specific focus on ensuring that local and national demands reflect the reality of what is occurring in L.A. County jails and that the solutions will benefit those who are currently incarcerated in our local jails.

7. Because of COVID-19 and the immediate crisis response our staff has been engaged in, much of our long-term campaign work has been put to the side. Much of our work focused on pretrial reform and preparing educational events and materials related to the November election has been put to the side. Instead of overall budget advocacy to meet our long-term needs, we have been engaged in budget advocacy related to immediate budget needs to respond to COVID-19 in County jails. On March 10, 2020, the County Board of Supervisors unanimously adopted the recommendations of the

alternatives to incarceration (ATI) workgroup, a workgroup that we were a big part of. Our next step as DPN was to work on efforts to ensure long-term implementation of the ATI recommendations. We have not been able to focus on the long-term ATI recommendations at all because of the need to respond to COVID-19 issues. Additionally, DPN had to halt our two leadership development programs, Forever Rooted which is a weekly leadership development program to expand and develop leadership and participation in the organization of people who are formerly incarcerated; as well as our Dandelions Rising Youth Leadership Institute program for young people who are systems impacted, in order to divert our resources, manpower and support as a result of the pivotal need to respond to the COVID-19 issues. These programs are crucial to the building of our base and to our mission as DPN, and we have not been able to continue providing these much needed programs to the community.

8. If LA County does not implement measures to fully protect prisoners from COVID-19, DPN will be irreparably harmed by having to continue to divert resources toward its advocacy for the imminent protection of people incarcerated in LA County jails, and this will make it more difficult for DPN to accomplish its mission.

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

Executed this 24th day of April 2020, in Los Angeles, California.

ALEXIS STEPPLING

Dan Stormer, Esq., SBN 101967
dstormer@hadsellstormer.com
Tanya Sukhija-Cohen SBN 295589
Theresa Zhen, Esq. SBN 300710
Shaleen Shanbhag SBN 301047
Hadsell Stormer Renick & Dai LLP
128 N. Fair Oaks Avenue
Pasadena, California 91103
Telephone: (626) 585-9600
Facsimile: (626) 577-7079

Barrett S. Litt, SBN 45527
blitt@kmbllaw.com
Lindsay Battles, SBN 262862
Kaye, McLane, Bednarski & Litt, LLP
975 East Green St.
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 BARRETT S. LITT IN SUPPORT OF EX PARTE APPLICATION

[Additional Counsel continued from previous page]

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B. #302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
Telephone: (202) 894-6126
Facsimile: (202) 609-8030
Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
UCLA LAW CLINICS
385 Charles E. Young Drive East
Los Angeles, CA 90095
(310) 825-9562
Email: csweetser@sshhlaw.com
virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
915 15th St., N.W.
Washington, D.C. 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ebalaban@aclu.org

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

Peter J. Eliasberg, Esq. [S.B. #189110]
ACLU OF SOUTHERN CALIFORNIA
1313 W. 8th St.
Los Angeles, CA 90017
Telephone: (213) 977-9500
Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

DECLARATION OF BARRET S. LITT

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

1. I am an attorney licensed to practice in the State of California and admitted to the bar of the United States District Court of the Central District of California, and a partner at the firm Kaye, McLane, Bednarski & Litt, LLP. This declaration is submitted in support of Plaintiffs' Ex Parte Application For Temporary Restraining Order And Motion For Preliminary Injunction. 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 have arranged for the Complaint in this action to be filed at approximately 1 p.m. on April 24, 2020. I arranged for service of the Complaint, Summons, and other initial papers upon Los Angeles County and Los Angeles County Sheriff Alex Villanueva by delivery of those documents to 500 W. Temple Street, Room 383, Los Angeles, CA 90002. As soon as the Proof of Service is received by my office, I will file it with the Court.

3. Pursuant to an agreement with the defendants, defense counsel Andrew Baum has agreed that, on this occasion only due to the coronavirus, he will accept service on behalf of the County of Los Angeles and Sheriff Alex Villanueva.

4. On Wednesday, April 22, I orally notified Andrew Baum, counsel for the Defendants, that we would be filing this action in federal court and that we would be seeking injunctive relief in the form of a TRO and Preliminary Injunction today, Friday, April 24. This notice was given after pre-filing discussions made it clear that we could not resolve the action prior to litigation. We discussed the response time of 24 hours, and we advised Mr. Baum that, since he would have our filing three days before any response from Defendants was due, that more than complied with the 24 hours response time. Mr. Baum also requested an electronic set of the pleadings we file although he indicated he could not agree to accept service without the agreement of his clients, which he did not

have. We went over the issues in dispute in our conversation on that date, as well as previously on Monday, April 21. Attorney Dan Stormer was also present on both calls.

5. On Thursday, April 23 at approximately 2:00 p.m., I gave written notice to Mr. Baum of our intent to proceed with our request for a TRO and Preliminary Injunction, with the filing taking place today, April 24. As I indicated, we have agreed to immediately provide Mr. Baum an electronic set of all papers we file in this action prior to the time he appears of record.

6. Mr. Baum has indicated that Defendants intend to oppose the Application for a TRO. In an email exchange on April 23, Mr. Baum requested that Plaintiffs agree to extend the time for Defendants to respond to the TRO application beyond Monday April 27. I advised him that we could not do so in light of the urgency of the situation.

7. Pursuant to L.R. 7-19, the contact information for Defendants' counsel is: Andrew Baum, GLASER WEIL, 10250 Constellation Blvd., 19th Floor, Los Angeles, CA 90067, T: 310.553.3000.

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

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

Barrett S. Litt

Dan Stormer, Esq., SBN 101967
dstormer@hadsellstormer.com
Tanya Sukhija-Cohen SBN 295589
Theresa Zhen, Esq. SBN 300710
Shaleen Shanbhag SBN 301047
Hadsell Stormer Renick & Dai LLP
128 N. Fair Oaks Avenue
Pasadena, California 91103
Telephone: (626) 585-9600
Facsimile: (626) 577-7079

Barrett S. Litt, SBN 45527
blitt@kmbllaw.com
Lindsay Battles, SBN 262862
Kaye, McLane, Bednarski & Litt, LLP
975 East Green St.
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. 2:20-cv-03760

DECLARATION OF CARLOS FRANCO-PAREDES, M.D., M.P.H.

[Additional Counsel continued from previous page]

Peter J. Eliasberg, Esq. [S.B. #189110]
ACLU OF SOUTHERN CALIFORNIA
1313 W. 8th St.
Los Angeles, CA 90017
Telephone: (213) 977-9500
Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B. #302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
Telephone: (202) 894-6126
Facsimile: (202) 609-8030
Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
UCLA LAW CLINICS
385 Charles E. Young Drive East
Los Angeles, CA 90095
(310) 825-9562
Email: csweetser@sshhlaw.com
virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
NATIONAL PRISON PROJECT
915 15th St., N.W.
Washington, D.C. 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ebalaban@aclu.org

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 CARLOS FRANCO-PAREDES, M.D., M.P.H.

I, Carlos Franco-Paredes, M.D., M.P.H., declare under penalty of perjury under the laws of the United States as follows:

OVERVIEW OF BACKGROUND AND SPECIALIZATIONS

1. My name is Dr. Carlos Franco-Paredes. I am an Associate Professor of Medicine at the University of Colorado in the Department of Medicine, Division of Infectious Diseases. I completed my internal medicine residency and infectious diseases fellowship at Emory University School of Medicine. I am also the Infectious Diseases Fellowship Program Director and supervise the training of medical students, internal medicine residents, and infectious diseases fellows at the University of Colorado, Anschutz Medical Center.

2. In addition, I hold a public health degree in global health from the Rollins School of Public Health at Emory University with a concentration on the dynamics of global infectious disease epidemics and pandemics.

3. From 2006 to 2009, I was a consultant with the World Health Organization, Headquarters in Geneva, Switzerland where I participated in developing the global action plan for influenza vaccine, guidelines for pandemic influenza preparedness.

4. I have a certification of training in travel and tropical medicine, by the International Society of Travel Medicine and the American Society of Tropical Medicine and Hygiene, respectively.

5. As an infectious diseases clinician, I have twenty years of relevant clinical experience. As part of this experience, I have participated in the medical care of individuals detained at the Aurora, CO, Immigration Detention Facility and I have performed medical second opinion evaluations for patients in the custody of the Department of Homeland Security, Immigration and Customs Enforcement (ICE). At my current academic institution, I have also provided direct care for

many patients in ICE custody or incarcerated settings including patients at Aurora Contract Detention Facility ("Aurora facility"), who are living with HIV-infection at my current academic institution.

6. Over the last six weeks, since the COVID-19 pandemic began disseminating in the U.S., I have witnessed firsthand the impact of COVID-19 at University of Colorado, Anschutz Medical Center, and have provided direct care to 54 patients with this infection. Many have required intensive care management and mechanical ventilator support.

7. I present my Curriculum Vitae attached as Exhibit 2. I have written and published many relevant scientific publications on the topics of infectious diseases pandemics and epidemics, particularly in influenza. I have 198 scientific publications in peer-reviewed scientific journals. I teach a class at the school of medicine on caring for underserved populations including immigrants and incarcerated populations and in best practices in global health. I have written a textbook in infectious diseases.

FORMAL ANALYSIS

8. As an infectious disease clinician with a public health degree in the dynamics of infectious disease epidemics and pandemics, I am concerned about the inevitable spread of COVID-19 in jails, prisons, community corrections facilities, and juvenile detention centers. The conditions in these facilities do not allow for appropriate infection control protocols and will make the current COVID-19 pandemic worse. Incarcerated populations have higher rates of underlying illness and, by extension, will have a higher case fatality rate. It is now clear that asymptomatic individuals can spread this infection. With staff traveling between their homes and the facilities, and newly arrested individuals brought in as others are released, containment of the virus is not possible. Prisons and jails are becoming the epicenter of COVID-19 transmission in the U.S. I can also certify

that incarcerated individuals have a higher prevalence of chronic medical conditions that place them at high risk of developing severe coronavirus disease and potentially dying from this infection. Some of these medical conditions include HIV/AIDS, uncontrolled diabetes mellitus, chronic obstructive pulmonary disease, and other conditions

9. Increasing Number of COVID-19 Cases and Deaths in the U.S. Every U.S. state is dealing with COVID-19 cases and the number of deaths continue to pile up. Since March 16, 2020, the epidemiologic curve demonstrates a logarithmic increase in the number of cases with many major epicenters of transmission as it has occurred in the Pacific Northwest, New York, New Jersey, Florida, California, and Louisiana. As of today, there are approximately 856, 209 cases and 47,442 deaths demonstrating that community-based transmission clearly continues to occur[i].

10. The catastrophic consequences of the current COVID-19 pandemic obeys to two major factors: (a) the transmissibility of this infection and (b) the severity of the disease in human populations. As this is a rapidly spreading pandemic, I would like to provide this addendum outlining advances in understanding the impact of the pandemic globally and specifically in the U.S. It is pivotal to incorporate these new facts into the pandemic response and the increasing vulnerability of incarcerated persons. The current outbreak of the novel coronavirus (SARS-Co-2) in different county jails and prisons in the U.S. highlights the ease of transmission of COVID-19 behind walls of jails and prisons. There is sufficient experience with this pandemic demonstrating that congested living conditions facilitate the spread of this infection.

11. Jails and prisons are epicenters for infectious diseases because of the unavoidable close contact in often overcrowded, poorly ventilated, and unsanitary conditions. On April 14 the Bureau of Federal Prisons reported 446 cases among inmates and 248 cases among employees in 42 facilities and 11 Residential

Reentry Centers (RRCs). However, by April 19, there were 495 cases among inmates, 309 cases among staff, and 22 deaths distributed in 45 facilities and 19 RRCs. There are at least 1,300 confirmed cases of COVID-19 tied to prisons and jails with at least 34 deaths when combining prisons and jails nationwide as per different reports. The revolving door of jails have fueled an increasing number of documented outbreaks in custodial institutions.

12. Detention and incarceration of any kind requires large groups of people to be held together in a confined space and creates the worst type of setting for curbing the spread of a highly contagious infection such as COVID-19. Implementing CDC protocols to mitigate Covid-19 transmission is therefore not sufficient unless social distancing is meaningfully implemented. These infection prevention protocols include "social distancing" measures, where individuals maintain a distance of at least six feet from each other, and frequent hand-washing and other good hygiene practices. To contain the spread of the disease, these protocols must be meticulously followed. These protocols apply to both incarcerated and non-incarcerated individuals.

13. Reducing the inmate population so that social distancing becomes possible remains the cornerstone of reducing the impact of these outbreaks. In a carceral setting, social distancing protocols would require, for example, that individuals sleep in cells instead of dormitories. Therefore, to the extent they cannot be released, and census permitting, medically vulnerable individuals should be housed in single-person cells to mitigate the risk of serious illness or death to this population.

14. These protocols are necessary to prevent spread of COVID-19 among otherwise healthy people. However, these protocols are imperative for high-risk individuals. During the intake, a medical assessment is needed to identify those at high-risk of complications to guide enforcement of social distancing interventions such as placement in a cell instead of a dormitory. Additionally, persons with

comorbidities that place them at increased risk of severe disease and death should be considered a priority group for testing for COVID-19. Unless social distancing is achieved through reduction in the jail population, other measures to slow transmission will not be sufficient.

15. 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"). As shown in custodial settings in Ohio, the rate of asymptomatic and symptomatic infection in an enclosed jail environment could reach up to 70% (with more than 20% asymptomatic infection). Therefore, there is an urgent need to expand testing capabilities within L.A. County Jail System to interrupt transmission and establish appropriate isolation and quarantine interventions.

16. Particularly in the absence of universal testing within the L.A. County Jail system, it is my professional opinion that expanding testing capabilities will improve isolation and quarantine strategies. Consistent with CDC guidelines, 14-day quarantine should be used for: a) asymptomatic individuals exposed to a case to guide quarantine practices; and, b) new arrestees and bookings. Medical isolation practices should be implemented for those with symptoms consistent with COVID-19 regardless of having any underlying comorbidity to develop severe disease. New admittees are especially crucial to consider given the fact that despite having excellent infection control practices, suggested social distancing interventions, keeping the door open for new introductions may only flatten the epidemiologic curve but will not definitively halt the occurrence of new cases within the L.A. County Jail System.

17. Within the LA. County system, those with symptoms consistent with COVID-19 should undergo a clinical assessment including testing for the presence of the novel coronavirus SARS-CoV-2 in nasopharynx. The sensitivity of this test depending on the assay varies between 75-85%. Those who test positive should be placed in isolation (as should persons with symptoms consistent with COVID-19 pending test results). Those with a negative test should be placed in quarantine with close clinical monitoring and if indicated repeat testing.

18. Cohorting of those exposed to a case may spread further this infection if not done properly. Groups of low-risk, asymptomatic exposed persons can be quarantined as a cohort; cohorting should not be used for symptomatic/presumed positive persons (where no laboratory test has confirmed positive status). Presumed positive individuals should be medically isolated consistent with CDC guidelines. The number of private rooms in a L.A. County Jail system is insufficient to comply with the recommended social distancing.

19. Another important consideration that complicates disinfection and decontamination practices is the ability of this novel coronavirus to survive for extended periods of time on materials that are highly prevalent in secure settings, such as metals and other non-porous surfaces. Current outbreak protocols require frequent disinfection and decontamination of all surfaces of the facility, which is exceedingly difficult given the large number of incarcerated individuals, frequent interactions between incarcerated individuals and staff, and regularity with which staff move in and out of each facility.

20. Again, it is critical to understand that even asymptomatic individuals can spread virus to others. Therefore, merely screening those with symptoms is inadequate to keep COVID-19 out of L.A. County Jail System.

21. Responding to outbreaks in L.A. County Jail System calls for highly trained staff to correctly institute and enforce isolation and quarantine procedures and have training on the appropriate utilization of personal protective equipment. It

is essential that nursing and medical staff be trained in infection control practices, implementing triage protocols, and the medical management of suspected, probable and confirmed cases of coronavirus infection. These same personnel would have to initiate the management of those with severe disease and not be working in different units. Since these are closed facilities, the number of exposed, infected, and ill individuals may rapidly overwhelm staff and resources. As a result, many patients would need transfer to hospitals near these facilities, likely overwhelming the surrounding healthcare systems, which are already functioning at full capacity caring for the general non-incarcerated community.

22. Likely Outcome if COVID-19 Spreads in the LA County Jail System. Given the high population density of L.A. County Jail System and the ease of transmission of this viral pathogen, the infection rate will be exponential if even a single person, with or without symptoms, that is shedding the virus enters a facility. For every person with the virus, they will infect more than 2 other people – whether they be incarcerated individuals or staff. Of those infected, one-fifth will get so ill that they require hospital admission, and about 10% will develop severe disease requiring treatment only available in the intensive care unit. To illustrate the magnitude of this threat, a jail or prison that holds 1000 individuals can anticipate that between 200 to 300 individuals may acquire the infection. Of these, 80 to 100 individuals may develop severe disease requiring admission to the hospital, potentially to an intensive care unit. Of these, 8 to 10 individuals may die from multiorgan failure precipitated by the infection. Medical care for cases of COVID-19 may involve large human and financial costs.

23. Risk minimization through release from the L.A. Jail County System. Reducing the number of incarcerated individuals in the L.A. system is necessary for effective infection control and sanitization practices that could dramatically reduce the burden COVID-19 will inevitably place on our health system. Urgent 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].

26. There is growing number of confirmed cases in the U.S., increasing number of hospitalizations and admissions to intensive care units, and many deaths. In this wave of the pandemic or in subsequent ones, it is likely the number of infected individuals will continue to augment. In the closed-settings of prisons and jails, where there is overcrowding and confinement of a large number of persons, networks of transmission become highly conducive to spread rapidly.

27. **Preliminary data from China showed that 20 percent of people in high-risk categories who have contracted COVID-19 there have died.** Reports by the Chinese CDC, demonstrates that the case fatality rate is highest among critical cases in the high-risk categories with COVID at 49%[f]. case fatality was higher for patients with comorbidities: 10.5% for those with cardiovascular disease, 7% for diabetes, and 6% each for chronic respiratory disease, hypertension, and cancer. Case fatality for patients who developed respiratory failure, septic shock, or multiple organ dysfunction was 49%[b].

28. **For people with these risk factors, COVID-19 can severely damage lung tissue, which requires an extensive period of rehabilitation, and in some cases, can cause a permanent loss of respiratory capacity.** There is preliminary evidence that persons with COVID-19 and recovering from severe disease and whom developed extensive pulmonary disease including Acute Respiratory Distress Syndrome (ARDS)[g] may have long-term sequelae similar to other infectious pathogens evolving in a similar pattern. Long term sequelae of those with sepsis, ARDS and respiratory failure identified in the literature include long-term cognitive impairment, psychological morbidities, neuromuscular weakness, pulmonary dysfunction, and ongoing healthcare utilization with reduced quality of life[h] and need for rehabilitation services[i].

29. **COVID-19 may also target the heart muscle, causing a medical condition called myocarditis, or inflammation of the heart muscle. 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

fulminant myocarditis may also contribute to the overall occurrence of multiple organ failure[k].

OPINION

There is an outbreak of COVID-19 in the L.A. County Jail System since there more case of this viral infection than expected in a given period. These facilities are not designed to contain the spread of a highly contagious disease or to treat those with significant illness. It is likely that there will be high numbers of ill incarcerated individuals, as well as the staff critical to these facilities. The broader health system in L.A. does not have the capacity to handle a wave of critically ill patients coming from this jail system in addition to the ongoing community outbreak. Improving mitigation strategies to reduce exposure to the novel coronavirus by social distancing, improving hygiene (disinfection and decontamination of surfaces), and testing capabilities to guide isolation and quarantine procedures is instrumental to interrupt transmission within facilities of the L.A. County Jail system. Additionally, it is my professional opinion that the prompt release of individuals with medical conditions at risk of severe disease and death due to coronavirus infection, and prompt reduction in incarcerated populations in this system overall, is necessary to reduce the impact of the ongoing outbreak.

DOCUMENTS REVIEWED FOR THIS DECLARATION

Declarations:

1. DeNeal Young.
2. Holly Davidson
3. Jeffrey Livotto
4. Jeremiah Farmer
5. Jessica Haviland

6. Leandrew Lewis
7. Rany Uong
8. Joe Goldenson
9. Catrina Balderrama
10. Andrew Fuentes

Scientific References:

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9. Harding DJ, Morenoff JD, Herbert CW. Home is hard to find: neighborhood, institutions and the residential trajectories of returning prisoners. Ann Am Acad Pol Soc Sci 2013; 647(1): 214-236.
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15. Chao W-C, Liu P-Y, Wu C-L. Control of an H1N1 outbreak in a correctional facility in central Taiwan. J Microbiol Immunol Infect 2017; 50: 175-182.
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19. Van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, Tamin A, Harcourt JL, Thornburg NJ, Gerber SI, Lloyd-Smith JO, de Wit E, Munster VJ. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. N Engl J Med 2020; Mar 17. doi: 10.1056/NEJMc2004973.
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23. Swerdlow DL, Finelli L. Preparation for possible sustained transmission of 2019 Novel Coronavirus. Lessons from previous pandemics. JAMA 2020; 323(12): 1129-30.

24. Patrozou E, Mermel LA. Does influenza transmission occur from asymptomatic infection or prior to symptom onset? Public Health Rep 2009; 124: 193-96.

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30. Federal Bureau of Prisons. Available at: https://www.bop.gov/coronavirus/. Accessed: April 12, 2020.

31. New York Times. Chicago's jail is top U.S. hot spot as virus spreads behind bars. April 8, 2020. Available at:

https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html. Accessed: April 12, 2020.

32. Cabral J, Cuevas AG. Health inequities among Latinos/Hispanics: documentation status as a determinant of health. J Racial Ethnic Health Disp 2020; Feb 5. doi: 10.1007/s40615-020-00710-0.

33. Gransky M, Keller A, Venters H. Death rates among detained immigrants in the United States. In J Environ Res Public health 2015; 12, 14414-14419.

34. Farmer PE, Nizeye B, Stulac S, Keshavjee S. Structural violence and clinical medicine. PLoS Med 2006; 3(10); e449.

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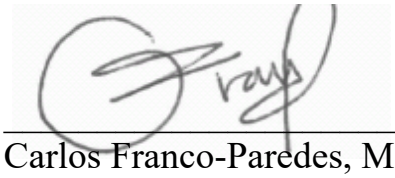
38. MMWR. COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020; March 27, 2020: 69(12): 339-342.

I declare under penalty of perjury that the statements above are true and correct to the best of my knowledge.

Date: April 24, 2020



Carlos Franco-Paredes, MD, MPH, DTMH (Gorgas)
Associate Professor of Medicine

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, Lima Peru

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:

Discussion of Clinical Cases Session, Influenza, MERS-Coronavirus, Leprosy, Enteric Fever

2018 – Cutaneous Mycobacterial Diseases, Universidad Cayetano Heredia, Lima, Peru, Mayo 2018

2018 – Scientific Writing Seminar, ACIN, Pereira, Colombia, August 2-4, 2018

2019 – First International Congress of Tropical Diseases ACINTROP 2019. March 21, 2019, Monteria, Colombia, Topic: Leishmaniasis

2019 – One Health Symposium of Zoonoses, Pereira Colombia, August 16-17, 2019, Topic: Zoonotic Leprosy

2019 – Congress Colombian Association of Infectious Diseases (ACIN), Topic: Leprosy in Latin America, Cartagena, Colombia, August 21-24, 2019

2019 – World Society Pediatric Infectious Diseases, Manila Philippines, November 7-9, 2019 - Tropical Medicine Symposium: Diagnosis, Treatment, and Prevention of Leprosy.

2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama, November 26, 2019, Oral Transmission of Leprosy Symposium

2019 – FLAP. Federacion Latino Americana de Parasitologia, Panama, Panama, November 27, 2019, Leprosy Situation in the Americas.

PUBLICATIONS

BOOKS

Franco-Paredes C, Santos-Preciado JI. Neglected Tropical Diseases in Latin America and the Caribbean, Springer-Verlag, 2015. ISBN-13: 978-3709114216 ISBN-10: 3709114217

Franco-Paredes C. Core Concepts in Clinical Infectious Diseases, Academic Press, Elsevier, March 2016. ISBN: 978-0-12-804423-0

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.

9. Rodriguez-Morales A, Nestor P, Arria M, **Franco-Paredes C**. Impact of Imported Malaria on the Burden of Malaria in Northeastern Venezuela. *J Travel Med* 2006; 13:15-20.

10. Rodríguez-Morales A, Sánchez E, Vargas M, Piccolo C, Colina R, Arria M, **Franco-Paredes C.** Is anemia in *Plasmodium vivax* More Severe and More Frequent than in *Plasmodium falciparum? Am J Med* 2006; 119:e9-10.

11. Hicks G, Barragan M, **Franco-Paredes C**, Williams MV, del Rio C. Health Literacy is a Predictor of HIV Knowledge. *Fam Med J* 2006; 10:717-723.

12. Cardenas R, Sandoval C, Rodriguez-Morales A, **Franco-Paredes C**. Impact of Climate Variability in the Occurrence of Leishmaniasis in Northeastern Colombia. *Am J Trop Med Hyg* 2006; 75:273-7.

13. Franco-Paredes C, Nicolls D, Dismukes R, Wilson M, Jones D, Workowski K, Kozarsky P. Persistent and Untreated Tropical Infectious Diseases among Sudanese Refugees in the US. *Am J Trop Med Hyg* 2007; 77:633-635.

14. Rodríguez-Morales AJ, Sanchez E, Arria M, Vargas M, Piccolo C, Colina R, **Franco-Paredes C**. Hemoglobin and haematocrit: The Threefold Conversion is also Non Valid for Assessing Anaemia in *Plasmodium vivax* Malaria-endemic Settings. *Malaria J* 2007; 6:166.

15. Franco-Paredes C, Jones D, Rodriguez-Morales AJ, Santos-Preciado JI. Improving the Health of Neglected Populations in Latin America. *BMC Public Health* 2007; 7.

16. Kelly C, Hernández I, **Franco-Paredes C**, Del Rio C. The Clinical and Epidemiologic Characteristics of Foreign-born Latinos with HIV/AIDS at an Urban HIV Clinic. *AIDS Reader* 2007; 17:73-88.

17. Hotez PJ, Bottazzi ME, **Franco-Paredes C**, Ault SK, Roses-Periago M. The Neglected Tropical Diseases of Latin America and the Caribbean: Estimated Disease Burden and Distribution and a Roadmap for Control and Elimination. *PLoS Negl Trop Dis* 2008; 2:e300.

18. Tellez I, Barragan M, Nelson K, Del Rio C, **Franco-Paredes C**. *Pneumocystis jiroveci* (PCP) in the Inner City: A Persistent and Deadly Pathogen. *Am J Med Sci* 2008; 335:192-197.

19. Rodriguez-Morales AJ, Olinda, **Franco-Paredes C**. Cutaneous Leishmaniasis Imported from Colombia to Northcentral Venezuela: Implications for Travel Advice. *Trav Med Infect Dis* 2008; 6(6): 376-9.

20. Jacob J, Kozarsky P, Dismukes R, Bynoe V, Margoles L, Leonard M, Tellez I, **Franco-Paredes C**. Five-Year Experience with Type 1 and Type 2 Reactions in Hansen's Disease at a US Travel Clinic. *Am J Trop Med Hygiene* 2008; 79:452-454.

21. Delgado O, Silva S, Coraspe V, Ribas MA, Rodriguez-Morales AJ, Navarro P, **Franco-Paredes C**. Epidemiology of Cutaneous Leishmaniasis in Children and Adolescents in Venezuela. *Trop Biomed.* 2008; 25(3):178-83.

22. Franco-Paredes C, Lammoglia L, Hernandez I, Santos-Preciado JI. Epidemiology and Outcomes of Bacterial Meningitis in Mexican Children: 10-Years' Experience (1993-2003). *Int J Infect Dis* 2008; 12:380-386.

23. Pedroza A, Huerta GJ, Garcia ML, Rojas A, Lopez I, Peñagos M, **Franco-Paredes C**, Deroche C, Mascareñas C. The Safety and Immunogenicity of Influenza Vaccine in Children with Asthma in Mexico. *Int J Infect Dis* 2009; 13(4): 469-75.

24. Museru O, **Franco-Paredes C**. Epidemiology and Outcomes of Hepatitis B Virus Infection among Refugees Seen at U.S. Travel Medicine Clinic: 2005-2008. *Travel Med Infect Dis* 2009; 7: 171-179.

25. Rodriguez-Morales AJ, Olinda M, **Franco-Paredes C**. Imported Cases of Malaria Admitted to Two Hospitals of Margarita Island, Venezuela: 1998-2005. *Travel Med Infect Dis* 2009: (1): 48-45.

26. Kelley CF, Checkley W, Mannino DM, **Franco-Paredes C**, Del Rio C, Holguin F. Trends in Hospitalizations for AIDS-associated *Pneumocystis jiroveci* Pneumonia in the United States (1986-2005). *Chest* 2009; 136(1): 190-7.

27. Carranza M, Newton O, **Franco-Paredes C**, Villasenor A. Clinical Outcomes of Mexican Children with Febrile Acute Upper Respiratory Infection: No Impact of Antibiotic Therapy. *Int J Infect Dis* 2010; 14(9): e759-63.

28. Museru O, Vargas M, Kinyua M, Alexander KT, **Franco-Paredes C,** Oladele A. Hepatitis B Virus Infection among Refugees Resettled in the U.S.: High Prevalence and Challenges in Access to Health Care. ***J Immigrant Minor Health* 2010;**

29. Moro P, Thompson B, Santos-Preciado JI, Weniger B, Chen R, **Franco-Paredes C.** Needlestick injuries in Mexico City sanitation workers. *Revista Panamericana de Salud Pública/Pan American Journal of Public Health* 2010; 27 (6): 467-8.

30. Barragan M, Holtz M, **Franco-Paredes C**, Leonard M. The Untimely Misfortune of Tuberculosis Diagnosis at time of Death. *Infect Dis Clin Pract* 2010; 18(6):1-7.

31. Hochberg N, Armstrong W, Wang W, Sheth A, Moro R, Montgomery S, Steuer F, Lennox J, **Franco-Paredes C**. High Prevalence of Persistent Parasitic Infections in Foreign-born HIV-infected Persons in the United States. *PLoS Neglect Dis* 2011; 5(4): e1034.

32. Larocque RC, Rao SR, Lee J, Ansdell V, Yates JA, Schwartz BS, Knouse M, Cahill J, Hagmann S, Vinetz J, Connor BA, Goad JA, Oladele A, Alvarez S, Stauffer W, Walker P, Kozarsky P, **Franco-Paredes C**, Dismukes R, Rosen J, Hynes NA, Jacquerioz F, McLellan S, Hale D, Sofarelli T, Schoenfeld D, Marano N, Brunette G, Jentes ES, Yanni E, Sotir MJ, Ryan ET; the Global TravEpiNet Consortium. Global TravEpiNet: A National Consortium of Clinics Providing Care 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*

Card Fail 2018; Mar 26. pii: S1071-9164(18)30119-2. doi: 10.1016/j.cardfail.2018.03.007.

40. Vela Duarte D, Henao-Martinez AF, Nyberg E, Castellanos P, **Franco-Paredes C**, Chastain DB, Lacunar Stroke in Cryptococcal Meningitis: Clinical and Radiographic Features. *J Stroke and Cerebrovascular Disease* 2019;

41. Chastain DB, Henao-Martinez AF, **Franco-Paredes C**. A clinical pharmacist survey of prophylactic strategies used to prevent adverse events of lipid-associated formulations of amphotericin B. *Infect Dis* 2019;

42. Henao-Martínez AF, Chadalawada S, Villamil-Gomez WE, DeSanto K, Rassi A Jr, **Franco-Paredes C**. Duration and determinants of Chagas latency: an etiology and risk systematic review protocol. *JBI Database System Rev Implement Rep*. 2019 Jul 22. doi: 10.11124/JBISRIR-D-18-00018.

CONSENSUS STATEMENTS

Pritchett MA, Oberg CL, Belanger A, De Cardenas J, Cheng G, Cumbo Nacheli G, **Franco-Paredes C,** Singh J, Toth J, Zgoda M, Folch E. Society for Advanced Bronchoscopy Consensus Statement and Guidelines for bronchoscopy and airway management amid the COVID-19 pandemic. *J Thorac Dis* 2020; http:/dx.doi.org/10.21037/jtd.2020.04.32

RESEARCH ORIGINAL ARTICLES AS COLLABORATOR (clinical, basic science, other) in refereed journals:

43. Benator D, Bhattacharya M, Bozeman L, Burman W, Cantazaro A, Chaisson R, Gordin F, Horsburgh CR, Horton J, Khan A, Lahart C, Metchock B, Pachucki C, Stanton L, Vernon A, Villarino ME, Wang YC, Weiner M, Weis S; **Tuberculosis Trials Consortium**. Rifapentine and Isoniazid Once a Week versus Rifampicin and Isoniazid twice a week for Treatment of Drug-susceptible

Pulmonary Tuberculosis in HIV-Negative Patients: a Randomised Clinical Trial. *Lancet* 2002; 360:528-34.

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Julio Maquera-Afaray, Marco A. Solarte-Portilla, Sebastián Hernández-Botero, Krisell Contreras, Jaime A. Cardona-Ospina, D. Katterine Bonilla-Aldana, Alfonso J. Rodriguez-Morales. Infectious Diseases, Social, Economic and Political Crises, Anthropogenic Disasters and Beyond: Venezuela 2019-Implications for public health and travel medicine. *Rev Panam Enf Inf* 2018; 1(2):73-93.

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y Rodríguez G Editores La lepra: una enfermedad vigente. Centro Dermatológico Federico Lleras Acosta Bogotá DC, Colombia. Panamericana Formas e Impresos. 2019. **p. 309-322.**

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.

Pate A, **Franco-Paredes C**, Henao-Martinez A. Cryptococcal meningitis: A comparison of clinical features and outcomes by HIV Status. *Open Forum Infect Dis* 2019; Oct 6 (Suppl 2): S629-S630. PMC6809090.

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

2005-2008	Coordinator Journal Club Infectious Disease Division
2005-2011	Travel Medicine Elective, Internal Medicine Residents (2 internal residents per month)
2005	Grand Rounds – EUH - Department of Medicine: "Travel Medicine"
2006	Grand Rounds – ECLH – Department of Medicine: "Malaria"
2008	Grand Rounds - ECLH – Department of Medicine: "Leprosy"
2008-2011	Journal Club Coordinator, Internal Medicine Residency Program – ECLH
2009	Grand Rounds - EUH – Department of Medicine: "Leprosy a Modern Perspective of an Ancient Disease"
2009	Grand Rounds – Pulmonary and Critical Care Division – Neglected Tropical Diseases of the Respiratory Tract, June 16, 2009
2017	Grand Rounds – Leprosy, University of Colorado, Anschutz Medical Center, Division of Infectious Diseases, December 2017
2017	Grand Rounds – Infections associated with Secondary Antiphospholid Syndrome, University of Colorado, Anschutz Medical Center, Division of Rheumatology,
2018	Didactic Session – Travel Medicine (Pretravel and Postravel) Infectious Diseases Fellowship Anschutz Medical Center, Division of Infectious Diseases
2017-	Infectious Diseases Fellows Clinic, University of Colorado, Anschutz Medical Center, IDPG.
2019	Invited Speaker: Travel Medicine, Pretravel/Postravel Care, Physician Assistant Program, September 12, 2019, University of Colorado, Anschutz Medical Center

Other categories:

2000-2002	Physician Assistant Supervision during Fellowship/Junior Faculty, Emory University
2004-2007	Mentoring of four College Students to enter into Medical School (Emory, Southern University, and Dartmouth): Lindsay Margolis 2004-Emory University Michael Woodworth 2005 – Emory University Peter Manyang 2007 – Southern University Padraic Chisholm 2007 – Southern University/Emory University
2009-2011	Project Leader. Partnership – Emory Global Health Institute – University-wide - Emory Travel Well Clinic and is titled Hansen's disease in the state of Georgia: A Modern Reassessment of an Ancient Disease". http://www.globalhealth.emory.edu/fundingOpportunities/projectideas.php. Students: 5 MPH students (RN/MPH, MD/MPH)
2017-	Infectious Diseases Fellowship Program, University of Colorado, Anschutz Medical Center. Teaching activities Inpatient and outpatient (ID Fellows Weekly Clinic)
2019-	Infectious Diseases Fellowship Program Director University of Colorado, Aurora Colorado

Supervisory Teaching:

Ph.D. students directly supervised:

Global Health, Rollins School of Public Health - PhD Task Force Member – 2007-2009

Residency Program:

Emory University: Internal Medicine Residents and Infectious Disease Fellows Supervision – Inpatient Months – 3-4 months per year on Grady Wards. I participated in the presentation and discussion of clinical cases, and discussion of peer-reviewed journal with medical students, residents, and fellows. Overall

evaluations: Outstanding Teacher. (Anna Von 2005-2006; Seth Cohen 2008, Susana Castrejon 2007; Lindsay Margoles 2007-2008; Jean Bendik 2006-2008; Meredith Holtz 2007-2008)

University of Colorado, Anschutz Medical Center (since June 2017- present). Case discussion in infectious diseases during clinical rounds inpatient services (ID Gold, ID Blue, ID Orthopedics).

2004-2009 Thesis advisor – MPH Students – Hubert Department of Global Health – Concentration Infectious Diseases: Brenda Thompson 2004; Katrina Hancy 2004; Trina Smith 2006; Melissa Furtado 2007-2008; Oidda Museru 2008-2009; Hema Datwani 2010; Ruth Moro 2010; Talia Quandelacy 2010

2015 – Class GH511, Topic: "Leprosy" as part of the International Infectious Diseases, Global Health Track, Rollins Schoolf of Public Health, Emory University, Atlanta GA

2017 – Class GH511, Topic: "Leprosy" as part of the International Infectious Diseases, Global Health Track, Rollins School of Public Health, Emory University, Atlanta GA

2019 - Project Mentorship – Diffuse lepromatous leprosy. Undergraduate Student, University of Colorado, Boulder. Mikali Ogbasselassie. Project was carried out in Collaboration with the Dermatology Center of the Hospital General de Mexico.

Poster presentation by Mikali Ogbasselassie September 22, 2019, UMBC, Baltimore, Maryland.

Dan Stormer, Esq., SBN 101967
dstormer@hadsellstormer.com
Tanya Sukhija-Cohen SBN 295589
Theresa Zhen, Esq. SBN 300710
Shaleen Shanbhag SBN 301047
Hadsell Stormer Renick & Dai LLP
128 N. Fair Oaks Avenue
Pasadena, California 91103
Telephone: (626) 585-9600
Facsimile: (626) 577-7079

Barrett S. Litt, SBN 45527
blitt@kmbllaw.com
Lindsay Battles, SBN 262862
Kaye, McLane, Bednarski & Litt, LLP
975 East Green St.
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 DR. JOE GOLDENSON**

[Additional Counsel continued from previous page]

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B. #302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
Telephone: (202) 894-6126
Facsimile: (202) 609-8030
Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
UCLA LAW CLINICS
385 Charles E. Young Drive East
Los Angeles, CA 90095
(310) 825-9562
Email: csweetser@sshhlaw.com
virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
915 15th St., N.W.
Washington, D.C. 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ebalaban@aclu.org

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

Peter J. Eliasberg, Esq. [S.B. #189110]
ACLU OF SOUTHERN CALIFORNIA
1313 W. 8th St.
Los Angeles, CA 90017
Telephone: (213) 977-9500
Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

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.

5. My CV is attached as Exhibit A.

6. Within the preceding four (4) years, I have testified as an expert by deposition or trial in the following cases:

- *Charlotte Diana Winkler v. Madison County, Kentucky, et al.*, United States District Court, Eastern District of Kentucky, Central Division at Lexington, Case No. 5:15-CV-45-KKC, Deposition (June 2016)
- *Jane Doe #1, et al. v. Johnson, et al.*, United States District Court for the District of Arizona, No. CV-15-00250-TUC-DCB, Hearing for Preliminary Injunction (November 2016)
- *Eugene McCain v. St. Clair County, et al.*, United States District Court, Eastern District of Michigan, Southern Division, Case No. 2:16-cv-10112 (March 2017)
- *Jane Doe #1, et al. v. Johnson, et al.*, United States District Court for the District of Arizona, No. CV-15-00250-TUC-DCB, Deposition (December 2017)
- *The Estate of Rachel M. Hammers, Deceased, et al. v. Douglas County, Kansas Board of Commissioners, et al,* District Court of Douglas County, Kansas at Lawrence, Case No. 2:14-CV-02188-JTM-KMH, Trial (June 2018)
- *Jane Doe #1, et al. v. Johnson, et al.*, United States District Court for the District of Arizona, No. CV-15-00250-TUC-DCB, Trial (January 2020)

7. I am not being compensated for my time reviewing materials and preparing this report.

8. I have been asked by attorneys representing prisoners at Los Angeles County Jail (LACJ) to review and comment on materials in connection with a case to be filed on behalf of prisoners held at LACJ regarding the conditions during 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

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[1] World Health Organization, Coronavirus disease (COVID-19) Situation Dashboard, World Health Organization, https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd (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

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[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.

confined and forced to share bunkrooms, bathrooms, cafeterias, and other enclosed spaces. They are physically unable to practice social distancing, which the CDC has identified as a "cornerstone of reducing transmission of respiratory diseases such as COVID-19."[6]

18. Within these facilities, space and resource limitations—and the resulting inability of inmates and employees to practice social distancing[7]—make it extremely difficult to effectively quell the explosive growth of a highly contagious virus. The CDC has recognized that correctional and detention facilities "present unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors."[8]

19. People in detention facilities typically sleep in close quarters, often sharing multiple bunk beds in a single room. Common areas are likewise shared, but by even larger groups of people. Toilets, showers, sinks, and telephones are also communal, and are not adequately disinfected after each use, which is especially important during the current pandemic when more frequent cleaning and disinfecting are required.[9] Even in housing units where detainees sleep in individual cells, or share small cells with one or more other people, common areas, equipment and facilities like showers can be communal as well. Food preparation and distribution is centralized and communal, often for an entire facility, with little opportunity for regular disinfection as called for by the CDC's *Interim Guidance*.[10]

20. During an infectious disease outbreak, people can protect themselves and reduce the risk of exposure to and transmission of the disease by washing their hands regularly. High touch surfaces (e.g., cell doors, switches, telephones, knobs) must also be cleaned and disinfected after each use with effective bleach-based cleaning products to prevent virus spread. These preventive measures are often not implemented in prisons and jails, due to the lack of 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]

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[6] *Id.* at 4.
[7] *Id.* at 11.
[8] *Id.* at 2.
[9] *See id.* at 9.
[10] *See id.* at 9-10.
[11] *See id.*

21. Housing units are commonly poorly ventilated, which facilitates the transmission of airborne illnesses, such as COVID-19.

22. Current CDC recommendations for reducing the transmission of COVID-19 in jails include screening of all newly arriving arrestees,[12] quarantining all newly arriving arrestees for 14 days and performing daily symptom screening and temperature checks while they are in quarantine,[13] isolating any detainee with any symptoms consistent with COVID-19 or with fever who is currently housed in the facility,[14] and the wearing of masks in congregate settings.[15] 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.

23. Testing kits are not widely available, and it can take anywhere from a few days to a week to obtain test results. And, someone who is tested shortly after he or she was infected may test negative. Non-test based verbal screens—i.e., asking a person for a subjective report of symptoms—cannot adequately screen for new, asymptomatic or pre-symptomatic infections. COVID-19 has a typical incubation period of two to fourteen days, most commonly five days, and transmission often occurs before presentation of symptoms. According to the CDC, up to 25 percent of people infected with COVID-19 will remain asymptomatic.[16] Similarly, infected individuals may experience only mild symptoms. These newly infected, asymptomatic and mildly symptomatic individuals can, and do, transmit the virus, contributing to its rapid spread. As a result, such inadequate screening presents a critical problem. The possibility of asymptomatic transmission means that monitoring staff or incarcerated people for fevers is inadequate to identify all who may be infected and 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

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[12] *See id*
[13] *See id*. at 14.
[14] *See id*. at 15.
[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.

arrestees for 14 days and monitor them daily for symptoms and fever before they are deemed safe to introduce into the general population of the jail.

24. In detention facilities, groups of persons are often moved from space to space, for example, from a dormitory to a cafeteria, from one facility to another, or from a facility to central holding area for court appearances. These group movements, which cluster large numbers of people together in small spaces, increase the risk of transmission between incarcerated persons and throughout the facility or from one facility to another. Additionally, detention facilities often rely on detainees to perform work that supports the operation of the facility, such as food service, laundry, and cleaning. To perform these work assignments, the detainees typically travel from their housing units to other parts of the facility.

25. Correctional Officers and other detention facility staff routinely have direct physical contact with detainees, especially when handcuffing or removing handcuffs from detainees who are entering or exiting the facility. Correctional Officers and facility staff members also move around within the facility, which creates opportunities for transmission both among staff in different parts of the facility and transmission to and from detainees in different parts of the facility.

26. Correctional facilities largely lack the robust medical care infrastructure that would be necessary to deal with a COVID-19 outbreak. On-site medical facilities are almost never equipped to handle an outbreak of an infectious disease. In the event of an outbreak, resources will be depleted rapidly. This makes both containing the illness and caring for those who have become infected much more difficult. Jails and prisons must rely on outside medical facilities (hospitals, emergency departments) to provide intensive medical care. During an epidemic, these outside facilities may be over capacity themselves.

27. When an outbreak strikes a correctional facility, correctional and medical staff will become ill. They will not show up to work. These vacancies can result in facilities becoming dangerously understaffed, which compromises medical care. Healthcare staff who provide treatment are unavailable. Correctional staff also play a vital role in delivering medical services, by escorting prisoners, responding to and alerting medical of medical emergencies, and providing security to health care staff while they provide services. Their absence also 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 obesity[18]

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[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.

The CDC also deems people 65 or older to be particularly vulnerable to COVID-19. However, in my professional opinion the proper figure for jail inmates is 55 years old because, as I explained above, they are physiologically 10 years older than their chronological age. In this regard, I note that LA DPH has identified incarcerated persons 50 years or older as being at high risk. *See* LA DPH April 9, 2020 Guidance for Correctional and Detention Facilities, at 5.

29. Because of the conditions typically found in jails, jails often have particularly serious incidence of communicable disease. For example, during the H1N1-strain flu outbreak in 2009 (known as the "swine flu"), jails and prisons experienced a disproportionately high number of cases.[19] As of recently, the Cook County Jail in Chicago was reportedly the largest-known source of U.S. COVID-19 virus infections.[20] Just recently it was reported that 78% of the approximately 2,500 prisoners in a prison in Ohio tested positive.[21] The State of Ohio tested its 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]

30. For these reasons, the pandemic has prompted prisoner releases around the world. France has freed 5,000 inmates, and in the United States, 3,500 have been granted early release in California. In Britain, the Ministry of Justice said thousands of prisoners will be granted early release within weeks in an 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

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19 David M. Reutter, *Swine Flu Widespread in Prisons and Jails, but Deaths are Few*, Prison Legal News (Feb. 15, 2010), https://www.prisonlegalnews.org/news/2010/feb/15/swine-flu-widespread-in-prisons-and-jails-but-deaths-are-few/.

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.

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.

22 73% Of Inmates At An Ohio Prison Test Positive For Coronavirus, NPR (Apr. 20, 2020), 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.

the U.S., including San Francisco, Chicago, Cleveland and New York, are also releasing prisoners to reduce the risk of COVID-19.

31. During an infectious disease outbreak, a containment strategy requires people who have known or suspected illness be isolated and that caregivers have access to personal protective equipment to protect themselves and to prevent the further transmission of the disease. During an outbreak, jails and prisons are under-resourced in being able to provide medically appropriate housing for persons with known or suspected infectious illness, and are often underequipped to provide sufficient personal protective equipment, increasing the risk of a widespread outbreak.

32. **Isolation** is a complex and major concern in correctional facilities. In some prisons and jails, the only cells with solid doors for quarantine will be disciplinary or administrative segregation cells, which usually house people placed in solitary confinement. Moving people suspected of contracting COVID-19 – or those at high risk of suffering serious illness once infected - to segregation units *may* help quell the potentially devastating spread of illness. However, isolation of people who are ill using solitary confinement is not a completely effective way to prevent transmission of the virus because, except in specialized negative pressure rooms (rarely in medical units if available at all), air continues to flow outward from isolation cells to the rest of the facility. Segregation cells bring their own physical and mental health risks. They are most commonly used to punish people and may cause substantial psychological trauma and distress. Those with serious mental illness are at heightened risk when placed in isolation. Therefore, placing high-risk or laboratory-confirmed patients with COVID-19 in cells usually used for solitary confinement will likely deter others from reporting symptoms or seeking medical attention, thus quickly hastening the spread of the disease as 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

experience as punitive. When such housing cells must be used for short-term quarantine and isolation patients should have full access to telephone or tablet communication with family and friends on the outside and access to personal property, personal hygiene supplies and access to canteen.[24]

33. In sum, current CDC recommendations for social distancing, frequent hand washing, frequent cleansing of surfaces, symptom screening, temperature checks and isolation to prevent infection and the spread of the virus are extremely difficult, if not impossible, to implement in county jails. As a result, the risk of COVID-19 transmission is far greater than in non-custodial institutions.

CONDITIONS IN JAILS POSE SIGNIFICANT RISK OF TRANSMISSION OF COVID-19 IN THE COMMUNITY OUTSIDE THE JAILS

34. The conditions in jails pose very significant risk of transmission of communicable diseases like COVID -19 not only to inmates, employees and volunteers in the jails, but also to the community as a whole. It has long been known that jails, prisons, and detention centers can be hotbeds of disease transmission, and that due to the frequent ingress and egress of employees at these facilities, an outbreak within a jail, prison, or detention center can quickly spread to surrounding communities. While jails are often thought of as closed environments, this is not the case. Custody, medical, and other support staff and contractors enter and leave the facility throughout the day. New arrestees arrive daily. Since there is no effective way to screen for newly infected or asymptomatic individuals, they can unknowingly transmit COVID-19 to the jail population. Jail inmates are often transferred between housing units, to other facilities, and to and from Court. This further increases the likelihood of transmission of COVID-19. When there is an outbreak in a jail, staff can become infected and bring the virus home to their families and 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.

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[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/do/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 jails 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 Barbara[33], there are reports of correctional staff testing

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[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 Tchekmedyian, *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-contract-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

maximum number of inmates that should be housed in that jail facility.[34] Moreover, the rated capacity of a facility does not account for a pandemic like COVID-19. The failure to adequately reduce the jail population results in medically vulnerable individuals being unable to maintain social distancing from other potentially infected persons, leaving these medically vulnerable prisoners at very high risk of severe illness or death. In fact, the reductions in jail population have been insufficient to implement social distancing measures essential to mitigate the risk of transmission of the disease. Further, the sheer number of 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.

40. The Los Angeles Department of Public Health (LA DPH) has issued guidance to the Los Angeles Sheriff's Department (LASD), detailing the specific steps to be taken to mitigate the spread of the virus.[35] The LA DPH's recommendations align with CDC guidelines in a number of areas, and include, but are not limited to: requiring staff to wear masks and gloves at all times, providing soap available at no cost, providing liquid soap available when possible, providing paper towels, providing tissues at no cost, providing no-touch trash receptacles, ensuring access to running water, providing masks to symptomatic persons, enabling social distancing, positioning beds at least six feet apart, increasing cleaning of common 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.

41. I have reviewed the LASD's announced COVID-19 policies and guidelines, which I find wholly inadequate. With regard to new jail admittees, LASD

> "screen[s] incoming inmates outside before entering the Inmate Reception Center (IRC) facility. Inmates brought to the IRC who responded "yes' to the screening questions or displayed symptoms were masked and isolated in

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[34] LASD Custody Division Rated Capacity Report, December 2019, https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Population%202019%20Fourth%20Quarter%20Report.pdf, p. 11.

[35] 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).

> the on-site Correctional Treatment Center (CTC). Newly arrived arrestees who were asymptomatic, but who reported close contact with infected people, were masked and placed in quarantine if appropriate. Inmates who display symptoms or reported close contact with infected people, in the future will be isolated or quarantined as appropriate." (https://lasd.org/covid19updates/#custody)

42. This is inadequate. As I previously indicated, some 25% of infected people are asymptomatic, and asking them screening questions will fail to identify them so they can be isolated, tested, and treated if positive. Also, symptom screening alone is ineffective since it may take several days after becoming infected for symptoms to appear. Therefore, all new admittees should be quarantined for 14 days and monitored on at least a daily basis for fever and symptoms of COVID-19 so that those who are infected will no long carry the virus (and those who become infected remain separated) before being placed in a housing unit with other prisoners who are not infected. Without quarantining all newly-admitted 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.

43. CDC recommends screening all staff daily on entry into the facility for COVID-19 symptoms and close contact with cases, and the provision of temperature checks. Currently, it is my understanding that staff are not being screened daily for symptoms and given daily temperature checks. This measure is necessary to ensure that jail staff do not spread the disease inside the jail. As of April 19, 2020, 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.

44. I have been provided numerous inmate declarations (which I am advised are being provided to the court). Based on the information in these declarations, many of the CDC and LA DPH recommended measures have not been implemented across LA County jails. These declarations indicated several significant problems that are not being, or are inadequately being, addressed by LASD, which I discuss in the following paragraphs.

45. Social distancing is the single most important tool in preventing transmission of 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

social distancing is not feasible. However, the LASD continues to house thousands of persons in crowded dorms where they cannot possibly maintain six feet of distance between themselves and others. At least several jail facilities, including North County Correctional Facility (NCCF) and Men's Central Jail (MCJ), house jail prisoners in dormitory units where dozens of triple bunk beds are placed as close as three feet apart. Even if LASD directs individuals to sleep head to foot, they remain less than six feet apart. They remain in similarly close proximity while eating, walking, and sitting at their bunks. Prisoners who are particularly vulnerable to severe illness for COVID-19 per CDC guidelines are housed in, or have been told they will be transferred to, large dormitories where they will be exposed to a greater risk of COVID-19 spread.

46. LASD is responsible for the transport of incarcerated individuals to and from their court dates in courthouses across Los Angeles County. At various stages of the transport process, LASD deputies handcuff incarcerated individuals who are housed in different jail facilities to one another, facilitating the exchange of respiratory vapors and droplets between prisoners of different jails. LASD also temporarily holds incarcerated people from all different jails in small enclosed cells, 20 to 30 individuals per cell, in the courthouses, thereby increasing the risk of inter-facility spread. Due to the small size of the holding cell and the large numbers of people in them, if someone in the holding tank is positive for COVID-19, the disease can readily spread in the enclosed confined space.

47. In addition, inmates are not kept far enough apart while being taken to attorney visits. One inmate reported being ordered to stand less than 6 feet apart while being held in a confined space on the way to his attorney visit. At least one person in the space was coughing. Nor are inmates isolated during transportation for medical care visits. Multiple inmates are made to share the same van and transport.

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

recommendations to provide unlimited no-cost soap (liquid where possible). These inadequacies facilitate the rapid spread of COVID-19 within the jail.

49. Similarly, LASD apparently does not ensure that high touch surfaces, which should be cleaned with EPA-registered disinfectants effective against the COVID 19 virus several times per day, are so cleaned. These are also CDC/LA DPH recommendations, especially for common areas. In all jail facilities, LASD incarcerated persons share a limited number of phones and communal tables within dayrooms and dormitories. According to the declarations, LASD does not ensure these areas are routinely disinfected nor do they provide incarcerated persons with the supplies to disinfect phones and high touch areas on their own. Because the virus can survive on inanimate objects, the jail's failure to clean regularly high-touch surfaces increases the risk of transmission.

50. The failure to clean and disinfect shared surfaces is even more concerning given the conditions in which incarcerated persons are forced to live. Many jail detainees, particularly those in dormitories, must share communal phones, exercise equipment, railings, sinks, showers, and toilets. They are not cleaned or disinfected between each use, and the LASD does not provide supplies for disinfection or cleaning between each use. At some facilities, prisoners receive clean towels and bedding only once a month. As public health officials have long recognized, such substandard hygiene conditions are known to contribute to the spread of viruses.

51. Access to personal protective equipment still appears to be a serious problem for staff and incarcerated persons alike. On the early morning of April 10th, LASD distributed face coverings (non-medical masks) throughout at least some facilities, consistent with CDC guidance and City of Los Angeles orders requiring face coverings in public spaces. (As of April 13th, NCCF had not provided masks to persons in dorms). LASD provided no information as to when they will provide 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.

52. The CDC has recommended that cloth face coverings be changed often and washed at least daily. The CDC guidance on jail settings refers the jailer to the CDC's document entitled "*Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)*" (Updated April 13, 2020) in Healthcare Settings infection control protocols, which notes that cloth face coverings "should be changed if they become soiled, damp, or hard to breathe through, laundered regularly (e.g., daily and when soiled), and, hand hygiene should be performed immediately 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.

53. At least several incarcerated persons have reported that they were forced to share enclosed spaces with persons exhibiting a dry cough and other signs of COVID-19 illness. The failure to promptly isolate symptomatic persons has already resulted in the spread of infection within the jail. During a transfer to a court appearance, one detainee was placed in a holding cell with someone who was coughing and visibly sick. Several days later, the detainee became sick herself, and after numerous requests for medical care, she obtained a test for COVID-19 (and tested 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.

54. LACJ is also not timely testing persons with known symptoms of COVID-19. Moreover, several incarcerated persons have reported that they have been unable to get a test despite exhibiting a cough and/or other symptoms. If these persons were in the community, they would meet the criteria for a test for displaying active symptoms of the disease. At LACJ, they are denied tests, even though by reason of being jailed they pose a far higher risk of transmitting COVID-19 to others.

55. Public health guidelines require the Jail to conduct contact investigations to identify and quarantine all persons who have come into close contact with persons with known or suspected COVID-19. Monitoring of close contacts should include regular symptom screening and temperature checks. Quarantines should separate 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.

56. LACJ is utilizing segregation units to house persons with known or suspected COVID-19 illness. This acts to deter prisoners from reporting COVID-related symptoms, due to their fear that doing so will result in their being placed in punitive isolation conditions.

57. LACJ does not provide information to all prisoners regarding symptoms of COVID-19 and prevention practices inmates should employ to reduce the risks of transmission of the disease, as CDC guidance requires.

58. I have reviewed the Declaration of Catrina Balderamma. Ms. Balderamma has attested that she has tested positive for COVID-19. There are many aspects of the care she describes that raise concerns about the LACJ's response to COVID-19 that are emblematic of the problems at LACJ and that contribute to an unreasonable risk to all jail inmates.

a. Ms. Balderamma was booked into the Jail in January 2020. For months after her admission, she received no information about COVID-19 from jail personnel as to how to protect herself from the virus.

b. On March 16, 2020, Ms. Balderamma was taken to Court and placed in a holding cell with 14 other inmates while awaiting her Court appearance. One of the individuals was coughing and having difficulty breathing. There was not enough space in the holding cell to maintain appropriate social distancing.

c. Ms. Balderamma began complaining of symptoms consistent with COVID-19 (headache and lethargy) and requested medical care on March 18, 2020. Despite submitting numerous subsequent requests to see medical because of continued symptoms (fever, chills, sweating, sore throat, and continued headache) and filing a grievance on March 25, 2020, Ms. Balderamma was not evaluated by medical until April 1, 2020. All individuals with symptoms of COVID-19 need to be 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

not practice social distancing. Individuals with symptoms of COVID-19 need to be medically isolated from other detainees.

e. Later that night, she was moved to a single cell in a disciplinary segregation unit. According to her declaration, there was no toilet paper or soap, she was unable to shower, and there was old food under the bed and on the walls. She was denied medication when a deputy refused to open the food slot in her door and allow the nurse to deliver her medication.

f. The following day, or day after, Ms. Balderamma was escorted to a vehicle for transportation to the Correctional Treatment Center (CTC) at Twin Towers. However, upon arrival at the vehicle, staff was notified that there were no empty beds at the CTC. Ms. Balderamma was taken back to her cell in administrative segregation.

g. The next day she was transferred to the CTC. The following day she was tested for COVID-19. On or about April 9, 2010, the test came back positive. Ms. Balderamma states she was treated well by the doctors and nurses in the CTC.

h. On April 10, 2020, Ms. Balderamma was cleared to return to CRDF. (CDC guidelines state people with COVID-19 no longer require medical isolation when they have not had a fever for at least 72 hours without the use of medicine that reduces fevers, their other symptoms have improved, and at least 7 days have passed since their symptoms first appeared.[36] The LA DPH jail guidelines list similar criteria for when staff can return to work after infection with COVID-19.)

i. Upon Ms. Balderamma's return to CRDF, she was placed back in a cell in disciplinary segregation. She describes the conditions of her confinement in administrative segregation as: "While incarcerated in 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

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[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.

63. I have reviewed the Declaration of Benito Venegas. Mr. Venegas has attested that he has asthma and epilepsy, which has resulted in seizures twice a month for the last ten years. Mr. Venegas 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.

64. I have reviewed the Declaration of Carole Dunham. Ms. Dunham has attested that she has Type I diabetes and receives insulin shots four times a day. Ms. Dunham 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.

65. I have reviewed the Declaration of DeNeal Young. Mr. Young has attested that he suffers from severe obesity and an undiagnosed heart condition. Mr. Young is confined to a wheelchair due to blood clots in his legs, which place him at risk of 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.

66. I have reviewed the Declaration of Holly Davidson. Ms. Davidson has attested that she was diagnosed with lymphoma in February of 2016 and underwent partial chemotherapy. Ms. Davidson 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.

67. I have reviewed the Declaration of Jeffrey Livotto. Mr. Livotto has attested that as an asthmatic, he has suffered serious asthma attacks. Mr. Livotto 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.

68. I have reviewed the Declaration of LeAndrew Lewis. Mr. Lewis has attested that he is diabetic, has high blood pressure, and has a history of bronchitis. Mr. Lewis 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.

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

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[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

inmates, correctional and other staff to maintain appropriate social distancing necessary to preventing the transmission of COVIDC-19. Even if a jail system is well below its BSCC rated capacity, it will not be operating consistent with CDC Guidance if, among other things, it houses inmates in crowded dormitory housing, has crowded dayrooms where inmates share showers and telephones, it fails to quarantine inmates with symptoms of COVID, and does provide for adequate soap 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.

74. To minimize the risk of COVID-19, the population must be reduced so that it is possible for incarcerated persons to be able to main distance of six feet or more from each other at all times, including in communal areas; there is no double or triple bunking; there are adequate numbers of medical cells for any inmate who is symptomatic or who has contracted COVID-19; and proper screening, quarantining, and isolation procedures can be put into place for anyone attempting to enter the jail – both staff and inmates. Measures such as more regular disinfection and cleaning, and wider availability of soap are insufficient to address the dangers that COVID-19 poses in jail without a significant reduction of the jail population to allow for genuine social distancing among inmates, correctional staff and other jail staff.

75. In particular, those who are medically vulnerable (see ¶ 28) should be moved out of the jails to the absolute maximum extent possible. This population remains at serious risk of serious illness and death should they remain at the jail.

76. Significantly reducing county jail populations is an urgent public health measure. It will allow facilities to significantly reduce the risk of infection for both incarcerated people and correctional officers, which in turn protects the communities where corrections staff live.

77. Programs must be developed to ensure the safe re-entry of inmates into the community. Individuals with existing housing can be released with instructions 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

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[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.

take precautions to prevent infection. Effective communication must include in person communication rather than instruction through a video only. Effective communication is also particularly important for those incarcerated persons with serious mental illness. This population is at a heightened risk of contracted and spreading the virus because they may be less capable of following hygiene and social distancing instructions due to their mental illness. In addition, signage must be posted throughout the facility communicating COVID-19 symptoms and hand hygiene instructions. Such signage must be understandable for non-English speaking people as well as those with low literacy, and provide clear information about the presence of COVID-19 cases within a facility and the need to increase social distancing and maintain hygiene precautions.

b. **Entrance Screening:** Perform pre-intake screening for all new arrestees for symptoms of COVID-19 upon entry (or re-entry). This includes temperature screening, as well as a verbal symptom check.

c. **Quarantine New Admissions:** Quarantine *all* new entrants for 14 days before they enter the general population by cohorting daily intakes if necessary.

d. **Housing:** To the extent possible, house jail detainees in cells instead of dormitories. Recommend that those persons sharing sleeping quarters sleep head-to-foot. To the extent practicable, beds in housing units should be rearranged to allow for sufficient separation during sleeping hours.

e. **Social Distancing:** Whenever possible, require all staff and incarcerated persons to maintain a distance of six feet from one another.

f. **Hand Hygiene:** Ensure that each incarcerated person receives, free of charge: (1) an individual (and ample) supply of hand soap (liquid if possible) sufficient to allow frequent hand washing; and (2) paper towels for hand drying. Ensure that any and all soap dispensers in communal areas are adequately stocked with liquid soap. Require that all LASD staff working in County jails wash their 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.

h. **Tissues:** Provide an adequate supply of tissues and no-touch trash receptacles for all persons; require staff and incarcerated persons to cough into a tissue or their elbow and to throw tissues in the trash.

i. **Hygiene Generally:** Provide access to daily showers and daily access to clean laundry, including clean personal towels and washrags after each shower. Ensure showers are cleaned and disinfected at least daily and that incarcerated persons have supplies to clean showers between uses. Provide more frequent access to laundry, at least twice weekly, which should be possible given the reduction in population that has already occurred.

j. **Screening of Jail Staff:** Perform screening for all custody, medical and ancillary jail staff for symptoms of COVID-19 every time they enter the facility. This includes temperature screening, as well as a verbal symptom check.

k. **PPE for Jail Staff & Incarcerated Persons:** Require that all jail staff and incarcerated persons wear PPE consistent with CDC and LA DPH guidelines. Ensure that all staff working in County jails wear personal protective equipment, including CDC-recommended surgical masks (if surgical masks are limited staff should wear cloth face masks). If cloth masks are distributed, they must be laundered regularly.

l. **Testing:** Conduct immediate testing for incarcerated persons displaying known symptoms of COVID-19.

m. **Isolation for Confirmed and Suspected Covid-19 Cases:** Ensure that individuals identified as having COVID-19 are medically isolated pursuant to CDC guidelines. Use cohorts only for individuals with laboratory-confirmed COVID-19 cases, not suspected cases. Ensure that medically isolated individuals have continued access to showers, recreation, mental health services, reading materials, phones, cleaning supplies, communications with 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.

p. **Maintain Same Standards of Medical Care.** Provide adequate medical alternatives for those with decreased lung capacity who have had their CPAP machines confiscated due to COVID-19.

q. **Communications with Family/Support.** Provide opportunities for incarcerated persons to communicate free of charge with their families and loved ones.

Conclusion

81. For the reasons above, it is my professional opinion that persons currently detained in the LA County Jail are at significantly greater risk of contracting COVID-19 than if they were permitted to shelter in place in their home communities. If infected, many are at increased risk of suffering severe complications and outcomes. In particular, those people who are medically vulnerable and at risk of severe illness from COVID are at a high risk to develop COVID-19 if they remain in jail and become either extremely ill or die as result.

82. It is also my professional opinion that conditions in the county jails also threaten the health and safety of every individual within those jails—detained persons and staff alike—and in their surrounding communities.

83. Finally, it is my opinion that as many people as possible – particularly the medically vulnerable – should be released into appropriate settings and that the extensive measures previously outlined regarding those who remain incarcerated should be implemented immediately.

I declare under penalty of perjury that the foregoing is true and correct. Executed on April 24, 2020 in Alameda County, California.

Dr. Joe Goldenson

EXHIBIT A

CURRICULUM VITAE

JOE GOLDENSON, MD
1406 CYPRESS STREET
BERKELEY, CA 94703
(510) 557-1086
jgoldenson@gmail.com

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, *Plata v. Newsome*, 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, *Plata v. Schwarzenegger* 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, *Herrera v. Pierce County, et al.*, re: medical care at the Pierce County Jail, Tacoma, WA
8/06-8/12	State Court Appointed Medical Expert, *Farrell v. Allen*, 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, *Austin, et. al vs Wilkinson, et al*, 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: *Tuberculosis Control Plan for the Jail Setting: A Template (Jail Template)*,
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, *Madrid vs Alameida*, 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, *Correctional Health Care Report*
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 *Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC* (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: *Corrections Tuberculosis Training and Education Resource Guide*
3/02-1/03	Member of the Advisory Committee to Develop the *Tuberculosis Control Plan for the Jail Setting: A Template (Jail Template)*, 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.

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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

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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)

Dan Stormer, Esq. [S.B. #101967]
Shaleen Shanbhag, Esq. [S.B. #301047]
Tanya Sukhija-Cohen, Esq. [S.B. #295589]
Theresa Zhen, Esq. [S.B. #300710]
HADSELL STORMER RENICK & DAI LLP
128 N. Fair Oaks Avenue
Pasadena, California 91103
Telephone: (626) 585-9600
Facsimile: (626) 577-7079
Emails: dstormer@hadsellstormer.com
sshanbhag@hadsellstormer.com
tanya@hadsellstormer.com
tzhen@hadsellstormer.com

Barrett S. Litt, Esq. [S.B. #45527]
Lindsay B. Battles, Esq. [S.B. #262862]
KAYE, MCLANE, BEDNARSKI, & LITT, LLP
975 E. Green Street
Pasadena, CA 91106
Telephone: (626) 844-7660
Facsimile: (626) 844-7670
Email: blitt@kmbllaw.com
lbattles@kmbllaw.com

Attorneys for Petitioners/Plaintiffs

[Additional Counsel continued on next page]

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

RODNEY CULLORS, DENEAL YOUNG, JESSICA HAVILAND, RANY UONG, MARK AVILA, CAROLE DUNHAM, LEANDREW LEWIS, VICTOR GUTIERREZ, 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

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

[Additional Counsel continued from first page]

Peter J. Eliasberg, Esq. [S.B. #189110]
ACLU OF SOUTHERN CALIFORNIA
1313 W. 8th St.
Los Angeles, CA 90017
Telephone: (213) 977-9500
Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B. #302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
Telephone: (202) 894-6126
Facsimile: (202) 609-8030
Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
UCLA LAW CLINICS
385 Charles E. Young Drive East
Los Angeles, CA 90095
(310) 825-9562
Email: csweetser@sshhlaw.com
virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
NATIONAL PRISON PROJECT
915 15th St., N.W.
Washington, D.C. 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ebalaban@aclu.org

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*

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
Barrett S. Litt
Lindsay Battles
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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mark Avila

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

lay down.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18. While incarcerated in 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 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.

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

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

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

who were coughing.

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

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

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

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

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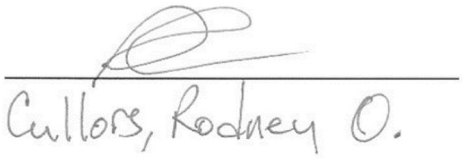
before they see me. That's in normal times, and I know they have lots more medical requests right now due to the virus. I don't want to die here. I should not be here. I am going to be 60 next year. Well, I hope I am.

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



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.

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

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

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

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

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

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

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

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14. I have not been told if anyone at CRDF has tested positive for COVID-19.

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

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

Holly Davidson

Ex. 5

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19.There is one person in my module who has been coughing all through the night in the past few nights. Today, someone else came up to me and said she had a fever and a sore throat. I told her to go to the nurses' station. When she came back from the nurses' station she said that the nurses were just giving her cold medicine and did not take her to medical. She went back into her cell, which she shares with a roommate.

20. Even when I have a medical need, it is so hard to even see a doctor. After we submit a medical request form, it takes 2 or 3 weeks before any doctor sees us.

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20. If I had developed this cough while free, I would have called my doctor and asked for a test due to my underlying health condition. As an inmate at CRDF, however, I am unable to access a test. I am very afraid for my safety.

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

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

Carole Dunham

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

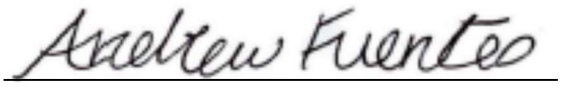
could clean my floor and bunk. I asked multiple times, but they never gave me anything to clean my cell. While at Men's Central, I was never able to clean my cell or the shared areas.

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

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

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

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



Andrew Fuentes

Ex. 8

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

have not received an inhaler to this day.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

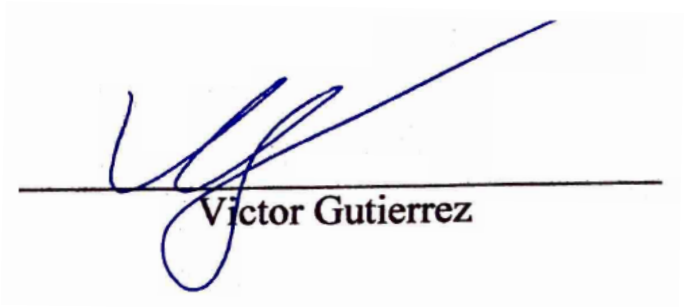
30. I try to physically distance myself from others as much as I can, but whenever I go to yard, sleep, or eat, I am within 3 feet at the most from other people. I am unable to sleep at night when I hear others coughing and sneezing because I am terrified that I will catch whatever the other men in my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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct. Executed this 19th day of April 2020, in Lynwood, California.

Jessica Haviland

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Albert Kirk Jones

Albert Kirk Jones

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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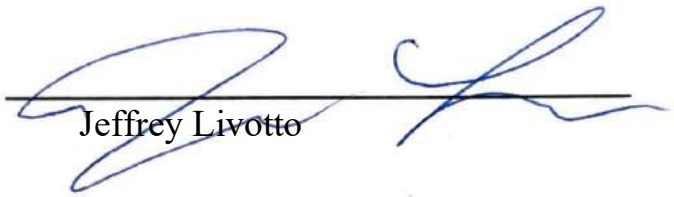
and he was moved to a different dorm. I am afraid that will happen to me, and I don't want to risk my chances of early release. I want to see my family and my loved ones again as soon as I'm able.

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



Jeffrey Livotto

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

distribute the laundry themselves.

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

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

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

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

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

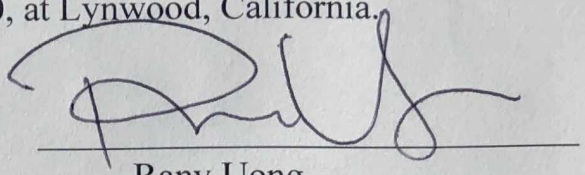
12. There is no hand sanitizer or paper towels and we just dry our hands on our clothes. We get one towel per week that we keep in our cells. The inmate trustees doing the laundry are issued thin, blue, rubber gloves to handle the laundry.

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

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

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

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



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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DeNeal Young

Dan Stormer, Esq. [S.B. #101967]
Shaleen Shanbhag, Esq. [S.B. #301047]
Tanya Sukhija-Cohen, Esq. [S.B. #295589]
Theresa Zhen, Esq. [S.B. #300710]
HADSELL STORMER RENICK & DAI LLP
128 N. Fair Oaks Avenue
Pasadena, California 91103
Telephone: (626) 585-9600
Facsimile: (626) 577-7079
Emails: dstormer@hadsellstormer.com
sshanbhag@hadsellstormer.com
tanya@hadsellstormer.com
tzhen@hadsellstormer.com

Barrett S. Litt, Esq. [S.B. #45527]
Lindsay B. Battles, Esq. [S.B. #262862]
KAYE, MCLANE, BEDNARSKI, & LITT, LLP
975 E. Green Street
Pasadena, CA 91106
Telephone: (626) 844-7660
Facsimile: (626) 844-7670
Email: blitt@kmbllaw.com
lbattles@kmbllaw.com

Attorneys for Petitioners/Plaintiffs

[Additional Counsel continued on next page]

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

RODNEY CULLORS, DENEAL YOUNG, JESSICA HAVILAND, RANY UONG, MARK AVILA, CAROLE DUNHAM, LEANDREW LEWIS, VICTOR GUTIERREZ, 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

CLASS ACTION

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

[Additional Counsel continued from first page]

Peter J. Eliasberg, Esq. [S.B. #189110]
ACLU OF SOUTHERN CALIFORNIA
1313 W. 8th St.
Los Angeles, CA 90017
Telephone: (213) 977-9500
Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B. #302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
Telephone: (202) 894-6126
Facsimile: (202) 609-8030
Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
UCLA LAW CLINICS
385 Charles E. Young Drive East
Los Angeles, CA 90095
(310) 825-9562
Email: csweetser@sshhlaw.com
virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
NATIONAL PRISON PROJECT
915 15th St., N.W.
Washington, D.C. 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ebalaban@aclu.org

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*

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.

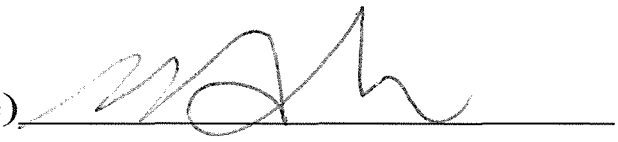
10. I understand that a class representative is not required to be particularly knowledgeable with respect to the subject of the lawsuit. However, the class representative should be interested, on a continuous basis, in the progress of the lawsuit, and must make every effort to provide class counsel 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) 

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.

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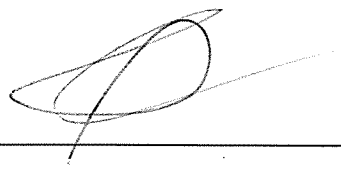
11. I understand that I have a duty to take steps to prosecute the case, which will happen through my lawyers. I know that I have to provide information to my lawyers they feel is necessary, provide documents if required, and testify if necessary at deposition or trial.

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 Lynwood California.

(Signature) Carol Denham

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.

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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 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.

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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 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.

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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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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 Lynwood California.

(Signature) 

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.

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.

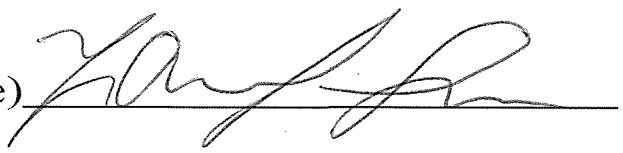
10. I understand that a class representative is not required to be particularly knowledgeable with respect to the subject of the lawsuit. However, the class representative should be interested, on a continuous basis, in the progress of the lawsuit, and must make every effort to provide class counsel 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 18 day of April 2020, in Los Angeles California.

(Signature) 

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.

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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.

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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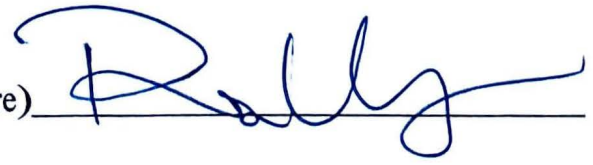
11. I understand that I have a duty to take steps to prosecute the case, which will happen through my lawyers. I know that I have to provide information to my lawyers they feel is necessary, provide documents if required, and testify if necessary at deposition or trial.

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, 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.

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 23 day of April 2020, in Los Angeles, California.

(Signature) 

Dan Stormer, Esq. [S.B. #101967]
Shaleen Shanbhag, Esq. [S.B. #301047]
Tanya Sukhija-Cohen, Esq. [S.B. #295589]
Theresa Zhen, Esq. [S.B. #300710]
HADSELL STORMER RENICK & DAI LLP
128 N. Fair Oaks Avenue
Pasadena, California 91103
Telephone: (626) 585-9600
Facsimile: (626) 577-7079
Emails: dstormer@hadsellstormer.com
sshanbhag@hadsellstormer.com
tanya@hadsellstormer.com
tzhen@hadsellstormer.com

Barrett S. Litt, Esq. [S.B. #45527]
Lindsay B. Battles, Esq. [S.B. #262862]
KAYE, MCLANE, BEDNARSKI, & LITT, LLP
975 E. Green Street
Pasadena, CA 91106
Telephone: (626) 844-7660
Facsimile: (626) 844-7670
Email: blitt@kmbllaw.com
lbattles@kmbllaw.com

Attorneys for Petitioners/Plaintiffs

[Additional Counsel continued on next page]

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

RODNEY CULLORS, DENEAL YOUNG, JESSICA HAVILAND, RANY UONG, MARK AVILA, CAROLE DUNHAM, LEANDREW LEWIS, VICTOR GUTIERREZ, JEREMIAH FARMER, on behalf of themselves and all others similar 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 DDP (PLAx)

DECLARATION OF EXPERT ELDON VAIL IN SUPPORT OF PETITIONERS/PLAINTIFFS' *EX PARTE* APPLICATION FOR TEMPORARY RESTRAINING ORDER AND MOTION FOR PRELIMINARY INJUNCTION

[Additional Counsel continued from first page]

Peter J. Eliasberg, Esq. [S.B. #189110]
ACLU OF SOUTHERN CALIFORNIA
1313 W. 8th St.
Los Angeles, CA 90017
Telephone: (213) 977-9500
Facsimile: (213) 977-5299
Email: peliasberg@aclu.sc.org

Alec Karakatsanis*
Katherine C. Hubbard, Esq. [S.B. #302729]
CIVIL RIGHTS CORPS
1601 Connecticut Ave. NW, Ste. 800
Washington, DC 20009
Telephone: (202) 894-6126
Facsimile: (202) 609-8030
Email: alec@civilrightscorps.org
katherine@civilrightscorps.org

Catherine Sweetser, SBN 271142
Alicia Virani, SBN 281187
Aaron Littman, SBN 330283
UCLA LAW CLINICS
385 Charles E. Young Drive East
Los Angeles, CA 90095
(310) 825-9562
Email: csweetser@sshhlaw.com
virani@law.ucla.edu
littman@law.ucla.edu

Eric Balaban, Esq.*
AMERICAN CIVIL LIBERTIES UNION
NATIONAL PRISON PROJECT
915 15th St., N.W.
Washington, D.C. 20005
Telephone: (202) 393-4930
Facsimile: (202) 393-4931
Email: ebalaban@aclu.org

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 ELDON VAIL

I. INTRODUCTION

1. I am a former corrections administrator with nearly thirty-five years of experience working in and administering adult and juvenile institutions. Before becoming a corrections administrator, I held various line and supervisory level positions in a number of prisons and juvenile facilities in Washington State. I have served as the Superintendent (Warden) of 3 adult institutions, including facilities that housed maximum, medium and minimum-security inmates. I am over 18 years of age, and competent to make this declaration.

2. I served for seven years as the Deputy Secretary for the Washington State Department of Corrections (WDOC), responsible for the operation of prisons and community corrections. I briefly retired, but was asked by the former Governor of Washington, Chris Gregoire, to come out of retirement to serve as the Secretary of the Department of Corrections in the fall of 2007. I served as the Secretary for four years, until I retired in 2011.

3. Since my retirement I have served as an expert witness and correctional consultant for cases and disputes over 50 times in multiple jurisdictions—state, local and federal—in twenty-one different states. As an expert witness and correctional consultant, I have been retained to evaluate and offer my opinions on a variety of issues in the correctional environment.

4. Specifically, over the last few years, I have testified in the following cases:

Coleman, et al. v. Brown, et al.; No. 2:90-cv-0520-LKK-JMP, United States District Court, Eastern District of California; Testified, October 1, 2, 17 and 18, 2013

Graves v. Arpaio; No. cv-77-00479-PHX-NVW, United States District Court of Arizona; Testified, March 5, 2014

/ / /

Corbett v. Branker; No. 5:13 CT-3201-BO, United States District Court, Eastern District of North Carolina, Western District; Special Master appointment November 18, 2013,
Testified, March 21, 2014

C.B., et al. v. Walnut Grove Correctional Authority, et al.; No. 3:10-cv-663-DPS-FKB, United States District Court for the Southern District of Mississippi, Jackson Division; Testified, April 1, 2 and 27, 2015

Fontano v. Godinez; No. 3:12-cv-3042, United States District Court, Central District of Illinois, Springfield Division; Testified, June 29, 2016

Doe v. Wolf; Case 4:15-cv-00250-DCB, United States District Court for the District of Arizona; Testified, November 14, 2016 and January 13, 14 and 22, 2020

Braggs, et al. v. Dunn, et al.; No. 2:14-cv-00601-WKW-TFM, United States District Court, Middle District of Alabama; Testified, December 22, 2016, January 4, 2017,
February 21, 2017 and December 5, 2017

Wright v. Annucci, et al.; No. 13-CV-0564-MAD-ATB, United States District Court, Northern District of New York; Testified, February 13, 2017

Padilla v. Beard, et al.; Case 2:14-at-00575
United States District Court, Eastern District of California,
Sacramento Division; Testified April 19, 2017

Cole v. Livingston; Civil Action No. 4:14-cv-1698, United States District Court, Southern District of Texas, Houston Division; Testified, June 20, 2017

Holbron v. Espinda; Civil No. 16-1-0692-04-RAN, Circuit Court of the First Circuit, State of Hawai'i; Testified, December 20, 2017

Dockery v. Hall; No. 3:13-cv-326-TSL-JMR, United States District Court for the Southern District of Mississippi, Jackson Division; Testified March 5-7, 2018

Valentine v. Collier; Case 4:20-cv-01115, United States District Court, Southern District of Texas, Houston Division; Testified, April 16, 2020

5. As a Superintendent, Assistant Director of Prisons, Assistant Deputy Secretary, Deputy Secretary and Secretary, I have been responsible for the safe and

secure operations of adult prisons in the State of Washington, a jurisdiction that saw and continues to see a significant downward trend in prison violence. As an expert witness and consultant I have been called upon to address security issues and conditions of confinement in adult prisons and jails in other states. I am experienced with sound correctional practice.

6. Attached hereto as **Exhibit 1** is a true and correct copy of my resume, which lists my work experience, publications, and service as an expert witness and correctional consultant. My billing rate for work on this case is $175 per hour.

II. ASSIGNMENT

7. I have been asked by Plaintiffs' counsel to offer my opinion on whether or not the measures the Los Angeles County Jails are taking to protect prisoners from the novel coronavirus (COVID-19) are minimally adequate.

III. MATERIALS REVIEWED

8. For this report I have reviewed the declarations of the named plaintiffs that were written during the second and third weeks of April 2020. In this report I rely heavily on these declarations as they describe current conditions in the LA jails. I have also reviewed documents from the California Judicial Counsel, the Los Angeles County Sheriff's Department (LASD), the Los Angeles Board of Supervisors, the Los Angeles Superior Court and the Los Angeles Department of Public Health. A complete list of the documents reviewed is attached to this report as **Exhibit 2**.

IV. OPINIONS

9. COVID-19 presents a special threat to people incarcerated in prisons and jails. It is well known by corrections administrators that any infectious disease must be taken extremely seriously in prisons and jails. People are housed in prisons and jails in very close quarters, and all infectious diseases appear to spread quickly. Jails represent a ticking time bomb during this pandemic. In my experience, once a single prisoner developed an infectious disease, a large number of other prisoners would also catch it. COVID-19 is particularly dangerous as those infected can be asymptomatic for several

days, or may never show symptoms at all.

10. Other jurisdictions are experiencing extreme situations in their prisons and jails. At the Marion Correctional Institution in Ohio, the number of prisoners testing positive for the virus increased dramatically and rapidly. As of April 18, 2020 1,057 prisoners out of a total population of about 2,500 tested positive for COVID-19.[1] The number testing positive in the surrounding county and at the prison literally doubled in a day. The National Guard is training 50 people to respond to the prison due to the severe shortage of staff.[2] As of April 17, 2020, at least 99 staff members have tested positive for the virus.[3] As of April 20, 2020 is has been reported than 1,828 prisoners at Marion have tested positive for the virus[4], indicating how fast this virus can spread in an incarcerated population.

11. Other correctional facilities are now seeing the consequences of failing to take every measure possible to stop the spread of the virus. In the Dane County Jail in Wisconsin the Sheriff had decided it is necessary to test all of his staff and prisoners after dozens more prisoners tested positive in a single pod.[5] Rikers Island, in New York City, is especially hard hit, and has an infection rate 87 times higher than the rest of the country.[6] The Cook County jail in Chicago is experiencing a similar disaster.[7] A federal

[1] DRC COVID-19 information 04-18-2020

[2] https://www.marionstar.com/story/news/local/2020/04/18/ohio-prison-marion-correctional-coronavirus-cases-covid-19-national-guard-called/5159921002/

[3] https://www.marionstar.com/story/news/local/2020/04/17/covid-19-marion-prison-home-one-ohios-largest-outbreaks/5151815002/

[4] https://thehill.com/homenews/state-watch/493623-almost-2000-coronavirus-cases-reported-at-ohio-prison

[5] https://www.wbay.com/content/news/All-inmates-and-staff-at-Dane-Co-jail-to-be-tested-for-COVID-19-569826511.html?ref=511

[6] Jessica Schulberg & Angelina Chapin, *Prisoners at Rikers Say It's Like a 'Death Sentence' as Coronavirus Spreads*, Huffington Post (Mar. 28, 2020), https://www.huffpost.com/entry/rikers-prisoners-coronavirus_n_5e7e705ec5b6256a7a2a995d.

[7] Sam Kelly, *Sheriff announces 51 new coronavirus cases at Cook County Jail, raising total to 89*, Chicago Sun Times, Mar. 28. 2020, https://chicago.suntimes.com/coronavirus/2020/3/28/21198407/cook-county-jail-

prison in Louisiana is reported to have had an "explosion" of virus cases with 30 staff members and prisoners testing positive.[8] State prisons in Minnesota[9] and Georgia[10] also report prisoners testing positive. The situation is even more advanced in Illinois state prisons, where one man has died after testing positive for the virus[11], seventeen were taken to a local hospital on March 30, 2020 and nine were on ventilators, stressing the resource for the surrounding, non-incarcerated community. At the Illinois prison in Stateville 121 prisoners and 70 staff have tested positive.[12] By the time this declaration is signed, there are likely to be more reports of COVID-19 in our nation's prisons. Tragically, this is just the beginning but prisons can reduce the risk to prisoners, staff and the public if prompt actions are taken.

12. Jails are not closed systems. Large numbers of staff enter the jail every day, and have the potential to bring the virus with them. As of the writing of the declaration, 58 LASD staff and 21 prisoners have tested positive for COVID-19.[13] Given this level of infection it is highly likely that more people in the LA jails will become infected. Given this reality it is my opinion that the LA jails need to become much more aggressive to slow the spread of the virus than the records show today, including increasing the number of prisoners tested for COVID-19 in the LA jails.

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coronavirus-covid-19-cases-inmates-89 (noting that "92 are still awaiting results of the test") and CBS Chicago, *Coronavirus In Chicago: 89 Inmates, 12 Staff At Cook County Jail Test Positive For COVID-19* (Mar. 28, 2020), https://chicago.cbslocal.com/2020/03/28/coronavirus-cook-county-jail-inmates-staff-covid-19-saturday-march-28/.

[8] https://www.washingtonpost.com/national/an-explosion-of-coronavirus-cases-cripples-a-federal-prison-in-louisiana/2020/03/29/75a465c0-71d5-11ea-85cb-8670579b863d_story.html

[9] https://bringmethenews.com/minnesota-news/first-covid-19-cases-confirmed-in-minnesotas-prison-system

[10] https://bringmethenews.com/minnesota-news/first-covid-19-cases-confirmed-in-minnesotas-prison-system

[11] https://www.nbcchicago.com/news/coronavirus/stateville-inmate-dies-several-others-on-ventilators-after-testing-positive-for-coronavirus/2247361/

[12] https://www2.illinois.gov/idoc/facilities/Pages/Covid19Response.aspx

[13] https://lasd.org/covid19updates/

13. Dr. Lello Tesema, lead for the COVID-19 Corrections Team for the Los Angeles Department of Public Health, expressed a similar concern in a recent seminar.[14] She said:

> One of the biggest challenges and priorities for our department is to increase testing in correctional facilities, in the jails and prisons -- specifically in the jails. You know, if you look at the current case counts, the positive cases among staff is maybe three- to four-fold higher than among incarcerated or detained persons, and I think what that illuminates is the lack of access for testing for people who are incarcerated or detained. And so we've urged our justice partners -- our correctional partners to widen testing, to relax criteria on testing, so that people with mild, atypical symptoms, even asymptomatic people who have been close contacts get tested, so that we are appropriately mobilizing resources. But currently, there is not nearly enough testing than the situation requires.

14. The Center for Disease Control (CDC) says:

> Incarcerated/detained persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced.[15]

Lack of Systemic Education and Information of the Incarcerated Population

15. The CDC guidance is that prisoners be educated about the risk of the virus and how prisoners can protect themselves. The CDC says:

- Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the symptoms of COVID-19 and how to respond if they develop symptoms.[16]

- **Post signage throughout the facility communicating the following:**
  - **For all:** symptoms of COVID-19 and hand hygiene instructions
  - **For incarcerated/detained persons:** report symptoms to staff

- Ensure that signage is understandable for non-English speaking persons and those with low literacy, and make necessary accommodations for those with

[14] UCLA Semel Institute, *COVID-19 and Incarceration: "What is Happening, What are the Key Questions, What Is to Be Done?"*, Urgent-Zoom-Panel Conference UCLA Center for Social Medicine, Apr. 18, 2020, *available at* https://www.youtube.com/watch?v=8RkQ4Elgvrs&feature=youtu.be, at approximately 2:46

[15] *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, Center for Disease Control, March 23, 2020, page 2

[16] *Interim Guidance* CDC, page 5

cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.[17]

- **Provide clear information to incarcerated/detained persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions.**

- Consider having healthcare staff perform regular rounds to answer questions about COVID-19.[18]

The emphasis on clear communication with the prisoner population is strong and clear in the guidance offered by the CDC.

16. The Los Angeles Department of Public Health offers similar guidance. In a publication titled Guidance for Correctional and Detention Facilities dated April 9, 2020, they say:

- **Routinely communicate updates to incarcerated/detained persons.**
- Communicate actions being taken to prevent the spread of COVID-19 within the facility
- Provide opportunities for incarcerated/detained persons to share insights on the consequences of COVID-19 related policies. Effectively communicate important updates that impact incarcerated/detained persons[19]

17. The declarations of the named plaintiffs reveal that no real attempt to educate the prisoners in LA jails about the risk of the virus and the status of the virus in the jails is being communicated. Prisoners remain fearful as a result and clearly seek to hear more from the jail officials. Some examples in the prisoners' own words:

I received no useful information about how to protect myself from COVID-19

[17] Ibid, page 6
[18] Ibid, page 22
[19] Los Angeles County Department of Public Health, *Guidance for Correctional and Detention Facilities (English),* April 9, 2020, page 3, *available at* http://publichealth.lacounty.gov/media/coronavirus/docs/facilities/GuidanceCorrectionalDetentionFacilities.pdf.

from the deputies.[20]

> No one in the jail has given me any advice or information about the virus, not even medical staff. There are no signs posted. I have not been handed a flyer or any written materials about the virus. On Tuesday, April 7, I talked to nurse practitioner or physician's assistant. I asked her about the coronavirus and she told me the jail was the safest place for me to be.[21]
>
> Despite my known respiratory illnesses, MCJ staff, deputies, and medical personnel have not taken any special precautions to prevent the spread of COVID-19 to me. Instead, they moved me to general population where my risk of exposure, severe illness, and death is all but near certain without providing me with any information about COVID-19 or how to prevent its spread.[22]

18. Some prisoner declarations make reference to a COVID video. One prisoner housed at the North County facility says:

> I do not know have much information about coronavirus because the jail has not been telling us much anything. Every day or so, the jail plays recorded video that mentions coronavirus and says there are no positive cases in the facility. It is the same recorded video they keep playing.[23]

19. A second prisoner referencing a video is housed at the Century Regional jail. She said:

> There are three videos that jail staff have played in our module about COVID-19. From my cell I cannot see or hear them very well. The only things I have learned from them is to cough into my elbow and how to wash my hands. I do not know if I should be eating food from the commissary, how often to clean my room, or what to eat from the kitchen.[24]

20. It appears such a video is not being shown consistently in all of the LA jails or living units. Another prisoner, also housed at the Century Regional facility said:

> I still have not seen any videos. The television is turned on once in a while, but they do not turn it on loud enough for me to hear it from my cell.[25]

21. At best, a COVID related video might be offered at some LA jails or in

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[20] Declaration of Catrina Baldarrama, # 3
[21] Declaration of Rodney Cullors, # 7
[22] Declaration of Albert Kirk Jones, # 18
[23] Declaration of Leandrew Lewis, # 10
[24] Declaration of Holly Davidson, # 12
[25] Declaration of Jessica Haviland, # 22

some living units at some times. This does not substitute for the more robust recommendation of the CDC referenced above to provide for "signage", "clear information" or having health cares staff available to answer questions. Nor does the inconsistent offering of a video in the LA jails comply with the guidance offered by the Department of Public Health to "routinely communicate updates" to the prisoner population. These updates must effectively communicate information that impact incarcerated/detained persons, including possible exposure to a medical staff, deputy, or another incarcerated person who has tested positive for COVID-19. The LASD must do more to educate the prisoners in their custody. Providing accurate, timely and regular communication to the prisoners is fundamental in the midst of the COVID crisis.

Medical Co-pays Should Be Eliminated

22. At least one prisoner's declaration expresses concern about co-pays for medical treatment.[26] Both the CDC and the LADPH suggest eliminating medical co-pays during the pandemic.[27] The concern is that prisoners might not seek medical attention when feeling ill, which would place them and other prisoners as well as the staff at risk of contracting the virus if it is not discovered. As the CDC says:

> Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation.[28]

Facility Cleaning and Personal Hygiene Needs to Improve

23. The CDC goes into great detail in their guidance regarding cleaning the facilities and providing for the personal hygiene of those incarcerated. Regarding cleaning the facility, the CDC says in part:

- **Even if COVID-19 cases have not yet been identified inside the facility or in the surrounding community, begin implementing intensified cleaning and disinfecting procedures according to the recommendations below. These measures may prevent spread of COVID-19 if introduced.**

[26] Declaration of Jessica Haviland, # 14
[27] LADPH Guidance, page 12
[28] CDC Guidance, page 2

- **Adhere to** CDC recommendations for cleaning and disinfection during the COVID-19 response. Monitor these recommendations for updates.

- Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, and telephones).

- Use household cleaners and EPA-registered disinfectants effective against the virus that causes COVID-19 as appropriate for the surface, following label instructions. This may require lifting restrictions on undiluted disinfectants.

- Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.

- **Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**[29]

24. The LA Department of Public Health offers similar Best Practices for Sanitation and Housekeeping:

- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, railings, countertops, faucet handles, phones, and especially areas visited by cases.

- **Consider increasing the number of staff and incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**

- Environmental cleaning should be done with EPA-registered healthcare disinfectant consistent with recommended wet contact time. *Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)*

[29] CDC Guidance, page 9

- If an EPA-registered disinfectant is not available, use a chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed. Alcohol-based disinfectants may be used if > 70% alcohol with contact time per label instructions.[30]

25. It is very clear from the prisoner declarations that no such protocols are in place in the LA Jails, putting the population at greater risk of contracting the disease.

26. Prisoners housed at the Central Regional facility have said:

> I am an inmate worker in my module. My job is to clean the module, which I do every day. When the inmate workers clean the module, they give us gloves but no masks. The cleaning solution they give us has a label that says "Citracide".[31]
>
> When we were allowed to access the dayroom, we had a schedule for who would clean the showers, and they were cleaned every day. Now, there is no set assignment for cleaning the showers. I did see one inmate volunteer one day to clean the showers at night, but there does not seem to be any policy or plan for cleaning the showers.[32]
>
> When I am cleaning for my inmate worker duties, I wipe the phones down approximately three times per day. But we all use the same phones throughout the day, and they are not wiped between each use. I have seen people cough on the phones.[33]

Another prisoner at the same facility reported similar concerns:

> There do not seem to be any consistent rules about cleaning. The phone is not wiped down between users. I have seen other people in my dorm put a sock over the phone in order to use it. [34]
>
> We do have access to the showers every day, but there is not any official cleaning schedule of the showers. Inmates just have to clean the showers themselves.[35]

Yet another prisoner at this facility also described the lack of cleaning and lack of cleaning supplies:

> 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

[30] LADPH Guidance, page 11
[31] Declaration of Carole Dunham, # 5
[32] Ibid # 10
[33] Ibid # 12
[34] Declaration of Rany Uong, #8
[35] Ibid # 9

> dirty sock and this small piece of soap to clean the cell, including what looked like feces on the wall near the bunk beds.[36]
>
> I watch the trustees who clean the day room and they spray Citracide on a rag and then use the same rag to wipe down the table tops and the phones. They do not wipe down the kiosks, sinks in the day room, vending machines, shower handles, or stairway railings. These are all surfaces that everyone touches on a daily basis.[37]

27. A prisoner at the North County facility reports:

> I have also seen people coughing while they use the shared phones. There are a total of six phones in the dorm, and we all share them to call our families or call our attorneys. In my entire time here, I only once saw someone come in to clean the phones. The phones are not wiped clean in between different people using them, and I am worried we could get infected from them.[38]
>
> The fifty or so of us in the dorm share only two showers between all of us. An inmate is assigned to clean that shower once a day, but there is no cleaning in between different people using it. On any day, twenty or thirty people regularly use a shower before it's cleaned. The shower is very dirty.[39]

Another prisoner who was held at the same facility reported:

> A few inmates in the dorm were in charge of assigning jobs among us, and the job I was assigned was cleaning showers. It was the dirtiest job and I didn't want to do it, but I couldn't get out of it. I wasn't really able to clean that well though. There was a bucket of liquid cleaning solution and I tried to use that. I wore a shower-cleaning shoe and used it to try to scrub the shower and pick up hair, filth, trash, and whatever else was in the shower. I cleaned the showers twice a day, but people used it in many times in between cleanings.
>
> Some other inmates were in charge of cleaning shared surfaces, like the tables, the floors, sometimes the railings. Those chores were assigned each week, and whether surfaces got cleaned really depended on who was cleaning that week. Inmates used the same wet towels for all of this cleaning, along with the bucket of cleaning solution. But the surfaces were usually cleaned at most once a day, and we all touched these common surfaces in between cleanings.
>
> I tried to wipe down the phones before using them, but they were not regularly cleaned. I have seen people cough on the phones and spit while talking on the phones. One time the phone was wet with tears when I picked it up because the person who made a phone call before me was crying.[40]

28. These prisoners are precisely correct in identifying the problem cleaning problems in the jails. These concerns are consistent with CDC and LADPH

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[36] Declaration of Jessica Haviland, # 2
[37] Ibid #18
[38] Declaration of Jeremiah Farmer, # 8
[39] Ibid, # 11
[40] Declaration of Andrew Fuentes, # 13, # 14, # 15.

guidelines that call for frequent, continual cleaning several times a day of all common touch surfaces. Failure to do so increases the risk of contracting the virus in the LA jails."

29. Another prisoner, housed in the Men's Central facility medical unit says:

> Since I have been in the medical unit, I have seen only one thorough cleaning of my cell. Two times a week, trustees from a different dorm will come into my cell and sweep or throw out the trash. I do not observe them using any cleaning products when they clean the cell.[41]
>
> I shower three times a week. The showers are shared with the entire module. I have never observed anyone cleaning the shared showers. In fact, when I shower, I am told to clean the shower myself, take out my trash, and wipe down the area that I used. I have never been provided any special cleaning supplies to do this.[42]

Another prisoner, who was moved to a new cell at Men's Central, reported:

> When I was in Men's Central, I was never given any cleaning solution or cleaning supplies for my cell, even the cells that I shared or where other people had been detained right before. When I was in the first cell that I shared, the one where someone from the street had been right before me, I asked the guards for cleaning solution so I could clean my floor and bunk. I asked multiple times, but they never gave me anything to clean my cell. While at Men's Central, I was never able to clean my cell or the shared areas.[43]
>
> When I first arrived in that new cell, the jail never gave me a clean bed sheet. Instead, I had to sleep on the previous person's bed sheet. My cell mate told me that previous person who used the cell and used those sheets had come fresh off the street and was coughing and sick too.[44]

30. Another prisoner, also housed at the Men's Central jail says:

> Once a week, I'm allowed to use an ADA-compliant shower outside my cell. Even if I'm less likely to get injured there, the shower is extremely dirty. It's a shared shower, and as far as I know, it doesn't get cleaned between different people using it. I'd be surprised if it ever gets cleaned. Also, the exhaust in the shower is clogged, so it feels like the air and steam never circulate out of there. I'm scared that someone infected might use the shower, and I could get sick from that too. The shower is full of mold and filth. The last time I showered was in the ADA-compliant shower last week, but I think I might stop doing that from now on in order to protect myself from getting infected while in there.[45]
>
> We are able to use a shared dayroom, but it's very small, probably 10 by 14 feet or 12 by 18 feet. There's typically around twelve people crammed into that tiny

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[41] Declaration of DeNeal Young, # 9
[42] Ibid, # 11
[43] Declaration of Andrew Fuentes, # 25
[44] Ibid, # 22
[45] Declaration of Rodney Cullors, # 6

> space, and it looks like it's never cleaned. I often see spit on the walls or surfaces, sometimes wet or sometimes dry and crystalized.[46]

31. The CDC says to provide no cost soap to prisoners during the crisis, liquid if possible.[47] The guidance from the LA Department of Public Health says the same, "Provide soap at no cost. Make liquid soap available where possible".[48] Access to soap is different within the LA jails but in each facility it is inadequate. There appears to be no access to liquid soap and no-cost soap is not consistently provided.

32. Access to soap at the Men's Central Jail is described by the prisoners as follows:

> Each person is provided a free soap once when they enter, but I have used mine up already. I typically buy one through the commissary about once a week.[49]

> 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… I have access to a shower in my cell, but it is not accessible, and I don't even have soap.[50]

> Each person is provided one free tiny bar of soap and a single roll of toilet paper once a week. I use up my free bar of soap in a couple of days because I know it is important to wash my hands often to avoid catching the virus. I have had to buy soap from commissary after that, which has been a financial hardship for me.[51]

33. One prisoner at the Century Regional facility described her experience with soap when placed in an isolation cell. She said:

> I also was not given the opportunity to shower or leave my cell. I was not given soap, toilet paper, nor sanitary napkins.[52]

This prisoner was not sure at first why she was put in isolation. No one told her. She describes what she was told when she asked why she was in isolation.

> The same deputy locked me in module 1600, pod 2, cell 16. The cell is a single person cell that is in a disgusting condition. I have never experienced anything like this in my life. There was no toilet paper or soap and there was old food under

[46] Ibid, # 11
[47] CDC Guidance, page 10
[48] LADPH Guidance, page 6
[49] Declaration of Benito Venegas, # 11
[50] Declaration of Rodney Cullors, #'s 5 & 6
[51] Declaration of Mark Avila, # 15
[52] Declaration of Catrina Balderrama, # 12

> the bed and on the walls. She told me my release papers had come through and I was going home. When I got excited about this, she said "April Fools". She then proceeded to tell me "see you later in hell when you die." The other deputies that were outside of my cell with her laughed when she said this.[53]

Several days later this person was tested positive and confirmed to be positive for the COVID virus.

34. Another prisoner at Century says she is given a half bar of soap each day for free[54], and another says the soap dispenser in her day room has been empty the entire time she has been there.[55] A prisoner at the Twin Towers Correctional Facility also said he regularly runs out of his provision of soap:

> 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.[56] 24.
>
> Since we do not get clean laundry very often, we are forced to wash our own clothes with the one small bar of soap we get every week. It makes the soap run out really fast. When I run out of soap, I have to buy some from Commissary. The only way you can make a purchase from Commissary is if you have money on your books. Some guys don't have any money on their books, so they cannot buy more soap even though we all need it. [57]

35. At the North County facility access to soap is described as follows:

> We are given a small bar of soap, like the kind you see in a motel. The soap is labeled "Freshscent Deodorant Soap" and I don't think it's anti-bacterial. The soap is replaced once a week or so, and sometimes I run out of mine before it's replaced. When that happens, I have to go without soap or ask others to borrow theirs.[58]

36. Access to such an important item as soap in the LA jails is not adequate to meet the guidance of the CDC or the LADPH. The practice is at least inconsistent between facilities and maybe between living unit in the same facility. He LA Jails must provide soap at no cost in their jails.

37. The LA jails are also not providing access to paper towels, contrary to CDC

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[53] Ibid, # 11
[54] Declaration of Holly Davidson, # 13
[55] Declaration of Carole Dunham, # 9
[56] Declaration of Victor Gutierrez, # 5.
[57] Ibid, # 24
[58] Declaration of Jeremiah Farmer, # 9

and LADPH guidance that call for no-cost access.[59] This is verified in five different prisoner declarations.[60]

Hand Sanitizer Should Be Provided

38. There is also no access to alcohol hand sanitizer by the prisoners in the LA jails, even though deputies do have such access. This is confirmed in ten of the prisoners' declarations.[61]

39. The CDC is cautious in their recommendation about alcohol based hand sanitizer. They say:

> Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow.[62]

The CDC recommendation is deferential to correctional authorities as alcohol based hand sanitizer may be consumed by prisoners and/or used to start fires as it is combustible. I have a different opinion, based on my own experience, and believe it should be allowed.

40. When I was the Deputy Secretary of the Washington Department of Corrections (DOC) during a flu epidemic at one of my 2,000 plus bed facilities, I authorized the temporary use of alcohol-based hand sanitizer without problem. We had nearly 1,000 prisoners infected with the flu and we took several steps to fight the epidemic. I recall two things that we did to get on top of the situation. One, we added inmate janitors, gave them the appropriate protective gear, and had them continuously cleaning common surfaces with disinfectant or bleach. Two, we temporarily suspended our prohibition about allowing prisoners to have access to alcohol based hand sanitizer. Use of hand sanitizer appears to be a cornerstone of addressing the virus, and this rule

[59] CDC Guidance, page 10 & LADPG Guidance, page 6

[60] Declaration of DeNeal Young, # 13; Carole Dunham, # 9; Jessica Haviland, # 16; Rodney Cullors, # 4; Rany Uong, #12.

[61] Declaration of Benito Venegas, # 8, 9; DeNeal Young, # 16; Mark Avila, #11; Albert Kirk Jones, # 12; Carole Dunham, # 9; Holly Davidson, # 13; Jeremiah Farmer, # 10; Jessica Haviland, # 16; Rodney Cullors, # 4; Rany Uong #12.

[62] CDC Guidance, page 8

should be suspended. While there is some risk associated with the misuse of alcohol-based hand sanitizer being abused by some prisoners with substance abuse problems, that risk pales in comparison to the benefit for a much larger number of prisoners. This moment is about balancing risks, and the overriding consideration is protecting the prisoners from the threat of this lethal virus by providing them with access to alcohol based hand sanitizer.

41. The Washington State DOC has taken this step again in the face of this pandemic and is allowing access for some prisoners to alcohol based hand sanitizer in the face of the COVID crisis, related to their job duties.[63] On April 18, 2020 Washington authorities published a memo explaining the availability of alcohol based hand sanitizer to all of their incarcerated population.[64]

42. And this past week a Federal judge in the State of Texas (a case in which I was involved) moved to require access to alcohol based hand sanitizer in one facility.[65]

Social Distancing Efforts Must Improve

43. Social distancing guidelines are difficult, if not sometimes impossible, to completely achieve in prisons or jails. Still these guidelines should be given attention and correctional authorities need to work to achieve them, or get close to achieving them whenever and wherever they can.

44. The fourth quarter 2019 report from LASD says the jail system's capacity was last rated in August 2018, and the rated capacity then was 12,404.[66] As of April 20, 2020, the VERA Institute of Justice says the jail population was 12,269.[67] The LASD

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[63] Respondents' Report on the Department of Corrections' COVID-19 Response, Colvin v. Inslee, No. 98317-8filed 4/13/20 in the Washington State Supreme Court, page 30

[64]https://doc.wa.gov/news/2020/docs/2020-0418-incarcerated-individuals-memo-appropriate-use-of-hand-sanitizer.pdf

[65] Preliminary Injunction Order, Civil Action No. 4:20-CV-1115, United States District Court Southern District of Texas, Houston Division, April 16, 2020, page 2

[66]https://lasd.org/transparency%20data/custody%20reports/Custody%20Division%20Population%202019%20Fourth%20Quarter%20Report.pdf

[67] https://www.vera.org/projects/covid-19-criminal-justice-responses/covid-19-data

website says the population on April 22, 2020 was 12,131.[68] This is down from a population of over 17,000. This writer applauds the efforts of county officials to reduce the prisoner population. But, according to the Inspector General for the Los Angeles Sheriff's Department, commenting about a single dorm in one jail, he says he believes that more prisoners can be released.[69] The Inspector General's comments should be pursued as the fewer people in the jail, the fewer the people put at risk.

45. But getting the jail population down to about 12,000, as good as it sounds, only means the jail is closer to its rated capacity. In 2019, when the jail population was about 17,000, it was reported that the jails were overcrowded by over 4,000 prisoners.[70] What that means is that the jail is now closer to its rated capacity. I am very confident in saying that the rated capacity of any jail or prison does not account for the requirements of COVID-19 social distancing or the staffing needs required to effectively maintain a facility on the brink of an infectious disease outbreak. Defendants are experiencing significant staff shortages due to quarantining of employees and medical staff. The precipitous decline in the staff who are available to work drastically reduces the operational capacity of the jail and creates challenges in handling the 12,000+ prisoner population. As of April 22, 2020, there were 364 LASD employees quarantined and 58 LASD employees who tested positive.[71] These numbers have risen sharply in the last month alone. On March 17, 2020, there were 43 employees who are self-quarantined; 21 of them were believed to have been exposed on-duty. Persistent and ongoing staff shortages will minimize the jail's operational capacity and deplete the jail's resources to contain a pandemic. The staff shortages also pose dire challenges in monitoring a growing number of inmates in quarantine or in isolation. As of April 22, 2020, 1585

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[68] https://lasd.org/covid19updates/

[69] http://file.lacounty.gov/SDSInter/bos/commissionpublications/agenda/1071395_April16_2020MeetingAudio.pdf#search=%22*%22, at approximately minute 23

[70] http://www.laalmanac.com/crime/cr25b.php

[71] https://lasd.org/covid19updates/#custody

inmates are in quarantine and 65 inmates are isolated.[72] As such, neither the rated capacity nor the operational capacity of the Los Angeles County jail systems account for the unprecedented public health challenge of COVID-19.

46. Continuing efforts to reduce the jail population is paramount. The VERA Institute of Justice, in a recent publication, lists several opportunities for the county to take actions to reduce their jail population.[73] County authorities would be wise to study and act on any of their recommendations that have not already been pursued.

The VERA recently said:

> People are safer outside of jails—facilities in which close quarters and poor sanitation conditions spell disaster during a pandemic.
>
> Although some jurisdictions have taken steps to actively reduce incarceration, more must urgently be done.[74]

47. In the meantime, the inability of the LA jails to achieve social distancing is made clear in the declarations of the prisoners.

48. At the North County and the Men's Central jails, some prisoners are forced to sleep in triple bunks[75], a rare practice I have only witnessed in California state prisons during their period of their worst overcrowding. On its face, in my opinion triple bunking represents an overcrowded condition.

49. One prisoner also reported being forced to sleep in bunk beds in dorm settings at the Twin Towers Correctional Facility:

> I am currently housed in a pod with other trustees and disabled inmates that need ADA accommodations. In my pod, there are 8 trustees and 8 ADA inmates. We all sleep in the same dorm-type setting. In our pod, there are bunk beds for the trustees. The person on the top bunk sleeps only 5 feet above the person on the bottom bunk. The bunk beds are only 2 ½ or 3 feet apart from each other. Our beds are so close together, in fact, I can sometimes feel the breath of the trustee sleeping in the lower bunk next to my bunk as I sleep.[76]

This same prisoner describes what happens during a meal in his housing unit.

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[72] *Id.*
[73] https://www.vera.org/downloads/publications/coronavirus-guidance-los-angeles.pdf
[74] https://www.vera.org/projects/covid-19-criminal-justice-responses/covid-19-data
[75] Declaration of Benito Venegas, # 4; Jeremiah Farmer, #6
[76] Declaration of Victor Gutierrez, # 13

> All of the men in my pod eat our meals together at one long table. We are usually so close, we end up bumping elbows.[77]

50. The CDC says:

> Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table.[78]

51. Describing a different condition, the same prisoner describes being detained right next to a dayroom where beds were crowded close to each other:

> There are 20-30 people in the dayroom outside of my cell. The cells open onto the dayroom with just a glass door. Although I am housed in the cell, there are twenty people just outside the door to my cell, and I have to walk very closely past those people whenever I need to go anywhere. It is not possible to stay 6 feet away from the people outside my door. Their beds are spaced very closely together, approximately 1.5 feet apart.[79]

52. A woman from the Central Regional facility reported similar conditions:

> 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.[80]

Her suggestion that the bunks be spread out across the dayroom so that other prisoners do not have to sleep so close together would improve social distances, at least in that specific unit. LA jail authorities should consider this suggestion and search for other opportunities to spread the prisoners' bunks out in all their living units and all of their jails.

53. In my home state of Washington, "Department staff repurposed various areas within the facility, including a classroom and extended family visit units, to spread the population out".[81] It is an excellent suggestion to review all available space and

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[77] Ibid, # 14
[78] CDC Guidance, page 11
[79] Declaration of Victor Gutierrez, # 13
[80] Declaration of Jessica Haviland, # 3
[81] Respondents' Report on the Department of Corrections' COVID-19 Response, Colvin

repurpose it, in order to reduce the risk of harm to prisoners in the LA jails. The current state of the pandemic requires it. I have seen no indication that the LA Sheriff's Department has undertaken such an assessment.

54. Another extremely risky practice currently in place in the LA jails regards court appearance procedures. One prisoner reporting on his experience said:

> I was taken to court on March 26 or 27 for a probation hearing. I was transported on the sheriff's bus along with several other inmates, maybe dozens. None of us had masks, and the person I was cuffed and chained to was coughing a lot. He was sitting next to me on the same seat coughing, and we were chained together unable to keep apart. Others were coughing too, and then people were saying that the people coughing had coronavirus.[82]

Another prisoner taken to court twice reported similar conditions:

> I went to court on March 24 and April 7. Both times that I went to court, everyone going to court that day was first put in a crowded hallway. There were 30 or so of us there in that hallway, from different dorms and different parts of the jail. The hallway was probably 10 feet long and no more than four steps sideways. It wasn't big at all, and all of us were stuffed in there without any masks or way to protect ourselves. People were coughing and sneezing. After making us line up, the guards handcuffed us and put all of us on the bus. On the bus, I had to share a seat with someone else and was chained to him. No one on the bus had masks. The jail didn't check temperatures or perform any other medical screening either before or after we went to court. Instead, when we got back, we were put back in the dorm after being exposed to all those people.[83]

55. In a lengthy description submitted in his declaration of April 17, 2020, another prisoner describes his court experience in great detail:

> On April 8th, I went to court for a court appearance. Because I was afraid of COVID-19 spread and because the guards had not given us any protection, I created my own mask out of a torn t-shirt that I tied around my head. At 6am, I was escorted by deputies down my tier to the bus area. I waited in the "court line", shackled to other prisoners, to get on a sheriff's bus. Throughout the day, I was passed through the custody of multiple deputies. I came in close contact with several deputies at Men's Central who walked me from my cell to the court line, processed me on the court line, shackled me to other prisoners on the court line, and loaded me on the bus. I observed other prisoners on bus coughing and many of did not have masks. I then came in close contact with deputies at the courthouse itself, including those who placed me in the "court tank" (a room where I waited to be seen by the judge) and who escorted me from my court tank to my courtroom. The bailiff in the courtroom also came in close proximity to me when I was seen by the judge. At the courthouse, I passed through multiple holding tanks where there were easily 20-30 people standing in a single small room. The holding

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v. Inslee, No. 98317-8filed 4/13/20 in the Washington State Supreme Court, page 35

[82] Declaration of Jeffrey Livotto, # 15

[83] Declaration of Andrew Fuentes, # 10

> tanks are filthy and we were not provided disinfectant supplies to help us wipe down any surfaces we touch. When I returned to MCJ, I was forced into a single "stand-up cage" with 10-12 other people, where we were to wait for our unit officers to pick us up and bring us back to our modules. The individual "stand-up cages" are separated by perforated metal and adjacent to each other so that you're standing less than six feet away from the person in the next cage. We were not seen by a nurse or a doctor on our way back from court. My temperature was not taken at any point before getting on the bus in the morning. My temperature was not taken at any point on my way back from court. I was not asked about symptoms of COVID-19 at any part of the process from here and back. As far as I could tell, there was no effort to keep prisoners 6 feet distance from each other. We were also not provided masks or other face coverings to prevent the spread of COVID-19.[84]

56. Another prisoner describes her experience:

> On April 1, 2020, I had a court date. While I was at court, they put me in a cell with six other women who were in street clothes, who had just been arrested. Two of those women were coughing a lot. I never saw those women receive a mask, get their temperature checked, or a test for COVID-19. When I returned back to CRDF that day, I was not given a test for COVID-19 or even a temperature check.[85]

57. And yet another prisoner tells us of her experience:

> 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.[86]

58. And finally, one prisoner describes his experience getting medical care and the lack of attention to social distancing.

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

[84] Declaration of Mark Avila, # 20
[85] Declaration of Jessica Haviland, # 8
[86] Declaration of Catrina Balderrama, # 4

my face to protect myself.[87]

59. Another place where moving towards complying with social distance guidelines has to do with prisoners waiting in lines. One prisoner said:

> Other than the one hour per day we leave our cell, we also leave to pick up our meals. The food is laid out in the day room and women who are incarcerated here serve food to us as we walk down the line holding our trays. The women serving the food are not wearing masks or gloves. There is no protocol to keep people six feet apart in these lines for food.[88]

60. Max Huntsman is the Inspector General for the LA County Sheriff's office. At a recent meeting of the Sheriff's Oversight Commission he characterized the court transport situation at the LA jails when he said, "Trips back and forth (to court) are very bad."[89] From the description of the prisoners of their experiences during transports, I agree with Mr. Huntsman's assessment.

61. The LA County Sheriff said in a press conference on April 14, 2020 that he had reduced mass transports to the court from about 1,200 to 1,500 to 480.[90] This is excellent progress but more needs to be done. When such mass transportation is unavoidable, prisoners should be given appropriate protective equipment and then be provided appropriate medical attention if they come into contact with others who appear to be sick.

62. And finally, one prisoner describes his experience getting medical care and the lack of attention to social distancing.

> I'm also forced into close contact with others whenever I need medical care. Last week, I was transported from the jail in a van with other wheelchair-confined inmates because I needed an MRI. There were three of us in total chained to the wheelchair van, all on our way to medical care. All of us were over 50. None of the other men had masks, and some were coughing. I tried to stretch my shirt over my face to protect myself.[91]

63. Whether in court transports, receiving medical care or at intake into the jail,

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[87] Declaration of Rodney Cullors, # 15

[88] Declaration of Jessica Haviland, # 6

[89] http://file.lacounty.gov/SDSInter/bos/commissionpublications/agenda/1071395_April16_2020MeetingAudio.pdf#search=%22*%22, at approximately minute 35

[90] https://lasd.org/sheriff-lasd-status-covid-19/

[91] Declaration of Rodney Cullors, # 15

the deputies need to work toward social distancing for the prisoners in their care. In fact for intake, the CDC recommends:

> **Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake process,** in order to identify and immediately place individuals with symptoms under medical isolation.[92]

And,

> **If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case).[93]**

If these practices are not already in place in the LA jails, they should be. Both will reduce the risk to the confined population.

64. Prisoners have reported that they are placed in quarantine without efforts to socially distance. Additionally, prisoners report that while in quarantine, corrections officers will walk through the dorm to conduct head counts, and those same officers then leave the quarantined dorm and move through other parts of the facility. In one example, a prisoner reports inconsistent use of masks by the staff member moving through his quarantined dorm to take the count.

> The deputies also came into our quarantined dorm to do counts. Some of the deputies pulled their masks below their mouths when they came into our dorm to do the counts.[94]

In my opinion, this practice increases the risk of transmission throughout the facility.

Education Must Be Provided About the Use and Access to Masks

65. At the same meeting referenced above, Mr. Huntsman also described the "insufficient" procedures for LA jail staff entering the facility to go to work. He said. "If your goal is to protect people inside from getting COVID-19 we do not have an effective system in place." He goes on to describe insufficient medical staff at the jails before the COVID-19 pandemic began and how taking temperatures upon entry to the facilities is

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[92] CDC Guidance, page 10
[93] Ibid, page 14
[94] Declaration of Jeffrey Livotto, # 4

not always taking place.[95] Failing to have a consistent procedure for people arriving at the facility puts people, both staff and prisoners, at risk. It is also contrary to the CDC guidance that describes the appropriate procedure for asking specific questions and performing temperature checks for all persons arriving at the facility. The LA jails should follow this procedure universally.

V. CONCLUSION AND RECOMMENDATIONS

66. One of the declarants in this case has already tested positive for the virus. The other named plaintiffs have a variety of underlying conditions that can place them at greater risk, should they contract the COVID virus. These include:

- Diabetes[96] (3 prisoners)
- Asthma[97] (4 prisoners)
- Epilepsy[98]
- Blood clots in legs, danger of heart attack, pulmonary embolism and stroke[99]
- History of lymphoma, chemotherapy and cardiac arrest[100]
- Hypertension[101] (2 prisoners)
- Respiratory illness[102]
- History of anemia, hepatitis, radiation and chemotherapy[103]

All of the prisoners who wrote declarations, including those without any known

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[95] http://file.lacounty.gov/SDSInter/bos/commissionpublications/agenda/1071395_April16_2020MeetingAudio.pdf#search=%22*%22, at approximately minute 45

[96] Declaration of Carole Dunham, # 2; Leandrew Lewis, #2; Mark Avila, # 6

[97] Declaration of Benito Venegas, # 3; Declaration of Jeffrey Livotto, #2; Declaration of Mark Avila, #5 & #6, Declaration of Victor Gutierrez, #6 & #12.

[98] Declaration of Benito Venegas, # 3

[99] Declaration of DeNeal Young, # 4

[100] Declaration of Holly Davidson, # 6

[101] Declaration of Rodney Cullors, #2; Declaration of Victor Gutierrez, #9 & #10.

[102] Declaration of Albert Kirk Jones, # 4

[103] Declaration of Andrew Fuentes, # 2 (Mr. Fuentes has since been released.)

underlying conditions, express their fear of the COVID virus living in the conditions of the LA County jails. Their fears are credible, realistic and compelling given what they have told us about how the jails are managing the risk. The jails must do more to reduce the risk to the prisoners in their care, including adhering closely to the guidance provided by the CDC and the LA County Department of Public Health.

66. To that end I recommend:

- Provide an orientation to all prisoners and on-going updates on how to protect oneself from the virus as well as the status of infections within the jails. Allow for opportunities to ask COVID-19 related questions of medical staff
- Post educational COVID related signage
- Provide no cost access to hand soap and paper towels
- Eliminate medical co-pays for the duration of the pandemic
- Provide alcohol based hand sanitizer in locations where dispensers can be regularly viewed by staff
- Develop a cleaning schedule that is frequent and on-going by hiring more prisoner janitors and providing them with appropriate chemical and protective equipment. Provide for continual, around the clock cleaning of all commonly shared areas, especially the toilet areas in dormitory settings.
- Provide CDC approved cleaning supplies so that prisoners can clean their cells and personal dormitory areas.
- Provide direction on how to use the recently issued masks, how to keep them clean and how to get another when necessary
- Search for opportunities to expand bunk space for prisoners
- Seek to eliminate dangerous crowding for court transports or medical trips
- Survey the facility for places where prisoners historically stand in line and expand those lines so that prisoners are 6 feet apart
- Follow CDC guidelines for all persons entering the jails

/ / /

- Increase the number of COVID-19 tests performed for the jail population
- Continue to make efforts to reduce the total jail population

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct. Executed this 23rd day of April 2020, in Olympia, WA, ~~California~~.

E. V.

ELDON VAIL

Declaration of Eldon Vail

Exhibit 1

EXHIBIT 1

ELDON VAIL
1516 8th Ave SE
Olympia, WA. 98501
360-349-3033
Nodleliav@comcast.net

WORK HISTORY

Nearly 35 years working in and administering adult and juvenile institutions, and probation and parole programs, starting at the entry level and rising to Department Secretary. Served as Superintendent of 3 adult institutions, maximum to minimum security, male and female. Served as Secretary for the Washington State Department of Corrections (WADOC) from 2007 until 2011.

▪ Secretary	WADOC	2007-2011
▪ Deputy Secretary	WADOC	1999-2006
▪ Assistant Deputy Secretary	WADOC	1997-1999
▪ Assistant Director for Prisons	WADOC	1994-1997
▪ Superintendent	McNeil Island Corrections Center	1992-1994
▪ Superintendent	WA. Corrections Center for Women	1989-1992
▪ Correctional Program Manager	WA. Corrections Center	1988
▪ Superintendent	Cedar Creek Corrections Center	1987
▪ Correctional Program Manager	Cedar Creek Corrections Center	1984-1987
▪ Juvenile Parole Officer	Division of Juvenile Rehabilitation	1984
▪ Correctional Unit Supervisor	Cedar Creek Corrections Center	1979-1983
▪ Juvenile Institution Counselor	Division of Juvenile Rehabilitation	1974-1979

SKILLS AND ABILITIES

- Ability to analyze complex situations, synthesize the information and find practical solutions that are acceptable to all parties.

- A history of work experience that demonstrates how a balance of strong security and robust inmate programs best improves institution and community safety.

- Leadership of a prison system with very little class action litigation based on practical knowledge that constitutional conditions are best achieved through negotiation with all parties and not through litigation.

- Extensive experience as a witness, both in deposition and at trial.

- Experience working with multiple Governors, legislators from both political parties, criminal justice partners and constituent groups in the legislative and policymaking process.

- Skilled labor negotiator for over a decade. Served as chief negotiator with the Teamsters and the Washington Public Employees Association for Collective Bargaining Agreements. Chaired Labor Management meetings with Washington Federation of State Employees.

HIGHLIGHTS OF CAREER ACCOMPLISHMENTS

- Reduced violence in adult prisons in Washington by over 30% during my tenure as Secretary and Deputy Secretary even though the prison population became more violent and high risk during this same time period.

- Long term collaboration with the University of Washington focusing on improving treatment for the mentally ill in prison and the management of prisoners in and through solitary confinement.

- Implemented and administered an extensive array of evidence based and promising programs:

    - Education, drug and alcohol, sex offender and cognitive treatment programs.

    - Implemented sentencing alternatives via legislation and policy, reducing the prison populations of non-violent, low risk offenders, including the Drug Offender Sentencing Alternative and, as the Secretary, the Parenting Sentencing Alternative. http://www.doc.wa.gov/corrections/justice/sentencing/parenting-alternative.htm

    - Pioneered extensive family based programs resulting in reductions in use of force incidents and infractions, as well as improved reentry outcomes for program participants.

    - Established Intensive Treatment Unit for mentally ill inmates with behavioral problems.

    - Established step down programs for long-term segregation inmates resulting in significant reduction in program graduate returns to segregation.

- Initiated the Sustainable Prisons Project
http://blogs.evergreen.edu/sustainableprisons/

- Improved efficiency in the agency by administrative consolidation, closing 3 high cost institutions and eliminating over 1,200 positions. Housed inmates safely at lowest possible custody levels, also resulting in reduced operating costs.

- Increased partnerships with non-profits, law enforcement and community members in support of agency goals and improved community safety.

- Successful settlement of the Jane Doe class action law suit, a PREA case regarding female prisoners in the state's prisons for women.
- Resolved potential class action lawsuit regarding religious rights of Native Americans. https://www.seattletimes.com/opinion/a-precedent-for-native-americans-religious-freedom-in-washington-prisons/

- Led the nation's corrections directors to support fundamental change in the Interstate Compact as a result of the shooting of 4 police officers in Lakewood, WA.

- Dramatically improved media relations for the department by being aggressively open with journalists, challenging them to learn the difficult work performed by corrections professionals on a daily basis.

EDUCATION AND OTHER BACKGROUND INFORMATION

- Bachelor of Arts - The Evergreen State College, Washington – 1973

- Post graduate work in Public Administration - The Evergreen State College, Washington - 1980 and 1981

- National Institute of Corrections and Washington State Criminal Justice Training Commission - various corrections and leadership training courses

- Member of the American Correctional Association

- Associate member, Association of State Correctional Administrators (ASCA)

- Guest Speaker, Trainer and Author for the National Institute of Corrections (NIC)

- Instructor for Correctional Leadership Development for the National Institute of Corrections

- Author of *Going Beyond Administrative Efficiency—The Budget Crisis in the State of Washington*, published in Topics of Community Corrections by NIC, 2003

- Consultant for *Correctional Leadership Competencies for the 21st Century*, an NIC publication

- Consultant for Correctional Health Care Executive Curriculum Development, an NIC training program, 2012

- Commissioner, Washington State Criminal Justice Training Commission 2002-2006, 2008-2011

- Member, Washington State Sentencing Guidelines Commission 2007-2011
- Advisory Panel Member, *Correctional Technology—A User's Guide*
- Co-chair with King County Prosecutor Dan Satterberg, *Examining the Tool Box: A Review of Supervision of Dangerous Mentally Ill Offenders*
- Guest lecturer on solitary confinement, University of Montana Law School in 2012
- On retainer for Pioneer Human Services from July 2012 - July 2013
- On retainer for BRK Management Services from September 2012 – April 2013
- Guest Editorials, Seattle Times, February 22, 2014 and April 5th, 2019
  http://www.seattletimes.com/opinion/guest-opinions-should-washington-state-abolish-the-death-penalty/
  https://www.seattletimes.com/opinion/washington-state-is-ready-to-put-an-end-to-the-death-penalty/

CURRENT ACTIVITIES

- Serve on the Board of Advisors for Huy, a non-profit supporting Native American Prisoners
- Serve on the Board of Directors for HEAL for Reentry, a non-profit supporting Native Americans' transition to the community from prison
- Retained as an expert witness or correctional consultant in the following:
  - ***Mitchell v. Cate***
    No. 08-CV-1196 JAM EFB
    United States District Court, Eastern District of California,
    Declarations, March 4, May 15 and June 7, 2013
    Deposed, July 9, 2013
    Case settled, October 2014
  - ***Ananachescu v. County of Clark***
    No. 3:13-cv-05222-BHS
    United States District Court, Western District of Tacoma
    Case settled, February 2014

- ***Gifford v. State of Oregon***
  No. 6:11-CV-06417-TC
  United States District Court, For the District of Oregon,
  Eugene Division,
  Expert report, March 29, 2013
  Case settled, May 2013

- ***Parsons, et al v. Ryan***
  No. CV 12-06010 PHX-NVW,
  United States District Court of Arizona
  Declarations and reports, November 8, 2013,
  January 31, February 24 and September 4, 2014
  Deposed, February 28 and September 17, 2014
  Case settled, October 2014

- ***Coleman, et al v. Brown, et al***
  No. 2:90-cv-0520 LKK JMP,
  United States District Court, Eastern District of California,
  Declarations, March 14, May 29 and August 23, 2013;
  February 11, 2014
  Deposed, March 19 and June 27, 2013
  Testified, October 1, 2, 17 and 18, 2013

- ***Peoples v. Fischer***
  No. 1:11-cv-02694-SAS,
  United States District Court, Southern District of New York
  Interim settlement agreement reached February 19, 2014
  Case settled, March 2016
  Continuing assignment monitoring for the Plaintiffs

- ***Dockery v. Hall***
  No. 3:13-cv-326 TSL JMR,
  United States District Court for the Southern District of
  Mississippi, Jackson Division
  Reports, June 16, 2014, December 29, 2016;
  March 23, 2017; November 16, 2018
  Deposed, April 7, 2017
  Testified March 5-7, 2018

- ***C.B., et al v. Walnut Grove Correctional Authority, et al***
  No. 3:10-cv-663 DPS-FKB,
  United States District Court for the Southern District of
  Mississippi, Jackson Division
  Memo to ACLU and Southern Poverty Law Center,
  March 14, 2014, filed with the court
  Reports, August 4, 2014 and February 10, 2015
  Testified, April 1, 2 and 27, 2015

- ***Wright v. Annucci, et al***
  No. 13-CV-0564 (MAD)(ATB),
  United States District Court, Northern District of New York
  Reports, April 19 and December 12, 2014
  Testified, February 13, 2017

- ***Graves v. Arpaio***
  No. CV-77-00479-PHX-NVW,
  United States District Court of Arizona
  Declarations, December 15, 2013, April 1, 2016,
  December 22, 2017; February 9 and October 22, 2018;
  August 19 and 30, 2019
  Testified, March 5, 2014

- ***Corbett v. Branker***
  No. 5:13 CT-3201-BO,
  United States District Court, Eastern District of North Carolina,
  Western District
  Special Master appointment November 18, 2013
  Expert Report, January 14, 2014
  Testified, March 21, 2014

- ***Fontano v. Godinez***
  No. 3:12-cv-3042,
  United States District Court, Central District of Illinois,
  Springfield Division
  Report, August 16, 2014
  Testified June 29, 2016
  Case settled June 30, 2016

- ***Atencio v. Arpaio***
  No. CV12-02376-PHX-PGR,
  United States District Court of Arizona
  Reports, February 14 and May 12, 2014
  Deposed, July 30, 2014
  Case settled, March 2018

- ***Larry Heggem v. Snohomish County***
  No. CV-01333-RSM,
  United States District Court,
  Western District of Washington at Seattle
  Report, May 29, 2014
  Deposed, June 27, 2014

- ***Doe v. Michigan Department of Corrections***
  No. 5:13-cv-14356-RHC-RSW,
  United States District Court, Eastern District of Michigan,
  Southern Division
  Declarations, September 12, 2018 and September 30, 2019
  Deposed, October 17, 2019
  Case settled, January 2020

- ***Disability Rights, Montana, Inc. v. Richard Opper***
  No. CV-14-25-BU-SHE,
  United State District Court for the District of Montana,
  Butte Division

- ***Padilla v. Beard, et al***
  Case 2:14-at-00575,
  United States District Court, Eastern District of California,
  Sacramento Division
  Declaration, February 26, 2016
  Deposed June 3, 2016
  Testified April 19, 2017
  Case settled, April 24, 2017

- ***Braggs, et al v. Dunn, et al***
  No. 2:14-cv-00601-WKW-TFM,
  United States District Court, Middle District of Alabama
  Declarations, September 3, 2014, April 29, 2015,
  June 3, 2015
  Expert Report, July 5, 2016
  Declarations, February 9 and October 19, 2017
  Expert Report, July 1, 2018
  Deposed August 21, 2016
  Testified, December 22, 2016, January 4, February 21, December 5, 2017; February 13, October 23, November 29, 2018; April 3, 2019

- ***Sassman v. Brown***
  No. 2:14-cv-01679-MCE-KJN,
  United States District Court, Eastern District of California,
  Sacramento Division
  Declaration, August 27, 2014; Report, December 5, 2014
  Deposed, December 15, 2014

- ***Robertson v. Struffert, et al***
  Case 4:12-cv-04698-JSW,
  United States District Court, Northern District of California
  Declaration, March 16, 2015
  Deposed May 4, 2015
  Case settled, October 2015

- ***Commonwealth of Virginia v. Reginald Cornelius Latson***
  Case No: GC14008381—00,
  General District Court of the County of Stafford
  Report, January 12, 2015
  Pardon granted

- ***Flores v. United States of America***
  Civil Action No 14-3166,
  United States District Court, Eastern District of New York
  Report, August 14, 2015

- ***Latson v. Clarke***
  No. 1:16-cv-00447-GBL-MSN,
  United States District Court, Eastern District of Virginia
  Reports, November 16, 2016 and January 6, 2017
  Deposed, December 13, 2016
  Case settled, May 2, 2017

- ***Latson v. Clarke***
  Civil No. 1:16-cv-00039,
  United States District Court, Western District of Virginia,
  Abingdon Division
  Report, September 29, 2017
  Deposed, December 28, 2017

- ***Star v. Livingston***
  Case No: 4:14-cv-03037,
  United States District Court, Southern District of Texas,
  Houston Division
  Reports, March 3, 2015 and October 12, 2016
  Case settled, March 2018

- ***Doe v. Wolfe***
  Case 4:15-cv-00250-DCB,
  United States District Court for the District of Arizona
  Reports, December 4, 2015; March 10, 2016;
  September 23 and November 20, 2017
  Deposed, January 5, 2018
  Testified, November 14, 2016 and January 13, 14 and 22, 2020
  Permanent Injunction, April 2020

- ***Redmond v. Crowther***
  Civil No. 2:13-cv-00393-PMW,
  United States District Court, Central Division,
  State of Utah
  Report, April 28, 2015
  Deposed, July 28, 2015

- ***Fant v. The City of Ferguson***
  Case No. 415-cv-00253 E.D. MO,
  United States District Court, Eastern District of Missouri
  Report, January 8, 2016

- ***Cole v. Livingston***
  Civil Action No. 4:14-cv-1698,
  United States District Court, Southern District of Texas,
  Houston Division
  Reports, August 5, 2015 and April 28, 2017
  Deposed, December 2, 2015
  Testified, June 20, 2017
  Case settled, March 2018

- ***State of Arizona, Appellee, v. Pete J. Van Winkle, Appellant***
  No. CR–09–0322–AP,
  Testified, March 28, 2016

- ***Rasho v. Godinez***
  Civil Action No. 07-CV-1298,
  United States District Court, Central Division of Illinois,
  Peoria Division
  Case settled, December 2015

- ***Morgal v. Williams***
  No. CV 12-280-TUC-CKJ,
  United States District Court for the District of Arizona
  Report, February 1, 2016
  Deposed, February 25, 2016

- ***Sacramento County Sheriff***
  Retained by Sacramento County Sheriff to evaluate housing units in the Sacramento County jails, including maximum custody, segregation and protective custody
  Report, June 27, 2016
  Case settled, June 2019

- ***Community Legal Aid Society, Inc. v. Robert M. Coupe***
  Case No. 1:15-cv-00688,
  United States District Court for the District of Delaware
  Report, March 31, 2016
  Case settled, August 2016

- ***C-Pod Inmates of Middlesex County Adult Correction Center, et al. v. Middlesex County***
  Civil Action No. 15-7920 (PGS),
  United States District Court for the District of New Jersey
  Report, July 29, 2016
  Case settled, September 2018

- ***Williams v. Snohomish County***
  Case No. 15-2-22078-1 SEA,
  Superior Court for the State of Washington, King County
  Case Settled, May 2017

- ***P.D. v. Middlesex County***
  Case No. MID-L-3811-14,
  Superior Court of New Jersey
  Report, July 29, 2016

- ***Gould v. State of Oregon, et al***
  Case No. 2:15-cv-01152-SU,
  United States District Court for the District of Oregon
  Case settled, October 2016

- ***Johnson v. Mason County***
  NO. 3:14-cv-05832-RBL,
  United States District Court, Western District of Washington at Tacoma
  Declaration, April 5, 2016
  Deposed, October 26, 2016
  Case settled, March 2017

- ***United States Department of Justice***
  Retained by DOJ to join a team investigating conditions for LGBT inmates including sexual harassment, sexual abuse and sexual assaults by inmates and staff in the Georgia Department of Corrections
  Report, October 2016

- ***Daniel Evans v. Management and Training Corporation, et al***
  NO. 3:15-cv-770-DPJ-FKB,
  United States District Court, Southern District of Mississippi, Northern Division
  Report, October 17, 2016
  Case settled, January 2017

- ***Webb v. Collier***
  Civil Action NO. 6:13cv711,
  United States District Court, Eastern District of Texas,
  Tyler Division
  Report, March 13, 2017
  Deposed, May 5, 2017
  Case settled, March 2018

- ***Holbron v. Espinda***
  Civil No. 16-1-0692-04 RAN,
  Circuit Court of the First Circuit, State of Hawai'i
  Reports, February 1 and November 20, 2017
  Testified, December 20, 2017

- ***Carruthers v. Israel***
  Case No. 76-6086-civ-Middlebrooks,
  United States District Court, Southern District of Florida

- ***Dahl v. Mason County***
  Case 3:16-cv-05719.
  United States District Court,
  Western District of Washington at Tacoma
  Report, August 21, 2017, Declaration, December 4, 2017
  Case settled, August 2018

- ***Adams, James, Hudson v. Livingston***
  Civil Action No. 4:14-cv-03326,
  United States District Court, Southern Division of Texas
  Houston Division
  Report, June 15, 2017
  Case settled, March 2018

- ***Ashker v. Governor of the State of California, et al***
  Case No. 4:09 CV 05796 CW,
  United States District Court, Northern District of California,
  Oakland Division
  Declaration, December 6, 2017

- ***Togonidze v. Livingston***
  Civil Action No. 3:13-cv-229,
  United States District Court, Southern District of Texas,
  Galveston Division
  Report, October 3, 2017
  Case settled, March 2018

- ***Martone v. Livingston***
  Civil Action No 4:13-CV-3369,
  United States District Court, Southern Division of Texas,
  Houston Division
  Case settled, March 2018

- ***Cody v. City of St. Louis***
  Case 4:17-cv-02707-AGF,
  United States District Court, Eastern District of Missouri,
  Eastern Division
  Affidavit, August 30, 2018, Report September 27, 2019

- ***Sabata v. Nebraska Department of Correctional Services***
  Case No. 4:17-CV-3107,
  United States District Court for the State of Nebraska
  Declarations, August 24, 2018, February 14, 2019 and
  June 26, 2019
  Deposed, April 9, 2019

- ***Pickens v. Management & Training Corporation***
  Civil Action No. 3:16cv-913-CWR-FKB,
  United States District Court for the Southern District of Mississippi, Northern Division
  Report, December 19, 2018
  Case settled, January 2019

- ***Davis v. Baldwin***
  Case No. 3:16-cv-600,
  United States District Court, Southern Division of Illinois
  Report, September 6, 2019
  Deposed, November 13, 2019

- ***Amos v. Taylor***
  No. 4:20-cv-00007-DMB-JMV,
  United States District Court, Northern District of Mississippi,
  Greenville Division
  Declarations, January 31, February 2 and 8, 2020

- ***Armstrong v. Newsome***
  No. C94-2307 CW
  United States District Court, Northern District of California,
  Oakland Division
  Declaration, February 24, 2020

- ***Valentine v. Collier***
  Case 4:20-cv-01115
  United States District Court, Southern District of Texas,
  Houston Division
  Declaration, April 1, 2020
  Testified, April 16, 2020
  Temporary Injunction, April 16, 2020

Declaration of Eldon Vail

Exhibit 2

EXHIBIT 2

Materials Reviewed

1. Prisoner Declarations:

   Carole Dunham
   Rany Uong
   Andrew Fuentes
   Benito Venegas
   Cartrina Balderrama
   DeNeal Young
   Holly Davidson
   Jeffrey Livotto
   Jeremiah Farmer
   Jessica Haviland
   Leandrew Lewis
   Mark Avila
   Rodney Cullors
   Albert Kirk Jones
   Victor Gutierrez

2. California Judicial Council Order 3-16-20
3. California Judicial Council Order 4-13-20
4. California Judicial Council Press Release 3-23-20
5. California Judicial Council Press Release 3-30-30
6. California Judicial Council Press Release 4-6-20
7. California Board of Supervisors Executive Order 3-23-20
8. COLA DPH Guidance on Correctional & Detention Facilities 4-9-20
9. COLA DPH Letter to LASD Sheriff 3-31-20
10. COLA Press Release 4-14-20
11. LASD COVID-19 Updates Screen Shot 4-15-20
12. LASD COVID-19 Updates (undated)
13. LASD Inmate Visitation (undated)
14. LASD Press Release, LASD CUSTODY OPERATIONS WORKING WITH DPH AND CHS TO PREPARE FOR 2019 NOVEL CORONAVIRUS (COVID-19) (undated)
15. LASC General Order 4-14-20
16. LASC Press Release 3-17-20

17. LASC Press Release 3-24-20
18. LASC Press Release 4-2-20
19. LASC Press Release 4-13-20
20. LASD DOC Notices 3-12-20 – 4-3-20
21. California DOJ Information Bulletin, COVID-19 and Statutory Authority Under Government Code Section 8658, 4-14-20
22. LASD Custody Division Population 2019 Fourth Quarter Report
23. Memo from J. Richard Couzens, Emergency Rule 4 – Emergency Statewide Bail Schedule, 4-9-20
24. Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Corrections and Detention Facilities, Center for Disease Control, 3-23-20
25. https://lasd.org/covid19updates/
26. Respondents' Report on the Department of Corrections' COVID-19 Response, Colvin v. Inslee, No. 98317-8filed 4/13/20 in the Washington State Supreme Court
27. Preliminary Injunction Order, Civil Action No. 4:20-CV-1115, United States District Court Southern District of Texas, Houston Division, April 16, 2020
28. https://lasd.org/sheriff-lasd-status-covid-19/
29. https://www.vera.org/covid-19/criminal-justice-city-spotlights/los-angeles