

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION**

PATRICK GAYLE,
APARICIO P. JERONIMO,
TOLENTINO MARTINEZ-RIOS,
WILDER PEREZ LIMONES,
JAVIER ANTONIO ARIAS-MARTINEZ,
JUAN CARLOS ALFARO GARCIA,
FERMIN TEPETATE-MARTINEZ,
ABDUL JALLOH,
DARWYN YOVANNY NAVARRETE
SANCHEZ,
MUHAMMAD ALAM KHAN,
JOSE CHAVEZ,
LAZARO OCANA GUZMAN,
NAIM ARRAK,
AGANE WARSAME,
HASSAN MOHAMED FARAH,
RUBEN ORLANDO FLORES RAMOS,
MOHAMED HASAN,
ELISEO ANTONIO ZAMORA MENDOZA,
CESAR ARIEL MENDEZ ESCOBAR,

KROME SERVICE PROCESSING CENTER

and

ROSELINE OSTINE,
TAHIMI PEREZ,
FRANKLIN RAMOS GONZALEZ,
FRANCISCO RIVERO VALERON,
IRVIN MEDOZA SILIS,
GERARDO VARGAS,
DAIRON BARREDO SANCHEZ

GLADES COUNTY DETENTION CENTER

and

RENE JONATHAN ROSAS CARDENAS,
ADRIAN SOSA FLETES,
ALEJANDRO FERREIRA BORGES,

HEARING REQUESTED

Case No.: _____

**VERIFIED PETITION FOR WRIT
OF HABEAS CORPUS AND COM-
PLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF**

CLASS ACTION

MAIKEL BETANCOURT,
GELBER SONTAY FUNEZ,
SIRVANILDO BIBIANO SOARES,
MAYKEL VALERA RAMIREZ,
ERVIN DAVID RODAS PEDRO

BROWARD TRANSITIONAL CENTER

Petitioners-Plaintiffs, on behalf of themselves and those similarly situated.

v.

MICHAEL W. MEADE,
Field Office Director, Miami Field Office,
U.S. Immigration and Customs Enforcement,

and

WILLIAM P. BARR,
United States Attorney General,

Respondents-Defendants.

**VERIFIED PETITION FOR WRIT OF HABEAS CORPUS AND COMPLAINT FOR
DECLARATORY AND INJUNCTIVE RELIEF**

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INTRODUCTION

1. Petitioners-Plaintiffs (hereafter “Petitioners”) are women and men detained by Respondents-Defendants in civil immigration detention at three Florida detention centers within the jurisdiction of the Miami Field Office of Immigration and Customs Enforcement (“ICE”). All Petitioners are at imminent risk of contracting coronavirus disease 2019 (“COVID-19”) as a result of their inability to follow Center for Disease Control (“CDC”) guidelines and state and local directives due to their continued detention. This action challenges the refusal of Respondents to release Petitioners, and others in the class they represent, so that they can shelter in place, follow CDC guidelines, and reduce their likelihood of infection and illness.

2. Federal judges across the country have ordered the urgent release of noncitizens, explaining the pressing health risks created by detaining groups of people at this time.¹

3. On April 8, 2020, U.S. District Court Judge William G. Young ordered ICE to release detained individuals because of the COVID-19 threat: “The situation is urgent and unprece-

¹ See, e.g., *Xochihua-Jaimes v. Barr*, 2020 WL 1429877 (9th Cir. Mar. 24, 2020); *Martin Munoz v. Wolf*, Case No. 20-cv-00625-TJH-SHK (C.D. Cal. Apr. 2, 2020), ECF No. 14; *Robles Rodriguez v. Wolf*, 20-cv-00627-TJH-GJS (C.D. Cal. Apr. 2, 2020), ECF No. 37; *Hernandez v. Wolf*, CV 20-60017-TJH (KSx)(C.D. Cal. Apr. 1, 2020), ECF No. 17; *Arana v. Barr*, 2020 WL 1502039 (S.D.N.Y. Mar. 27, 2020); *Xuyue Zhang v. Barr*, 2020 WL 1502607 (C.D. Cal. March 27, 2020); *Basank v. Decker*, 2020 WL 1481503 (S.D.N.Y. Mar. 26, 2020); *Castillo v. Barr*, 2020 WL 1502864 (C.D. Cal. March 27, 2020); *Thakker v. Doll*, No. 1:20-cv-00480-JEJ (M.D. Pa. Mar. 31, 2020), ECF No. 47; *Coronel v. Decker*, 2020 WL 1487274 (S.D.N.Y. Mar. 27, 2020); *Fraihat v. Wolf*, No. ED CV 20-00590 TJH (KSx) (C.D. Cal. Mar. 30, 2020); *Calderon Jimenez v. Wolf*, No. 18 Civ. 10225 (D. Mass. Mar. 26, 2020), ECF No. 507; *United States v. Stephens*, 2020 WL 1295155, at *2 (S.D. N.Y. Mar. 19, 2020); *Matter of Extradition of Toledo Manrique*, 2020 WL 1307109, at *1 (N.D. Cal. Mar. 19, 2020).

dented, and . . . a reduction in the number of people who are held in custody is necessary.” Memorandum and Order at 28, *Savino v. Souza*, Case No. 1:20-cv-10617-WGY (D. Mass. Apr. 8, 2020) (DE 64) (copy at Appx. I, Exh. A, 1-29).

4. The spread of COVID-19 in ICE detention in Florida has been marked by secrecy and cover-up.

5. As early as March 27, 2020, local attorneys reported to their voluntary bar association that their “clients have indicated there are sick individuals in detention locally, quarantined individuals, and detainees wearing protective gear.” (Appx I, Exh. J, at 30-32, 30 ¶1.). After a bar association liaison member asked ICE if there were detained individuals who had tested positive, she reported back to membership that “there has been NO CONFIRMATION by ICE of detainees at BTC or Krome who have tested positive for COVID-19” and referred members to ICE’s website where it reports confirmed positive cases. (*Id.*) (emphasis in original).

6. On Monday, April 6, 2020, the Miami Herald reported that two officers working at Krome Service Processing Center in Miami had tested positive for COVID-19, and many others were awaiting results from their tests. (Appx I, Exh. C, at 33-38.)

7. On that same day, ICE told the Herald that *no* detained individuals in Florida had tested positive. (Appx I, Exh. D, at 39-46, 40-41) (“For weeks—and as recently as Monday—US Immigration and Customs Enforcement has repeatedly told the Herald that no detainees in their custody in Florida have tested positive for the virus.”).

8. ICE’s statement was false. On April 7, the Herald ran a second story explaining that a detained individual from Krome *had* tested positive. A federal official with first-hand knowledge had told the Herald: “While that is true that no detainee currently at the detention

center tested positive for COVID-19, it's also not completely accurate as testing is not conducted on site and detainees are sent to an off-site hospital to be tested.” (Appx I, Exh. D, at 41.)

9. ICE now admits that there are least two detained individuals in Miami who have tested positive for COVID-19, one currently at Krome, and a second at a local hospital in Miami.²

10. ICE refuses to disclose whether third-party contractors test positive for COVID-19, providing them a “loophole” to reporting the actual number of COVID-19 cases among its employees in detention centers. Third-party contractors comprise a majority of employees in detention centers. (Appx I, Exh. D, at 35-36.)

11. COVID-19 threatens every woman and man detained at Krome Service Processing Center (“Krome”), Glades County Detention Center (“Glades”), and Broward Transitional Center (“BTC”). A chart of the reported COVID-19 cases of people in ICE detention depicts an alarming steep curve. (Appx I, Exh. E, at 47); *see also* Declaration of Dr. Joseph Shin, MD, MSc dated April 13, 2020 (“Shin Decl.”) ¶¶39-41(Exh. 2).

12. Although Krome, Glades, and BTC are run by private prison groups, independent contractors, and a county, these groups have *no* authority to release a person. Only the federal government Respondents can provide the remedy requested by this action.

13. Each of the three detention centers either has confirmed cases of the virus or has groups of individuals herded together in “cohort quarantine” because they have been exposed. Rather than mitigate the risk of transmission, these cohort quarantines drastically increase the

² **ICE Guidance on COVID-19, (last updated Apr. 10, 2020, 5:35 PM), available at: <https://www.ice.gov/coronavirus>.**

possibility of transmission, infection, and facility-wide outbreak by grouping together people who have already been exposed to the virus. *See* Shin Decl. ¶40 (Exh. 2) (“The analysis that I provide above regarding screening, ‘cohorting’ and social distancing is not theoretical. In fact, there are a growing number of facilities throughout the country where the rate of infection is growing exponentially amongst both people detained as well as staff. In these settings, hundreds, and potentially thousands of people will become infected, and many will die.”); Greer Decl., ¶30 (Exh. 3).

14. Under CDC Guidelines, which detention centers are required to follow, people exposed to COVID-19 should be put in *individual*, not group, quarantine: “Facilities should make *every possible effort* to quarantine close contacts of COVID-19 cases individually.” CDC Interim Guidance (Appx I, Exh. F, at 66) (emphasis added). Cohort quarantine “should only be practiced *if there are no other available options*.” (*Id.*) (emphasis added). As the CDC explains, “[c]ohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected.” (*Id.*)

15. “Facilities without onsite healthcare capacity, or *without sufficient space to implement effective quarantine*, should coordinate with local public health officials to ensure that close contacts of COVID-19 cases will be effectively quarantined and medically monitored.” (Appx I, Exh. F, at 66) (emphasis added). Additionally, “[f]acilities with limited onsite medical isolation, quarantine, and/or healthcare services should coordinate closely with state, local, tribal, and/or territorial health departments when they encounter a confirmed or suspected case, in order to ensure effective medical isolation or quarantine, necessary medical evaluation and care, and medical transfer if needed.” (Appx I, Exh. F, at 62.)

16. Respondents are defying CDC Guidelines by refusing to do the one thing they could to do comply with those guidelines – releasing individuals during the pandemic. Instead respondents are affirmatively putting detained people at risk by confining them in close sleeping, eating, and living quarters at Krome, Glades, and BTC. Because Respondents could release Petitioners and those similarly situated, “cohort quarantine” is *not* the only “available option.” As Dr. Shin warns “[t]here is no way for immigration detention facilities to comply with CDC guidelines on social distancing and quarantining unless Respondents release detained men and women on a large scale. When release from a detained setting is an option and there is lack of testing ability and an inability to employ social distancing, it is my professional opinion that failure to release during the COVID-19 pandemic is a violation of the CDC guidelines and will result in continued and wide-spread infection.” Shin Decl., ¶39 (Exh. 2).

17. There is currently no way for Krome, Glades, and BTC to comply with CDC guidelines on social distancing and quarantining. Each facility holds individuals in close proximity. People are less than six feet away from each other when they sleep, eat, and use common areas. It is impossible for Petitioners to protect themselves from infection through social distancing and vigilant hygiene—the only known mitigation measures.

18. ICE continues to arrest people and send them to Krome, Glades, and BTC.

19. ICE continues to issue detainers to local jails, directing them to hold people whose criminal custody has come to an end. ICE then transports these people to Krome, Glades, and BTC, increasing their already large populations.

20. Under these circumstances, COVID-19 will “spread like wildfire,” according to a former high-level ICE official. (Appx I, Exh. G, at 74-81, 75-76 ¶6) (declaration of John Sandweg, Former Acting Director of ICE).³ The World Health Organization, recognizing the threat to detained people, has urged that “[e]nhanced consideration should be given to resorting to *non-custodial* measures at all stages of the administration of criminal justice, including at the pre-trial, trial and sentencing as well as post-sentencing stages.” (Appx I, Exh. H, at 82-121, 92) (WHO Interim Guidance) (emphasis added). This guideline applies to “immigration detention settings” as well. (*Id.*, at 95 §5.)

21. Respondents cannot control the spread of COVID-19 without widespread testing. *See* Shin Decl., ¶¶ 28, 33 and 39 (Exh. 2). (“The lack of wide-spread testing, transparency and data in communities in the US and all across the world allowed undetected spread in the community as well as within facilities and institutions that fueled the current pandemic.”). However, as ICE has admitted through Officer in Charge at Krome, they are not testing at the facilities. (Appx I, Exh. I, at 122-25, 123 ¶ 8-9) (noting medical screening that does not include testing or testing upon presentation of symptoms). Tests typically only occur if a person is brought to the hospital. Periodic testing of already symptomatic people does little to prevent further infections. As Dr. Shin explains, “three studies that support the likelihood that asymptomatic or mildly symptomatic individuals can spread the infection. These studies took place in China, Japan and one

³ *See also* Camilo Montoya-Galvez, CBS News, “Powder kegs”: Calls grow for ICE to release immigrants to avoid coronavirus outbreak (last updated Mar. 19, 2020), <https://www.cbsnews.com/news/coronavirus-ice-release-immigrants-detention-outbreak/>.

study included passengers from the Diamond Princess. These studies found that in COVID infected persons, 59%, 31% and 18%; respectively, were asymptomatic or mildly symptomatic.” See Shin Decl., ¶24 (Exh. 2).

22. Detainee reports from all three facilities document that social distancing is impossible, people exhibiting flu-like symptoms are housed in the general population, and maintaining personal hygiene is constrained by the crowded facilities and lack of cleaning supplies. At BTC and Glades, men and women must ration soap weekly—two smalls bottles at BTC per person, and one 4-ounce bottle at Glades. (Appx I, Exh. J, at 126-30) (Declaration of Francis L. Conlin, Friends of Miami-Dade Detainees).

23. Detained individuals have not been trained on how to use hygiene and social distancing to try and reduce the spread of COVID-19. Detained individuals have no access to personal protective equipment (“PPE”), not even through commissary. Only some facility staff use PPE.

24. COVID-19 infections at Krome, Glades, and BTC affect the larger community, as many people travel in and out of these facilities, including staff and vendors. As of April 12, 2020, there were 10,007 confirmed cases of COVID-19 between Miami-Dade County, Broward County, and Glades County.⁴ These numbers amount to over half of the total number of positive cases in the entire state of Florida, and are growing exponentially each passing day.⁵

⁴ *What you need to know now about COVID-19 in Florida*, Florida Health (last updated Apr. 12, 2020, 6:44 PM), <https://floridahealthcovid19.gov/>.

⁵ As of April 12, 2020, there were 19,895 positive cases of COVID-19 in the state of Florida. *Id.*

25. Throughout the world, the COVID-19 pandemic is infecting and killing women, men, and children. The United States has now surpassed the rest of the world in both the number of confirmed cases and the highest number of deaths. Over 22, 000 Americans have died.⁶ Experts estimated that, after the pandemic runs its course, the coronavirus will have infected between 160 and 214 million people and taken the lives of up to 1.7 million people in the United States alone.⁷

26. There is no vaccine against COVID-19 and no known cure. Currently, the only recognized strategies to reduce the risk of exposure to COVID-19 are social distancing, widespread testing, and improved hygiene, which have led to unprecedented public health measures around the world.

27. Given this reality, the President has declared a national emergency. Every state in the Union and the District of Columbia have declared states of emergency.⁸ Numerous states and localities—including Florida and many of its cities and counties—have issued “shelter-in-place” orders requiring residents to stay in their homes. School mandated closures are in effect in all fifty states. These measures all seek to reduce the spread of the virus and, ultimately, save lives.

⁶ Elena Renken and Daniel Wood, *Map: Tracking The Spread of The Coronavirus In The U.S.*, NPR (Apr. 12, 2020, 8:15 PM), <https://www.npr.org/sections/health-shots/2020/03/16/816707182/map-tracking-the-spread-of-the-coronavirus-in-the-u-s>.

⁷ Sheri Fink, *Worst-Case Estimates for U.S. Coronavirus Deaths*, The New York Times (last updated Mar. 18, 2020), <https://www.nytimes.com/2020/03/13/us/coronavirus-deaths-estimate.html>

⁸ *State Data and Policy Actions to Address Coronavirus*, KFF (Apr. 10, 2020), <https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus>.

28. Unfortunately, ICE is preventing people at Krome, Glades, and BTC from complying with sheltering in place protocols and CDC guidelines. Despite warnings from medical and public health professionals that releasing detained immigrants is the only viable option to comply with social distancing, individual quarantine, and other CDC requirements and local and state orders, the agency has generally refused to release in any meaningful way, in the absence of court intervention.

29. Petitioners bring this action to remedy ICE's violation of their constitutional rights and protect themselves—as well as others in immigration detention at Krome, BTC, and Glades—from the imminent harm that will result from their continued detention.

PARTIES

30. Petitioner **PATRICK GAYLE** is a citizen of Jamaica and lawful permanent resident of the United States who is detained at Krome. He has been in ICE custody since March 12, 2020. He was exposed to a person in the facility who was coughing and sick. Krome staff have put him in a cohort quarantine with 120 other detained individuals who have been exposed to the virus. It is impossible for him to engage in social distancing, and he is afraid of contracting COVID-19. Within the last week, he also developed a cough, but has not been tested for COVID-19. If released, he has two places to stay that will minimize the possibility of contracting the virus. He plans to stay with his father in Garden City, Georgia or with his girlfriend in Daytona, Florida. At both places, he will be able to follow CDC, state, and local guidelines by sheltering in place, practicing social distancing, and maintaining good hygiene.

31. Petitioner **APARICIO P. JERONIMO** is a citizen of Guatemala who is detained at Krome. He has been in ICE custody since March 2020. He is exhibiting symptoms consistent with COVID-19 and is housed in a room with around 70 other detained individuals, many of whom are exhibiting flu like symptoms as well. He is concerned that tests for COVID-19 are not being provided to sick individuals in detention. If released, he will stay with a friend where he can practice safe distancing and take care of himself.

32. Petitioner **RENE JONATHAN ROSAS CARDENAS** is a citizen of Cuba who is detained at the BTC and eligible for adjustment under the Cuban Adjustment Act. He has been in ICE custody since January 9, 2019. He is worried that the crowded conditions of having to sleep in bunkbeds less than a meter away from each other, and the lack of soap to wash his throughout the day will result in him contracting COVID-19. If released, he will stay with his lifelong friend in Miami, Florida, where he will have space to stay isolated and practice social distancing.

33. Petitioner **ROSELINE OSTINE** is a citizen of Haiti who is detained at Glades. She suffers from human immunodeficiency virus (HIV) and epilepsy. She is extremely worried about the high risk of death if exposed to COVID-19 because of her medical condition, and stress exacerbates her epileptic symptoms. She is already experiencing cold like symptoms. Roseline is also worried because most officers still do not wear masks when around detained individuals and they are not provided with sufficient sanitary products to help them stop the spread of disease. If released, she will live with her son in Miami, Florida, where she will be able to self-quarantine and practice social distancing.

34. Petitioner **TOLENTINO MARTINEZ-RIOS** is a citizen of Mexico who is detained at Krome Service Processing Center. He has been in ICE custody since March 5, 2020. He is concerned about contracting COVID-19 because he is aware that at least one detained person at Krome has tested positive. Because Mr. Martinez-Rios is forced to live with a large group of people in close sleeping, eating and living quarters, it is impossible for him to practice social distancing. If released, he can return to where he lived before detention with Meyling Osorio. His room is separated from the rest of the members of the household, so he could self-isolate and practice safe social distancing.

35. Petitioner **ADRIAN SOSA FLETES** is a citizen of Cuba who is detained at Broward Transitional Center. He has been in ICE custody since March 9, 2019 and is eligible for adjustment under the Cuban Adjustment Act. He suffers from chronic pain and discomfort on his throat due to being a smoker. He is worried because detained individuals are not given masks or gloves, are not able to social distance, and are not given much soap. He is concerned that he will contract COVID-19 because he has heard of detained people being infected by it and new detained people have been transferred to BTC. If he is released, he will live with his cousin in Orlando, Florida.

36. Petitioner **WILDER PEREZ LIMONES** is a citizen of Mexico who is detained at Krome Service Processing Center. He has been in ICE custody since March 2020. He is suffering from flu-like symptoms and chest pain, and has been put into a quarantine with 59 men in one unit. He is worried that he has been exposed to COVID-19, because a staff person told him that someone had tested positive before he was placed into a quarantine, and a lot of the men in

his unit are very sick. If released, he has two places to stay in Lake Worth, with his partner and children and with his brother, where he can practice social distancing and self-quarantine.

37. Petitioner **JAVIER ANTONIO ARIAS-MARTINEZ** is a citizen of the Dominican Republic and lawful permanent resident of the United States who is detained by ICE at Krome Service Processing Center. He has been in ICE custody since on or around January 6, 2020. He is HIV positive and has a history of respiratory issues. He is in a pod of about 70 men, and more men are being brought into the pod regularly, so he is worried about the impossibility of social distancing. Many men in the pod are sick, and there is a lack of sanitation supplies. He is worried about the complications his HIV would have if he were to contract COVID-19, especially being in such close proximity to sick men. If released, he can live with his son and the mother of his son in Orlando, Florida where he would be able to practice safe social distancing and self-isolate.

38. Petitioner **ALEJANDRO FERREIRA BORGES** is a citizen of Cuba who is detained at Broward Transitional Center. He will be eligible for a green card this month under The Cuban Adjustment Act. He has been in ICE custody since April 26, 2019. He suffers from high blood pressure and asthma, that requires him to use his inhaler four to five times a day. He is afraid of what will happen if he contracts COVID-19 and falls severely ill because he has seen that detained individuals usually do not receive medical attention until it is an emergency and he has seen several people coughing, who have not been placed in quarantine. If he is released, he will live with his friend in Palm Beach, Florida, where he was living prior to being detained.

39. Petitioner **TAHIMI PEREZ** is a lawful permanent resident of the United States who is detained at Glades County Detention Center since January 2020. Tahimi suffers from

asthma and has a history of upper respiratory issues that require hospitalization. She is worried about contracting COVID-19, which would be fatal due to her poor health. The cells and pods are so small Tahimi cannot practice social distancing, and many of the people in her pod are sick. If released from detention, she would live with her partner in Hialeah, Florida where she would be able to self-quarantine and practice social distancing.

40. Petitioner **FRANKLIN RAMON GONZALEZ** is a national of the Dominican Republic who has been detained at Glades County Detention Center since February 24, 2020. He had open heart surgery on December 23, 2019. He suffers from coronary artery disease, diastolic heart failure, COPD, diabetes, asthma, obesity, and other serious health conditions. Due to these existing health issues, in particular those related to his recent heart surgery, he is at a high risk for fatal complications if he were to contract COVID-19. His cellmates are very sick, and there is no way to socially distance in his Pod or cell because there is not enough room. If released, he will live with his brother in Kissimmee, Florida where he will be able to practice social distancing.

41. Petitioner **MAIKEL BETANCOURT** is a citizen of Cuba who is detained at Broward Transitional Center and eligible for adjustment under the Cuban Adjustment Act. He has been in ICE custody since March 26, 2020. He suffers from hypertension, high blood pressure, high cholesterol, a thyroid problem and a depressed immune system. His weakened immune system will make him more vulnerable to severe illness or death if he contracts COVID-19. He is worried because most of the time it is impossible for him to social distance. If released, he will live with his aunt in New Jersey, where she has a separate room for him to self-isolate.

42. Petitioner **FRANCISCO RIVERO VALERON** is a lawful permanent resident of the United States who is detained by ICE at Glades County Detention Center. He has been in ICE custody since January 26, 2020. He suffers from hypertension, mixed hyperlipidemia, tremors, gastro-esophageal reflux with esophagitis, anxiety, and depression. He is prescribed Losartan and Prilosec for his medical conditions. As a consequence of his health conditions, he is at high risk for severe illness or death if he contracts COVID-19. There are 96 detainees in his pod, and all 96 men have to share one toilet. If released, he will live with his wife in Naples, Florida where he will follow all recommendations from the CDC.

43. Petitioner **GELBER SONTAY FUNEZ** Is a citizen of Guatemala who is detained by ICE at Broward Transitional Center. He has been in ICE custody since approximately October 28, 2019. He suffers from anxiety and depression and has difficulty breathing and sleeping. There have been groups of men transferred into BTC, and he is unsure if they have been tested for COVID-19. He is concerned because he has been feeling sick, but he has not been tested for COVID-19 or had his temperature taken. If he is released, he will live with his wife or his sponsor in Lehigh Acres, Florida.

44. Petitioner **JUAN CARLOS ALFARO GARCIA** is a citizen of Mexico and asylum seeker who is detained by ICE at Krome Service Processing Center. He has been in ICE custody since on or around March 6, 2020. He suffers from asthma, which puts him at high risk for severe illness or death if he contracts COVID-19. He is worried because many men in his cell have fevers and coughs. When they are in their unit, it is impossible to maintain social distance. If released, he would be able to stay with his wife in Florida where he would be able to practice social distancing.

45. Petitioner **FERMIN TEPETATE-MARTINEZ** is a citizen of Mexico who is detained by ICE at Krome Service Processing Center. He has been in ICE custody since on or around March 21, 2020. He is afraid that being unable to stay six feet apart from people and the lack of soap and hand sanitizer to wash his hands throughout the day, will put him at risk of contracting of COVID-19. If released, he would be able to stay with his fiancé and her family in Clearwater, Florida, where there is a room available for him to self-quarantine and isolate, per the CDC guidelines.

46. Petitioner **IRVIN MENDOZA SILIS** is a citizen of Mexico who is detained by ICE at Glades County Detention Center. He has been in ICE custody since March 6, 2020. He suffers from asthma, including monthly asthma bronchospasm episodes. As a consequence of his health conditions, he is at high risk for severe illness or death if he contracts COVID-19. There are not sufficient hygiene products, and it is impossible to maintain a safe social distance because there are six men in each cell. If released, Irvin would live with his mother and wife in Largo, Florida.

47. Petitioner **GERARDO VARGAS** is a 57-year-old legal permanent resident of the United States who is detained by ICE at Glades County Detention Center. He has been in ICE custody since on or around December 10, 2019. He suffers from diabetes, an underlying condition that makes him susceptible to fatal complications if he were to become sick with COVID-19. The unit is crowded with 96 men, and a lot of new detained individuals are being brought in. It is impossible to maintain six feet of distance, and there is no access to masks, gloves, or hand sanitizer. If released, Gerardo will live with his family in Wachula, Florida where he will be able to follow social distancing guidelines.

48. Petitioner **SIRVANILDO BIBIANO SOARES** is a citizen of Brazil who is detained by ICE at Broward Transitional Center. He has been in ICE custody since March 6, 2020. He suffers from gastroesophageal reflux, a pancreatic condition, and recently suffered from pneumonia. He is concerned that he is at high risk of severe illness or death if he is exposed to COVID-19. He is concerned because he has been experiencing flu like symptoms, including congestion and coughing, and he has seen a high number of detained people transferred to the hospital.

49. Petitioner **ABDUL JALLOH** is a citizen of Sierra Leone and legal permanent resident of the United States who is detained by ICE at Krome Service Processing Center. He has been in ICE custody since November 28, 2018. He suffers from Major Depression Disorder, hallucinations, Paranoia and Delusion Disorder, traumatic brain injury, alcohol abuse and withdrawal, borderline personality disorder, schizophrenia and respiratory issues. As a consequence of his weakened lungs, he is at high risk for severe illness or death if he contracts COVID-19. He is concerned because men in his unit are coughing, and there are not proper precautions being taken to protect the medically vulnerable. If released, he would be able to live with his uncle in Virginia, who is a nurse and who would be able to provide him with the proper medical attention and education.

50. Petitioner **DARWYN YOVANNY NAVARRETE SANCHEZ** is a citizen of Honduras who is detained at Krome Service Processing Center. He has been in ICE custody since March 19, 2020. He is a long-time smoker and suffers from recurring headaches. He is worried because smokers are at risk for lung damage, leading to fatal complications with COVID-19. His concerns are exacerbated by the lack of ability to social distance, and the lack of

personal protective equipment or sanitary supplies in the facility. If released, he would be able to stay with his girlfriend in Miami, Florida where he would be able to self-isolate and self-quarantine.

51. Petitioner **MUHAMMAD ALAM KHAN** is a citizen of Pakistan who is detained at Krome Service Processing Center. He has been in ICE custody since December 10, 2019. He suffers from diabetes, high blood pressure and has a history of treatment for hypertension, hypercholesterolemia, obesity, back and spinal pain, and high cholesterol. As a consequence of his health conditions, he is at high risk for severe illness or death if he contracts COVID-19. He is worried because there are approximately 45 other detained individuals housed with him, and it impossible for them to remain six feet apart. If released, he would go back home and live with his wife and children in Tamarac, Florida.

52. Petitioner **JOSE CHAVEZ** is a citizen of Honduras who is detained at Krome Service Processing Center. He has been in ICE custody since July 19, 2019. He suffers from asthma and nephrolithiasis. He has a history of being hospitalized for chest pains due to his poor health. As a consequence of his weak immune system and lungs, he is at high risk for severe illness or death if he contracts COVID-19. Jose is in a unit with 41 men, and they are not able to socially distance due to the close quarters in which they are kept. If released he would be able to live with his spouse and children in Davie, Florida where he would be able to practice social distancing and self-quarantine.

53. Petitioner **DAIRON BARREDO SANCHEZ** is a citizen of Cuba who is detained at Glades County Detention Center and eligible for adjustment under the Cuban Adjustment Act. He has been in ICE custody since February 13, 2020. Darion suffers from asthma and

is worried about fatal COVID-19 exposure in detention where other detained individuals are sick and social distancing is impossible. He and his cellmates are very sick with coughs, some so bad they are coughing up blood. When he went to see the doctor, his temperature was not taken despite his bad symptoms. There are over 90 men in the living unit, and it is impossible to maintain six feet of distance away from other detained individuals. If released, he will live with his partner and child in Orlando, Florida where he would be able to practice safe social distancing and self-quarantine.

54. Petitioner **MAYKEL VALERA RAMIREZ** is a citizen of Cuba who is detained at Broward Transitional Center. He has been in ICE custody since December 2019. He suffers from hypertension and is prescribed blood pressure medication for his condition. A few weeks ago, he was sick with a bad cough, but he was never placed in isolation or tested for COVID-19. He is worried about contracting COVID-19 because other detained individuals prepare the food and clean the facility, and they do not wear masks, and sometimes gloves, while cleaning. He is concerned that his health conditions, coupled with the fact that he cannot social distance while detained, puts him at a higher risk of contracting COVID-19. If he is released from detention, he will live with his cousin in Pasco, Washington.

55. Petitioner **LAZARO OCANA GUZMAN** is a citizen of Mexico who is detained at Krome Service Processing Center. He has been in ICE custody since March 20, 2020. He suffers from tonsillitis, which is exacerbated to the point of being unable to speak when sick. He was in a cohort quarantine with 60 men until recently, but even in the cohort he was not able to maintain a safe social distance from the rest of the men. He is concerned about contracting

COVID-19 at Krome, particularly in view of his chronic illness. If released, he would be able to live with his brother in Largo, Florida where he could self-quarantine.

56. Petitioner **NAIM ARRAK** is a citizen of Tunisia who is detained at Krome Service Processing Center. He has been in ICE custody since July 2, 2019. He suffers from major depressive disorder and is housed in the Behavioral Housing Unit. He is very concerned because he was told three officers tested positive, and he thinks one of those officers has still been working in the facility. Also, staff are not using the appropriate personal protective equipment and are still doing three shake downs of their bunks a day, touching all of the men's personal belongings. If released, he can stay with his adoptive citizen parents in Virginia where he will have his own room to isolate and social distance.

57. Petitioner **AGANE WARSAME** is a citizen of Somalia who is detained at Krome Service Processing Center. He has been in ICE custody since August 1, 2017. He suffers from anxiety and depression and was a chronic smoker before placed in ICE custody. He is housed in the Behavioral Housing Unit. He is terrified that he will contract COVID-19 because the detained individuals within the Behavioral Housing Unit are not being isolated, and a detainee who used to be housed in the unit is now isolated at a hospital. He is within six feet of another person at all times within the BHU. If released from detention, he will return to live with his wife in Hutchinson, Minnesota.

58. Petitioner **HASSAN MOHAMED FARAH** is a citizen of Somalia who is detained at Krome Service Processing Center. He has been in ICE custody since October 16, 2017. He suffers from PTSD, diabetes, kidney stones, a hernia, high cholesterol and high blood pressure. He is housed in the Behavioral Housing Unit. Some of the men in his unit are exhibiting flu

like symptoms, and he is worried because he was told that they ran out of hand sanitizer and there is no more soap. Commissary is now closed. He is also concerned because many guards only wear personal protective equipment when they are being watched by supervisors, otherwise they do not use the equipment because they say do not like using it. When he got blood taken, he was put in a cell with multiple sick men and the doctor was coughing and sneezing. If released, he will live with his wife and children in Minnesota where he will follow the Minnesota stay at home order and stay in isolation.

59. Petitioner **RUBEN ORLANDO FLORES RAMOS** is a 40-year old citizen of Honduras who is detained at Krome Service Processing Center. He has been in ICE custody since March 9, 2020. He suffers from hypertension and high blood pressure, and since his time in Krome his blood pressure has been extremely high, necessitating increased medication. He has also been having difficulty breathing. He is in a quarantine cohort unit and is unable to safely distance himself from the rest of the men. Due to a lack of showers, the men are not able to shower regularly. Men started complaining about conditions, and the officers started beating them. Ruben thinks his ribs are broken, and there was a lot of blood on the floors for days. Some men aren't allowed to use the phone to contact their attorneys because they have reported the guards conduct. If released, he would live with his family in New Orleans, Louisiana where he could take care of himself and separate himself from others.

60. Petitioner **MOHAMED HASAN** is a citizen of Somalia who is detained at Krome Service Processing Center. He has been in ICE custody since August 2017. He suffers from post-traumatic stress disorder and major depressive disorder and is housed in the Behavioral Housing Unit. The Krome staff and nurses are telling him that there are people in Krome

who are very sick. They are forced to go to recreation where it is even more impossible to social distance. He is afraid of contracting COVID-19 because social distancing is impossible in the unit, which houses detained individuals in a small space. If he is released from detention, he can stay with his United States Citizen sister in Ohio, a U.S. citizen, where he will be able to practice social distancing.

61. Petitioner **ELISEO ANTONIO ZAMORA MENDOZA** is a 53-year old citizen of Nicaragua who is detained at Krome Service Processing Center. He has been in ICE custody since March 15, 2020. He has suffered from pneumonia in the past and was a smoker prior to being in ICE custody. He is afraid of the high risk of severe illness or death if he is exposed to COVID-19 because of his health conditions and age. There are currently about 61 men in his living unit, where beds are about three feet apart. If released, he will return home to live with his wife in Hialeah, Florida.

62. Petitioner **CESAR ARIEL MENDEZ ESCOBAR** is a citizen of Guatemala who has been detained at Krome Service Processing Center since mid-March 2020. He suffers from high cholesterol and high triglycerides, which affect heart health. He is worried that his precarious health condition will make him more vulnerable to severe illness or death if he contracts COVID-19. It is impossible for him to practice social distancing because there are too many detained individuals in too small of a space. He is worried because there haven't been increases in cleaning measures, detained people aren't allowed to wear masks, and they aren't given gloves. If released, he can stay with his partner and children in Fort Pierce, Florida.

63. Petitioner **ERVIN DAVID RODAS PEDRO** is a citizen of Guatemala who has been detained at Broward Transitional Center since early March 2020. He suffers from asthma

and uses an inhaler to assist with breathing difficulties. Because of his underlying medical condition, he is at risk for fatal complications if he were to contract COVID-19. He is concerned because he is unable to social distance, especially during meals where everyone is only about three feet apart. If released, he will return home and live with his wife and follow CDC recommendations.

64. Respondent **MICHAEL W. MEADE** is the Field Office Director for the ICE Miami Field Office. The ICE Miami Field Office has complete control over the admission and release of noncitizens detained at Krome, BTC, and Glades. Respondent Meade is the immediate and legal custodian of Petitioners. He is sued in his official capacity.

65. Respondent **WILLIAM P. BARR** is the United States Attorney General. In this capacity, he has supervisory authority over all operation of the Executive Office of Immigration Review (EOIR) which includes all the immigration courts and the Board of Immigration Appeals (BIA). 8 U.S.C. §1103(g); 8 CFR §1003.0. He is also charged with the administration and the enforcement of the immigration laws under 8 U.S.C. §1103(a). Respondent Barr is a legal custodian of Petitioners. He is sued in his official capacity.

PROPOSED CLASS

66. Petitioners file this action on behalf of a highly vulnerable putative class: all individuals in civil immigration detention, as of the date of the filing of this action, at three Florida detention centers, Krome Service Processing Center, Broward Transitional Center, and Glades County Detention Center. Each individual is at imminent risk of contracting COVID-19 because

of the life-threatening conditions under which they are confined—conditions that violate CDC guidelines and State and County orders as they pertain to COVID-19.

67. Named Petitioners bring this action as representatives of the following proposed class:

All civil immigration detained individuals who are held, or who will be held, by Respondents at the Krome Service Processing Center (“Krome”), the Broward Transitional Center (“BTC”), and at Glades County Detention Facility (“Glades”) as of the time of the filing of this action who are:

Sub-class A: detained individuals with a stable location and/or place of residency in which they can self-quarantine and practice social distancing and hygiene pursuant to the CDC guidelines and Exec. Order No. 20-91 upon release.

Sub-class B: all other detained individuals without access to a stable location and/or place of residency in which they can self-quarantine and practice social distancing and hygiene pursuant to CDC guidelines and Exec. Order No. 20-91 upon release.

Sub-class C: all other detained individuals who opt-out of Sub-class A & B.

68. The proposed class meets the requirements of Federal Rules of Civil Procedure 23(a) and (b).

69. The class is sufficiently numerous.

70. Krome detains an average of 600 immigrant detained individuals at any time, with a population fluctuating between 550 and 875 people since 2006. Southern Poverty Law Center, Prison by any Other Name: A Report on South Florida Detention Centers (Appx I, Exh. K, at 131-234, 152).

71. BTC detains on average 700 immigrant detained individuals at a time, with a mandatory minimum of 500 beds for immigrant detained individuals. (Appx I, Exh. K, at 156.)

72. Glades detains an average of 407 immigrant detained individuals at a time. (Appx I, Exh. K, at 165.)

73. All immigrant detained individuals at Krome, BTC, and Glades are detained under the legal authority of Respondent Field Office Director, Miami Field Office, U.S. Immigration and Customs Enforcement. *See Masingene v. Martin*, ___ F. Supp. 3d ___, 2020 WL 465587 (S.D. Fla. Jan. 27, 2020).

74. All members of the class are bound together by common questions of law and fact – most prominently, whether in the face of the lethal COVID-19 pandemic, the continued civil detention of the class members at Krome, BTC, and Glades in violation of the CDC guidelines placing the class members’ health and safety at grave risk violates their constitutional rights.

75. The named Petitioners are proper class representatives because their claims are typical of the absent class members and because they and their counsel will adequately and vigorously represent the class.

76. Rule 23(b)(2) is also satisfied here because the Respondents-Defendants have “acted or refused to act on grounds that apply generally to the class” through creating and maintaining conditions that put the class at imminent risk of contracting COVID-19, the deadly virus that is currently sweeping the globe.

JURISDICTION AND VENUE

77. This Court has habeas corpus jurisdiction pursuant to 28 U.S.C. §§ 2241 *et seq.*, as protected under Art. I § 9, cl. 2 of the United States Constitution (“Suspension Clause”), federal question jurisdiction under 28 U.S.C. § 1331, and jurisdiction based on the United States as

respondent under 28 U.S.C. § 1346(a)(2). This case arises under the United States Constitution; the Immigration and Nationality Act (“INA”), 8 U.S.C. §§ 1101 *et seq.*; the Administrative Procedure Act (“APA”), 5 U.S.C §§ 701 *et seq.*; and the Due Process Clause of the Fifth Amendment. This Court also has remedial authority under to its inherent authority, the Declaratory Judgment Act, 28 U.S.C. §§ 2201 *et seq.*, and the All Writs Act, 28 U.S.C. § 1651.

78. While only the federal courts of appeal have jurisdiction to review removal orders directly through petitions for review, *see* 8 U.S.C. §§ 1252(a)(1), (b), federal district courts have jurisdiction to hear habeas claims by noncitizens challenging the lawfulness or constitutionality of ICE conduct. *Demore v. Kim*, 538 U.S. 510, 516–17 (2003); *Zadvydas v. Davis*, 533 U.S. 678, 687 (2001).

79. A petition for a writ of habeas corpus may be brought by anyone “in custody in violation of the Constitution or laws or treaties of the United States.” 28 U.S.C. § 2241(c)(3). “[T]he writ . . . shall be directed to the person having custody of the persons detained.” 28 U.S.C. § 2243. Accordingly, the proper respondent to a habeas petition is the person who has custody over the petitioner. “[T]he writ of habeas corpus does not act upon the prisoner who seeks relief, but upon the person who holds him in what is alleged to be unlawful custody.” *Rasul v. Bush*, 542 U.S. 466, 478–79 (2004) (quoting *Braden v. 30th Judicial Circuit*, 410 U.S. 484, 495 (1973)). District courts are limited to granting habeas relief “within their respective jurisdictions.” 28 USC § 2241(a).

80. Petitioners’ current detention and custody as enforced by Respondents constitutes a “severe restraint [] on [Petitioners’] individual liberty,” such that Petitioners are “in custody in

violation of the . . . laws . . . of the United States.” *See Hensley v. Municipal Court*, 411 U.S. 345, 351 (1973); 28 U.S.C. § 2241(c)(3).

81. Federal district courts have jurisdiction to hear habeas claims by noncitizens challenging the lawfulness or constitutionality of their detention by DHS. *See, e.g., Zadvydas v. Davis*, 533 U.S. 678, 687 (2001); *Jennings v. Rodriguez*, 138 S. Ct. 830 (2018).

82. Federal district courts have jurisdiction to hear habeas claims by noncitizens seeking to protect their due process rights. *See Ibrahim v. Acosta*, No. 17-CV-24574, 2018 WL 582520, at *4 (S.D. Fla. Jan. 26, 2018).

83. Pursuant to its jurisdiction, this Court may grant various forms of relief pursuant to its inherent authority, the Declaratory Judgment Act, 28 U.S.C. §§ 2201 *et seq.*, and the All Writs Act, 28 U.S.C. § 1651, and has the ability to enjoin federal officials pursuant to *Ex Parte Young*, 209 U.S. 123 (1908); *See also Philadelphia Co. v. Stimson*, 223 U.S. 605, 619-21 (1912) (applying *Ex Parte Young* to federal official); *Goltra v. Weeks*, 271 U.S. 536, 545 (1926) (same).

84. Each Respondent qualifies as a person with custody over Petitioners. Congress intended for supervisory officials—like Respondents here, who can do all things necessary to adjudicate the action—to qualify as custodians under 8 U.S.C. § 2243. Section 2243’s custodian requirement applies to government officials who can carry out any court order that may be entered in connection with a proceeding, like ordering Petitioners’ release so that they can shelter in place and comply with CDC guidelines.

85. Whether this Court has both venue and jurisdiction over Petitioners’ habeas petition is contingent on two interrelated issues: who is the proper respondent to the petition; and

whether this Court has jurisdiction over the proper respondent. *Rumsfeld v. Padilla*, 542 U.S. 426, 434 (2004).

86. The proper custodian for purposes of this statute is the “immediate custodian”—that is, the party “with the power to produce the body” of the petitioner before the court or judge. *Padilla*, 542 U.S. at 435 (quoting *Wales v. Whitney*, 114 U.S. 564, 574 (1885)). Respondent Meade is the immediate custodian of Petitioners detained within the Southern District of Florida and those detained under his direction pursuant to contract. *See Masingene v. Martin*, No. 19-cv-24693-WILLIAMS, 2020 U.S. Dist. LEXIS 17134, at *9 (S.D. Fla. Jan. 24, 2020) (when the warden of the detention facility has no power to produce the petitioner the proper respondent is the director of the ICE field office responsible for overseeing the contract facility where the petitioner is detained); *see also Sanchez v. Decker*, No. 18-cv-8798(AJN), 2019 U.S. Dist. LEXIS 138363, at *10 (S.D.N.Y. Aug. 15, 2019) (same); *Madera v. Decker*, 2018 U.S. Dist. LEXIS 169546, at *10 (S.D.N.Y. Sep. 28, 2018) (same); *Vasquez v. Wolf*, No. 20-55142, 2020 U.S. App. LEXIS 5869, at *1 (9th Cir. Feb. 26, 2020) (finding jurisdiction to grant habeas claim for petitioner in custody of field office director in California while detained in Texas).

87. Respondent Meade’s office is located in Plantation, Florida, within the territorial jurisdiction of this Court. Because he is the proper respondent and is subject to this Court’s jurisdiction, Petitioner’s habeas petition is properly before this Court. *See Masingene*, 2020 U.S. Dist. LEXIS 17134 at *9; *Villavicencio Calderon v. Sessions*, 330 F. Supp. 3d 944, 954 (S.D.N.Y. 2018) (finding the New York City Field Office Director subject to jurisdiction in the Southern District of New York because his office is located in New York); *Saravia v. Sessions*, 280 F.

Supp. 3d 1168, 1187 (N.D. Cal. 2017) (finding the local ORR official subject to jurisdiction in the Northern District of California because she was based in San Francisco).

EXHAUSTION OF ADMINISTRATIVE REMEDIES

88. There is no statutory requirement of exhaustion of administrative remedies where a noncitizen challenges the conditions of detention. *See Haitian Refugee Ctr., Inc. v. Nelson*, 872 F.2d 1555, 1561 (11th Cir. 1989).

89. Exhaustion of administrative remedies is also not required where it would be futile, where administrative remedies are inadequate, and where irreparable harm would result from requiring exhaustion. *See Nierenberg v. Heart Ctr. of Sw. Fla., P.A.*, 835 F. Supp. 1404, 1407 (M.D. Fla. 1993).

90. There is no exhaustion requirement where a petitioner asserts constitutional claims that the agency cannot address. *See Tefel v. Reno*, 972 F. Supp. 608, 616 (S.D. Fla. 1997) (citing *Haitian Refugee Ctr.*, 872 F.2d at 1560); *see also Crayton v. Callahan*, 120 F.3d 1217, 1222 (11th Cir. 1997) (“Exhaustion may be excused when the only contested issue is constitutional, collateral to the consideration of [the] claim [before the agency], and its resolution therefore falls outside the agency’s authority.”); *Warsame v. U.S. Attorney Gen.*, 796 Fed. Appx. 993, 1006 (11th Cir. 2020) (“Because the BIA does not have the power to decide constitutional claims—like the validity of a federal statute—[certain constitutional claims] need not be administratively exhausted.”).

91. In this case, the Petitioners challenge their detention based on their Fifth Amendment due process rights, and the administrative immigration agencies are without the authority to address and adequately remedy the violation of Petitioners’ constitutional rights. *Matter of C-*, 20

I&N Dec. 529, 532 (BIA 1992) (noting that “it is settled” that the immigration judge and the BIA cannot decide constitutional questions). Thus, exhaustion should not be required as to Petitioners’ constitutional claims, because it would be futile as no agency process exists to raise the constitutional claims this Court.

92. Exhaustion of administrative remedies is also not required where it would be futile, where administrative remedies are inadequate, and where irreparable harm would result from requiring exhaustion. *See Nierenberg* , 835 F. Supp. at 1407. Here, requiring exhaustion would cause irreparable injury under the exigent circumstances.

STATEMENT OF FACTS

A. COVID-19 is a global pandemic that poses a significant risk of death or serious illness to Petitioners.

93. COVID-19 is a highly contagious respiratory disease caused by a newly discovered coronavirus.

94. In some people, COVID-19 causes only mild symptoms or no symptoms at all.⁹ But for others, COVID-19 can result in more serious injury, including respiratory failure, kidney failure, and death.¹⁰

⁹ Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19): Symptoms (last updated Mar. 20, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

¹⁰ Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19): Clinical Care, (last updated April 3, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

95. Infected individuals can face prolonged treatment and recovery periods, requiring highly attentive hospital care and ventilators that are in increasingly short supply. Those who do not die can face serious damage to the lungs, heart, liver, or other organs.¹¹

96. Complications from COVID-19 can manifest at an alarming pace. Patients can go from being medically stable with no need for supplemental oxygen to requiring intubation and ventilator-assisted breathing within 24 hours. Studies estimate that the average length of time from onset of symptoms to hospitalization or the development of severe symptoms is only 7-9 days.

97. Older individuals and those with certain medical conditions are at particularly high risk for serious illness or death from COVID-19.¹²

98. Since the first case was reported in December 2019, the transmission of COVID-19 has been growing exponentially. Worldwide, the number of reported cases climbed from 1 to 100,000 in 67 days; from 100,000 to 200,000 in only 11 days; and from 200,000 to 300,000 in just 4 days.¹³

¹¹ Lisa Maragakis, M.D., M.P.H., *I've been diagnosed with the new coronavirus disease, COVID-19. What should I expect?* Johns Hopkins Medicine (last updated Apr. 11, 2020), <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/diagnosed-with-covid-19-what-to-expect>.

¹² Centers for Disease Control and Prevention, COVID-19: People Who Are at Higher Risk For Serious Illness (last updated April 2, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>; World Health Organization, Q&A on smoking and COVID-19 (24 March 2020), www.who.int/news-room/q-a-detail/q-a-on-smoking-and-covid-19.

¹³ Berkeley Lovelace Jr., et al., CNBC, *Coronavirus pandemic is accelerating as cases eclipse 350,000, WHO says* (last updated Mar. 23, 2020),

99. On March 11, 2020, the World Health Organization (“WHO”) declared the outbreak a global pandemic,¹⁴ and COVID-19 has now touched nearly every country on the planet.¹⁵

100. The WHO has exhorted both immigration and criminal justice decision makers to use “non-custodial measures” to protect incarcerated men, women, and children and to stem the escalating transmission rate. (Appx I, Exh. H, at 92)

101. As of April 12, 2020, the number of confirmed cases worldwide has surpassed one and a half million, including over 560,000 people in the United States. Over 114,000 people have died as a result of COVID-19 worldwide, including at least 22,000 in the United States.¹⁶

102. Nationally, projections by the CDC indicate that over 200 million people in the United States could be infected with COVID-19 over the course of the pandemic without effec-

<https://www.cnn.com/2020/03/23/coronavirus-pandemic-is-accelerating-as-cases-eclipse-350000-who-says.html>.

¹⁴ Tedros Adhanom Ghebreyesus, *WHO Director-General’s opening remarks at the media briefing on COVID-19 – 11 March 2020* (Mar. 11, 2020), <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.

¹⁵ *Coronavirus disease 2019 (COVID-19) Situation Report – 73*, World Health Organization (Apr. 2, 2020), https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200402-sitrep-73-covid-19.pdf?sfvrsn=5ae25bc7_4https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200330-sitrep-70-covid-19.pdf?sfvrsn=7e0fe3f8_2.

¹⁶ Worldometer: Coronavirus, <https://www.worldometers.info/coronavirus/#countries> (last accessed Apr. 12, 2020).

tive public health intervention, with as many as 1.7 million deaths in the most severe projections.¹⁷ On March 23, 2020, the WHO warned that the United States could become the next epicenter of the pandemic.¹⁸ Indeed, on March 26, 2020, the United States surpassed every other country in the world in number of confirmed COVID-19 cases.¹⁹ On April 11, 2020, the United States surpassed every other country in the world in the number of confirmed COVID-19 deaths.²⁰

103. In the state of Florida, transmission of COVID-19 has been rampant. As of April 13, 2020, the number of reported cases in Florida is at 19,895, with the number of reported deaths from COVID-19 at 461, making Florida the state with the 11th highest number of COVID-19-related deaths in the United States.²¹ The counties of Miami-Dade and Broward in South Florida account for half of all Florida cases of COVID-19.²²

104. Due to the lack of widespread testing available in most countries, including the

¹⁷ Sheri Fink, *Worst-Case Estimates for U.S. Coronavirus Deaths*, The New York Times (last updated Mar. 18, 2020), <https://www.nytimes.com/2020/03/13/us/coronavirus-deaths-estimate.html>.

¹⁸ Sarah Boseley, *US may become next centre of coronavirus pandemic, says WHO*, The Guardian (Mar. 24, 2020), <https://www.theguardian.com/world/2020/mar/24/us-may-become-centre-of-coronavirus-pandemic-who-says>.

¹⁹ *U.S. Now Leads the World in Confirmed Cases*, The New York Times (last updated Apr. 1, 2020), <https://www.nytimes.com/2020/03/26/world/coronavirus-news.html><https://www.nytimes.com/2020/03/26/world/coronavirus-news.html>.

²⁰ *U.S. Surpasses Italy in Total Number of Confirmed Deaths*, The New York Times (last updated Apr. 12, 2020), www.nytimes.com/2020/04/11/us/coronavirus-live-updates.html.

²¹ Listing of United States Total Coronavirus Cases (last updated Apr. 9, 2020), <https://www.worldometers.info/coronavirus/country/us/>.

²² Florida's COVID-19 Data and Surveillance Dashboard (last accessed Apr. 13, 2020), <https://experience.arcgis.com/experience/96dd742462124fa0b38ddedb9b25e429>.

United States, the number of confirmed cases is likely but a fraction of the true number of COVID-19 cases worldwide. As of April 12, 2020, just over 2.8 million tests have been administered in the entire United States; in Florida, only 184,926.²³ Because of the shortage of tests in the United States—admitted to be a “failing” by top infectious disease expert Dr. Anthony Fauci²⁴—the CDC currently recommends prioritizing testing for symptomatic healthcare providers and hospitalized patients²⁵—which means that the number of diagnosed COVID-19 cases may be only the tip of a very large iceberg.²⁶

i. COVID-19 poses a grave risk to Petitioners because it is so easily transmitted.

105. COVID-19 easily spreads through respiratory droplets that an infected person expels when they cough, sneeze, speak, or breathe.²⁷ Transmission can occur if those virus-carrying droplets land directly on a nearby person’s nose or mouth, or when a person inhales these

²³ The COVID Tracking Project, Our most up-to date data and annotations (last updated Apr. 12, 2020, 11:22 PM), <https://covidtracking.com/data/>.

²⁴ Elizabeth Chuck, *‘It is a failing. Let’s admit,’ Fauci says of coronavirus testing capacity* NBC News (Mar. 12, 2020), <https://www.nbcnews.com/health/health-news/it-failing-let-s-admit-it-fauci-says-coronavirus-testing-n1157036>.

²⁵ Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), *Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)* (last updated Mar. 24, 2020), <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>.

²⁶ George Citroner, *How Many People in the United States Actually Have COVID-19?*, Healthline (Mar. 18, 2020), <https://www.healthline.com/health-news/how-many-coronavirus-cases-are-there>.

²⁷ Harvard Medical School, *COVID-19 Basics*, Harvard Health Publishing (last updated Apr. 6, 2020), <https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics>.

droplets or touches a contaminated surfaced and then touches their mouth, nose, or eyes.²⁸ The coronavirus can survive up to three hours in the air, four hours on copper, 24 hours on cardboard, and two to three days on plastic and stainless steel.²⁹

106. Many people who carry COVID-19 remain completely asymptomatic and may never even realize that they are infected, yet they can still spread the disease.³⁰ Some research suggests that asymptomatic “silent carriers” constitute up to 40% of all those infected.³¹ Likewise, infected people who may eventually develop symptoms are contagious even when they are in the pre-symptomatic phase and may account for 10-13% of transmissions.³² Even interventions that individually isolate or quarantine only symptomatic individuals, therefore, cannot effectively contain transmission.

107. There is currently no vaccine against COVID-19. Nor are there any known

²⁸ Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), *How Coronavirus Spreads* (last reviewed Mar. 4, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>.

²⁹ Harvard Health Publishing, *As coronavirus spreads, many questions and some answers* Harvard Medical School, Coronavirus Resource Center (last updated Apr. 1, 2020), <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>.

³⁰ Apoorva Mandavilli, *Infected but Feeling Fine: The Unwitting Coronavirus Spreaders*, The New York Times (Apr. 1, 2020), <https://www.nytimes.com/2020/03/31/health/coronavirus-asymptomatic-transmission.html>; accord Maddie Capron, How Many Coronavirus Cases are Asymptomatic? CDC and Other Data Range as High as 50%, Miami Herald (April 1, 2020), <https://www.miamiherald.com/news/coronavirus/article241703806.html>.

³¹ *Id.*

³² The University of Texas at Austin, *"Coronavirus spreads quickly and sometimes before people have symptoms, study finds,"* ScienceDaily (Mar. 16, 2020), <https://www.sciencedaily.com/releases/2020/03/200316143313.htm>.

prophylactic medications that will prevent or reduce the risk of a COVID-19 infection. Widespread testing would make it easier to identify and isolate carriers, but testing availability is severely limited in the United States. Therefore, the only effective way to protect people against the risk of serious illness or death from COVID-19 is to limit their exposure to the virus through social distancing—i.e., physical separation of at least six feet from other people, especially individuals who are or may be infected, vigilant hygiene, including frequent and thorough handwashing with soap and water, and the wearing of masks.³³

108. The high incidence of asymptomatic transmission, alongside the nationwide dearth of diagnostic tests to identify and isolate infected individuals, necessitate strict social distancing measures to interrupt transmission.

109. Social distancing reduces the average number of contacts between people, which lowers every individual's risk both for acquiring COVID-19 and transmitting it to another person.

110. Strict social distancing measures have shown effectiveness in reducing the transmission of COVID-19. On January 23, 2020, the Chinese government instituted a complete lockdown of Wuhan, China, where the COVID-19 outbreak began, to attempt to fight the spread of the virus. They shut down all schools, offices, and factories and banned private vehicles from city streets. This lockdown expanded to other cities in Hubei province in the next several days,

³³ Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), *How to Protect Yourself* (last reviewed Apr. 1, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.

extending to 60 million people in China.³⁴ Following the lockdown, Wuhan saw a sustained decrease in transmission of COVID-19, and two months later, the daily number of reported cases dropped to zero.

111. Throughout the world, other countries have also implemented drastic social distancing measures in an effort to control the COVID-19 pandemic and protect people's health and lives. France, for example, imposed a strict nationwide lockdown, prohibiting gatherings of any size and ordering all residents to stay at home.³⁵ Overall, countries encompassing an estimated one third of the world's population have enacted similar restrictions.³⁶ Across the United States, cities and states are imposing increasingly stringent measures to effectuate social distancing. As of April 7, 2020, at least 42 states, three counties, and nine cities had ordered their residents to "shelter in place" or stay at home.³⁷

³⁴ Amy Gunia, *China's Draconian Lockdown Is Getting Credit for Slowing Coronavirus. Would It Work Anywhere Else?*, Time Magazine (Mar. 13, 2020), <https://time.com/5796425/china-coronavirus-lockdown/>.

³⁵ Bryan Pietsch, *'We are at war': France's president just announced a 15-day lockdown, banning public gatherings and walks outdoors*, Business Insider (Mar. 16, 2020), <https://www.businessinsider.com/coronavirus-france-president-macron-announces-15-day-lockdown-2020-3>.

³⁶ Andrea Salcedo & Gina Cheralus, *Coronavirus Travel Restrictions, Across the Globe*, The New York Times (Apr. 1, 2020) <https://www.nytimes.com/article/coronavirus-travel-restrictions.html>.

³⁷ Sarah Mervosh, et al., *Which States and Cities Have Told Residents to Stay at Home*, New York Times (last updated Apr. 7, 2020), <https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html>.

- ii. **In response to the COVID-19 pandemic, all levels of government have directed people to shelter in place, and practice social distancing and vigilant hygiene.**

112. On March 1, 2020, Governor DeSantis issued Executive Order 20-51 directing the Florida Department of Health to issue a Public Health Emergency.

113. On the same day, the State Surgeon General and State Health Office declared that a Public Health Emergency exists in the State of Florida as a result of COVID-19.

114. On March 9, 2020, Governor DeSantis declared a state of emergency for the entire state of Florida, describing the spread of COVID-19 as “a risk to the entire state of Florida.” Exec. Order No. 20-52.³⁸

115. On March 13, 2020, President Donald J. Trump declared a national emergency, and on March 16, 2020, the President and the CDC issued guidance titled “15 Days to Slow the Spread,” advising individuals to avoid social gatherings in groups of more than 10 people and advising older persons and persons with serious underlying health conditions to stay home and away from others.

116. On March 19, 2020, Mayor Gimenez issued Miami-Dade Emergency Order 07-20, adopting CDC guidelines encouraging social distancing and maintaining a 6-foot separation between residents to slow the spread of infection and that events with more than ten attendees either be cancelled or held virtually.³⁹

³⁸ Available at: <https://www.flgov.com/wp-content/uploads/2020/03/EO-20-52.pdf>.

³⁹ Available at: <https://www.miamidade.gov/information/library/coronavirus-emergency-order-07-20-businesses.pdf>

117. On March 20, 2020, Governor DeSantis issued Executive Order 20-70 to “harmonize” Broward and Palm Beach County with Miami-Dade, ordering the closure of all restaurants, bars, any other alcohol/food service business establishment with seating for more than 10 people, in addition to all movie theaters, concert halls, auditoriums, playhouses, bowling alleys, gymnasiums, fitness centers and beaches.⁴⁰

118. On March 23, 2020, Governor DeSantis issued Executive Order 20-80, requiring all individuals who fly into Florida from states with substantial community spread to self-isolate in Florida for 14 days or the duration of their trip, whichever is shorter.

119. On March 24, 2020, Governor DeSantis issued Executive Order 20-83, directing the State Surgeon General and State Health Officer to issue a public health advisory urging the public to avoid all social or recreational gatherings of 10 people or more. Exec. Order No. 20-83.⁴¹

120. On a March 27, 2020, Governor DeSantis issued Executive Order 20-86, requiring all individuals that drive into Florida from states with substantial community spread to self-isolate in Florida for fourteen days or the duration of their trip, whichever is shorter.

121. On March 30, 2020, Governor DeSantis issued Executive Order No. 20-89, ordering Miami-Dade County, Broward County, Palm Beach County and Monroe County to restrict

⁴⁰ Available at: https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-70.pdf

⁴¹ Available at: https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-83.pdf

public access to businesses and facilities deemed non-essential pursuant to the guidelines established by Miami-Dade County pursuant to its March 19, 2020 Emergency Order 07-20. Exec. Order No. 20-89.⁴²

122. This order mandates that essential service establishments not subject to closure shall continue to determine, adopt and maintain reasonable measures to ensure sanitation and cleanliness of premises and items that may come into contact with employees and the public, and such establishments shall take reasonable action to ensure that people adhere to the CDC's social distancing guidelines.

123. On March 31, 2020, the President updated the previously issued CDC guidance, renaming it “30 Days to Slow the Spread,” and along with the White House Coronavirus Task Force urged Americans to continue to adhere to the CDC guidelines and expand community mitigation efforts.⁴³

124. On April 1, 2020, Governor DeSantis issued a shelter-in-place order for the state of Florida, effective April 3, 2020, Exec. Order No. 20-91.⁴⁴

⁴² Available at: https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-89.pdf

⁴³ Available at: https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf

⁴⁴ Available at: https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-91.pdf.

125. On April 4, 2020, Miami Dade Mayor Carlos Gimenez issued Emergency Order 19-20, ordering that all person outside their homes are encouraged to wear a cloth facial covering consistent with current CDC guidelines. Emer. Order. No. 19-20.⁴⁵

126. On April 8, 2020, Mayor Gimenez extended the state of emergency for Miami-Dade County. Exec. Order Extending Declaration of Local State of Emergency.⁴⁶

B. All experts agree that COVID-19 will likely ravage jails, prisons, and detention centers.

127. Imprisoned populations, including those in ICE detention facilities, are at higher risk for infectious disease, as compared to the general population. Factors that heighten their risk include poor sanitation, high population density, and “a higher prevalence of infectious and chronic diseases and . . . poorer health than the general population, even at younger ages.” CDC Interim Guidance (Appx I, Exh. F, at 48-74).

128. Dr. Shin explains that in detention settings “hundreds, and potentially thousands of people will become infected, and many will die. This is a direct result of a failure to implement the recommended measures at an early enough to stage to prevent illness and save lives. Already, some ICE facilities the numbers of detected COVID-19 infections are growing at an exponential rate. By the time facilities recognize this kind of exponential growth in detected cases, it will already be too late. Therefore, individuals should be released from detention.” Shin Decl.,

⁴⁵ Available at: <https://www.miamidade.gov/information/library/coronavirus-emergency-order-19-20-facial-coverings.pdf>.

⁴⁶ Available at: <https://www.miamidade.gov/information/library/2020-04-08-state-of-emergency-extension-4.pdf>

¶40. (Exh. 2). *See also*, Greer Decl. ¶30 (Exh. 3) (“There is no way for immigration detention facilities to comply with CDC guidelines on social distancing and quarantining unless Respondents release detained men and women on a large scale.”).

129. The conclusions of Drs. Shin and Greer are consistent with the conclusions reached by Drs. Scott Allen and Josiah Rich—experts in the fields of detention health, infectious disease, and public health who advise DHS’s Office of Civil Rights and Civil Liberties—who urged Congress on March 19, 2020 to take immediate actions to slow the spread of COVID-19 in ICE detention centers, *including releasing immigrants* to facilitate maximum social distancing—an “oxymoron” in congregate settings. (Appx I, Exh. L, at 235-41.)

130. In March 2020, over 3,000 medical professionals across the United States urged ICE *to release* individuals and families from detention “to prevent the spread of COVID-19 and mitigate the harm of an outbreak” to detained individuals, as well as to facility staff.⁴⁷ They warned that social distancing measures recommended by the CDC are impossible in immigration detention and that the capacity for *individual* isolation and quarantine recommended by the CDC is extremely limited. When individual isolation is possible, the medical providers expressed concern that “isolation may be misused and place individuals at higher risk of neglect and death.”

131. Like these and other experts,⁴⁸ Drs. Allen and Rich also warned of the dire conse-

⁴⁷ Janus Rose, *Thousands of Doctors Demand ICE Release Detainees to Stop a COVID-19 Disaster*, Vice.com (Mar. 18, 2020), https://www.vice.com/en_us/article/4agp4w/thousands-of-doctors-demand-ice-release-detainees-to-stop-a-covid-19-disaster

⁴⁸ *See, e.g.*, Rich Schapiro, *Coronavirus could ‘wreak havoc’ on U.S. jails, experts warn*, NBC News (Mar. 12, 2020), <https://www.nbcnews.com/news/us-news/coronavirus-could-wreak->

quences that a COVID-19 outbreak within an ICE detention facility would have on the community outside the facility. They describe a “tinderbox” scenario where a rapid outbreak inside a facility would result in the hospitalization of multiple detained people in a short period of time, which would spread the virus to the surrounding community and create a demand for ventilators far exceeding the supply. (Appx I, Exh. L, at 238.)

132. Once a disease is introduced into a jail, prison, or detention facility, it spreads faster than under most other circumstances due to overcrowding, poor sanitation and hygiene, and lack of access to adequate medical services. For these same reasons, the outbreak is harder to control.⁴⁹ The severe outbreaks of COVID-19 in congregate environments, such as cruise ships and nursing homes, illustrate how rapidly and widely COVID-19 would rip through an ICE detention facility. On the Diamond Princess cruise ship, for example, approximately 700 passengers and crew on board were infected over the course of three weeks despite the initiation of quarantine protocols.⁵⁰

havoc-u-s-jails-experts-warn-n1156586 (“An outbreak of the deadly virus inside the walls of a U.S. prison or jail is now a question of when, not if, according to health experts.”).

⁴⁹ Christina Potter, *Outbreaks in Migrant Detention Facilities*, Outbreak Observatory (Jul. 11, 2019), <https://www.outbreakobservatory.org/outbreakthursday-1/7/11/2019/outbreaks-in-migrant-detention-facilities>

⁵⁰ *Failures on the Diamond Princess Shadow Another Cruise Ship Outbreak*, The New York Times (Mar. 8, 2020), www.nytimes.com/2020/03/08/world/asia/coronavirus-cruise-ship.html.

133. COVID-19 has indeed already started to spread inside U.S. prisons and jails across the United States, including other carceral systems in Florida,⁵¹ Chicago,⁵² and New York City.⁵³

134. Correctional staff is also an especially dangerous vector for a COVID-19 outbreak within a detention center since they regularly travel back and forth between the outside world and the detention facilities where they work.

135. ICE's past handling of infectious disease outbreaks in detention centers has been inept—foreshadowing the impact COVID-19 will have if Petitioners are not released. In 2019, a mumps outbreak across 57 immigration detention facilities throughout the country led to almost 900 cases of mumps overwhelmingly contracted inside the facilities⁵⁴ before the outbreak spread to surrounding communities.⁵⁵ ICE and CBP facilities have been sites of other outbreaks in just

⁵¹ Florida Department of Corrections, COVID-19 Information, <http://www.dc.state.fl.us/comm/covid-19.html>.

⁵² Timothy Williams and Danielle Ivory, *Chicago's Jail Is Top Hot Spot as Virus Spreads Behind Bars*, The New York Times (Apr. 8, 2020), www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html.

⁵³ Emma Grey Ellis, *Covid-19 Poses a Heightened Threat in jails and Prisons*, wired.com (Mar. 24, 2020), <https://www.wired.com/story/coronavirus-covid-19-jails-prisons/>

⁵⁴ Leung J, Elson D, Sanders K, et al. *Notes from the Field: Mumps in Detention Facilities that House Detained Migrants—United States, September 2018–August 2019*, MMWR Morb Mortal Wkly, 749–50 (Aug. 30, 2019), <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6834a4-H.pdf>.

⁵⁵ See Terrence McDonald, *Bergen County Won't Say if Mumps Outbreak Affects Only Immigrant Detainees*, Northjersey.com (Jun. 13, 2019), <https://www.northjersey.com/story/news/bergen/2019/06/13/bergen-county-nj-wont-say-if-jail-mumps-outbreak-hit-only-ice-inmates/1448708001>. In addition, in 2019, thousands of individuals in 39 immigration detention centers across the country were exposed to chickenpox. Emma Ockerman, *Migrant Detention Centers Are Getting Slammed with Mumps and Chickenpox*, Vice News (Jun. 14,

the past couple years,⁵⁶ in addition to outbreaks in other prisons and jails.⁵⁷

136. Nationally and internationally, governments and jail and prison staff have already recognized the threat posed by COVID-19 and released detained individuals. Iran,⁵⁸ Ethiopia,⁵⁹ and Texas⁶⁰ and have all begun to release people to mitigate the harm that the impending spread of COVID-19 will cause.

137. One of the largest police forces in the nation, the Miami-Dade Police Department, has ordered its officers to issue citations for all misdemeanor offenses to reduce arrests and jail population during the pandemic.⁶¹ The Broward Sheriff's Office has done the same, estimating a

2020), https://www.vice.com/en_us/article/mb8k5q/migrant-detention-centers-are-getting-slammed-with-mumps-and-chicken-pox.

⁵⁶ Christina Potter, Outbreak Observatory *supra* n. 49, (describing outbreaks of acute respiratory illnesses like influenza, and other diseases like scabies and chickenpox). Both Krome and BTC have had mumps outbreaks, and other illnesses that required quarantine.

⁵⁷ J. O'Grady, et al., *Tuberculosis in prisons: anatomy of global neglect*, European Respiratory Journal (2011), <https://erj.ersjournals.com/content/38/4/752.short> (stating that tuberculosis prevalence among prisoners worldwide can be up to 50 times higher than national averages).

⁵⁸ Babk Dehghanpisheh and Stephanie Nebhay, *Iran Temporarily Releases 70,000 Prisoners as Coronavirus Cases Surge*, Reuters (Mar. 9, 2020), <https://www.reuters.com/article/us-health-coronavirus-iran/iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5>.

⁵⁹ Bukola Adebayo, *Ethiopia pardons more than 4,000 prisoners to help prevent coronavirus spread*, CNN (Mar. 26, 2020), <https://www.cnn.com/2020/03/26/africa/ethiopia-pardons-4000-prisoners-over-coronavirus/index.html>.

⁶⁰ Dillon Collier, *Bexar County jail population down more than 500 inmates after release of nonviolent offenders*, KSAT.com (last updated Mar. 25, 2020), <https://www.ksat.com/news/local/2020/03/25/bexar-county-jail-population-down-more-than-500-inmates-after-release-of-non-violent-offenders/>.

⁶¹ <https://theappeal.org/miami-covid-19-arrests/>

reduction in arrests and bookings of 60%.⁶²

138. On April 7, 2020, a temporary restraining order was issued from this Court requiring Miami-Dade Corrections to implement health safety protocols in the Metro West Detention Center. Order, *Swain v. Junior*, 20-cv-21457-KMW (S.D. Fla. Apr. 7, 2020) (copy at Appx I, Exh. M, at 242-47).

139. The Federal Bureau of Prisons has instructed prison directors to prioritize releasing federal inmates to home confinement, taking into consideration factors including “[t]he age and vulnerability of the inmate to COVID-19, in accordance with the [CDC] guidelines.”⁶³

C. The Center for Disease Control and the detention standards inform ICE’s duties to people at Krome, Glades, and BTC.

140. Krome and BTC are subject to ICE’s Performance-Based National Detention Standards 2011 (“PBNDS”). (Appx. I, Exh. K, at 152, 156).

141. Section 4.3(II)(10) requires that “Centers for Disease Control and Prevention (CDC) guidelines for the prevention and control of infectious and communicable diseases shall be followed.” ICE PBNDS (Appx I, Exh. N, at 248-97, 253).⁶⁴

⁶² *Two Broward Inmates Test Positive For Coronavirus, As Calls For Release Grow*, WLRN (Apr. 2, 2020), www.wlrn.org/post/two-broward-inmates-test-positive-coronavirus-calls-release-grow#stream/0; Opinion: *Broward County Jail: A COVID-19 time bomb*, Sun Sentinel (Apr. 3, 2020), www.sun-sentinel.com/opinion/commentary/fl-op-com-finkelstein-broward-county-jail-threat-coronavirus-covid-20200403-kb7g5zwoinf2pfluw4dsxlda7y-story.html.

⁶³ Office of the Attorney General, Washington, DC, Memorandum for Director of Bureau Prisons, *Prioritization of Home Confinement As Appropriate in Response to COVID-19 Pandemic* (Mar. 26, 2020), <https://www.politico.com/f/?id=00000171-1826-d4a1-ad77-fda671420000>.

⁶⁴ Full copy available at: <https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf>.

142. Glades is subject to ICE's National Detention Standards (NDS). (Appx. I, Exh. K, at 165.) The current governing version of the NDS is the 2019 National Detention Standards for Non-Dedicated Facilities.⁶⁵

143. Under section 1.1(I) of the NDS, covered "facilit[ies] will operate in accordance with all applicable regulations and codes, such as those of . . . the Centers for Disease Control and Prevention (CDC)." ICE NDS (Appx I, Exh. O, at 304).⁶⁶

144. The CDC has issued an Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. (Appx. I, Exh. F, at 48-73). This guidance stresses the vital importance of ensuring social distancing, proper hygiene, access to testing, *individual* isolation of people who have the virus, and quarantine of people exposed to the virus. The guidance specifically states that it is intended for ICE, as a law enforcement agency with custodial authority of detained populations.

145. The CDC Guidance requires that "detained persons who are close contacts of a confirmed or suspected COVID-19 case (whether the case is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days." (Appx. I, Exh. F, at 66.)

146. An individual is considered a close contact if they have been within approximately 6 feet of a COVID-19 case for a prolonged period of time, or have had direct contact with

⁶⁵ Supersession noted at: www.ice.gov/detention-standards/2000.

⁶⁶ Full copy available at: www.ice.gov/doclib/detention-standards/2019/nds2019.pdf.

infectious secretion from such a person, such as coughing. (Appx. I, Exh. F, at 50.) “Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case.” (Appx. I, Exh. F, at 50, 66)

147. “A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms,” and “[a] suspected case shows symptoms.” (Appx. I, Exh. F, at 51.) Symptoms “include fever, cough, and shortness of breath.” (*Id.*)

148. Quarantine is “the practice of confining individuals who had close contact with a COVID-19 case to determine whether they develop symptoms,” and it “should last a period of 14 days.” (Appx. I, Exh. F, at 51.) “Ideally, each quarantined individual would be quarantined in a single cell with solid walls and a solid door that closes.” (*Id.*) “If symptoms develop during the 14-day period, the individual should be placed under medical isolation and evaluated for COVID-19.” (*Id.*)

149. “Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission.” (Appx. I, Exh. F, at 51.) “Medical isolation end when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinic providers and public health officials” as detailed in the CDC’s Guidance. (*Id.*)

150. “Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group.” (Appx. I, Exh. F, at 50.) “Ideally, cases should be isolated individually, and close contacts should be quarantined individually.” (*Id.*)

151. The CDC Guidance states that detention centers should put people exposed to close contact with confirmed or symptomatic COVID-19 cases in *individual*, not group, quarantine: “Facilities should make *every possible effort* to quarantine close contacts of COVID-19 cases individually.” (Appx. I, Exh. F, at 66) (emphasis added). Cohort quarantine “should only be practiced *if there are no other available options*.” (*Id.*) (emphasis added). As the CDC explains, “[c]ohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected.” (*Id.*)

152. According to the CDC Guidance’s order of preference, the *last* option before a “safe[] transfer to another facility with capacity to quarantine” is cohorting in a detainee’s “regularly assigned housing but with no movement outside of the unit (*if an entire housing unit has been exposed*),” but only if it is possible to employ social distancing strategies “to maintain at least 6 feet of space between individuals.” (Appx. I, Exh. F, at 67) (emphasis added). “If cohorted, quarantined individuals should *wear face masks at all times* (to prevent transmission from infected to uninfected individuals).” (*Id.*) (emphasis added). The last option of transfer “should be avoided due to the potential to introduce infection to another facility.” (*Id.*)

153. But, “[f]acilities without onsite healthcare capacity, or *without sufficient space to implement effective quarantine*, should coordinate with local public health officials to ensure that close contacts of COVID-19 cases will be effectively quarantined and medically monitored.” (Appx. I, Exh. F, at 66) (emphasis added).

154. Even stricter quarantining and isolation protocols apply in confirmed or suspected cases of COVID-19 infection. (Appx. I, Exh. F, at 62-66)

155. However, the need to “[r]estrict quarantined individuals from leaving the facility (including transfers to other facilities)” is subject to an exception for detained individuals “released from custody.” (Appx. I, Exh. F, at 68)

156. Release to individualized quarantining and isolation outside of a detention facility serves public health because, as the CDC explains, “[i]ncarcerated/detained persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced,” and “[o]ptions for medical isolation of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.” (Appx. I, Exh. F, at 49)

157. Additionally, “[t]here are many opportunities for COVID-19 to be introduced into a correctional or detention facility, including daily staff ingress and egress; transfer of incarcerated/detained persons between facilities and systems, to court appearances, and to outside medical visits; and visits from family, legal representatives, and other community members.” (Appx. I, Exh. F, at 49)

158. “Some settings, particularly jails and detention centers, have high turnover, admitting new entrants daily who may have been exposed to COVID-19 in the surrounding community or other regions.” (Appx. I, Exh. F, at 49)

159. Further, “[p]ersons incarcerated/detained in a particular facility often come from a variety of locations, increasing the potential to introduce COVID-19 from different geographic areas.” (Appx. I, Exh. F, at 49)

160. As for new entrants, the CDC also recommends routine intake quarantining, which means “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).” (Appx. I, Exh. F, at 61.) (emphasis in original). The CDC further specifies that detention centers should conduct “pre-intake screening and temperature checks for all new entrants” and to put new intakes with symptoms (fever, cough, shortness of breath) in medical isolation. (Appx. I, Exh. F, at 57)

161. Further, ICE’s governing detention standards require reporting of the spread of communicable diseases within their detained populations. ICE PBNDS, § 4.3(V)(C)(1) (“Facilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements.”) (copy at Appx I, Exh. N, at 256-57); *id.*, at § 4.3(V)(C)(1)(h) (“Each facility shall have written plans that . . . shall include: . . . (h) management of infectious diseases and reporting them to local and/or state health departments in accordance with established guidelines and applicable laws.”); *see also* ICE NDS, § 4.3(II)(D)(2) (“The facility will have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education. This also includes reporting and collaboration with local or state health departments in accordance with state and local laws and recommendations.”) (copy at Appx I, Exh. O, at 314).

D. Continued detention in the unique circumstances of the current pandemic poses a dire and imminent threat to Petitioners and others at Krome, Glades, and BTC.

162. ICE’s knowing and affirmative conduct in failing to address the clear foreseeability of severe outbreaks at Krome, BTC, and Glades, and to take the action of releasing Petitioners, demonstrates a disregard for the rights, well-being, and the humanity of detained immigrants. The continued detention of Petitioners and other detained individuals at Krome, Glades, and BTC is reckless.

163. Despite the global pandemic and shelter-in-place orders across the country and knowing the risks, ICE affirmatively continues to bring *new* people into detention centers and to transfer previously detained people between facilities.⁶⁷ ICE continues to issue detainer requests to counties instructing jail officials to hold people for them past the point of criminal custody coming to an end. ICE then transports these men and women from the local jail to immigration detention at Krome, Glades, and BTC.

⁶⁷ U.S. Department of Homeland Security, U.S. Immigration and Customs Enforcement, *ICE Guidance on COVID-19* (last reviewed/updated Apr. 2, 2020), <https://www.ice.gov/covid19> (“ . . . our law enforcement officers and agents continue daily enforcement operations to make criminal and civil arrests.”); *see also* Richard Hall, Coronavirus: ICE Crackdown Stokes Fears for Safety of Undocumented Immigrants During Pandemic, *Independent* (Mar. 15, 2020), <https://www.independent.co.uk/news/world/americas/coronavirus-us-immigrants-ice-raids-trump-bernie-sanders-undocumented-healthcare-a9398816.html> (noting that “[i]n New York, immigration advocates have noted a marked increase in ICE activity in recent months, which has not slowed as the coronavirus outbreak has worsened.”). On March 18, 2020, ICE announced it would “temporarily adjust” its enforcement practices during the COVID-19 outbreak, but declined to say it would stop arresting people altogether. Rebecca Klar, *ICE Pausing Most Enforcement During Coronavirus Crisis*, *The Hill* (Mar. 18, 2020), <https://thehill.com/latino/488362-ice-pausing-most-immigration-enforcement-during-coronavirus-crisis>.

164. With respect to people like Petitioners who are already in custody, ICE is violating the CDC guidelines and detention standards in multiple ways.

165. Rather than use *individual* quarantining of people who have been exposed to COVID-19, ICE routinely uses en masse “cohort quarantining.” ICE commends itself for having placed large groups of people who have been exposed to COVID-19 together in the same living space, despite the CDC’s statements that this measure *will facilitate* the spread of the virus among those quarantined and throughout the facility and outside community. (Appx. I, Exh. I₂ at 123 ¶10)

166. On top of the fact that cohorting is supposed to be last option when “there are no other available options” (Appx. I, Exh. F, at 6), it is only an option when it is possible to employ social distancing strategies “to maintain at least 6 feet of space between individuals” (Appx. I, Exh. F, at 67), because “[c]ohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected” (Appx. I, Exh. F, at 66).

167. Even in the general case, when a facility is not dealing with a positive or suspected COVID-19 case, or a case of a close contact to a positive or suspected COVID-19 case, detention facilities are instructed by the CDC Guidelines to “[i]mplement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of the presence of symptoms).” (Appx. I, Exh. F, at 58).

168. ICE’s cohorting practice contravenes the CDC guidelines. Cohorting is not the same as quarantine or medical isolation. The CDC guidance makes it clear that cohorting is to be

used *only as a last resort*. ICE, however, is using cohorting as the planned—and primary—response to a known COVID-19 exposure, not a practice of last resort. (Appx. I, Exh. I, at 123 ¶10).

169. Moreover, cohorted groups are confined in spaces that prevent them from practicing social distancing. Cohorted groups are not provided with masks to prevent the transmission of COVID-19, as required by the CDC protocols. (Appx. I, Exh. F, at 67).

170. ICE has no plans to place suspected COVID-19 cases in individual medical isolation in which “[e]ach isolated individual should be assigned their own housing space and bathroom,” as the CDC instructs. (Appx. I, Exh. F, at 62) Moreover, people who exhibit flu-like symptoms are not always removed from the general population but instead are sleeping and eating within feet of others.

171. Further, many of ICE’s claims of having implemented COVID-19 precautions are either contradicted by reports from detained people, or the procedures they have implemented are ineffective.

172. Social distancing is impossible. People sleep in crowded rooms in bunk beds close together and must eat and bathe in close quarters. People are not provided sufficient soap to be able to comply with CDC hygiene inventory and hand-washing procedures. (Appx. I, Exh. F, at 54-57) The bathrooms in these facilities are often unsanitary and in poor condition. Bathrooms have been identified as a particularly potent vehicle for the spread of COVID-19.⁶⁸

⁶⁸ *Why You Should Flush With The Lid Down: Experts Warn Of Fecal-Oral Transmission Of COVID-19*, Forbes (Apr. 2, 2020), www.forbes.com/sites/alexandrasternlicht/2020/04/02/why-you-should-flush-with-the-lid-down-virologist-warns-of-fecal-oral-transmission-of-covid-19/#6d581edd6eb8. CDC guidelines require detention centers to, “[s]everal times per day, clean

173. Other measures ICE claims to have taken, including temporarily suspending social visitation in detention and screening new detained immigrants for certain symptoms of COVID-19, are insufficient to curb the risk of infection within the detention centers. Detained individuals report that ICE has not implemented the CDC's recommendation that newly detained individuals be in individual quarantine for 14 days *before* joining the rest of the population.

174. Not all COVID-19 patients present with fever or respiratory symptoms. Many may be asymptomatic but still contagious, or have mild or less common symptoms. As symptoms of COVID-19 can present anywhere from 2 to 14 days after exposure, individuals who pass ICE's screenings can expose other detained individuals, as well as detention center staff, if the CDC's new intake quarantining protocols are not followed.

175. Release from custody is both the only effective public health measure to curb increased transmission of COVID-19 and the most practical strategy to protect people like Petitioners from harm.

Krome Service Processing Center

176. Krome is a detention center located at the edge of Miami-Dade County. ICE's contract with Akima Global Services ("AGS"), a third-party contractor, requires a mandatory

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)." www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

minimum of 450 occupied beds. (Appx I, Exh. K, 149.) The population typically oscillates between 550 and 875 persons—far exceeding the contractual mandatory minimum. (Appx I, Exh. K, 149)

177. ICE employs both ICE employees and AGS contract workers at the detention center. (Appx I, Exh. K, 149.) These workers typically live in Miami Dade County or other communities in South Florida.

178. Krome is divided into different housing units, however, all housing units share common spaces which include the recreation area, medical area, and the cafeteria.

179. Each general population housing unit (referred to as “pods”) is an open bay—meaning that there are *at least* 65 bunk bed cots per unit. (Appx I, Exh. K, 149.) The bunk beds are positioned within six feet of each other. The open bay also has a communal space with a table and seating areas, showers, toilets, and sinks. The general population units do not have individual cells.

180. Detained individuals prepare the communal food. Up until very recently, several housing pods ate together in the cafeteria. The cafeteria is now closed due to COVID-19, and housing units are eating together in the communal area of their pod.

181. Krome’s failure to provide adequate medical care has been an ongoing concern. (Appx I, Exh. K, at 141-43, 150). Critical medical care is routinely delayed—sometimes for months—or denied outright. *Id.* An inspection conducted in February 2019 concluded that Krome’s medical care was deficient. Lead Compliance Inspector.⁶⁹ Instead of addressing sick

⁶⁹ *Annual Detention Inspection of the Krome Service Processing Center*, The Nakamoto Group, Inc. (Feb. 14, 2019) available at: https://www.ice.gov/doclib/facilityInspections/kromeSPC_CL_02-14-2019.pdf.

calls twice a day, as the detention standards require, it takes two to eight days to triage a sick call. (Appx I, Exh. K, 150.) When medical issues are addressed, individuals report not being properly treated or not treated at all. (Appx I, Exh. K, 150.) Proving ibuprofen is commonly used as a blanket solution to any and all medical issues. (Appx I, Exh. K, 150.)

182. Because Krome fails to meet detained individual's medical needs under normal circumstances, the medical staff are ill-prepared to provide adequate medical treatment amidst the COVID-19 pandemic.

183. Krome has a large population and is often overcrowded. (Appx I, Exh. F, at 149-50) (overcrowding at Krome). ICE can tightly detain up to 1,000 individuals in the facility. (Appx I, Exh. K, 230 (endnote 118).) When the population reaches that number, it becomes dangerously overcrowded with 100 or more people in a pod with 65 beds. To house these numbers, Krome supplies stackable beds placed between bunkbeds, in front of the showers and bathrooms, next to the phones, and in the common television area. (Appx I, Exh. K, 149.) At least one pod, with 120 detainees, is currently in such a crowded state.

184. Overcrowding at Krome has led to many sanitation and health issues. (Appx I, Exh. K, 150.) It becomes impossible to avoid human contact and the unit is harder to keep clean. (Appx I, Exh. K, 150)

185. During the summer of 2019, there was a mumps outbreak at Krome in which housing units were group quarantined.⁷⁰ Ten years before that, there was an outbreak of the H1N1 virus at Krome.⁷¹

186. Detained men at Krome live in pods that house approximately 50 to 120 individuals. *See* Portuondo Dec. at ¶ 11 (Appx II, Exh. A, at 1-9); Gayle Dec. at ¶ 6 (Appx II, Exh. B, at 10-14).

187. The large number of detained individuals in each pod make it infeasible to stay six feet apart and practice social distancing. *See* Arias-Martinez Dec. at ¶ 9 (Appx II, Exh. C, at 15-21); Jalloh Dec. ¶ 9 (Appx II, Exh. D, at 22-29); Darwyn Dec. ¶ 5(c) (Appx II, Exh. E, at 30-34); Perez-Jeronimo Dec. ¶ 6 (Appx II, Exh. F, at 35-39); Chavez Dec. at ¶ 11 (Appx II, Exh. G, at 40-46); Jalloh Dec. ¶ 20 (Appx II, Exh. D, at 22-29); Mendez-Escobar Dec. ¶ 14 (Appx II, Exh. H, at 47-51); Zamora-Mendoza Dec. ¶ 10 (Appx II, Exh. I, at 52-54); Ocana-Guzman Dec. ¶ 8 (Appx II, Exh. J, at 55-60).

188. The pods have bunk beds for the detained individuals to sleep, which are not 6 feet apart. *See* Arias-Martinez Dec. at ¶ 9 (Appx II, Exh. C, at 15-21); Alfaro-Garcia Dec. at ¶ 7 (Appx II, Exh. K, at 61-67); Khan Dec. at ¶ 8a (Appx II, Exh. L, at 68-74); Jalloh Dec. ¶ 12 (Appx II, Exh. D, at 22-29); Perez-Jeronimo Dec. ¶ 6 (Appx II, Exh. F, at 35-39); Chavez Dec. at

⁷⁰ Letter to ICE and Wardens from AI Justice, SPLC, AAAJ, and project South (Mar. 13, 2020), https://www.splcenter.org/sites/default/files/ltr_to_ice_and_wardens_re_covid-19_-_2020.03_-_final.pdf

⁷¹ After a Krome employee's toddler contracted H1N1, ICE was criticized for not providing employees with proper protection, training, and information to deal with the virus. Kyle Munzenreider, *Infant Child of ICE Employee Has Swine Flu*, Miami New Times (June 23, 2009), <https://www.miaminewtimes.com/news/infant-child-of-ice-employee-has-swine-flu-6565669>.

¶ 11 (Appx II, Exh. G, at 40-46); Zamora-Mendoza Dec. ¶ 10 (Appx II, Exh. I, at 52-54); Ocana-Guzman Dec. ¶ 6 (Appx II, Exh. J, at 55-60).

189. There are at least three housing units of approximately 48, 59, and 120 people, one of which includes a detained person with prostate cancer, that are under cohort quarantine. *See* Portuondo Dec. at ¶ 11 (Appx II, Exh. A, at 1-9); Perez Limones Dec. at ¶ 7 (Appx II, Exh. M, at 75-78); Gayle Dec. at ¶ 12 (Appx II, Exh. B, at 10-14); Cardenas Dec. at ¶ 7 (Appx II, Exh. N, at 79-83). Petitioner Gayle is housed in a quarantined pod with 120 detained individuals, which has a sign on the wall that says the maximum capacity is 80. *See* Gayle Dec. at ¶¶ 6, 12 (Appx II, Exh. B, at 10-14). Detained individuals in these units share toilets and showers that are less than six feet apart. *See* Portuondo Dec. at ¶ 11 (Appx II, Exh. A, at 1-9). The room of 48 men has only three urinals and one toilet. Cardenas Dec. at ¶ 11 (Appx II, Exh. N, at 79-83). At least one of the rooms under cohort quarantine still leaves their room once a day to interact with hundreds of other detained individuals in the recreation area, where the men are crowded into a small space. Cardenas Dec. at ¶ 7 (Appx II, Exh. N, at 79-83). During communal meals, individuals are forced to eat in close contact with each other. *See* Mendez-Escobar Dec. ¶ 14 (Appx II, Exh. H, at 47-51).

190. A recent photograph, from a Miami Herald Article, of one of the general population units at Krome shows men crowded into the common space. (Appx I, Exh. P, at 327-335, 334). None of the men in the photograph are wearing masks or gloves. Men are crowded around small tables. The bunk beds are located within a few feet of each other and of the tables. Social distancing is impossible in this setting.

191. Despite the COVID-19 threat, Respondents continue to detain new people at Krome. *See* Arrak Dec. ¶ 27 (Appx II, Exh. O, at 84-90)

192. Some detained individuals who require additional mental health and behavioral care are housed in the Krome Behavioral Health Unit (“BHU”), which is split into two sections. One unit can house 22 people, while the other can house eight people. Hasan Dec. ¶ 6 (Appx II, Exh. R, at 106-12). Individuals in the BHU typically share a room with another person, and sleep less than six feet apart. *See* Warsane Dec. ¶ 9 (Appx II, Exh. Q, at 98-105); Farah Dec. ¶ 6 (Appx II, Exh. P, at 91-97). Two detained individuals in the BHU do not currently share a room while sleeping, but are in close contact with others in the unit when in communal areas. *See* Hasan Dec. ¶ 7-8 (Appx II, Exh. R, at 106-12); Arrak Dec. ¶ 6-7 (Appx II, Exh. O, at 84-90); Farah Dec. ¶ 10 (Appx II, Exh. P, at 91-97).

193. Detained individuals in BHU are required to go to the recreation yard twice a day for an hour, despite complaints that the area is too small to allow social distancing. *See* Hasan Dec. ¶ 30 (Appx II, Exh. R, at 106-12); Arrak Dec. ¶ 12 (Appx II, Exh. O, at 84-90); Farah Dec. ¶ 21 (Appx II, Exh. P, at 91-97). The guards threaten them with being sent to the “hole,” or Segregated Housing Unit, unless they go to recreation. Arrak Dec. ¶ 12 (Appx II, Exh. O, at 84-90). Some detained individuals feel they need to go into disciplinary housing or remain isolated in their rooms to prevent the risk of infection, but are concerned their mental health conditions, including post-traumatic stress disorder and major depressive disorder, will worsen. Arrak Dec. ¶ 7 (Appx II, Exh. O, at 84-90); Hasan Dec. ¶ 9 (Appx II, Exh. R, at 106-12).

194. Meals in the BHU are served in the dayroom to all detained individuals at the same time, but there are only two tables and few chairs, and some have to sit on the floor to eat.

Warsane Dec. ¶ 12 (Appx II, Exh. Q, at 98-105); Hasan Dec. ¶ 7 (Appx II, Exh. R, at 106-12); Farah Dec. ¶ 10 (Appx II, Exh. P, at 91-97). The tables and two phones in the dayroom that all detained individuals in BHU use are not being cleaned. Warsane Dec. ¶ 12 (Appx II, Exh. Q, at 98-105); Hasan Dec. ¶ 31 (Appx II, Exh. R, at 106-12); Arrak Dec. ¶ 10 (Appx II, Exh. O, at 84-90). They only have toilet paper available to clean the tables in the common area, and one man reports using toilet paper to clean his room. *See* Warsane Dec. ¶ 23 (Appx II, Exh. Q, at 98-105); Farah Dec. ¶ 18 (Appx II, Exh. P, at 91-97). Krome staff bring food in a cart to the unit for all meals, but do not wear masks or gloves despite requests from the detained population to do so. Warsane Dec. ¶ 21 (Appx II, Exh. Q, at 98-105). The guards laugh at these requests. Warsane Dec. ¶ 22 (Appx II, Exh. Q, at 98-105).

195. Detained individuals are requesting face masks, but staff have not provided them and have said they are not necessary for detainees or are only for officers. *See* Warsane Dec. ¶ 25 (Appx II, Exh. Q, at 98-105); Hasan Dec. ¶ 19-20 (Appx II, Exh. R, at 106-12); Arrak Dec. ¶ 15, 21 (Appx II, Exh. O, at 84-90); Farah Dec. ¶ 11 (Appx II, Exh. P, at 91-97).

196. Soap has not been readily available, and some individuals have not been able to shower unless they had funds to purchase soap from commissary. Warsane Dec. ¶ 17 (Appx II, Exh. Q, at 98-105); Hasan Dec. ¶ 11, 13 (Appx II, Exh. R, at 106-12); Arrak Dec. ¶ 8, 23 (Appx II, Exh. O, at 84-90); Farah Dec. ¶ 20 (Appx II, Exh. P, at 91-97). Even when purchased, detained individuals are not being given these items for several days and are running out of essentials like soap and shampoo. Warsane Dec. ¶ 18 (Appx II, Exh. Q, at 98-105); Hasan Dec. ¶ 11 (Appx II, Exh. R, at 106-12); Farah Dec. ¶ 20 (Appx II, Exh. P, at 91-97). Hand sanitizer appears to be only available to nurses, who sometimes spray sanitizer on detained individuals' hands

when they are receiving medication. *See* Hasan Dec. ¶ 14 (Appx II, Exh. R, at 106-12); Arrak Dec. ¶ 25 (Appx II, Exh. O, at 84-90); Farah Dec. ¶ 9 (Appx II, Exh. P, at 91-97).

197. Individuals taking prescription medication see nurses twice a day, in the morning and evening. Warsane Dec. ¶ 20 (Appx II, Exh. Q, at 98-105). Nurses are not consistently wearing gloves or masks when dispensing medication or checking if the person has swallowed the medication. Warsane Dec. ¶ 20 (Appx II, Exh. Q, at 98-105). Guards pat down detained individuals several times a day and do shakedowns of bedrooms three times per day, but do not always wear gloves or masks. Warsane Dec. ¶ 29 (Appx II, Exh. Q, at 98-105); Hasan Dec. ¶ 23, 24 (Appx II, Exh. R, at 106-12); Arrak Dec. ¶ 18 (Appx II, Exh. O, at 84-90); Farah Dec. ¶ 12-14 (Appx II, Exh. P, at 91-97). Around April 8, five guards were sent home while others are working overtime. Warsane Dec. ¶ 33 (Appx II, Exh. Q, at 98-105); Hasan Dec. ¶ 21, 28 (Appx II, Exh. R, at 106-12); Farah Dec. ¶ 16 (Appx II, Exh. P, at 91-97).

198. The number of people in all of the general population units is high, and new detained individuals have continued to come in over the past few weeks. *See* Darwyn Dec. ¶ 6(j) (Appx II, Exh. E, at 30-34); Tolentino Dec. ¶ 6, 11 (Appx II, Exh. S, at 113-17); Tepetate-Martinez Dec. at ¶ 15 (Appx II, Exh. T, at 118-23); Gayle Dec. at ¶ 11 (Appx II, Exh. B, at 10-14); Arias-Martinez Dec. at ¶ 10 (Appx II, Exh. C, at 15-21); Khan Dec. at ¶ 8(k) (Appx II, Exh. L, at 68-74). Petitioner Aparicio has seen about 15 new detained individuals in his unit in the last two weeks. *See* Aparicio Dec. ¶ 7 (Appx II, Exh. F, at 35-39).

199. As recently as April 4, 2020, new detained individuals have been transferred to Krome and were not being tested to determine whether they have COVID-19. *See* Jalloh Dec. ¶ 13 (Appx II, Exh. D, at 22-29); Portuondo Dec. at ¶ 13 (Appx II, Exh. A, 1-9).

200. At least two of the detained individuals recently transferred to Krome had fevers, one of whom was visibly shaking in the dining room. Both were eventually taken out of the general population. *See* Arias-Martinez Dec. at ¶ 10 (Appx II, Exh. C, at 15-21). One detained person who contracted a severe fever was removed from his room in the middle of the night by ICE agents, who were accompanied by police officers carrying guns with rubber bullets. *See* Cardenas Dec. at ¶ 8 (Appx II, Exh. N, 79-83). The officers would not explain to the other men in the room what was happening, and the next night a new man was brought to fill the bed of the sick man. *Id.* Since then, at least four other men in that sick man's room have developed COVID-19 symptoms, and have not been able to see a doctor. Cardenas Dec. at ¶¶ 6, 8 (Appx II, Exh. N, 79-83). One of these men has asthma, putting him at severe risk of dying from COVID-19. *See* Cardenas Dec. at ¶ 5 (Appx II, Exh. N, 79-83).

201. One detainee tested positive for COVID-19, and the two officers who were watching him also tested positive. *See* Portuondo Dec. at ¶ 14 (Appx II, Exh. A, 1-9); Chavez Dec. at ¶ 13 (Appx II, Exh. G, at 40-46).

202. Approximately 60 Krome employees have been placed under quarantine, after a total of four staff tested positive for COVID-19. *See* Cardenas Dec. at ¶ 9 (Appx II, Exh. N, 79-83). The facility is so understaffed that some employees are now working 12-hour shifts. *Id.* at ¶ 9 (Appx II, Exh. N, 79-83).

203. Detained individuals have been transported in and out of Krome to hospital and medical visits since the outbreak, potentially having contact with infected individuals. *See* Portuondo Dec. at ¶ 6 (Appx II, Exh. A, 1-9).

204. The detained individuals are close together when they eat because the tables and chairs where they eat cannot be moved. *See* Portuondo Dec. at ¶ 16 (Appx II, Exh. A, 1-9); Abdul Jalloh Dec. ¶ 15 (Appx II, Exh. D, at 22-29); Tolentino Dec. ¶ 8 (Appx II, Exh. S, at 113-17); Alfaro Garcia Dec. ¶ 16 (Appx II, Exh. K, at 61-67); Tepetate-Martinez Dec. ¶ 7 (Appx II, Exh. T, at 118-23); Tolentino Dec. ¶ 5b (Appx II, Exh. S, at 113-17); Perez Limones Dec. ¶ 13 (Appx II, Exh. M, at 75-78); Chavez Dec. ¶ 14 (Appx II, Exh. G, at 40-46).

205. Detained individuals are not being provided with masks or gloves, even when they are in cohort quarantine. *See* Portuondo Dec. ¶ 25 (Appx II, Exh. A, 1-9); Khan Dec. ¶ 8(c) (Appx II, Exh. L, at 68-74); Escobar Dec. ¶ 8 (Appx II, Exh. H, at 47-51); Zamora Mendoza Dec. ¶ 11 (Appx II, Exh. I, at 52-54). Portuondo reported that there is one soap dispenser at the entrance to the toilet area in his pod, which was only installed 7 or 8 days ago. *See* Portuondo Dec. at ¶ 21 (Appx II, Exh. A, 1-9). They have a weekly allowance of soap and some use less than needed to make sure not to run out. *See* Abdul Jalloh Dec. ¶ 21 (Appx II, Exh. D, at 22-29). Because Krome does not provide enough personal hygiene products, detained individuals must buy them in the commissary. *See* Tolentino Dec. ¶ 10 (Appx II, Exh. S, at 113-17). But the commissary is now closed and people now have to submit a request to order items, which can take anywhere from two days to over a week to arrive. *See* Farah Dec. ¶ 20 (Appx II, Exh. P, at 91-97).

206. There are no masks, gloves, or hand sanitizer available for purchase. *See* Portuondo Dec. ¶ 22 (Appx II, Exh. A, 1-9); Gayle Dec. ¶ 9 (Appx II, Exh. B, at 10-14); Arias-Martinez Dec. ¶ 13 (Appx II, Exh. C, at 15-21); Jalloh Dec. ¶ 22 (Appx II, Exh. D, at 22-29); Chavez Dec. ¶ 18 (Appx II, Exh. G, at 40-46).

207. When detained individuals try to make their own masks, they are told they are not allowed to cover their faces. *See* Aparicio Dec. ¶ 7 (Appx II, Exh. F, at 35-39); Escobar Dec. ¶ 8 (Appx II, Exh. H, at 47-51).

208. There is no hand sanitizer available in the common area. *See* Portuondo Dec. at ¶ 20 (Appx II, Exh. A, 1-9); Alfaro Garcia Dec. at ¶ 11 (Appx II, Exh. K, at 61-67); Tepetate-Martinez Dec. at ¶ 8 (Appx II, Exh. T, at 118-23); Darwyn Dec. ¶ 5(d) (Appx II, Exh. E, at 30-34); Chavez Dec. at ¶ 16 (Appx II, Exh. G, at 40-46). Detained individuals have reported seeing the guards with hand sanitizer but detained individuals are not allowed to use it. *See* Portuondo Dec. at ¶ 20 (Appx II, Exh. A, 1-9); Chavez Dec. at ¶ 16 (Appx II, Exh. G, at 40-46).

209. There is hand sanitizer in the nurse's area where detained men receive medication. *See* Abdul Jalloh Dec. ¶ 21 (Appx II, Exh. D, at 22-29). However, detained individuals are only allowed one squirt when receiving medication. *See* Farah Dec. ¶ 9 (Appx II, Exh. P, at 91-97).

210. Until recently, Krome staff were not wearing masks or gloves. *See* Portuondo Dec. at ¶ 25 (Appx II, Exh. A, 1-9); Abdul Jalloh Dec. ¶ 25 (Appx II, Exh. D, at 22-29); Perez Limones Dec. at ¶ 11 (Appx II, Exh. M, at 75-78); Chavez Dec. at ¶ 21 (Appx II, Exh. G, at 40-46). Some officers still fail to wear gloves or masks. *See* Warsane Dec. ¶ 21, 29 (Appx II, Exh. Q, at 98-105); Hasan Dec. ¶ 23, 24 (Appx II, Exh. R, at 106-12); Arrak Dec. ¶ 18; Farah Dec. ¶ 12-14 (Appx II, Exh. P, at 91-97); Portuondo Dec. at ¶ 26 (Appx II, Exh. A, 1-9); Chavez Dec. at ¶ 22 (Appx II, Exh. G, at 40-46). Guards are seen touching their faces and then things in the pods, such as people, food trays and other items in the living area, and they are not observed washing their hands often. *See* Abdul Jalloh Dec. ¶ 26-28 (Appx II, Exh. D, at 22-29); Alfaro

Garcia Dec. at ¶¶ 10-11, 14 (Appx II, Exh. K, at 61-67); Tepetate-Martinez Dec. at ¶¶ 13-14 (Appx II, Exh. T, at 118-23); Darwyn Dec. ¶ 6(h)-(i) (Appx II, Exh. E, at 30-34); Portuondo Dec. at ¶ 27 (Appx II, Exh. A, 1-9); Chavez Dec. at ¶ 23 (Appx II, Exh. G, at 40-46).

211. Detained individuals have not seen efforts to clean or disinfect areas more frequently. Escobar Dec. ¶ 10 (Appx II, Exh. H, at 47-51). Detained individuals serve the food and clean the facility, but are not provided with masks when working these jobs. *See* Abdul Jalloh Dec. ¶ 16-18 (Appx II, Exh. D, at 22-29); Aparicio Dec. ¶ 7 (Appx II, Exh. F, at 35-39); Tepetate-Martinez Dec. at ¶ 10 (Appx II, Exh. T, at 118-23); Perez Limones Dec. at ¶ 14 (Appx II, Exh. M, at 75-78). Detained individuals prepare and touch the food, distribute the clothing, and they do not use gloves or masks or use other hygiene measures to help ensure that the virus does not spread. *See* Darwyn Dec. ¶ 6(a)-(d) (Appx II, Exh. E, at 30-34).

212. Detained individuals report that a nurse said masks were being reused because of supply shortages. *See* Portuondo Dec. at ¶ 25 (Appx II, Exh. A, 1-9); Chavez Dec. at ¶ 21 (Appx II, Exh. G, at 40-46).

213. Detained individuals have not been trained on how to limit the spread of COVID-19. *See* Portuondo Dec. at ¶ 23 (Appx II, Exh. A, 1-9). *See* Abdul Jalloh Dec. ¶¶ 19, 23 (Appx II, Exh. D, at 22-29); Alfaro Garcia Dec. at ¶ 18 (Appx II, Exh. K, at 61-67); Arias-Martinez Dec. at ¶ 14 (Appx II, Exh. C, at 15-21); *See* Darwyn Dec. ¶ 8 (Appx II, Exh. E, at 30-34). They are only getting information from Krome staff when they or their families ask, but all they are told is that there are thousands of COVID-19 cases in the country. *See* Aparicio Dec. ¶ 9 (Appx II, Exh. F, at 35-39).

214. As of April 7, 2020, detained individuals have had their TVs, phones, and tablets confiscated. *See* Portuondo Dec. at ¶ 19 (Appx II, Exh. A, 1-9). No unit within Krome is allowed to watch TV. *See* Portuondo Dec. at ¶ 19 (Appx II, Exh. A, 1-9); Alfaro Garcia Dec. at ¶ 7 (Appx II, Exh. K, at 61-67); *See* Darwyn Dec. ¶ 8 (Appx II, Exh. E, at 30-34).

215. A recent emergency that was announced over the speakers at Krome was due to COVID-19. *See* Abdul Jalloh Dec. ¶ 29 (Appx II, Exh. D, at 22-29).

216. On April 7, some detained individuals raised concerns about conditions and fears of COVID-19 and guards began beating them. Flores Ramos Dec. ¶ 20 (Appx II, Exh. U, at 124-30). One person was kicked in the ribs although he was not among those making complaints. Flores Ramos Dec. ¶ 20 (Appx II, Exh. U, at 124-30). The guards are not allowing detained people to contact their attorneys, which that man believes is retaliation in response to these complaints. Flores Ramos Dec. ¶ 21 (Appx II, Exh. U, at 124-30).

217. Since the COVID-19 outbreak at Krome, there has been a decrease in medical staff. *See* Abdul Jalloh Dec. ¶ 35 (Appx II, Exh. D, at 22-29). There has been no increase in screenings. *See* Darwyn Dec. ¶ 10 (Appx II, Exh. E, at 30-34). Detained individuals who request evaluation and to see a doctor have had their requests denied. *See* Darwyn Dec. ¶ 7, 11 (Appx II, Exh. E, at 30-34).

218. When someone is sick with cold symptoms, they must wait five to eight days before they can see a doctor. *See* Aparicio Dec. ¶ 8 (Appx II, Exh. F, at 35-39); Gayle Dec. at ¶ 8 (Appx II, Exh. B, at 10-14); Perez Limones Dec. at ¶ 8 (Appx II, Exh. M, at 75-78). When other

detained individuals are taken out of the pods for coughing or issues with breathing, the other detained individuals are not told whether they have been exposed to COVID-19. *See* Gayle Dec. at ¶ 10 (Appx II, Exh. B, at 10-14).

219. A detained man was sick with a cough and requested to see a doctor, but was told that he was not a priority. *See* Abdul Jalloh Dec. ¶ 14 (Appx II, Exh. D, at 22-29). He was not isolated from the rest of the pod. *Id* (Appx II, Exh. D, at 22-29). Detained individuals have symptoms, including fever, goosebumps, and cough, but the rest of the detained population is not being told what is wrong with them. *See* Alfaro Garcia Dec. at ¶ 12 (Appx II, Exh. K, at 61-67).

220. If detained individuals have severe symptoms, they are taken to another area and provided with medication for headaches, but then returned to the pod. *See* Aparicio Dec. ¶ 8 (Appx II, Exh. F, at 35-39). When one detainee developed a cough, a staff member took his temperature and gave him two pills, without explaining to him what was wrong with him. *See* Gayle Dec. at ¶ 8 (Appx II, Exh. B, at 10-14).

221. Detained individuals are not getting tested when they are sick, unless they are having difficulty breathing. *See* Aparicio Dec. ¶ 11 (Appx II, Exh. F, at 35-39).

222. The medically vulnerable, due to chronic illnesses, are not being separated from the rest of the population. *See* Abdul Jalloh Dec. ¶ 32 (Appx II, Exh. D, at 22-29); Arias-Martinez Dec. at ¶ 9 (Appx II, Exh. C, at 15-21); Khan Dec. at ¶¶ 7-8 (Appx II, Exh. L, at 68-74).

223. On Sunday, April 5, 2020, the Miami Herald reported that the Monroe County Jail ended its 23-year contract with the ICE Miami Field Office, and returned 48 detained individuals to the Krome “in the middle of the night Friday.” “Sources told the Herald that the frequent trips

to the crowded facility in Miami had the sheriff's office uneasy over the possibility that the coronavirus could easily be transmitted.” (Appx I, Exh. Q, 336-41.)

224. On April 8, 2020, the Assistant Field Officer Liana J. Castano stated in a declaration to this court that Krome had 3 cases of laboratory confirmed positives for COVID-19 amongst staff and a detained individual, and that at least 238 detained individuals were exposed to a confirmed case of COVID-19. (Appx I, Exh. I, at 123-224 ¶ 12.) These 238 individuals who have been exposed to a person confirmed to have COVID-19 are being placed in “cohorts with restricted movement.” (Appx I, Exh. I, at 123 ¶ 10.)

225. The day before, investigating from the Miami Herald was released which suggests that the number of people with the virus is underreported and “ ‘not completely accurate as testing is not conducted on site and detained individuals are sent to an off-site hospital to be tested,’ ” according to a federal official interviewed by the Herald. (Appx I, Exh. D, at 41.)

226. The Miami Herald's April 7, 2020, report also explained that “[f]or weeks — and as recently as Monday — U.S. Immigration and Customs Enforcement has repeatedly told the Herald that no detainees in their custody in Florida have tested positive for the virus. However, the agency got around having to disclose that any detainee was sick with COVID-19 because the detainee was technically no longer on the premises — but rather at a hospital, federal sources say.” (Appx I, Exh. D, at 40-41)

227. Also, on April 7, 2020, four members of Congress directed a letter to ICE's Deputy Director Matthew T. Albence, “urg[ing] [him] to significantly limit the number of immigrants held in detention and immediately expand [his] agency's use of alternatives to detention (ATD) for qualified individuals” so that “[a] mass tragedy at Krome and other ICE facilities in

Florida, including Broward Transitional Center and Glades County Detention Center, can be avoided.” (Appx I, Exh. R, at 342-43.) These members of Congress expressed that they were “deeply disturbed by ICE’s continued activity to transfer and detain large groups of immigrants in the midst of a global pandemic, especially at a facility where detainees and employees have tested positive.” (Appx I, Exh. R, at 342)

228. These four members of Congress also stated that “[i]t is undisputed that jails, prisons, and detention centers are highly vulnerable to COVID-19” due to the fact that “[e]ffective social distancing is almost impossible and necessary disinfectant is rarely available to detainees,” and especially so given that the situation in “Krome is particularly alarming in this respect” in light of reported “overcrowded conditions even prior to the impact of COVID-19.” (Appx I, Exh. R, at 342.) They also added that “it appears that Krome is not at all prepared to mitigate exposure to COVID-19, or to adequately respond should an outbreak at the facility occur. These issues are only compounded by the fact that COVID-19 has now reached Krome.” (Appx I, Exh. R, at 342-43)

229. Staff at Krome arrive and leave on a shift basis, and there is limited ability to adequately screen incoming staff for new, asymptomatic infection. Staff generally live in the communities near these facilities—areas where there are confirmed cases of COVID-19.

230. The outbreak at Krome has affected the immigration court housed at the facility and run by the Executive Office for Immigration Review (“EOIR”). Krome Immigration Court is accessed through the same lobby as the detention center. Judges, court staff, and both government and defense attorneys have expressed concern about their safety and health.

231. On March 22, 2020, the National Association of Immigration Judges (“NAIJ”), the ICE Professionals Union (“ICE Union”), and the American Immigration Lawyers Association (“AILA”), wrote a joint statement demanding that EOIR close all of the immigration courts nationwide, and stating, among other things, that:

The DOJ’s current response to the COVID-19 pandemic and its spread is disconnected from the needs and advice of community leaders and scientific experts. The Immigration Courts are especially vulnerable to the spread of the Coronavirus. Every link in the chain that brings individuals to the court, from the use of public transportation, to security lines, crowded elevators, hallways, the cramped cubicle spaces of court staff, inadequate waiting room facilities in the courthouses, and scant sanitizing resources at the courts, all place lives at risk. Individuals who in many instances have waited years for a hearing may also feel pressured to appear – even if they feel sick, for fear of being ordered deported.

(Appx I, Exh. S, at 345-47, 346)

232. On March 26, 2020, the NAIJ, the ICE Union, AILA, and a multitude of other organizations wrote a letter directly to Attorney General Barr demanding the closure of all immigration courts nationwide, and stating that “detained courts must also be closed to in-person hearings in order to minimize the spread of the virus, slow the rate of new infections, and to avoid overwhelming local resources.” (Appx I, Exh. T, at 348-51)

233. On March 30, 2020, the NAIJ issued an additional statement. The statement begins by quoting a “current immigration judge who is a U.S. military veteran” stating:

I don't say this lightly, but EOIR has demonstrated that they need to be gutted and rebuilt from the ashes. I've never witnessed an utter lack of concern for people like I have here. In my former life, we treated captured Taliban and ISIS with more humanity. Moreover, I've never seen worse leadership. A crisis usually brings good and bad to the light. We have nothing but darkness.

(Appx I, Exh. U, at 352-56, 352)

234. That same day, Monday, March 30, 2020, at 7:50 a.m., without explanation, EOIR suddenly announced that the Krome Immigration Court was closed for hearings for two days. (Appx I, Exh. V, at 357.)

235. To date, there is yet to be a public explanation for why the Krome hearings were cancelled so abruptly. There are reports that the judges and court staff at Krome feared exposure to the virus and that the abrupt closure occurred to permit cleaning of the court facilities.

236. The Krome Immigration Court remains closed at this time.

Glades County Detention Center

237. Glades is a county jail in Moorehaven, Florida. It can house roughly 500 ICE detained men and women at a time. (Appx I, Exh. K, at 162.) Detained individuals in ICE custody are split amongst six housing units, or “pods,” four designated for the men and two for the women. (Appx I, Exh. K, at 162.) Depending on the facility’s capacity, pods may contain a mix of individuals in ICE custody, custody of the U.S. Marshals, or under Glades County custody. (Appx I, Exh. K, at 140.)

238. The cells where the detained individuals sleep are small, and there are six detained individuals in each cell, with three bunk beds that are placed close together. *See* Dairon Barredo Sanchez Dec. ¶ 8 (Appx II, Exh. V, at 131-38); Tahimi Perez ¶ 10 (Appx II, Exh. W, at 139-44); Franklin Ramon Gonzalez ¶ 7 (Appx II, Exh. X, at 145-50). The detained individuals are only able to maintain about one-meter separation in their cells when they sleep. *See* Gerardo Vargas Dec. ¶ 7 (Appx II, Exh. Y, at 151-56); Francisco Rivero Valeron Dec. ¶ 7 (Appx II, Exh. Z, at 157-62).

239. Many detained individuals have experienced significant turnover of cellmates, having up to six or seven new cellmates since their detention in Glades. *See* Dairon Barredo Sanchez Dec. ¶ 6 (Appx II, Exh. V, at 131-38); Gerardo Vargas Dec. ¶ 6 (Appx II, Exh. Y, at 151-56); Tahimi Perez ¶ 9 (Appx II, Exh. W, at 139-44); Franklin Ramon Gonzalez ¶ 6 (Appx II, Exh. X, at 145-50).

240. There are approximately 95 detained individuals in a pod at a time. *See* Dairon Barredo Sanchez Dec. ¶ 17 (Appx II, Exh. V, at 131-38); Francisco Rivero Valeron Dec. ¶ 7 (Appx II, Exh. Z, at 157-62). The pods are so crowded, that social distancing at a safe six feet distance is impossible, especially with the constant influx of detained individuals. *See* Dairon Barredo Sanchez Dec. ¶ 12 (Appx II, Exh. V, at 131-38); Gerardo Vargas Dec. ¶ 6, 8 (Appx II, Exh. Y, at 151-56); Irvin Mendoza Silis Dec. ¶ 6 (Appx II, Exh. AA, at 163-67); Francisco Rivero Valeron Dec. ¶ 7 (Appx II, Exh. Z, at 157-62); Tahimi Perez ¶ 13 (Appx II, Exh. W, at 139-44); Franklin Ramon Gonzalez ¶ 11 (Appx II, Exh. X, at 145-50).

241. All detained individuals in a pod also share communal bathrooms and showers, which do not have six feet of distance between them, making it impossible to maintain a safe social distance even while using the restroom or bathing. *See* Dairon Barredo Sanchez Dec. ¶ 13 (Appx II, Exh. V, at 131-38); Gerardo Vargas Dec. ¶ 6 (Appx II, Exh. Y, at 151-56); Franklin Ramon Gonzalez ¶ 6 (Appx II, Exh. X, at 145-50).

242. Unlike BTC or Krome, there is no cafeteria. Detained individuals eat in the communal seating area in their pod, known as “satellite feeding.” (Appx I, Exh. K, at 162.) The tables used for eating and daily living usually seat four people, but due to overcrowding, they are now seating five to six people at a time. *See* Gerardo Vargas Dec. ¶ 7 (Appx II, Exh. Y, at 151-

56). As a result, there is only about 40 to 50 centimeters of separation between detained individuals when they are eating at the tables. *See* Francisco Rivero Valeron Dec. ¶ 7 (Appx II, Exh. Z, at 157-62).

243. New detained individuals arrive at Glades every day, some already exhibiting flu like symptoms like coughing. *See* Roseline Ostine Dec. ¶ 9 (Appx II, Exh. BB, at 168-72). There is no indication that new detained individuals are tested for COVID-19 or routinely quarantined before being placed in the pod with the rest of the detained individuals. *Id* (Appx II, Exh. BB, at 168-72); Dairon Barredo Sanchez Dec. ¶ 9 (Appx II, Exh. V, at 131-38); Francisco Rivero Valeron Dec. ¶ 11 (Appx II, Exh. Z, at 157-62); Tahimi Perez Dec. ¶ 10 (Appx II, Exh. W, at 139-44).

244. In all six pods, individuals share many common spaces and touch the same surfaces. All six units and the segregation unit share a common law library. In each pod, there are only four phones available per pod that everyone must share, and people must also share tablets. Similarly, all detained individuals in the segregation unit share the same two phones.

245. There are no sanitizing wipes or cleaning supplies available to wipe down the phones in between calls, therefore the detained individuals are forced to use just a wet paper towel in an attempt to clean the phones before and after use. *See* Francisco Rivero Valeron Dec. ¶ 9 (Appx II, Exh. Z, at 157-62).

246. Contractors and detained individuals have continuously reported unsanitary physical conditions, lack of medical care, and physical mistreatment. (Appx I, Exh. K, at 162.) Glades has failed to substantively remedy these poor conditions.

247. Unsanitary bathrooms are a persistent problem. The jail forbids the use of bleach for cleaning the bathrooms. (Appx I, Exh. K, at 162.) Shampoo is typically used as a substitute for soap. (Appx I, Exh. K, at 162.) There is mold in the bathrooms. (Appx I, Exh. K, at 162.); (Appx I, Exh. W, at 367-68) (DHS Office of Inspector Gen. Report OIG-18-32, noting lack of cleanliness, limited hygienic supplies, and potentially unsafe food handling).

248. There have been reports of inedible food provided to detained individuals. (Appx I, Exh. K, at 163.) The “drinking water has a yellowish hue and an odd taste.” (Appx, Exh. K, at 163).

249. The spread of cough, flu, and other respiratory conditions in the dorms have been attributed to the unsanitary conditions. (Appx I, Exh. K, at 162.) Even before the COVID-19 pandemic, Glades failed to provide adequate medical care to detained women and men. (Appx I, Exh. E, at 58-60; 80-81.)⁷²

250. Glades only has one doctor in the facility, who is only available four times a week. (Appx I, Exh. K, at 163.) Critical medical care is routinely delayed—sometimes for months—or denied outright. (Appx I, Exh. K, at 141-42; 163-64). When medical requests are finally addressed, individuals report not being properly treated or not treated at all. (Appx I, Exh. K, at 163.) Providing ibuprofen or Tylenol is commonly used as a blanket solution to any and all medical issues. (Appx I, Exh. K, at 163.) For individuals with chronic medical conditions, it can

⁷² See also Legal Aid Service of Broward County, *Complaint and Request for Investigation Glades Detention Center in Moore Haven, Florida Physical Abuse, Inappropriate Use of Segregation, Denial of Medical and Mental Health Care and Lack of Attorney Access* (January 8, 2018), <https://media.law.miami.edu/clinics/pdf/2018/OIG-complaint-against-glades.pdf>.

take months of grievances and sick calls to receive diagnostic testing or to see a specialist off-site. (Appx I, Exh. K, at 142.)

251. Because Glades fails to meet detained individual's medical needs under normal circumstances, the jail is ill-suited to provide adequate medical treatment amidst the COVID-19 pandemic. This failure is so severe that it cannot be remedied quickly to respond to COVID-19, especially in a time when healthcare resources are in high demand.

252. For years, detained women and men have reported "that officers routinely misuse pepper spray, use excessive force and racial slurs, and overuse isolation in a retaliatory manner." (Appx I, Exh. K, at 164-65). One detained individual with respiratory problems reported being pepper sprayed in an isolation cell, which triggered an asthma attack. (Appx I, Exh. K, at 165.) The lack of ventilation and the unsanitary conditions further aggravated his respiratory difficulties. (*Id.*)

253. Detention center staff have failed to train detained individuals about hygiene measures designed to limit the spread of COVID-19. *See* Dairon Barredo Sanchez Dec. ¶ 30 (Appx II, Exh. V, at 131-38); Gerardo Vargas Dec. ¶ 12 (Appx II, Exh. Y, at 151-56); Francisco Rivero Valeron Dec. ¶ 13 (Appx II, Exh. Z, at 157-62); Franklin Ramon Gonzalez ¶ 15 (Appx II, Exh. X, at 145-50). The only information detained individuals receive about COVID-19 is from the television or posters on the wall. *See* Dairon Barredo Sanchez Dec. ¶ 30, 33 (Appx II, Exh. V, at 131-38).

254. Detained individuals are now being provided with half the amount of soap they are normally provided with, equaling one 4-ounce bottle per week, when they were previously provided with two bottles per week. *See* Roseline Ostine Dec. ¶ 9 (Appx II, Exh. BB, at 168-72);

Francisco Rivero Valeron Dec. ¶ 8 (Appx II, Exh. Z, at 157-62); Conlin Dec. (Appx I, Exh. J, at 126-30) Detained individuals are forced to ration this small portion of soap, one bottle, to cover showering and hand washing for an entire week. *Id.*; Franklin Ramon Gonzalez ¶ 13 (Appx II, Exh. X, at 145-50).

255. The facility is not providing hand sanitizer, and there is none available for purchase in commissary. *See* Roseline Ostine Dec. ¶ 9 (Appx II, Exh. BB, at 168-72); Francisco Rivero Valeron Dec. ¶ 7-9 (Appx II, Exh. Z, at 157-62); Tahimi Perez Dec. ¶ 14-15 (Appx II, Exh. W, at 139-44); Franklin Ramon Gonzalez Dec. ¶ 13 (Appx II, Exh. X, at 145-50).

256. Detained individuals are not provided with masks or gloves. *See* Roseline Ostine Dec. ¶ 11 (Appx II, Exh. BB, at 168-72); Tahimi Perez Dec. ¶¶ 8, 14 (Appx II, Exh. W, at 139-44); Conlin Dec. ¶ 17 (Appx I, Exh. J, at 126-30). Even when detained individuals attempt to make their own masks out of their personal belongings, such as t-shirts, the guards tell them that they are not allowed to cover their faces with anything. *See* Dairon Barredo Sanchez Dec. ¶ 19 (Appx II, Exh. V, at 131-38); Franklin Ramon Gonzalez Dec. ¶ 14 (Appx II, Exh. X, at 145-50).

257. There are no gloves or masks available for purchase in commissary. *See* Dairon Barredo Sanchez Dec. ¶ 29 (Appx II, Exh. V, at 131-38); Gerardo Vargas Dec. ¶ 11 (Appx II, Exh. Y, at 151-56); Francisco Rivero Valeron Dec. ¶ 7, 9 (Appx II, Exh. Z, at 157-62); Franklin Ramon Gonzalez Dec. ¶ 14 (Appx II, Exh. X, at 145-50).

258. Although some Glades staff have recently started wearing masks, the majority of the Glades staff do not use masks or gloves. *See* Roseline Ostine Dec. ¶ 9 (Appx II, Exh. BB, at 168-72); Dairon Barredo Sanchez Dec. ¶ 25 (Appx II, Exh. V, at 131-38); Gerardo Vargas Dec. ¶

14 (Appx II, Exh. Y, at 151-56); Francisco Rivero Valeron Dec. ¶ 10 (Appx II, Exh. Z, at 157-62).

259. Although the staff are not using the proper protective gear, they still enter the living units, touch the detained individuals, their personal belongings, and the food trays. *See* Dairon Barredo Sanchez Dec. ¶ 25, 34 (Appx II, Exh. V, at 131-38); Gerardo Vargas Dec. ¶ 15 (Appx II, Exh. Y, at 151-56); Francisco Rivero Valeron Dec. ¶ 10 (Appx II, Exh. Z, at 157-62). The detained individuals have not witnessed staff washing their hands. *See* Dairon Barredo Sanchez Dec. ¶ 31 (Appx II, Exh. V, at 131-38); Francisco Rivero Valeron Dec. ¶ 10 (Appx II, Exh. Z, at 157-62).

260. Many staff at Glades live in the surrounding communities where there are confirmed cases of COVID-19. Staff's failure to use proper protective gear makes it all the more likely that COVID-19 will be spread from the staff to detained individuals.

261. Detained individuals prepare meals for the entire detained population despite the lack of masks and gloves, and many of the detained individuals preparing the food have been exhibiting signs of sickness, such as coughing. *See* Dairon Barredo Sanchez Dec. ¶ 22 (Appx II, Exh. V, at 131-38); Francisco Rivero Valeron Dec. ¶ 9 (Appx II, Exh. Z, at 157-62). The detained individuals also clean the facility, and they do not wear gloves or masks while they clean. *See* Dairon Barredo Sanchez Dec. ¶ 23 (Appx II, Exh. V, at 131-38); Francisco Rivero Valeron Dec. ¶ 9 (Appx II, Exh. Z, at 157-62). The walls of the facility are full of mold, so it is not clear how often or well they are being cleaned. *See* Irvin Mendoza Silis Dec. ¶ 6 (Appx II, Exh. AA, at 163-67).

262. Many detained individuals in the pods are exhibiting flu-like symptoms, including coughing and sneezing. *See* Dairon Barredo Sanchez Dec. ¶ 10 (Appx II, Exh. V, at 131-38); Francisco Rivero Valeron Dec. ¶ 13 (Appx II, Exh. Z, at 157-62); Tahimi Perez Dec. ¶ 11 (Appx II, Exh. W, at 139-44); Franklin Ramon Gonzalez Dec. ¶ 9 (Appx II, Exh. X, at 145-50). Some detained individuals are coughing up blood. *See* Dairon Barredo Sanchez Dec. ¶ 10 (Appx II, Exh. V, at 131-38).

263. Despite these flu-like symptoms, there have been no known COVID-19 tests done in the Glades facility. *See* Gerardo Vargas Dec. ¶¶ 16, 17 (Appx II, Exh. Y, at 151-56); Irvin Mendoza Silis Dec. ¶ 8 (Appx II, Exh. AA, at 163-67); Franklin Ramon Gonzalez Dec. ¶ 17 (Appx II, Exh. X, at 145-50).

264. This remains true even among the population of detained individuals with medical vulnerabilities, including those with hypertension, diastolic heart failure, COPD, obesity, asthma, diabetes, and HIV. *See* Gerardo Vargas Dec. ¶ 17 (Appx II, Exh. Y, at 151-56); Irvin Mendoza Silis Dec. ¶ 8 (Appx II, Exh. AA, at 163-67); *See* Francisco Rivero Valeron Dec. ¶ 13 (Appx II, Exh. Z, at 157-62); Tahimi Perez Dec. ¶ 17 (Appx II, Exh. W, at 139-44); Franklin Ramon Gonzalez Dec. ¶ 5 (Appx II, Exh. X, at 145-50).

265. The medically vulnerable are not being protected by being moved away from the general population or from those who are exhibiting flu-like symptoms. *See* Gerardo Vargas Dec. ¶ 10 (Appx II, Exh. Y, at 151-56); Tahimi Perez Dec. ¶ 18 (Appx II, Exh. W, at 139-44).

266. As of a couple days ago, 12 detained individuals were put into a “quarantine pod.” Franklin Ramon Gonzalez Dec. ¶ 12 (Appx II, Exh. X, at 145-50).

267. Detained individuals are not able to see the medical staff in a timely manner, and when they are able to see the medical staff, their temperature is not being taken. *See* Dairon Barredo Sanchez Dec. ¶ 11 (Appx II, Exh. V, at 131-38).

268. One detained individual was advised by a nurse that he had the flu, but another nurse informed him that he did not. *See* Dairon Barredo Sanchez Dec. ¶ 28 (Appx II, Exh. V, at 131-38).

Broward Transitional Center

269. BTC is an immigration detention center in Pompano Beach, Florida for “non-criminal and low security” detained individuals operated by a private contractor, the for-profit prison corporation The GEO Group, Inc. (“GEO”). (Appx I, Exh. K at 153.) GEO has its headquarters in Boca Raton, Florida and is ICE’s largest contractor, holding more than \$400 million in contracts with ICE.⁷³

270. Since it opened in 2002, “Broward has steadily grown in population capacity from 150 detained women to 700 detained women and men.” (Appx I, Exh. K at 153.). There are 595 beds for men, and 105 for women. GEO’s contract with ICE includes a 500-bed quota, meaning that ICE is contractually obligated to pay for 500 beds regardless if they are being used.⁷⁴ (Appx I, Exh. K at 153.)

⁷³ <https://www.miaminewtimes.com/news/boca-ratons-geo-group-is-ices-top-contractor-10504265>.

⁷⁴ *Banking on Detention: Local Lockup Quota & the Immigrant Dragnet*, Detention Watch Network & Center for Constitutional Rights (2015), <https://www.detentionwatchnetwork.org/sites/default/files/reports/DWN%20CCR%20Banking%20on%20Detention%20Report.pdf>.

271. Each room in BTC has three sets of bunkbeds—housing up to six individuals per room that generally measures 10' x 12'. All individuals in the room share a toilet, a shower and a sink. Moreover, all 700 individuals share common areas, such as the recreation area, phones, the law library, seating areas, and the cafeteria. The cafeteria holds 300 people per shift for three meals.

272. GEO's operation of BTC has been dogged by complaints including denial of medical and mental health care, using detained individuals for unpaid or cheap labor, expired and rotten food, and abusive staff. The DHS Office of Inspector General has repeatedly concluded that ICE fails to hold detention facility contractors accountable for meeting performance standards required to ensure humane conditions. DHS Office of Inspector Gen. Report OIG-19-18 (Appx I, Exh. X, at 377-412); DHS Office of Inspector Gen. Report OIG-18-67 (Appx I, Exh. Y, at 413-46).

273. Even before the COVID-19 pandemic, critical medical care at BTC has been routinely delayed—sometimes for months—or denied outright. (Appx I, Exh. K at 141-43, 153.) Contractors and detained individuals have continuously reported inadequate medical and mental health care. In March 2012, an inspection documented its failure to transfer detained individuals to medical and mental health providers in a timely manner.⁷⁵ Eight years later, BTC has failed to remedy this issue. Detained individuals report having to submit multiple medical requests before being medical—typically, only to be set back to their dorm with aspirin. (Appx I, Exh. K at 153.)

⁷⁵ Office of Detention Oversight Compliance Inspection Broward Transitional Center, U.S. Department of Homeland Security (2012), <https://www.ice.gov/doclib/foia/odo-compliance-inspections/2012browardtransitioncenter-pompanobeach-fl-feb28-mar1-2012.pdf>.

274. At BTC, individuals with chronic medical conditions reported tremendous difficulties receiving necessary accommodations for their health problems, such as dietary accommodations. (Appx I, Exh. K at 143.) One individual remembered a man with diabetes losing a finger as a result of the inadequate medical care at BTC. (Appx I, Exh. K at 143.)

275. During the summer of 2019, there was a mumps outbreak at BTC in which detained individuals were quarantined.⁷⁶ A couple months after, an outbreak of an unknown stomach illness affected 16% of the facility's population.⁷⁷

276. Now, with the COVID-19 outbreak, BTC has placed some detained individuals in what it is calling quarantine. These detained individuals are not in an actual quarantine because they are grouped together. *See* Bibiano Soares Dec. at ¶ 13 (Appx II, Exh. CC, at 173-79); Betancourt Dec. at ¶ 9 (Appx II, Exh. DD, at 18-85); Rosas Cardenas Dec. at ¶ 9 (Appx II, Exh. EE, at 186-90); Sonay Funez Dec. at ¶ 17 (Appx II, Exh. FF, at 191-97).

277. This “quarantined” group nonetheless uses the general population’s communal space at BTC when the general population is not using this space. As a result, the quarantine group touches the telephones, tables, tablets, and chairs. *See* Bibiano Soares Dec. at ¶ 13 (Appx II, Exh. CC, at 173-79); Betancourt Dec. at ¶ 9 (Appx II, Exh. DD, at 18-85).

⁷⁶ Letter to ICE and Wardens from AI Justice, SPLC, AAAJ, and project South (Mar. 13, 2020), https://www.splcenter.org/sites/default/files/ltr_to_ice_and_wardens_re_covid-19_-_2020.03_-_final.pdf

⁷⁷ Austen Erblat, *Stomach bug hits 115 detainees at immigration center*, South Florida Sun Sentinel (Nov. 5, 2019), <https://www.sun-sentinel.com/local/broward/pompano-beach/fl-ne-pompano-beach-flu-outbreak-immigration-detention-center-20191105-xopjvimk4fgebbzcts7ausbdwu-story.html>.

278. Detained men at BTC are sleeping in cells with five to six individuals in bunk-beds, which are not six feet apart. *See* Valera Ramirez Dec. at ¶ 6 (Appx II, Exh. GG, at 198-203); Sosa Fletes Dec. at ¶ 5 (Appx II, Exh. HH, at 204-08); Sontay Funez Dec. at ¶ 9 (Appx II, Exh. FF, at 191-97); Rosas Cardenas Dec. at ¶ 6 (Appx II, Exh. EE, at 186-90); Betancourt Dec. at ¶ 5 (Appx II, Exh. DD, at 18-85); Ferreira Borges Dec. at ¶ 6 (Appx II, Exh. II, 209-14). This sleeping arrangement makes it impossible to remain six feet apart and practice social distancing. *See* Sosa Fletes Dec. at ¶ 5 (Appx II, Exh. HH, at 204-08); Bibiano Soares Dec. at ¶ 7 (Appx II, Exh. CC, at 173-79); Rosas Cardenas Dec. at ¶ 6 (Appx II, Exh. EE, at 186-90); Betancourt Dec. at ¶ 5 (Appx II, Exh. DD, at 18-85); Ferreira Borges Dec. at ¶ 6 (Appx II, Exh. II, 209-14).

279. The detained individuals are close to each other when they eat because the chairs are attached to the floor, they have to sit across from each other on the table, and there is not enough room to remain six feet apart. *See* Valera Ramirez Dec. at ¶ 6 (Appx II, Exh. GG, at 198-203); Sosa Fletes Dec. at ¶ 13 (Appx II, Exh. HH, at 204-08); Ferreira Borges Dec. at ¶ 7 (Appx II, Exh. II, 209-14); Rosas Cardenas Dec. at ¶ 6 (Appx II, Exh. EE, at 186-90); Rodas Pedro Dec. at ¶ 13 (Appx II, Exh. JJ, at 215-19). Detained individuals wait in line very close to each other while waiting to enter the dining hall. *See* Valera Ramirez Dec. at ¶ 6 (Appx II, Exh. GG, at 198-203); Betancourt Dec. at ¶ 5 (Appx II, Exh. DD, at 18-85).

280. Some detained individuals are experiencing flu like symptoms, including coughing, congestion and difficulty breathing. *See* Bibiano Soares Dec. at ¶ 5 (Appx II, Exh. CC, at 173-79); Sontay Funez Dec. at ¶ 15 (Appx II, Exh. FF, at 191-97); Valera Ramirez Dec. at ¶ 10 (Appx II, Exh. GG, at 198-203).

281. Despite having symptoms, detained individuals have difficulty being able to see the medical staff in a timely manner. *See* Valera Ramirez Dec. at ¶ 10 (Appx II, Exh. GG, at 198-203). One detainee with an unbearable cough submitted a written request, went twice to the medical office, and then complained to a guard, before he was allowed to see a doctor. *See* Valera Ramirez Dec. at ¶ 11 (Appx II, Exh. GG, at 198-203).

282. There has been no known test of COVID-19 done in the BTC facilities. *See* Sosa Fletes Dec. at ¶ 11 (Appx II, Exh. HH, at 204-08); Sonay Funez Dec. at ¶ 10 (Appx II, Exh. FF, at 191-97).

283. A recently transferred detained person reported having entered BTC with a bad cold and cough, but was never tested for COVID-19 or isolated from the general population. *See* Valera Ramirez Dec. at ¶ 10 (Appx II, Exh. GG, at 198-203); Soares Fletes Dec. at ¶ 9 (Appx II, Exh. HH, at 204-08); Ferreira Borges Dec. at ¶ 14 (Appx II, Exh. II, 209-14).

284. Detained individuals have trouble accessing medical attention, including for serious chronic conditions such as asthma. *See* Borges Dec. at ¶ 5 (Appx II, Exh. II, 209-14); Rodas Pedro Dec. at ¶ 5 (Appx II, Exh. JJ, at 215-19). Medical staff have become so overwhelmed with the number of sick men detained in the facility that one doctor gave an individual his entire bottle of blood pressure medicine to take on his own, since she no longer had time to dispense his pill regularly. *See* Valera Ramirez Dec. at ¶ 14 (Appx II, Exh. GG, at 198-203).

285. At least 40 men have been brought into BTC in the past few weeks. *See* Borges Dec. at ¶ 14 (Appx II, Exh. II, 209-14). New detained people have been placed immediately into shared rooms without being isolated first. *See* Borges Dec. at ¶ 14 (Appx II, Exh. II, 209-14); Rosas Cardenas Dec. at ¶ 12 (Appx II, Exh. EE, at 186-90). One group of new arrivals came

about one week ago from Krome, which already had confirmed COVID-19 cases, and they were placed with the general population of BTC. *See* Betancourt Dec. at ¶13 (Appx II, Exh. DD, at 18-85). Individuals detained at BTC were told the infected person at Krome was sent home. *See* Rodas Pedro Dec. at ¶ 7 (Appx II, Exh. JJ, at 215-19).

286. There are no precautions taken to protect those who are medically vulnerable to COVID-19. *See* Bibiano Soares Dec. at ¶ 18 (Appx II, Exh. CC, at 173-79); Betancourt Dec. at ¶ 11 (Appx II, Exh. DD, at 18-85); Valera Ramirez Dec. at ¶ 15 (Appx II, Exh. GG, at 198-203).

287. Detained individuals prepare the food and clean at BTC. One detained person who previously prepared the food at BTC reported having flu like symptoms. *See* Bibiano Soares Dec. at ¶ 5 (Appx II, Exh. CC, at 173-79). Detained individuals who work in the kitchen do not always wear masks when preparing the food and are not taught COVID-19 hygiene measures. *Id* at ¶ 9 (Appx II, Exh. CC, at 173-79); Rodas Pedro Dec. at ¶ 14 (Appx II, Exh. JJ, at 215-19).

288. Detained individuals have not observed greater efforts to clean in response to COVID-19. Rodas Pedro Dec. at ¶ 15 (Appx II, Exh. JJ, at 215-19). Most detained individuals are not provided with masks or gloves when they clean common areas. *See* Valera Ramirez Dec. at ¶ 8 (Appx II, Exh. GG, at 198-203); Sosa Fletes Dec. at ¶ 7 (Appx II, Exh. HH, at 204-08). When asked to clean their cells, only one pair of gloves is provided. *See* Sonay Funez Dec. at ¶ 10 (Appx II, Exh. FF, at 191-97). When masks and gloves are available, they are only for cleaning, otherwise there is no access to gloves and masks. *See* Betancourt Dec. at ¶ 6 (Appx II, Exh. DD, at 18-85).

289. BTC staff not using protective gear enter living facilities and use their bare hands to touch detained individuals and their personal belongings. *See* Bibiano Soares Dec. at ¶ 15

(Appx II, Exh. CC, at 173-79); Betancourt Dec. at ¶ 6 (Appx II, Exh. DD, at 18-85); Ferreira Borges Dec. at ¶ 13 (Appx II, Exh. II, 209-14), Valera Ramirez Dec. at ¶ 9 (Appx II, Exh. GG, at 198-203); Sosa Fletez Dec. at ¶ 8 (Appx II, Exh. HH, at 204-08); Sonay Funez Dec. at ¶ 17 (Appx II, Exh. FF, at 191-97). Borges Dec. at ¶ 13 (Appx II, Exh. II, 209-14). Recently staff have used their bare hands to conduct pat downs, to give men high fives, and to touch their phones, tables, and exercise equipment. *See* Valera Ramirez Dec. at ¶ 9 (Appx II, Exh. GG, at 198-203); Borges Dec. at ¶ 13 (Appx II, Exh. II, 209-14). The detained individuals have not seen staff washing their hands. *See* Bibiano Soares Dec. at ¶ 15 (Appx II, Exh. CC, at 173-79); Sosa Fletes Dec. at ¶ 8 (Appx II, Exh. HH, at 204-08).

290. Only some of the BTC staff have begun to use mask and gloves recently. *See* Bibiano Soares Dec. at ¶ 12 (Appx II, Exh. CC, at 173-79); Betancourt Dec. at ¶ 6 (Appx II, Exh. DD, at 18-85); Ferreira Borges Dec. at ¶ 13 (Appx II, Exh. II, 209-14), Valera Ramirez Dec. at ¶ 9 (Appx II, Exh. GG, at 198-203); Rosas Cardinas Dec. at ¶ 7 (Appx II, Exh. EE, at 186-90), Sonay Funez Dec. at ¶ 17 (Appx II, Exh. FF, at 191-97). Guards wear gloves when searching detainees, but do not always use them otherwise. *See* Rodas Pedro Dec. at ¶ 9 (Appx II, Exh. JJ, at 215-19).

291. Detained individuals receive only a small allocation of soap each week, which often runs out. *See* Sosa Fletes Dec. at ¶ 6 (Appx II, Exh. HH, at 204-08); Sonay Funez Dec. at ¶ 11 (Appx II, Exh. FF, at 191-97); Valera Ramirez Dec. at ¶ 7 (Appx II, Exh. GG, at 198-203); Betancourt Dec. at ¶ 5 (Appx II, Exh. DD, at 18-85); Bibiano Soares Dec. at ¶ 10 (Appx II, Exh. CC, at 173-79). This small amount is supposed to last them for showers and hand washing, however detained individuals reported it is not enough. *See* Bibiano Soares Dec. at ¶ 10 (Appx II,

Exh. CC, at 173-79); Betancourt Dec. at ¶ 5 (Appx II, Exh. DD, at 18-85); Ferreira Borges Dec. at ¶ 9 (Appx II, Exh. II, 209-14); Sosa Fletes Dec. at ¶ 6 (Appx II, Exh. HH, at 204-08). They have not been given hand sanitizer. *See* Rodas Pedro Dec. at ¶ 8 (Appx II, Exh. JJ, at 215-19).

292. Detained individuals have not been given any formal education about hygiene measures to prevent the spread of COVID-19. *See* Bibiano Soares Dec. at ¶ 19 (Appx II, Exh. CC, at 173-79); Betancourt Dec. at ¶ 8 (Appx II, Exh. DD, at 18-85); Ferreira Borges Dec. at ¶ 16 (Appx II, Exh. II, 209-14), Valera Ramirez Dec. at ¶ 12 (Appx II, Exh. GG, at 198-203); Rosas Cardenas Dec. at ¶ 8 (Appx II, Exh. EE, at 186-90); Sosa Fletes Dec. at ¶ 8 (Appx II, Exh. HH, at 204-08); Sonay Funez Dec. at ¶ 17 (Appx II, Exh. FF, at 191-97); Rodas Pedro Dec. at ¶ 10 (Appx II, Exh. JJ, at 215-19). The only information they have received is from watching TV and posters on the wall. *See* Valera Ramirez Dec. at ¶ 12 (Appx II, Exh. GG, at 198-203); Rosas Cardenas Dec. at ¶ 8 (Appx II, Exh. EE, at 186-90).

293. Detained individuals have no access to masks or gloves, even from the commissary. Borges Dec. at ¶ 12 (Appx II, Exh. II, 209-14); Betancourt Dec. at ¶ 10 (Appx II, Exh. DD, at 18-85).

294. BTC staff rotate in and out of BTC on a regular basis. Staff generally live in the communities near BTC—areas where there many confirmed cases of COVID-19.

295. BTC has a history of outbreaks of contagious illnesses. In November of 2019, there was a stomach flu outbreak at BTC during which 115 detained persons became ill.⁷⁸

⁷⁸ <https://www.sun-sentinel.com/local/broward/pompano-beach/fl-ne-pompano-beach-flu-outbreak-immigration-detention-center-20191105-xopjvimk4fgebbzcts7ausbdwu-story.html>

296. On March 17, 2020, detained persons at BTC were subjected to a 5-hour water stoppage, during which they had no access to water to wash their hands, bathe, or use the toilet.⁷⁹

ICE's Alternatives to Detention Program

297. For over 15 years, DHS/ICE has sought and obtained congressional funding for its Alternatives to Detention (“ATD”) program, which uses supervised release, case management, and monitoring of individuals instead of detention.⁸⁰ ICE has repeatedly told Congress that the ATD program increases ICE’s operational effectiveness and individual compliance with release conditions.

⁷⁹ <https://www.wlrn.org/post/coronavirus-live-updates-two-broward-election-poll-workers-test-positive-covid-19#stream/0>

⁸⁰ ICE’s current ATD program is called Intensive Supervision Appearance Program III (ISAP III). The program features different levels of case management including in-person or telephonic meetings, unannounced home visits, scheduled office visits, and court and meeting alerts. Some are also enrolled in technology-based monitoring including telephonic monitoring, GPS monitoring via ankle bracelet, and smart phone application monitoring called SmartLink that uses facial recognition and location monitoring via GPS. The private contractor that operates the program for ICE is BI, Inc., a wholly-owned subsidiary of The GEO Group, Inc. *See* CRS Report R45804, Immigration: Alternatives to Detention (ATD) Programs, (Jul. 8, 2019). On March 23, 2020, DHS awarded BI, Inc. a 5-year \$2.2 billion contract for continued ISAP support. <https://beta.sam.gov/opp/2479131ff88f405999e126b52ff105f5/view>

298. The DHS FY2021 Congressional Budget Justification for ICE states that it costs \$125.06 per day to jail an adult immigration in ICE custody. The average cost per ATD participant is \$4.43 per day. The DHS FY2021 funding request seeks to support 120,000 daily participants in ATD.⁸¹

299. A 2014 GAO Report found that 95% of those on full-service ATD (those that include case management) appear for their final hearings.⁸² According to 2017 contract data, supervision coupled with some case management results in a more than 99% appearance rate for all immigration court hearings, and a more than 91% appearance rate for final hearings.⁸³

300. As of April 4, 2020, ICE has 89,851 individuals enrolled in ATD, including 5,057 in the Miami area.⁸⁴

⁸¹ DHS/ICE FY2021 Congressional Budget Justification, at Operations & Support 132, 171, 173, https://www.dhs.gov/sites/default/files/publications/u.s._immigration_and_customs_enforcement.pdf. Due to court backlogs and delays for those who are non-detained, ATD participants are enrolled for a longer period of time than the period of time that individuals remain in detention. However, even considering the average length of stay in detention and the average length of time in ATD, taxpayers are paying an average of \$4,000 more per individual detained than those released on ATD.

⁸² GAO-15-26, Alternatives to Detention, at 30 (Nov. 2014), available at <https://www.gao.gov/assets/670/666911.pdf>.

⁸³ The Real Alternatives to Detention (June 2019), available at <https://www.womensrefugee-commission.org/images/zdocs/The-Real-Alternatives-to-Detention-June-2019-FINAL-v-2.pdf>.

⁸⁴ ICE website, Detention Management, <https://www.ice.gov/detention-management#tab2>.

LEGAL FRAMEWORK

301. The Due Process Clause provides that no person shall “be deprived of life, liberty, or property, without due process of law.” U.S. Const. amend. V. Its protections extend to every person within the nation’s borders regardless of immigration status. *Mathews v. Diaz*, 426 U.S. 67, 77, (1976) (“Even one whose presence in this country is unlawful, involuntary, or transitory is entitled to that constitutional protection.”).

A. Due Process Right to Reasonably Safe Non-Punitive Civil Detention

302. When the government takes a person into custody and detains him against the person’s will, the Constitution imposes upon the government a duty to assume responsibility for that detainee’s safety and general wellbeing. *See Helling v. McKinney*, 509 U.S. 25, 32 (1993). Under the Eighth Amendment, the Government must provide criminal detainees with basic human needs, including reasonable safety. *Id.*

303. The government violates the Eighth Amendment if it confines a criminal detainee in unsafe conditions. *Id.* at 33.

304. When the government detains a person for the violation of an immigration law, the person is a civil detainee, even if he has a prior criminal conviction. *See Zadvydas v. Davis*, 533 U.S. 678, 690 (2001).

305. As civil detainees, Petitioners are entitled to more considerate treatment than criminal detainees, whose conditions of confinement are designed to punish. *See Marsh v. Fla. Dep’t of Corr.*, 330 F. App’x 179, 182 (11th Cir. 2009) (quoting *Youngberg v. Romeo*, 457 U.S. 307, 322 (1982)).

306. The Fifth Amendment Due Process Clause prohibits punishment of people in civil custody. *Bell v. Wolfish*, 441 U.S. 520, 535 n.16 (1979); *Magluta v. Samples*, 375 F.3d 1269, 1273 (11th Cir. 2004); *Hamm v. Dekalb Cty.*, 774 F.2d 1567, 1572 (11th Cir. 1985) (citing *Ingraham v. Wright*, 430 U.S. 651, 671 n. 40 (1977)).

307. To establish that a particular condition or restriction of detention constitutes impermissible punishment, a petitioner must show either (1) an expressed intent to punish; or (2) lack of a reasonable relationship to a legitimate governmental purpose, from which an intent to punish may be inferred. *See Wolfish*, 441 U.S. at 538. Absent an explicit intention to punish, a court must apply a two-part test: “First, a court must ask whether any ‘legitimate goal’ was served by the prison conditions. Second, it must ask whether the conditions are ‘reasonably related’ to that goal.” *Jacoby v. Baldwin Cty.*, 835 F.3d 1338, 1345 (11th Cir. 2016). “[I]f conditions are so extreme that less harsh alternatives are easily available, those conditions constitute ‘punishment.’” *Telfair v. Gilberg*, 868 F.Supp. 1396, 1412 (S.D. Ga. 1994) (citing *Wolfish*, 441 U.S. at 538-39 n.20).

308. “[W]hen the State takes a person into its custody and holds him there against his will, the Constitution imposes upon it a corresponding duty to assume some responsibility for his safety and general well-being.” *DeShaney v. Winnebago Cty. Dep’t. of Soc. Servs.*, 489 U.S. 189, 199-200 (1989). The government must provide detained individuals with basic necessities, such as adequate medical care, food, clothing, and shelter; the failure to provide these necessities violates due process. *Hamm*, 774 F.2d at 1573; *Cook ex rel. Estate of Tessier v. Sheriff of Monroe Cty.*, 402 F.3d 1092, 1115 (11th Cir. 2005).

309. At a minimum, the Fifth Amendment Due Process Clause prohibits Respondents' deliberate indifference to a substantial risk of serious harm that would rise to the level of an Eighth Amendment violation in the post-conviction criminal context. *Revere v. Mass. Gen. Hosp.*, 463 U.S. 239, 244 (1983) (“[T]he due process rights of a [detainee] are at least as great as the Eighth Amendment protections available to a convicted prisoner.”); *see also Hale v. Tallapoosa Cty.*, 50 F. 3d 1579, 1582 n.4 (11th Cir. 1995).

310. To demonstrate that Respondents are acting with deliberate indifference, Petitioners must show exposure to a substantial risk of serious harm of which Respondents are aware and have disregarded. *Farmer v. Brennan*, 511 U.S. 825, 834, 837-38 (1994); *Marbury v. Warden*, 936 F.3d 1227, 1233 (11th Cir. 2019); *Hale*, 50 F.3d at 1582.

311. The government violates the Eighth Amendment when it “ignore[s] a condition of confinement that is sure or very likely to cause serious illness and needless suffering the next week or month or year,” including “exposure of inmates to a serious, communicable disease,” even when “the complaining inmate shows no serious current symptoms.” *Helling*, 509 U.S. at 33; *see also id.* at 34 (citing with approval *Gates v. Collier*, 501 F.2d 1291, 1300 (5th Cir. 1974), which held that prisoners were entitled to relief under the Eighth Amendment when they showed, *inter alia*, the mingling of “inmates with serious contagious diseases” with other prison inmates).

312. Thus, the harm that Petitioners fear—i.e., that their confinement will result in a COVID-19 infection that will seriously injure and possibly kill them—need not become a reality to establish a violation of their constitutional rights. Courts do not require a plaintiff to “await a

tragic event” before seeking relief from a condition of confinement that unconstitutionally endangers them. *See Helling*, 509 U.S. at 33 (holding prisoner’s Eighth Amendment claim could be based upon possible future harm to health, as well as present harm).

313. “Nor does it matter that some inmates may not be affected by the condition, and that the harm is thus, in a sense, only potential harm. The Court has found an Eighth Amendment violation ‘even though it was not alleged that the likely harm would occur immediately and even though the possible infection might not affect all of those exposed.’” *Tittle v. Jefferson Cty. Comm’n*, 10 F.3d 1535, 1543 (11th Cir. 1994) (quoting *Helling*, 509 U.S. at 33).

B. The *Accardi* Doctrine

314. When the government has promulgated “[r]egulations with the force and effect of law,” those regulations “supplement the bare bones” of federal statutes. *United States ex rel. Accardi v. Shaughnessy*, 347 U.S. 260, 266, 268 (1954) (reversing in immigration case after review of warrant for deportation). Agencies must follow their own “existing valid regulations,” even where government officers have broad discretion, such as in the area of immigration. *Id.* at 268; *see also Morton v. Ruiz*, 415 U.S. 199, 235 (1974) (“[I]t is incumbent upon agencies to follow their own procedures . . . even where [they] are possibly more rigorous than otherwise would be required.”); *Battle v. FAA*, 393 F.3d 1330, 1336 (D.C. Cir. 2005) (“*Accardi* has come to stand for the proposition that agencies may not violate their own rules and regulations to the prejudice of others.”). Breaches of *Accardi*’s rule constitute violations of both the Administrative Procedures Act (“APA”) and the Fifth Amendment’s Due Process Clause.

315. While violations of “internal agency procedures” do not always require a remedy, *Accardi*’s rule applies with full force when “the rights or interests of the objecting party” are “affected.” *Monitlla v. INS*, 926 F.2d 162, 167 (2d. Cir. 1991) (citing cases) (“*Accardi* doctrine is premised on fundamental notions of fair play underlying the concept of due process”); *see also Wilson v. Comm’r of Soc. Sec.*, 378 F.3d 541, 545-46 (6th Cir. 2004) (noting that an *Accardi* violation may be a due process violation, and the government’s action may be set aside pursuant to the APA); *Sameena, Inc. v. U.S. Air Force*, 147 F.3d 1148, 1153 (9th Cir. 1998) (“An agency’s failure to follow its own regulations . . . may result in a violation of an individual’s constitutional right to due process.”).

C. State Created Danger

316. The Due Process Clause “imposes a duty on state actors to protect or care for citizens in when the state affirmatively places a particular individual in a position of danger the individual would not otherwise have faced.” *Gregory v. City of Rogers, Ark*, 974 F.2d 1006, 1010 (8th Cir. 1992) (en banc).

317. The government violates an individual’s right to due process when it (1) “affirmatively place[s] [the] individual in danger,” (2) by “acting with ‘deliberate indifference to [a] known or obvious danger.’” *Kennedy v. City of Ridgefield*, 439 F.3d 1055, 1062 (9th Cir. 2006) (quoting *Munger v. City of Glasgow*, 227 F.3d 1082, 1086 (9th Cir. 2000); *L.W. v. Grubbs*, 92 F.3d 894, 900 (9th Cir. 1996)); *Jones v. Phyfer*, 761 F.2d 642 (11th Cir. 1985), reh’g denied, 768 F.2d 1353 (11th Cir. 1985) (a constitutional right to protection by the state exists when there is a showing that the victim faces a special danger distinguishable from that of the public at large).

318. “A duty of protection arises where the state has a custodial relationship with the individual, arising from such circumstances as incarceration in prison or involuntary commitment in a mental institution.” *Davis v. Carter*, 555 F.3d 979, 982 n.2 (11th Cir. 2009). The only relationships that automatically give rise to a governmental duty to protect individuals from harm under the substantive due process clause are custodial relationships through which the government deprives individuals of their liberty and thus of their ability to take care of themselves. *See White v. Lemacks*, 183 F.3d 1253, 1257 (11th Cir. 1999).

319. The government acts with deliberate indifference to a known or obvious danger when it recognizes an unreasonable risk and actually knowingly exposes the petitioner. An unreasonable risk includes future harm caused by conditions of confinement. *See Helling v. McKinney*, 509 U.S. 25, 33 (1993).

CAUSES OF ACTION

COUNT ONE - ACCARDI DOCTRINE (FIFTH AMENDMENT/APA) – VIOLATION OF DETENTION STANDARDS

320. Petitioners repeat and incorporate by reference each and every allegation contained in the preceding paragraphs as if fully set forth herein.

321. Under the *Accardi* doctrine, due process and the basic principle of administrative law dictate that rules promulgated by a federal agency regulating the rights and interests of others are controlling upon the agency. That doctrine is premised on the fundamental notion of fair play underlying the concept of due process.

322. The *Accardi* doctrine applies with particular force when “the rights of individuals are affected.” *Morton*, 415 U.S. at 235.

323. Krome, BTC and Glades are all subject to National Detention Standards that are issued by ICE, which set forth the medical care that must be provided to individuals in immigration detention. Both Krome and BTC are subject to ICE's 2011 Performance-Based National Detention Standards ("PBNDS"). *See* (Appx I, Exh. N, at 253.)⁸⁵ Glades is subject to ICE's National Detention Standards ("NDS"). (Appx. I, Exh. K, at 152, 156.) The current governing version of the NDS is the 2019 National Detention Standards for Non-Dedicated Facilities.⁸⁶

324. Section 4.3(II)(10) of the PBNDS requires that "Centers for Disease Control and Prevention (CDC) guidelines for the prevention and control of infectious and communicable diseases shall be followed." (Appx, Exh. N, at 253.) The PBNDS also provides that "[f]acilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements." (Appx, Exh. N, at 256-57.) Similarly, section 1.1(I) of the NDS, covered "facilit[ies] will operate in accordance with all applicable regulations and codes, such as those of . . . the Centers for Disease Control and Prevention (CDC)." (Appx I, Exh. O, at 304).⁸⁷

325. Respondents have failed to follow their duty to comply with the PBNDS and NDS, which in turn require compliance with CDC guidelines and federal, state and local laws. Respondents have neither reduced the population of Krome, Glades, and BTC. Nor have they done anything to ensure social distancing and proper hygiene.

⁸⁵ Full copy available at: <https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf>.

⁸⁶ Supersession noted at: <https://www.ice.gov/detention-standards/2000>.

⁸⁷ Full copy available at: <https://www.ice.gov/doclib/detention-standards/2019/nds2019.pdf>.

326. Respondents have failed to comply with the CDC guidelines. Respondents have not “[e]nsure[d] that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies . . . are on hand.” *Compare* CDC Guidance at 7 (Appx I, Exh. F, at 54); *with* Declarations of Individuals Detained at all three facilities: Krome (Warsane Dec., Hasan Dec., Farah Dec., Arrak Dec.); Glades (Dairon Barredo Sanchez Dec., Tahimi Perez Dec., Franklin Ramon Gonzalez Dec., Gerardo Vargas Dec., and Francisco Rivero Valeron Dec.); and BTC (Valera Ramirez Dec., Sosa Fletes Dec., Sontay Funez Dec., Rosas Cardenas Dec., Betancourt Dec. Ferreira Borges Dec., and Bibiano Soares Dec) (Appx II).

327. Respondents have not implemented the recommended cleaning and disinfecting practices. *Compare* CDC Guidance at 9 (Appx I, Exh. F, at 56); *with* Declarations of Individuals Detained at all three facilities: Krome (Warsane Dec., Hasan Dec., Farah Dec., Arrak Dec.); Glades (Dairon Barredo Sanchez Dec., Tahimi Perez Dec., Franklin Ramon Gonzalez Dec., Gerardo Vargas Dec., and Francisco Rivero Valeron Dec.); and BTC (Valera Ramirez Dec., Sosa Fletes Dec., Sontay Funez Dec., Rosas Cardenas Dec., Betancourt Dec. Ferreira Borges Dec., and Bibiano Soares Dec) (Appx II).

328. Respondents have not implemented the recommended hygiene practices. *Compare* CDC Guidance at 10 (Appx I, Exh. F, at 57); *with* Declarations of Individuals Detained at all three facilities: Krome (Warsane Dec., Hasan Dec., Farah Dec., Arrak Dec.); Glades (Dairon Barredo Sanchez Dec., Tahimi Perez Dec., Franklin Ramon Gonzalez Dec., Gerardo Vargas Dec., and Francisco Rivero Valeron Dec.); and BTC (Valera Ramirez Dec., Sosa Fletes Dec., Sontay Funez Dec., Rosas Cardenas Dec., Betancourt Dec. Ferreira Borges Dec., and Bibiano Soares Dec) (Appx II).

329. Respondents have not implemented adequate social distancing practices. *Compare* CDC Guidance at 11 (Appx I, Exh. F, at 58); *with* Declarations of Individuals Detained at all three facilities: Krome (Warsane Dec., Hasan Dec., Farah Dec., Arrak Dec.); Glades (Dairon Barredo Sanchez Dec., Tahimi Perez Dec., Franklin Ramon Gonzalez Dec., Gerardo Vargas Dec., and Francisco Rivero Valeron Dec.); and BTC (Valera Ramirez Dec., Sosa Fletes Dec., Sontay Funez Dec., Rosas Cardenas Dec., Betancourt Dec. Ferreira Borges Dec., and Bibiano Soares Dec) (Appx II).

330. Respondents have not communicated clearly and frequently with Petitioners regarding COVID-19 and how they can contribute to risk reduction. *Compare* CDC Guidance at 12 (Appx I, Exh. F, at 59); *with* Declarations of Individuals Detained at all three facilities: Krome (Warsane Dec., Hasan Dec., Farah Dec., Arrak Dec.); Glades (Dairon Barredo Sanchez Dec., Tahimi Perez Dec., Franklin Ramon Gonzalez Dec., Gerardo Vargas Dec., and Francisco Rivero Valeron Dec.); and BTC (Valera Ramirez Dec., Sosa Fletes Dec., Sontay Funez Dec., Rosas Cardenas Dec., Betancourt Dec. Ferreira Borges Dec., and Bibiano Soares Dec) (Appx II).

331. Respondents' cohorting practices violate CDC guidance and increase the threat posed to Petitioners. The CDC's Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) states that cohort quarantine "should only be practiced if there are no other available options" and that "[c]ohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected." Respondents violate the CDC Guidelines by refusing to release people and instead keeping them confined

in close sleeping, eating, and living quarters at Krome, Glades, and BTC. Further, because Respondents can and should release Petitioners and those similarly situated, “cohort quarantine” is not the only “available option.”

332. Cohorting is not the same as quarantine or medical isolation and the CDC makes it clear that cohorting is to be used only as a last resort in those “correctional facilities and detention centers do not have enough individual cells” for quarantine or medical isolation. Interim Guidance, at 3, 15 (Appx, Exh. F, at 50, 62). The CDC and other medical expert opinions confirm that cohorting individuals who have not been confirmed to be infected with COVID-19 “puts everyone at very high risk of contracting and spreading COVID-19.” Shin Decl., ¶ 33 (Exh. 2).

333. On March 31, 2020, the President updated the guidance, renaming it “30 Days to Slow the Spread,” and along with the White House Coronavirus Task Force urged Americans to continue to adhere to the CDC guidelines and expand community mitigation efforts.” On April 1, 2020, Governor DeSantis issued a shelter-in-place order for the state of Florida, effective April 3, 2020. Exec. Order No. 20-91.

334. As Dr. Shin explains “[t]he only effective strategies to limit wide-spread impact of COVID-19 are public health strategies. These include containment efforts like early identification, contact tracing, isolation and quarantine measures, and intensive use of personal protective equipment. Unfortunately, due to limited testing capacity and public health resources combined with wide-spread community spread, mitigation efforts like social distancing and scrupulous hand and personal hygiene are critical to limit the spread of COVID-19.” Shin Dec., ¶ 12 (Exh. 2). Dr. Shin also explains that “[t]here is no way for immigration detention facilities to

comply with CDC guidelines on social distancing and quarantining unless Respondents release detained men and women on a large scale.” *Id.* at ¶¶ 39-40. Dr. Shin concluded that it is “my professional opinion that failure to release during the COVID-19 pandemic is a violation of the CDC guidelines and will result in continued and wide-spread infection.” *Id.*

335. Dr. Shin’s conclusions are consistent with every other public health expert issued early warnings about the spread of COVID-19 and the need for the federal, state and local governments to employ social distancing mitigation efforts. *See* Exh. , Shin Decl., ¶ 6 (Exh. 2). The consequences of the failure of federal, state and local government to adhere to the early warning by public health officials have been borne out in the United States. *Id.* at ¶ 40. As of the date of this Petition, there are 525,704 number of confirmed cases in the United States and 20,486 people have died.⁸⁸

336. As is detailed *supra*, Respondents have failed to follow their duty to comply with the PBNDS and NDS, which in turn require compliance with CDC guidelines and federal, state and local laws. Respondents have neither reduced the population of Krome, Glades, and BTC. Nor have they done anything to ensure social distancing and proper hygiene.

337. Respondents have an obligation under the PBNDS and the NDS to protect the Petitioners. The PBNDS and the NDS require Respondents protect Petitioners by following the CDC guidelines, complying with federal, state or local plans, and reports requirements.

⁸⁸ <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

338. Petitioners have not been protected, and the Respondents' violate the *Accardi* doctrine by failing to comply with its own obligations in violation of the APA and Fifth Amendment's Due Process Clause.

**COUNT TWO - FIFTH AMENDMENT – VIOLATION OF RIGHT TO
REASONABLE SAFETY**

339. Petitioners repeat and incorporate by reference each and every allegation contained in the preceding paragraphs as if fully set forth herein.

340. The Fifth Amendment to the U.S. Constitution guarantees individuals in immigration detention the right to be free from punishment. The government violates this guarantee when conditions of confinement lack a reasonable relationship to any legitimate governmental purpose, *i.e.* when a custodian's actions are excessive in relation to their purpose.

341. Respondents' continued detention of Petitioners during the COVID-19 pandemic is excessive in relation to any legitimate governmental purpose. Less harsh measures are available to satisfy any government interest in continuing to detain Plaintiffs, including release with conditions. Under these circumstances, Respondents' detention of Petitioners amount to impermissible punishment.

342. Conditions of confinement for individuals in immigration detention also violate the Fifth Amendment when the government fails, with deliberate indifference, to safeguard the health and safety of those in custody. The government acts with deliberate indifference when it knowingly exposes an individual in its custody to a substantial risk of serious harm.

343. Respondents have subjected Petitioners to conditions of confinement that create a substantial risk of contracting a serious case of COVID-19, for which there is no known vaccine, treatment, or cure. Respondents know or should be aware of the fact that Petitioners' underlying

conditions render them especially vulnerable to severe illness or even death if they contract COVID-19. Respondents are therefore knowingly subjecting Petitioners to an unreasonable risk of serious harm, in violation of constitutional due process.

344. Respondents' continued detention of Petitioners fails to adequately protect Petitioners from the risks of contracting COVID-19.

345. Petitioners' ongoing confinement lacks a reasonable relationship to any legitimate governmental purpose and is excessive in relation to their purpose.

346. Respondents have exposed Petitioners to a substantial risk of serious harm.

347. Respondents have known of or disregarded the substantial risk of harm to Petitioners' health and safety.

348. Respondents have acted with deliberate indifference to Petitioners' health and safety.

349. Respondents' continued detention of Petitioners violates the Due Process Clause of the Fifth Amendment as detention has become punitive and is not reasonably safe.

COUNT THREE - FIFTH AMENDMENT – STATE-CREATED DANGER

350. Petitioners repeat and incorporate by reference each and every allegation contained in the preceding paragraphs as if fully set forth herein.

351. The government acts with deliberate indifference to a known or obvious danger when it recognizes an unreasonable risk and actually intends to expose petitioners to such risks without regard to the consequences to petitioners. An unreasonable risk includes future harm caused by conditions of confinement. *See Helling v. McKinney*, 509 U.S. 25, 33 (1993). Respondents have not complied its obligations to follow the CDC guidelines, and affirmatively

place Petitioners at greater risk of contracting COVID-19 by implemented practices that transfer people into and out of facilities, and employs cohort quarantining approach – that drastically increases the danger of the virus spreading. Respondents have acted with deliberate indifference to the clear elevated levels of threat caused to Petitioners.

352. Respondents have affirmatively placed Petitioners in danger by forcing them into a position more dangerous than it found them, exposing them to elevated dangerous by failing to following CDC guidelines including by transferring people among facilities and improperly using cohort quarantines in a manner that places Petitioners in a more dangerous situation that it found them. Respondents made the affirmative decision to not release Petitioners or use ATDs, and instead implemented cohort quarantines in a manner that drastically increase the possibility of transmission, infection, and facility-wide outbreak by grouping together people who have already been exposed to the virus. *See* Shin Decl. ¶40 (Exh. 2); Greer Decl., ¶¶34-35 (Exh. 3).

353. Respondents continue to detain Petitioners without taking necessary precautions to reduce the risk of COVID-19 transmission. Respondents have thus exposed Petitioners to a greater risk of contracting COVID-19 than they would have otherwise faced.

354. Respondents continued to actively disregard the threat of the pandemic. Petitioners are detained in conditions that expose them to a heightened risk of contracting COVID-19. Respondents are confining Petitioners in close proximity to other detainees and ICE officers, rendering Petitioners entirely unable to practice necessary social distancing.

355. ICE officers are failing to take necessary precautions, to avoid transmitting COVID-19 to Petitioners, detainees, and other officers. Respondents' ongoing detention of Petitioners thus continues to expose them to a greater risk of contracting COVID-19 than they would

face if they were not in detention and were able to take necessary precautions to protect themselves.

356. Respondents have acted, and continue to act, with deliberate indifference to the known and obvious risk of COVID-19 transmission.

357. Respondents implemented a cohort quarantine approach that does not comply with CDC guidelines and drastically increases the risk of COVID-19 exposure and contraction, at the time when the federal government and State of Florida had both declared public health emergencies. Despite being well-aware of both the risks of community transmission of COVID-19 and the preventive measures necessary to slow that transmission, Respondents acted without regard to the consequences to Petitioners by failing to implement a plan calculated to meaningfully comply with CDC guidelines, instead exposing the Petitioners to drastically increased risk of exposure by defying CDC guidelines in the use of cohort quarantining and actively transferring detainees among facilities with confirmed cases detainees and facility employees having contracted COVID-19. *See* Shin Decl. ¶40 (Exh. 2).

358. For these reasons, Petitioners' detention violates the Fifth Amendment Due Process Clause because Respondents affirmatively subjected Petitioners to an unreasonable risk of danger, greater danger than before Respondents acted, with deliberate indifference to employing policies that drastically increase the risk of Petitioners' contracting COVID-19.

PRAYER FOR RELIEF

WHEREFORE Petitioners request that the Court grant the following relief:

- a. Assume jurisdiction over this matter;
- b. Enjoin Respondents from transferring Petitioners, and the class they represent, from Krome, Glades, or BTC, until the Court has decided this action;
- c. Issue a Writ of Habeas Corpus on the ground that Respondents' continued detention of Petitioners, and the class they represent, violates the Due Process Clause and order the immediate release of Petitioners and the class they represent, with appropriate precautionary public health measures;
- d. Issue injunctive relief ordering Respondents to immediately release Petitioners and all similarly situated detainees in Krome Service Processing Center, Glades County Detention Center, and Broward Transitional Center with appropriate precautionary public health measures, on the grounds that continued detention violates the constitutional Due Process rights of Petitioners and the class they represent;
- e. Issue a declaration that Respondents' continued detention of Petitioners and all class members creates an undue increased risk of severe illness or death, and thus violates the Due Process Clause;
- f. Issue an order prohibiting Respondents from placing new detainees in the Krome Service Processing Center, Glades County Detention Center, and Broward Transitional Center until COVID-19 no longer poses a threat in Florida.
- g. Award Petitioners their costs and reasonable attorneys' fees in this action under the Equal Access to Justice Act ("EAJA"), as amended, 5 U.S.C. § 504 and 28 U.S.C. § 2412,

and on any other basis justified under law; and

h. Grant any other and further relief that this Court may deem fit and proper.

Dated: April 13, 2020

Respectfully submitted,

By: /s/ Rebecca Sharpless

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PETITIONER-PLAINTIFFS' VERIFICATION

I am submitting this verification on behalf of the Petitioner-Plaintiffs because I am one of the Petitioner-Plaintiffs' attorneys. I have discussed with the Petitioners-Plaintiffs' legal team the events described in this Petition. On the basis of those discussions, on information and belief, I hereby verify that the factual statements made in the attached Petition for Writ of Habeas Corpus are true and correct to the best of my knowledge.

By: /s/ Rebecca Sharpless

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DECLARATION OF DR. JOSEPH SHIN (MD, MSc.)

I, Joseph Shin, MD, MSc., make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C. §1746 that the following is true and correct:

1. I am an Assistant Professor of Medicine at Weill Cornell Medicine, founding member of the Cornell Center for Health Equity, and past medical director for the Weill Cornell Center for Human Rights. I am a diplomate of the American Board of Internal Medicine and completed my medical training at NYU School of Medicine. Prior to my current role at Cornell, I was a Clinical Instructor at NYU School of Medicine and attending physician at Bellevue Hospital where I served at the NYU/Bellevue Program for Survivors of Torture, the Bellevue Adult Primary Care Clinic and also cared for hospitalized patients in the New York City Department of Corrections custody.
2. I have over fifteen (15) years of experience conducting as well as training other health practitioners to perform forensic medical evaluations for survivors of human rights abuses, asylum applicants and individuals held in immigration detention. I have conducted research related to trauma and health outcomes among asylum seekers and trafficking victims and medical neglect and barriers to care in immigration detention centers.
3. I also have extensive experience, expertise and knowledge of medical care in correctional settings including, but not limited to, immigration detention facilities.

The Expanding Coronavirus Pandemic

4. As of April 10, 2020, the date of this declaration, the COVID-19 pandemic has exponentially spread, with 1,619,495 confirmed cases and 97,200 deaths globally.¹ According to the Centers for Disease Control and Prevention (CDC) there have been 427,460 confirmed cases and 14,696 deaths nationally as of April 9, 2020 (the latest available data).² Every U.S. state and territory has been affected, and COVID-19 is rapidly spreading from urban centers to rural areas.
5. A study from the University of Texas at Austin estimated that as of April 3, 2020—a week ago—“72% of US counties with 94% of the national population have over a 50% chance of ongoing COVID-19 transmission.”³ The authors emphasized that “[a] single reported case suggests that community transmission is likely,” and that even in

¹ Johns Hopkins University Coronavirus Resource Center, <https://coronavirus.jhu.edu/map.html> (last updated April 9, 2020, 12:00 p.m. ET).

² Centers for Disease Control and Prevention, Coronavirus Disease19, Updated April 9, 2020; <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

³ Emily Javan, et al., *Probability of current COVID-19 outbreaks in all US counties* (Apr. 3, 2020), https://cid.utexas.edu/sites/default/files/cid/files/covid-risk-maps_counties_4.3.2020.pdf?m=1585958755.

places that did not have confirmed COVID-19 cases as of April 3, 2020, the situation was not likely to last.⁴

6. Due to the highly infectious nature of COVID-19, infectious disease specialists and public health experts have strongly recommended minimizing interpersonal contact to mitigate transmission and minimize disease.⁵ The US government like many around the world have taken unprecedented steps to follow expert recommendations by ordering the closure of all but essential businesses and putting into place strict social distancing policies such as “shelter in place,” gatherings of no more than ten persons, and avoiding congregate environments such as schools and places of worship. It is likely that our entire map will be bright red within a week or two, given that COVID-19 spreads very quickly and often silently. The fate of outbreaks in counties across the US very much hinges on the speed of local interventions. Early and extensive social distancing can block community transmission, avert rises in hospitalizations that overwhelm local capacity, and save lives.⁶
7. The novel coronavirus is highly infectious and is thought to pass thought to pass from person to person through respiratory droplets released by coughing or sneezing as well as also through contact with infected individuals and interactions with contaminated surfaces. There is also increasing concern for the possibility of aerosolization and airborne transmission which might allow infectious viral particles to remain in the air and transmit infection to others without close contact. In addition to transmission by symptomatic individuals, there is a high level of transmission amongst asymptomatic carriers as well as pre-symptomatic infected individuals. Estimates suggest that 18-57% of infected people may not have symptoms at the time of testing.^{7,8}
8. Furthermore, limited wide-spread testing in addition to narrow screening criteria have failed to effectively identify all individuals at risk of infection and transmission. Basic screening questions related to travel history, sick contacts and symptoms fail to acknowledge wide-spread community transmission and asymptomatic spread already taking hold in many communities across the country, as well as within institutional or congregant settings.
9. For individuals who do become symptomatic, many will experience relatively mild symptoms, but an estimated 10%-20% of individuals who are infected may need hospitalization with a significant portion of these requiring care in the intensive care unit. Severe complications including acute respiratory failure, sepsis, multiorgan

⁴ *Id.*

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

⁶ *Id.* (citations omitted).

⁷ Mizumoto Kenji, Kagaya Katsushi, Zarebski Alexander, Chowell Gerardo. Estimating the asymptomatic proportion of coronavirus disease 2019 (COVID-19) cases on board the Diamond Princess cruise ship, Yokohama, Japan, 2020. *Euro Surveill.* 2020;25(10)

⁸ Kimball A, Hatfield KM, Arons M, et al. Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:377–381.

failure, blood clots and death. The risks of these complications is much higher for COVID-19 patients with a case-fatality rate of approximately 3.9% which is nearly 40 times higher than that of seasonal influenza (~0.1%).⁹

10. It is often overlooked that half of hospitalizations are in patients less than 50 years old, and many young healthy people have died from COVID-19.¹⁰
11. There is no vaccine to prevent COVID-19. There are also no clearly effective treatments for this disease.
12. The only effective strategies to limit wide-spread impact of COVID-19 are public health strategies. These include containment efforts like early identification, contact tracing, isolation and quarantine measures, and intensive use of personal protective equipment. Unfortunately, due to limited testing capacity and public health resources combined with wide-spread community spread, mitigation efforts like social distancing and scrupulous hand and personal hygiene are critical to limit the spread of COVID-19.

Detention Facilities

13. The risks of wide-spread undetected transmission in detention facilities, as well as jails and prisons, is significantly higher than in the community. This represents a threat not just to people being detained or incarcerated but also to the hundreds and thousands of staff working in these facilities, their families and the broader community.
14. The risks of undetected and widespread transmission within detention facilities increases the risk to both the people who work in and are detained in these facilities. These risks in settings of detention and incarceration have been demonstrated in multiple past epidemics including influenza resulting in staff and inmate deaths. Furthermore, immigration detention facilities have also recently been sites of other preventable exposures and outbreaks including mumps and chicken pox.^{11,12} These are all facilitated by relative overcrowding, poor hygiene measures, as well as medical neglect and limited access to medical care despite policies or best practices said to be established in these facilities.

⁹ Johns Hopkins University and Medicine – Coronavirus Resource Center – Mortality Analyses. <https://coronavirus.jhu.edu/data/mortality> (Accessed 4/12/2020)

¹⁰ Wang D, Hu B, Hu C, et al. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. *JAMA*. 2020;323(11):1061–1069. doi:10.1001/jama.2020.1585

¹¹ <https://www.cnn.com/2019/06/14/politics/mumps-chicken-pox-quarantine-ice/index.html>

¹² Leung J, Elson D, Sanders K, et al. Notes from the Field: Mumps in Detention Facilities that House Detained Migrants — United States, September 2018–August 2019. *MMWR Morb Mortal Wkly Rep* 2019;68:749–750.

15. The lack of wide-spread testing, transparency and data in communities in the US and all across the world allowed undetected spread in the community as well as within facilities and institutions that fueled the current pandemic.
16. Congregate settings allow for the rapid spread of infectious disease, especially those passed by droplets through coughing and sneezing and also contact with contaminated surfaces. Shared dining halls, bathrooms, showers, common areas, sleeping quarters, and shared equipment such as telephones, all present opportunities for greater transmission. And while facilities might not be considered “overcrowded” by standard criteria, many of these shared facilities in the general population do not allow for the safe social distancing or regular hand hygiene practices recommended by public health experts.
17. The lack of wide-spread testing, transparency and data in communities in the US and all across the world allowed undetected spread in the community as well as within facilities and institutions that fueled the current pandemic.
18. Detention centers, jails and prisons, despite what might be considered “safe capacity”, are largely incapable of establishing the recommended levels of social distancing that is essential to mitigate the spread of this disease.
19. In preparation of this Declaration, I have been provided with the Declaration of Liana J. Castano, dated April 8, 2020 (“Castano Declaration”). The following are my responses to the Castano Declaration. The language used in the declaration demonstrates knowledge of the appropriate precautions, but presents a plan claiming to implement what are clearly inadequate measures - that violate the CDC guidance - and knowingly expose anyone interacting with the faculty to an even more elevated deadly risk of contracting COVID.

Krome

A. Screening Measures at Krome

20. The Castano Declaration describes screening measures that are not effective in preventing the spread of COVID-19. *See* Castano Declaration, ¶¶7-9, 16-17.
21. The Castano Declaration discusses screening measures that have been implemented at Krome. However, the screen measures are not sufficient. New data has demonstrated that asymptomatic persons infected with the novel coronavirus SARS-CoV-2 (the virus that causes COVID-19) can be contagious and spread infection.¹³ This new data

¹³ See Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html#studies> (Apr. 3, 2020).

prompted the CDC to recommend as of April 3, 2020 that everyone wear masks in public to help mitigate spread of disease.¹⁴

22. It is presently believed that COVID-19's incubation period, the time between infection and appearance of symptoms is 2-14 days. However, a substantial percentage of infected persons may never show symptoms (i.e. asymptomatic) or be mildly infected. The evidence that is available points to a high likelihood of both scenarios.
23. At the writing of this declaration there is not conclusive evidence whether the infection can be spread during the incubation period or whether virus can be shed in mildly symptomatic or asymptomatic person (i.e. be contagious). However, the evidence that is available points to a high likelihood of both scenarios. A recent review of the literature related to COVID-19 appears in the highly respected scientific journal, *Nature*.¹⁵ Based on various epidemiological models, "covert cases" (i.e. asymptomatic to mildly symptomatic persons) may represent up to 60% of all COVID-19 infections.¹⁶ People with mild or no symptoms would typically not seek medical care (and not be tested) and would therefore not be detected during screening protocols. Epidemiologists believe that these covert cases that have contributed to the spread of COVID-19 in a global population where no one is immune.¹⁷
24. The article in *Nature* reviews three studies that support the likelihood that asymptomatic or mildly symptomatic individuals can spread the infection. These studies took place in China, Japan and one study included passengers from the *Diamond Princess*. These studies found that in COVID infected persons, 59%, 31% and 18%; respectively, were asymptomatic or mildly symptomatic.¹⁸
25. Moreover, new studies of the ability of infected persons to shed virus also point strongly to the ability to spread disease prior to symptoms developing. These studies showed high viral load in the pharynx at the onset of symptoms and even in an asymptomatic infected person. The article quotes Dr. Michael Osterholm, director of the University of Minnesota's Center for Infectious Diseases Research and Policy in Minneapolis who states that while more "The data confirm what many scientists have suspected: that some infected people 'can be highly contagious when they have mild or no symptoms' although the scale of the problem is still unclear."¹⁹
26. Evidence that demonstrated that ability of asymptomatic infected persons to spread the virus makes it impossible for screening protocols to identify all those who infected and contagious. A recently published study by the CDC has shown strong evidence suggesting the spread of infection by asymptomatic COVID-19 infection.

¹⁴ Id. ("In light of this new evidence, CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.") (emphasis in original).

¹⁵ *Nature.com*; doi: 10.1038/d41586-020-00822-x).

¹⁶ *ibid.*

¹⁷ *ibid.*

¹⁸ *ibid.*

¹⁹ *ibid.*

The authors conclude that the findings have implication in “containment measures” and that “to control the pandemic it might not be enough for only persons with symptoms to limit their contact with others because persons without symptoms might transmit infection.” The authors specifically state, “these findings underscore the importance of social distancing in the public health response to the COVID-19 pandemic, including the avoidance of congregate settings.”²⁰

27. The lack of wide-spread testing, transparency and data in communities in the US and all across the world allowed undetected spread in the community as well as within facilities and institutions that fueled the current pandemic.
28. The screening measures discussed in the Castano Declaration are not sufficient and will continue to result in the spread of COVID-19 at Krome and in the community.

B. Co-horting at Krome

29. The Castano Declaration discusses the use of cohorting at Krome. *See* Castano Declaration, ¶10, 12.c..
30. Cohorting is “the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group.” The CDC’s *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (the “Interim Guidance”)²¹ at 3. It is not the same as quarantine or medical isolation, and is to be used only as a last resort in those “correctional facilities and detention centers do not have enough individual cells” for quarantine or medical isolation. The practice of cohorting is dangerous in that it risks “transmit[ting] COVID-19 from those who are infected to those who are uninfected.” *Id.* at 19.
31. The Castano Declaration that discusses the use of cohorting directly contradicts CDC guidance in several ways including, most critically, that ICE officials describe cohorting as the planned response to a known COVID-19 exposure, not a practice of last resort. Notably, ICE has no plans to place suspected COVID-19 cases in individual medical isolation in which “[e]ach isolated individual should be assigned their own housing space and bathroom” as recommended by CDC. *See* Interim Guidance at 15.
32. The Castano Declaration states that “238 detainees” are currently cohorted. there is no indication that a cohorted group will be permitted to practice social distancing as recommended by CDC (*Id.* at 16), or that a cohorted group will be provided with masks to prevent transmission of COVID-19 (*Id.* at 20).

²⁰ Wycliffe E. Wei, et al., *Presymptomatic Transmission of SARS-CoV-2 — Singapore, January 23–March 16, 2020*, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e1.htm> (Apr. 1, 2020).

²¹ Centers for Disease Control, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (Mar. 23, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf>.

33. Finally, cohorting in a selective manner without the implementation of wide-spread testing puts everyone at very high risk of contracting and spreading COVID-19.

C. Social Distancing

34. The Castano Declaration discusses various social distancing measures. The measures detailed in the Castano Declaration are not sufficient to address the COVID-19 pandemic.
35. The CDC recommends the following ways to protect oneself: social distancing (keeping at least 6 feet between persons), frequent hand washing with soap and water for minimum of 20 seconds after being in public places or after sneezing or coughing, or blowing ones nose; use of hand sanitizers with at least 60% alcohol and avoid touching unwashed hands to one nose, eyes and mouth. Furthermore, the CDC recommends cleaning all surfaces with EPA-registered disinfectants that typically contain bleach or alcohol.²²
36. Individual as well as published accounts by journalists question the effectiveness of purported containment and mitigation efforts within jails, prisons and detention centers. Shared facilities, “shoulder-to-shoulder” seating during meals, standard density and distances between beds and bunks in sleeping quarters as well as showers and toilets in congregate units all suggest that many routine practices have not changed in light of the current pandemic.
37. Detention centers, jails and prisons, despite what might be considered “safe capacity”, are largely incapable of establishing the recommended levels of social distancing that is essential to mitigate the spread of this disease.
38. Congregate settings allow for the rapid spread of infectious disease, especially those passed by droplets through coughing and sneezing and also contact with contaminated surfaces. Shared dining halls, bathrooms, showers, common areas, sleeping quarters, and shared equipment such as telephones, all present opportunities for greater transmission. And while facilities might not be considered “overcrowded” by standard criteria, many of these shared facilities in the general population do not allow for the safe social distancing or regular hand hygiene practices recommended by public health experts.
39. In conclusion, the CDC guidelines require that “cohorting” should only be used as a last resort. There is no way for immigration detention facilities to comply with CDC guidelines on social distancing and quarantining unless Respondents release detained men and women on a large scale. When release from a detained setting is an option and there is lack of testing ability and an inability to employ social distancing, it is my professional opinion that failure to release during the COVID-19 pandemic is a

²² <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>

violation of the CDC guidelines and will result in continued and wide-spread infection.

40. The analysis that I provide above regarding screening, “cohorting” and social distancing is not theoretical. In fact, there are a growing number of facilities throughout the country where the rate of infection is growing exponentially amongst both people detained as well as staff. In these settings, hundreds, and potentially thousands of people will become infected, and many will die. This is a direct result of a failure to implement the recommended measures at an early enough stage to prevent illness and save lives. Already, some ICE facilities the numbers of detected COVID-19 infections are growing at an exponential rate. By the time facilities recognize this kind of exponential growth in detected cases, it will already be too late. Therefore, individuals should be released from detention.
41. It should also be understood that all individuals are susceptible to infection and serious life-threatening complications that can result in death. As is stated above, I am a treating physician at Weill Cornell and since the beginning of the COVID-19 pandemic I have been actively involved in our hospital’s response and in directly treating patients. I have personally treated patients-many of these individuals are young and did not have any pre-existing medical conditions. Many of the patients are currently in our Intensive Care Unit (ICU) in respiratory failure and on life support.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, based on my personal knowledge. Executed in New York, NY on April 13, 2020.



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Declaration of Dr. Pedro J. Greer, Jr.

I, Dr. Pedro J. Greer, Jr., make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C. §1746 that the following is true and correct:

I. Background and Qualifications

1. My name is Pedro J. Greer, Professor of Medicine, Founding Chair of Humanities, Health, and Society and Associate Dean for Community Engagement at Florida International University Herbert Wertheim College of Medicine (FIU HWCOM) in Miami, Florida. Throughout my career, I have been an advocate for health equity by engaging communities to create effective health and social policies and accessible health care systems.
2. I have worked for the past 36 years as a physician, from Resident to Internist, Gastroenterologist and Hepatologist, Department Chair and Associate Dean.
3. My bio, attached as Exhibit A, includes a brief description of my education and relevant experience.
4. My C.V. includes a full list of my honors, experience, and publications, and it is attached as Exhibit B.
5. I am donating my time reviewing materials and preparing this report. Any live testimony I provide will also be provided *pro bono*.
6. I have testified as an expert at trial or by deposition in the past four years, in a federal case involving homeless sex offenders.
7. It is my understanding that immigration detainees in South Florida are currently held at three facilities, Glades County Detention Center (Glades), Krome Service Processing Center (Krome), and Broward Transitional Center (BTC). Glades is a county jail, which houses immigration detainees pursuant to an inter-governmental service agreement with Immigration and Customs Enforcement (ICE). Krome is owned by ICE, although daily operations are contracted out to a private company, Akima Global Services. BTC is a private facility operated by the GEO group pursuant to an ICE contract. These facilities are generally indistinguishable from other jails and prisons.

II. Heightened Risk of Epidemics in Detention Centers, Jails and Prisons

8. As I will discuss below, the risk posed by infectious diseases in immigration detention centers, jails and prisons (together “detention facilities”) is significantly higher than in the community, both in terms of multiple risks of transmission and exposure to individuals who become infected.
9. Globally, outbreaks of contagious diseases are all too common in closed detention settings and are more common than in the community at large. Detention centers facilities are not isolated from communities. Staff, visitors, contractors, and vendors pass between communities and facilities and can bring infectious diseases into facilities. Moreover, turnover of jail and detention center populations means that people often cycle between facilities and communities. People often need to be transported to and from facilities to attend court and move between facilities. Prison health is public health.
10. Congregate settings such as detention facilities allow for rapid spread of infectious diseases that are transmitted person to person, especially those passed by droplets through coughing and sneezing. When people must share dining halls, bathrooms, showers, and other common areas, the opportunities for transmission are greater. When infectious diseases are transmitted from person to person by droplets, the best initial strategy is to practice social distancing. When detained, people have much less of an opportunity to protect themselves by social distancing than they would in the community. Spaces within detention facilities are often also poorly ventilated, which promotes highly efficient spread of diseases through droplets. Placing someone in such a setting therefore dramatically reduces their ability to protect themselves from being exposed to and acquiring infectious diseases.
11. During an infectious disease outbreak, people can protect themselves by washing hands. Detention facilities do not provide adequate opportunities to exercise necessary hygiene measures, such as frequent handwashing or use of alcohol-based sanitizers when handwashing is unavailable. Detention facilities are often under-resourced and ill-equipped with sufficient hand soap and alcohol-based sanitizers for people detained in and working in these settings. High-touch surfaces (doorknobs, light switches, etc.) should also be cleaned and disinfected regularly with bleach to prevent virus spread, but this is often not done in jails and prisons because of a lack of cleaning supplies and lack of people available to perform necessary cleaning procedures.
12. Detention facilities are often poorly equipped to diagnose and manage infectious disease outbreaks. Some lack onsite medical facilities or 24-hour medical care. The medical facilities at jails and detention centers are almost never sufficiently equipped to handle large outbreaks of infectious diseases. To prevent transmission of droplet-borne infectious diseases, people who are infected and ill need to be isolated in

- specialized airborne negative pressure rooms. Most detention facilities have few negative pressure rooms if any, and these may be already in use by people with other conditions (including tuberculosis or influenza). Resources will become exhausted rapidly and any beds available will soon be at capacity. This makes both containing the illness and caring for those who have become infected much more difficult.
13. Detention facilities lack access to vital community resources to diagnose and manage infectious diseases. Detention facilities do not have access to community health resources that can be crucial in identifying and managing widespread outbreaks of infectious diseases. This includes access to testing equipment, laboratories, and medications.
 14. Detention facilities often need to rely on outside facilities (hospitals, emergency departments) to provide intensive medical care given that the level of care they can provide in the facility itself is typically relatively limited. During an epidemic, this will not be possible, as those outside facilities will likely be at or over capacity themselves.
 15. As an outbreak spreads detention facilities and communities, medical personnel become sick and do not show up to work. Absenteeism means that facilities can become dangerously understaffed with healthcare providers. This increases a number of risks and can dramatically reduce the level of care provided. As health systems inside facilities are taxed, people with chronic underlying physical and mental health conditions and serious medical needs may not be able to receive the care they need for these conditions. As supply chains become disrupted during a global pandemic, the availability of medicines and food may be limited.
 16. These risks have all been borne out during past epidemics in detention facilities. In 2019, a mumps outbreak across 57 U.S. immigration detention facilities resulted in almost 900 infections inside the facilities¹ before spreading to surrounding communities.² Immigration facilities have been sites of other outbreaks in just the past couple years.³

¹ Leung J, Elson D, Sanders K, et al. *Notes from the Field: Mumps in Detention Facilities that House Detained Migrants—United States, September 2018–August 2019*, MMWR Morb Mortal Wkly, 749–50 (Aug. 30, 2019), <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6834a4-H.pdf>.

² See Terrence McDonald, *Bergen County Won't Say if Mumps Outbreak Affects Only Immigrant Detainees*, Northjersey.com (Jun. 13, 2019), <https://www.northjersey.com/story/news/bergen/2019/06/13/bergen-county-nj-wont-say-if-jail-mumps-outbreak-hit-only-ice-inmates/1448708001>. In addition, in 2019, thousands of individuals in 39 immigration detention centers across the country were exposed to chickenpox. See Emma Ockerman, *Migrant Detention Centers Are Getting Slammed with Mumps and Chickenpox*, Vice News (Jun. 14, 2020), https://www.vice.com/en_us/article/mb8k5q/migrant-detention-centers-are-getting-slammed-with-mumps-and-chicken-pox.

³ Christina Potter, Outbreak Observatory *supra* n. 34, (describing outbreaks of acute respiratory illnesses like influenza, and other diseases like scabies and chickenpox).

17. In 2012, the CDC reported an outbreak of influenza in two correctional facilities in Maine, resulting in two inmate deaths.⁴ Subsequent CDC investigation of 995 inmates and 235 staff members across the 2 facilities discovered insufficient supplies of influenza vaccine and antiviral drugs for treatment of people who were ill and prophylaxis for people who were exposed. During the H1N1-strain flu outbreak in 2009 (known as the “swine flu”), jails and prisons experienced a disproportionately high number of cases.⁵ Even facilities on “quarantine” continued to accept new intakes, rendering the quarantine incomplete. These scenarios occurred in the “best case” of influenza, a viral infection for which there was an effective and available vaccine and antiviral medications, unlike COVID-19, for which there is currently neither.

III. Profile of COVID-19 as an Infectious Disease⁶

18. The novel coronavirus, officially known as SARS-CoV-2, causes a disease known as COVID-19. The virus is thought to pass from person to person primarily through respiratory droplets (by coughing or sneezing) but may also survive on inanimate surfaces. People seem to be most able to transmit the virus to others when they are sickest but recent data from China has demonstrated that almost 13% of transmission occurs from asymptomatic individuals before they start to show symptoms, and it is possible that transmission can occur for weeks after their symptoms resolve.⁷ In China, where COVID-19 originated, the average infected person passed the virus on to 2-3 other people; transmission occurred at a distance of 3-6 feet. Not only is the virus very efficient at being transmitted through droplets, everyone is at risk of infection because our immune systems have never been exposed to or developed protective responses against this virus. A vaccine is currently in development but will likely not be able for over a year to the general public. Antiviral medications are currently in testing but not yet FDA-approved. People in detention facilities will likely have even less access to these novel health strategies as they become available.
19. Most people (80%) who become infected with COVID-19 will develop a mild upper respiratory infection but emerging data from China suggests serious illness occurs in

⁴ *Influenza Outbreaks at Two Correctional Facilities—Maine, March 2011*, Centers for Disease Control and Prevention (2012), <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm>.

⁵ 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/>.

⁶ This whole section draws from Broks J. Global Epidemiology and Prevention of COVID19, COVID-10 Symposium, Conference on Retroviruses and Opportunistic Infections (CROI), virtual (March 10, 2020); *Coronavirus (COVID-19)*, Centers for Disease Control, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>; Brent Gibson, *COVID-19 (Coronavirus): What You Need to Know in Corrections*, National Commission on Correctional Health Care (February 28, 2020), <https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections>.

⁷ Du Z, Xu X, Wu Y, Wang L, Cowling BJ, Ancel Meyers L. Serial interval of COVID-19 among publicly reported confirmed cases. *Emerg Infect Dis.* 2020 Jun [date cited]. <https://doi.org/10.3201/eid2606.200357>

up to 16% of cases, including death.⁸ Serious illness and death is most common among people with underlying chronic health conditions, like heart disease, lung disease, liver disease, and diabetes, and older age.⁹ Among those individuals, the risk of poor outcomes, included the need for mechanical intervention is over 20%. Death in COVID-19 infection is usually due to pneumonia, and sepsis, and would occur between approximately 1-4% of the population. The emergence of COVID-19 during influenza season means that people are also at risk from serious illness and death due to influenza, especially when they have not received the influenza vaccine or the pneumonia vaccine.

20. The care of people who are infected with COVID-19 depends on how seriously they are ill.¹⁰ People with mild symptoms may not require hospitalization but may continue to be closely monitored at home. People with moderate symptoms may require hospitalization for supportive care, including intravenous fluids and supplemental oxygen. People with severe symptoms may require ventilation and intravenous antibiotics. Public health officials anticipate that hospital settings will likely be overwhelmed and beyond capacity to provide this type of intensive care as COVID-19 becomes more widespread in communities.
21. In order to prevent over whelming the local health systems, aggressive containment and COVID-19 prevention is of utmost importance. To this end, most states, including Florida, have mandated COVID-19 prevention strategies, such as “shelter in place” or “stay at home” orders, which have gone beyond containment and mitigation. Detention facilities already have difficulty with containment because it requires intensive hand washing practices, decontamination and aggressive cleaning of surfaces, and identifying and isolating people who are ill or who have had contact with people who are ill, including the use of personal protective equipment. However, even with these efforts, it is impossible for detention facilities to provide the atmosphere of “shelter in place” or “stay at home” social distancing, given the number of individuals that work in and are housed in these facilities in the current system. The time to act is now. Data from other settings demonstrate what happens when detention facilities are unprepared for COVID-19. News outlets reported that Iran temporarily released 70,000 prisoners when COVID-19 started to sweep its facilities.¹¹

⁸ *Coronavirus Disease 2019 (COVID-19): Situation Summary*, Centers for Disease and Prevention (March 14, 2020), https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html.

⁹ *Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study*, The Lancet (published online March 11, 2020), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext).

¹⁰ *Coronavirus Disease 2019 (COVID-19): Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease*, Centers for Disease Control and Prevention (March 7, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

¹¹ *Iran temporarily releases 70,000 prisoners as coronavirus cases surge*, Reuters (March 9, 2020), <https://www.reuters.com/article/us-health-coronavirus-iran/iran-temporarily-releases-70000-prisoners-as-coronavirus-cases-surge-idUSKBN20W1E5>.

IV. Risk of COVID-19 at Glades, Krome, and BTC

22. In preparing this report I have reviewed declarations of individuals detained at Glades, Krome and BTC.
23. Based on my review of the relevant literature, and my review of the declarations of individuals detained at Glades, Krome and BTC, it is my professional judgment that South Florida's immigration detention centers are under-equipped and ill-prepared to prevent and manage a COVID-19 outbreak, which would result in severe harm to detained individuals, detention center staff, and the broader community. The reasons for this conclusion are detailed as follows.
24. Detainees at all three facilities are held in dormitory-style cells or rooms. Plaintiffs at Glades and Krome report that there are at least 65 individuals sharing a living unit and in many cases far more than that number. Detainees sleep on bunk beds with just a few feet of distance between them. At BTC, a handful of detainees share small rooms. Further, plaintiffs report that they are forced to either sit close to one another while they take meals since tables and chairs are fixed to the floor or forced to wait in line together for meals. Given this layout and crowded environment in which individuals are held, it is impossible to provide an environment where social distancing can take place, depriving individuals of being able to use one of the most important CDC-recommended measures to protect themselves.
25. Even before the COVID-19 crisis, detainees at all three facilities reported having to wait several days to have access to a medical doctor for serious medical concerns.¹² Glades, for example, has only one doctor who comes in only four days a week.¹³ Now, with the threat of the virus' spread through the jail population, it is unlikely whether the medical units at any of the three facilities is equipped to address both underlying chronic conditions of individuals and a potential outbreak of COVID-19 in the jail.
26. For individuals in these facilities, the experience of an epidemic and the lack of care while effectively trapped can itself be traumatizing, compounding the trauma of detention.
27. The neglect of individuals with acute pain and serious health needs under ordinary circumstances is also strongly indicative that the facilities will be ill-equipped to identify, monitor, and treat a COVID-19 epidemic. Detainees have attested to neglect of their serious medical conditions even under typical circumstances.¹⁴ It is unlikely that when the medical units are strained both due to potential understaffing or

¹² Southern Poverty Law Center & Americans for Immigrant Justice, *Prison by Any Other Name: A Report on South Florida Detention Facilities* (December 9, 2019),

https://www.splcenter.org/sites/default/files/cjr_fl_detention_report-final_1.pdf

¹³ *Id.*

¹⁴ *Id.*

additional burden from potential COVID-19 patients that they will be able to provide the care necessary for those with medical needs caused by conditions other than COVID-19.

V. The Practice of Cohorting

28. In preparation of this Declaration, I have been provided with the Declaration of Liana J. Castano, dated April 8, 2020 (“Castano Declaration”).
29. The Castano Declaration discusses the use of cohorting at Krome. *See* Castano Declaration, ¶10, 12.c..
30. Cohorting is “the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group.” The CDC’s *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (the “Interim Guidance”)¹⁵ at 3. It is not the same as quarantine or medical isolation, and is to be used only as a last resort in those “correctional facilities and detention centers do not have enough individual cells” for quarantine or medical isolation. The practice of cohorting is dangerous in that it risks “transmit[ing] COVID-19 from those who are infected to those who are uninfected.” *Id.* at 19.
31. The Castano Declaration that discusses the use of cohorting directly contradicts CDC guidance in several ways including, most critically, that ICE officials describe cohorting as the planned response to a known COVID-19 exposure, not a practice of last resort. Notably, ICE has no plans to place suspected COVID-19 cases in individual medical isolation in which “[e]ach isolated individual should be assigned their own housing space and bathroom” as recommended by CDC. *See* Interim Guidance at 15.
32. The Castano Declaration states that “238 detainees” are currently cohorted. there is no indication that a cohorted group will be permitted to practice social distancing as recommended by CDC (*Id.* at 16), or that a cohorted group will be provided with masks to prevent transmission of COVID-19 (*Id.* at 20).
33. Finally, cohorting in a selective manner without the implementation of wide-spread testing put everyone at very high risk of contracting and spreading COVID-19.

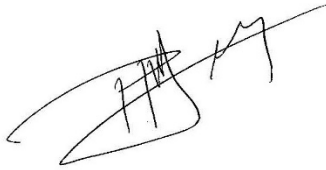
VI. Conclusion

34. In conclusion, the CDC guidelines require that “cohorting” should only be used as a last resort. There is no way for immigration detention facilities to comply with CDC

¹⁵ Centers for Disease Control, Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (Mar. 23, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf>.

guidelines on social distancing and quarantining unless Respondents release detained men and women on a large scale. When release from a detained setting is an option and there is lack of testing ability and an inability to employ social distancing, it is my professional opinion that failure to release during the COVID-19 pandemic is a violation of the CDC guidelines and will result in continued and wide-spread infection. Continued and wide-spread infection will not only occur in the detention facilities but also in the community. Health in detention facilities is community health. Protecting the health of individuals who are detained in and work in these facilities is vital to protecting the health of the wider community.

I, Dr. Pedro J. Greer, Jr., make the following declaration based on my personal knowledge and declare under the penalty of perjury pursuant to 28 U.S.C. §1746 that the following is true and correct:



Pedro Greer Jr., MD, FACP, FACG

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Associate Dean for Community Engagement
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Dated: April 14, 2020

CURRICULUM VITAE

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EDUCATION

1990-1991	Jackson Memorial Hospital University of Miami Miller School of Medicine, Miami, FL	Chief Fellow	Gastroenterology
1989-1991	Jackson Memorial Hospital University of Miami Miller School of Medicine, Miami, FL	Fellow	Gastroenterology
1988-1989	University of Miami Miller School of Medicine, Miami, FL	Fellow	Hepatology
1987-1988	University of Miami Miller School of Medicine, Veterans Administration Medical Center, Miami, FL	Chief Medical Resident	Internal Medicine
1985-1987	University of Miami Miller School of Medicine, Miami, FL	Resident	Internal Medicine
1984-1985	University of Miami Miller School of Medicine, Miami, FL	Intern	Internal Medicine
1978-1984	Pontifica Universidad Católica Madre Y Maestra, Santiago de los Caballeros, Dominican Republic	M.D.	Medicine
1974-1978	University of Florida, Gainesville, FL		

LICENSES, CERTIFICATIONS

1993 American Board of Internal Medicine, Subspecialty in Gastroenterology (#116332)
1989 American Board of Internal Medicine (#116332)
1986 Medical licensure (#ME 0047468), Florida; Renewed every 2 years; Jan 2018
1986 National Board of Medical Examiners (# ME 0047468); FLEX

PRINCIPAL POSITIONS HELD

2014-2015	Herbert Wertheim College of Medicine, Miami, FL	Interim Chair, Department of Medicine* <i>*In AY2014-2015, I led the merger between the Department of Medicine and the Department of Humanities, Health, and Society (July 2015).</i>
2014-Pres.	Herbert Wertheim College of Medicine, Miami, FL	Associate Dean for Community Engagement
2009-Pres.	Herbert Wertheim College of Medicine, Miami, FL	Founding Chair, Department of Humanities, Health, and Society
2007-Pres.	Herbert Wertheim College of Medicine, Miami, FL	Professor of Medicine & Curricular Strand Leader for Medicine and Society
1998-2006	Mercy Hospital	Chief of Gastroenterology Department
1994-2006	Mercy Hospital	Director of Mercy Mission Services
1992-Pres.	University of Miami Miller School of Medicine, Miami, FL	Adjunct Associate Clinical Professor of Medicine
1992-Pres.	University of Miami Miller School of Medicine, Miami, FL	Adjunct Associate Professor of Epidemiology and Public Health
1991-2005	St. John Bosco Clinic – SSJ Health Foundation (free clinic for undocumented immigrants)	Medical Director
1991-Pres.	Gastro Health, P. L.	Private Practice, Gastroenterology
1990-2007	University of Miami Miller School of Medicine, Miami, FL	Assistant Dean for Homeless Education

HONORS AND AWARDS***Honorary Degrees and Titles***

2012	Wayne State University	Doctor of Law	Honoris Causa
2005	Salem State College	Doctor of Humane Letters	Honoris Causa
2004	Stonehill College	Doctor of Humanities	Honoris Causa
1997	University of Florida	Distinguished Alumni	
1995	Barry University	Doctor of Law	Honoris Causa
1994	New York Medical College	Doctor of Science	Honoris Causa
1992	St. Thomas University	Doctor of Humane Letters	Honoris Causa
1992	University of Miami School of Medicine	Honorary Alumnus	

Honors and Awards

2019	Florida Trend 2019, Florida 500 Most Influential Business Leaders, <i>Life Sciences</i>
2019	Pride in the Profession Award, Excellence in Medicine Awards, Chicago, IL <i>AMA Foundation</i>
2018	35 th Hispanics in Philanthropy (HIP) Anniversary Conference, San Francisco, CA, <i>HIPGiver Award</i>
2017	University of Florida Bob Graham Center, Gainesville, FL, <i>2017 Citizen of the Year Award</i>
2016	Council for Latino Workplace Equity, North Miami, FL, <i>Top Latino Leader Award</i>
2014	Health Choice Network, Miami, FL, <i>Jessie Trice Hero Award</i>
2014	Jefferson Awards Foundation, Washington, DC, <i>Outstanding Public Service Benefitting the Disadvantaged</i>
2011	Miami Dolphins, Miami, FL, <i>Humanitarian Award</i>
2011	Florida International University, Miami, FL, <i>Cal Kovens Distinguished Community Service Award</i>
2010	AARP The Magazine, Washington, DC, <i>Inspire Award</i>
2010	Temple Beth David, Miami, FL, <i>Public Citizen Award</i>
2009	President Barack Obama, at the White House, Washington, DC, <i>Presidential Award: Medal of Freedom</i>
2008	Latino Leaders Magazine, Dallas, TX, <i>101 Top Leaders of the Latino Community in the USA</i>
2007	Vista Magazine, <i>Health Award</i>
2007	Orange Bowl Foundation, Miami Lakes, FL, <i>El Espiritu de La Comunidad Award</i>
2007	Barry University, Miami Shores, <i>Faith and Freedom Award</i>
2005	Prospanica (Formerly, National Society of Hispanic MBAs), Dallas, TX, <i>Board Leadership Award</i>
2005	El Consejo de la Hispanidad de Los Estados Unidos de América (The Hispanic Heritage Council of the United States of America), <i>Don Quixote Award</i>
2005	The Pan American Health Organization, Washington, DC, <i>Public Health Hero of the Americas</i>
2004	Hispanic Unity of Florida, Hollywood, FL, <i>Amigos Award</i>
2004	The Pan American Cuban Medical Convention, Miami, FL, <i>Gold Medal of Honor</i>
2004	Florida Department of Health, Board of Medicine, Tallahassee, FL, <i>Board Chair Recognition Award</i>
2002	Hispanic Magazine, Virginia Gardens, FL, <i>Hispanic of the Year</i>
2002	St. Luke's Society of South Florida, Ft. Lauderdale, FL, <i>Hispanic of the Year</i>
2002	Kiwanis of Key Biscayne, Key Biscayne, FL, <i>Citizen of the Year</i>
2002	The Latin Chamber of Commerce of the United States, Miami, FL, <i>Professional of the Year</i>
2002	Big Brothers Big Sisters of Miami, Women's Committee, Miami, FL, <i>Miracle Makers Award</i>
2002	Dade County Medical Association, Miami, FL, <i>Physician Recognition Award</i>
2002	Asociación Interamericana de Hombres de Empresa, Miami, FL, <i>Leslie Pantin Award</i>
2001	The Caring Institute, Washington, DC, <i>Caring Award</i>
2001	Catholic Charities of the Archdiocese of Miami, Miami, FL, <i>Spirit of Charity Award</i>
2001	Fundación Brugal, Santo Domingo, Dominican Republic, <i>Brugal Cree en su Gente Award</i>
2001	Juvenile Diabetes Research Foundation (JDRF), Oakland Park, FL, <i>Tribute to the Family Award</i>
2001	Ellis Island Foundation, New York, NY, <i>Ellis Island Medal of Honor</i>
2000	Greater Miami Chamber of Commerce, Miami, FL, <i>Health Care Heroes Award</i>
2000	Boy Scouts of America South Florida Council, Miami Lakes, FL, <i>Hispanic Heritage Community Leader Award</i>
1999	Broward County Hispanic Women's Coalition, Broward, FL, <i>Award</i>
1999	Family Counseling Services of Greater Miami, Miami, FL, <i>Family of the Year</i>
1999	United Way of Miami, Miami, FL, <i>Starfish Award</i>
1997	Macy's, Cincinnati, OH, <i>Follow-A-Leader Mentor Program Award</i>
1997	International Catholic Stewardship Council, Dearborn Heights, MI, <i>Christian Stewardship Award</i>
1997	Exit Magazine, Surprise, AZ, <i>One of 50 Most Fascinating People of Miami</i>

1997 New Times Magazine, *Best of Miami*, "Best Local Boy Done Good"
 1997 President Bill Clinton, Ex-President George Bush and General Colin Powell, at Presidential Summit, Philadelphia, PA, *Presidential Service Award*
 1997 Hippocrates: Health & Medicine for Physicians Journal, *Doctor of the Year – Teaching*
 1996 Community Action Agency, Metropolitan Dade County, FL, *Sgt. Shriver Award*
 1996 Miami Dade Community College, Homestead Campus, Homestead, FL, *Drum Major Award for Humanitarian Effort*
 1996 Turner Broadcasting Systems, Miami, FL, *Saluting African-American Achievement, Annual Trumpet Award, Special Honoree for Service to African American Community*
 1995 Florida Hospital Association, Tallahassee, FL, *Florida Health Care Communicator of the Year*
 1995 Little Flower Catholic Church, *First Annual Humanitarian Award*
 1995 NBC and Hispanic Magazine, Hispanic Achievement, Washington, DC, *VIDA Award - Medicine and Sciences*
 1995 American Red Cross, South Florida Chapter, *Humanitarian of the Year*
 1995 Visiting Nurse Association of Miami, Miami, FL, *Person of the Year*
 1995 CBS, New York City, NY, *The Newsweek American Achievement Award*
 1995 Rotary Club of Miami, Miami, FL, *Citizen of the Year*
 1994 Time Magazine (Dec. 5, 1994), New York City, NY, *50 Future Leaders of America Under the Age of 40*
 1994 Facts About Cuban Exiles (F.A.C.E.), *Pro Bono Award*
 1994 Sigma Chi Fraternity (National), Annual Meeting, ON, Canada, *Significant Sig Medal*
 1994 American College of Physicians, Philadelphia, PA, *Special Recognition of Community Service*
 1993 Florida Gastroenterology Society, Opa-Locka, FL, *Distinguished Service Award*
 1993 La Liga Contra El Cancer, Miami, FL, *Special Recognition*
 1993 The Northern Trust Company, Miami, FL, *Community Leadership Award*
 1993 Zeta Phi Beta Sorority, Beta Tau Zeta Chapter, *Outstanding Community Service*
 1993 Greater Miami Jewish Federation, Miami, FL, *Outstanding Community Leadership Award*
 1993 Veterans Caucus, affiliate of the American Academy of Physician Assistants, Dover, DE, *Special Community Award*
 1993 South Florida Magazine, Miami, FL, *Health Care Heroes Award*
 1993 Telemundo, Hialeah, FL, *Persona de la Semana* (July 5, 1993)
 1993 MacArthur Foundation, Chicago, IL, *MacArthur Fellow* (June 15, 1993 – 1998)
 1993 Jessie Ball DuPont Fund, Jacksonville, FL, *Jessie Ball DuPont Award*
 1993 Dade County Bar Association, Miami, FL, *Doctor of the Decade*
 1993 The Knights of Malta, *Knighted*
 1993 The Order of Saint Gregory the Great, *Knighted*
 1993 Catholic Church, *Pro Ecclesia et Pontifice, Papal Medal*
 1992 Maxwell House, Nashville, TN, *100 Real Heroes*
 1992 CNN en Español, Univisión, *Personalidad de la Semana* (Dec. 4, 1992)
 1992 ABC World News, Peter Jennings, New York, NY, *Person of the Week* (Nov. 20, 1992)
 1992 American College of Physicians, Florida Chapter, Jacksonville, FL, *Charles K. Donegan, M.D. Memorial Award for Distinguished Community Service*
 1992 American Heart Association of Dade County, Hollywood, FL, *Man of the Year*
 1992 Advertising Federation of Greater Miami, Miami, FL, *Community Service Award*
 1992 Florida Humanist Association, Englewood, FL, *Outstanding Humanitarian*
 1992 Social Workers of Dade County, Dade County, FL, *Special Community Service Honor*
 1992 Dade County Medical Association Auxiliary, Miami, FL, *Doctor of the Year*
 1992 The City of Miami, Miami, FL, *Commendation*
 1992 National Association of Social Workers, Florida Chapter, Miami Dade Unit, *Public Citizen of the Year*
 1991 Zeta Phi Beta Sorority, Washington, DC, *Outstanding Community Service*
 1991 Zeta Phi Beta Sorority (Sigma Zeta Chapter), *Leadership Role Model Award*
 1991 Hispanic Medical Student Organization, University of Miami Miller School of Medicine, Miami, FL, *Hispanic Medical Achievement Award*
 1991 Office of the Mayor, Dade County, FL, *Dade County Red Ribbon Annual Community Leadership Award*
 1991 Service Employees International Union, Washington, DC, *Hispanic Leadership Award*
 1991 South Florida Business and Wealth, Ft. Lauderdale, FL, *Up and Comers Winner – Medical Category*
 1991 Christopher Columbus High School, Miami, FL, *Hall of Fame* (induction: Jan 1991)
 1990 Medical Business Magazine, *Medical Humanitarian of the Year*
 1990 Hispanic Business Magazine, *Top 100 Most Influential Hispanics in the United States* (Nov 1990)
 1990 Representative Ileana Ros-Lehtinen (FL, 27th Dist.). "A Tribute to Dr. Pedro Jose Greer, Jr." *Congressional Record* 136:95 (July 23, 1990).
 1990 Florida Medical Association, Tallahassee, FL, *The Herald Strasser, MD Good Samaritan Award*
 1990 Hispanic Heritage Award Foundation (Subsequently: Hispanic Heritage Foundation), Washington, DC, *Hispanic Heritage Award for Excellence in Leadership*

1990 Cedars of Lebanon Hospital Foundation, Beverly Hills, CA, *Concern Award*
 1989 Miami Young Republicans (formerly, Biscayne Bay Young Republicans), Miami, FL, *Award for Excellence*
 1989 Cuban Medical Association, Miami Beach, FL, *Special Award Honoring Excellence*
 1989 The Miami Herald, Miami, FL, *Spirit of Excellence Award*
 1989 Dade County Metropolitan Government, Dade County, FL, *Commendation*
 1989 University of Miami Medical School Students, Class of 1989, Miami, FL, *House Officer of the Year*
 1989 Directors of Volunteers in Agencies, Miami, FL, *National Volunteer Week Award – Volunteer of the Year*
 1989 The City of Miami, Miami, FL, *Certificate of Appreciation*
 1989 University of Miami Medical School Overseers Committee, Miami, FL, *Helping Hands Special Recognition Award*
 1989 Public Health Trust Medical Social Workers, Miami, FL, *Distinguished Community Service Award*
 1989 Saint Martin de Porres Society, Miami, FL *Peace and Unity Award*
 1988 American Medical Association, Chicago, IL, *AMA-Burroughs Wellcome Award in Leadership and Community Service*
 1987 American Medical Association, Chicago, IL, *Outstanding Young Men of America*

PROFESSIONAL ORGANIZATIONS

Memberships

American College of Gastroenterology, Fellow (1993)
 American College of Physicians, Fellow (1991)
 American Gastroenterology Association
 American Association for the Study of Liver Disease
 Florida Gastroenterology Association
 American Society for Gastrointestinal Endoscopy
 American College of Medicine
 Dade County Medical Association
 Florida Medical Association

Service to Professional Organizations

1991-1992	Ad Hoc Committee on Physician Volunteerism, American College of Physicians	Member
1989-1994	Health and Public Policy Committee, American College of Physicians	Member
1989-1990	Ad Hoc Fellows Committee, American College of Physicians	Co-Chair
1989-1990	American College of Physicians, Medicine, Resident Physician section (RPS)	Florida Delegate
1986-1992	Indigent Care Committee, American College of Physicians	Member

BOARDS, COMMITTEES, AND COMMUNITY SERVICE

National

2016-Pres.	American Funds/ Capital Group, Board of Directors; Los Angeles, California	Member
2016-Pres.	Geisinger Commonwealth School of Medicine, Board of Directors; Scranton, PA	Member
2015-2016	Association of Academic Health Centers, Short-Term Social Determinant of Health (SDOH) Advisory Group; Washington, DC	Member
2014-2019	Dartmouth Geisel School of Medicine, Center for Health Equity, Board of Advisors; Hanover, NH	Member
2010-Pres.	RAND Pardee Graduate School, Board of Governors; Santa Monica, CA	Chair
2010-Pres.	RAND Corporation, Executive Committee; Santa Monica, CA	Member
2010-Pres.	RAND Corporation, Board of Trustees; Santa Monica, CA	Member
2006-Pres.	Multicultural Education Training and Advocacy (META) Project, Board of Directors; Somerville, MA	Member
2006-2007	Smithsonian Latino Center, Board of Directors; Washington, DC	Member
2001-Pres.	RAND Health, Advisory Board; Santa Monica, CA	Member
2001-2011	Hispanic Heritage Foundation, Board of Directors; Washington, DC	Chair
1999-2010	BNY/Mellon-United Bank, Board of Directors; New York, NY	Member

1999	W. K. Kellogg Foundation, Fellowship in Health Policy Research Selective Committee; New York, NY	Participant
1999	Department of Health and Human Services, Agency for Health Care Policy & Research, Minority Health Services; Rockville, MD	Participant
1998-Pres.	RAND Pardee Graduate School, Board of Governors; Santa Monica, CA	Charter Member
1996-2007	RAND Corporation, Board of Trustees; Santa Monica, CA	Member
1996-1998	Physicians for Human Rights Board; Boston, MA	Member
1995-1999	National Hispanic Scholarship Board; Novato, CA	Member
1994-1999	Drug Strategies National Board, Washington, DC	Member
1994-1995	Dr. Pepper/7 Up Companies, Inc., Board of Directors; Dallas, Texas	Member
1993-Pres	Comedy Relief USA, Inc., Board of Directors; New York, NY	Member
1993	Presidential Health Professional Review Group, President Clinton; Washington, DC	Member
1993	Governor Clinton's Transition Team for Health Care; Washington, DC	Member
1992-1998	National Council of La RAZA; Washington, DC	Member
1992-1995	Drug Policy Research Center, Advisory Board; Santa Monica, CA	Chair
1991-Pres.	Hispanic Heritage Foundation, Board of Directors; Washington, DC	Member
1990-2003	Drug Policy Research Center, Advisory Board; Santa Monica, CA	Member
1989-1995	Cuban American National Council, Executive Committee; Miami, FL	Member
1988	Health Care for the Homeless, National Advisory Council; Washington, DC	Member
1987-2000	Cuban American National Council, Board; Miami, FL	Member

State/Local

2004-Pres.	Orange Bowl Committee; Miami Lakes, FL	Hon. Member
2002-2005	State of Florida, Department of Elderly Affairs Advisory Council; Tallahassee, FL	Chair, Gov. Appointee
2002-2003	Miami-Dade County Mayor's Health Care Task Force; Miami-Dade County, FL	Member
2002	Destination Florida Committee; Miami, FL	Member, Gov. Appointee
1999-2001	Camillus House, Board of Directors; Miami, FL	Chair
1998-Pres.	Junior League of Miami, Community Advisory Board; Miami, FL	Member
1997	State of Florida, Department of Elderly Affairs, Committee; Tallahassee, FL	Chair
1995-Pres.	University of Florida Foundation, Board of Directors; Gainesville, FL	Member
1994-2001	Miami-Dade County Homeless Trust Board; Miami-Dade County, FL	Member
1994-1998	Catholic Health Services, Board of Directors; Lauderdale Lakes, FL	Member
1992-2002	Miami Coalition for a Drug Free Community, Board of Directors; Miami, FL	Member
1992-1998	United Way of Dade County, Board of Directors	Member
1992-1994	Governor's Commission of the Homeless, Ad-Hoc; Tallahassee, FL	Member
1992-1994	We Will Rebuild, Board of Directors; Miami, FL	Member
1992-1993	Miami Coalition for the Homeless, Board of Directors; Miami, FL	Member
1992	Dade County, Public Health Trust, Citizens Advisory Board	Member
1992	Migrant Camps, Hurricane Andrew Relief: University of Miami School of Medicine, United Way, & Camillus Health Concern	Coordinator
1991-1992	Indigent Health Care Task Force for Dade County; Miami, FL	Chair
1990	Dade County, Committee for Health Reform, ad-hoc; Dade County, FL	Member
1989-2001	Camillus House, Board of Directors; Miami, FL	Member
1989-1993	Catholic Community Services, Board of Directors; Miami, FL	Member
1989-1991	Safe Space – Shelter for Battered Women, Advisory Board	Member
1988-2001	Camillus Health Concern, Board of Directors	Member
1988	Homeless, Missing, and Exploited Children of Dade County, Board; Miami, FL	Member
1988	Greater Miami Chamber of Commerce, Task Force for the Homeless; Miami, FL	Member
1986-1987	Miami Coalition for the Homeless, Board of Directors; Miami, FL	Member

INVITED PRESENTATIONS***International Topics***

<u>Year</u>	<u>Type</u>	<u>Occasion/Event</u>	<u>Topic</u>	<u>Location</u>
2017	Panelist	25th Anniversary International Conference of the Netter Center for Community Partnerships, University of Pennsylvania	Community Health	Philadelphia, PA
2017	Panelist	25th Anniversary International Conference of the Netter Center for Community Partnerships, University of Pennsylvania	Community Health	Philadelphia, PA
2017	Presenter	AMEE Symposium, AMEE (International Association for Medical Education)	ASPIRE in Social Accountability	Helsinki, Finland
2013	Speaker	TEDx at Florida International University	Social Determinants of Health and Medical Curriculum Reform	Coconut Grove, FL
2012	Keynote	American University of the Caribbean School of Medicine, St. Maarten, Graduating Class of 2012	Social Justice	St. Maarten
2012	Speaker	TEDx at Coconut Grove, FL	Moving Upstream: Social Determinants of Health	Coconut Grove, FL
2010	Keynote	American University of the Caribbean School of Medicine, St. Maarten, Graduating Class of 2010	Social Justice	St. Maarten
2006	Speaker	Princeton University, Princeton-Harvard Cuba Conference	“Juventud Despierta”, “Capacity of the Cuban Diaspora”	Newark, NY
2004	Keynote	Caring Institute, 22nd National Association for Homecare & Hospice, 3rd World Congress on Homecare and Hospice	Social Responsibility in Health Care	Orlando, FL
2003	Speaker	International Symposium A Practical Approach to Infectious Diseases – 2003	New Horizons in Hepatitis C Infections	Miami, FL
2000	Keynote	5th Annual International Conference, International Institute of Human Understanding, Human Understanding	The Art of Being	Coconut Grove, FL
2000	Panelist	Panelist, LASA Conference	Cuban Miami’s Multiple Identities, Memories, Myths and Realities	Miami, FL
1999	Presentation	XVIII Seminario Medicino Latino Americano, Mercy Hospital	Hepatitis C: Current Therapy	Miami, FL
1997	Convocation Lecture	Alpha Omega Alpha (A.O.A.) Convocation Lecture, Ponce School of Medicine	Social Justice	Ponce, PR
1997	Speaker	Medical Grand rounds, Damas Hospital, Ponce School of Medicine	Viral Hepatitis A-E	Ponce, PR
1989	Presentation	5th International AIDS Conference	HIV Zero-Positivity in a Homeless Clinic	Montreal, Canada

National Topics

<u>Year</u>	<u>Type</u>	<u>Occasion/Event</u>	<u>Topic</u>	<u>Location</u>
2019	Keynote	Future of Medicine Symposium	Roseman University Summerlin Campus	Las Vegas, NV
2019	Keynote	4 th Quarterly Faculty Development Meeting, CDU College of Medicine	Innovation in Clinical Education across the Medical Education continuum	Los Angeles, CA
2018	Lecturer	Developing a Curriculum for Health Professionals Guided by Social Determinants of Health and Community Engagement Seminar, University of Pennsylvania School of Medicine and School of Nursing	Social Accountability Where It Matters	Philadelphia, PA
2018	Panelist	Health Journalism 2018	Transforming Medical Education: How are Medical Schools Adjusting?	Phoenix, AZ
2017	Moderator	Aetna Hispanic Heritage Month Signature Event	A Conversation with Dr. Joe Greer	Hartford, CT
2017	Keynote	GI Roundtable Conference: Patient and Community Engagement	Patient and Community Engagement – My perspective	Fort Worth, TX
2017	Lecture	Golden Apple Distinguished Lecture, East University Heart Institute	Why Physicians Need to Save the World	Greenville, NC
2017	Keynote	Patient and Community Engagement - My Perspective, GI Roundtable Conference	Social Determinants of Health and the Future of Health Education	Forth Worth, TX
2017	Speaker	The U.S. News Healthcare of Tomorrow Conference	Addressing the Social Determinants of Health	Washington, DC
2017	Commencement Speaker	University of Illinois College of Medicine	Social Responsibility of Physicians and Health Professions	Chicago, IL
2016	Speaker	10th Annual Future of Medicine Summit	The Quest for Healthy Aging- Mind, Body and Spirit	West Palm Beach, FL
2016	Moderator	10th Annual SFHHA Healthcare Summit	How Health Systems Can Support Population Health Management	Davie, FL
2016	Moderator	2016 AAHC Global Issues Forum	Leadership in Social Determinants of Health Education	Washington, DC
2016	Speaker	2016 AMSA Convention	Bringing the Social Mission to Your School	Washington, DC
2016	Keynote	2016 CIR (Committee of Interns and Residents) National Convention SEIU Healthcare	The Role We Play in the Future of Health in America	Philadelphia, PA
2016	Speaker	AAMC 2016 Lean Serve Lead	Excellence in Medical Education: Standards for Best Practice	Seattle, WA
2016	Speaker	Beyond Flexner 2016	Maintaining, Starting and Expanding the Social Mission of Medical Schools	Miami, FL
2016	Speaker	Gold Humanism Conference, Thomas Jefferson University	Why We Need to Save the World, the Physicians Role	Philadelphia, PA
2016	Keynote	Internal Medicine/Medical Humanities Grand Rounds, SIU School of Medicine	How Medical Schools and their Curricula Can make America Better	Springfield, IL

2016	Speaker	JSU RCMI Distinguished Seminar Series, Jackson State University	Changing Medical Education	Jackson, MS
2016	Speaker	Medicine Grand Rounds, New York Medical College at Westchester Medical Center	Changing Medical Education	Valhalla, NY
2016	Keynote	RWJF Clinical Scholars 2016 Annual Meeting	Changing Medical Education	Atlanta, GA
2016	Speaker	The George Washington University, Internal Medicine Ground Rounds	How Medical Schools Curricula Can Make America Better	Washington, DC
2015	Plenary	11th Annual AAMC Health Workforce Research Conference	Innovations in Caring for Underserved Communities	Alexandria, VA
2015	Speaker	9th Annual Future of Medicine Summit: Innovations in Healthcare Delivery	Innovations in Healthcare Delivery Systems	West Palm Beach, FL
2015	Moderator for Plenary	Beyond Flexner	Education and Social Mission	Albuquerque, NM
2015	Presentation	Institute of Medicine, The National Academies of Sciences Engineering Medicine	Educating Health Professionals to Address the Social Determinants of Health A Consensus Study	Washington, DC
2015	Keynote	RAND Faculty Workshop: Conversations with Dr. Pedro Greer Jr. MD	Diversifying the Medical Profession through Community Engagement and Outreach	Santa Monica, CA
2015	Keynote	The Dartmouth Symposium on Health Care Delivery Science	Diffuse, Maintain, Sustain: Making Change Stick	Hanover, NH
2014	Lunch conv. with students	Baylor College of Medicine	Tomorrow's Medicine: How DO We Make the World Healthier	Houston, TX
2014	Keynote	Catholic Health Partners Governance Annual Retreat Meeting	Social Justice	Miami, FL
2014	Keynote	Gold Humanism Honor Society Induction Ceremony, University of Washington	Physicians Responsibility to the Most Vulnerable	Seattle, WA
2014	Speaker	Howard Dorsey Still (HDS) Lecture. Harvard Medical School	Social Justice and Healthcare, Why We Need to Save the World?	Boston, MA
2014	Keynote	San Jose Clinic Speaker Series Luncheon	Healthcare Crossroads: Influencing Policy and Social Responsibility	Houston, TX
2013	Keynote	2013 Together on Diabetes Grantee Summit, Bristol-Myers Squibb Foundation	Social Determinants and Social Justice	Atlanta, GA
2013	Keynote	American Diabetes Association, 6th Annual Disparities Partnership Forum	Model for Transforming a High Risk Community	Arlington, VA
2013	Keynote	Meharry Medical College	Immigrant Population and Social and Financial Implications That They Place On The Healthcare System	Nashville, TN
2013	Speaker	National Association of Free & Charitable Clinics Annual Summit	Waking up America: Why we should Save the World	Baltimore, MD
2013	Keynote	UMDNJ- New Jersey Medical School Humanism Day	Humanism, Medicine, and Social Accountability	Newark, NJ

2013	Keynote	University of Colorado Denver School of Medicine - 2013 Gold Humanism Honor Society Inaugural Event Denver	Social Justice and Humanism	Colorado
2013	Guest	University of St. Louis, Sharing Responsibility, Improving Community Health	Sharing Responsibility, Improving Community Health	St. Louis, MO
2013	Speaker	University of Texas School of Dentistry of Houston. Ethics Forum, Escaping your Ethics Jail: Inter-Professional Ethics Education	What is ethics competency? Dispatches from the front line of a new integrated curriculum	Houston, TX
2013	Keynote	West Virginia University, Diabetes Symposium & Workshop: Bridging the Gap in Education	The Value of Cultural Diversity	Morgantown, WV
2012	Keynote	Harvard Medical School, 2012 Latino Medical Student Association	Social Justice	Boston, MA
2012	Keynote	University of Michigan Health Systems, Leadership Day	Social Justice, the Social Determinants of Health, and the Responsibilities of Healthcare Providers	Detroit, MI
2012	Commencement Speaker	Wayne State University, 2012 Graduation Commencement	Social Justice	Detroit, MI
2011	Keynote	Academy of Managed Care Pharmacy, AMCP'S 2011 Educational Conference General Session	Impact of Social Determinants	Atlanta, GA
2011	Keynote	Christus Health: Disparity in Healthcare in America	Disparity in Healthcare in America	Santa Fe, NM
2011	Speaker	The Colorado Health Symposium 2011, Colorado State of Mind	Social Determinants of Health and Social Justice	Denver, CO
2011	Commencement Speaker	UTMB School of Medicine Commencement	Why The Worlds Is Yours To Save	Galveston, TX
2010	Keynote	AMSA (American Medical Student Association) 60th Anniversary Annual Conference	Social Justice and Social Determinants of Health	Anaheim, CA
2010	Keynote	The University of Toledo College of Medicine	Issues in Migrant Worker Health	Toledo, Ohio
2010	Keynote	University of Chicago College of Medicine	Has American Medical Education Kept Up With The Needs of America	Chicago, IL
2009	Panelist	Chicago Contributes, Health Care Panel, University of Chicago	Chicago Contributes	Chicago, IL
2009	Keynote	Harvard University	Latinos in Health Care	Boston, MA
2009	Panelist Annual CDC	Session Using Healthcare Reform to Create Community Centric Efforts	Social Determinants of Health and Healthcare Reform	Washington, DC
2009	Keynote	Sisters of Charity of Leavenworth Health Systems	Maintaining Mission In Today's Society	Phoenix, AZ
2009	Lecture	Williams College	Health, Humanities, and Society	Williamstown, MA
2008	Keynote	St James Mercy Hospital	Social Justice and Healthcare in America	Hornell, NY
2007	Keynote	Seventeenth Annual Regional Conference,>NNLAMS Midwest Region, University of Michigan Medical School	Salud Sin Barreras: Healthcare For All	Detroit, MI

2006	Keynote	91st Annual Catholic Health Assembly, Catholic Health Association	The Next Generation of Community Benefit From Random Acts of Kindness to Strategic Thinking	Orlando, FL
2006	Keynote	Community Benefit Conference	How to Inspire and Be Inspired by Physicians in Healthcare	Phoenix, AZ
2006	Keynote	University of Florida, 16th Annual HIV Conference	Keeping with the Pace: An HIV Update, Dealing with Recalcitrant Patients: Tips From The Trenches	Gainesville, FL
2005	Speaker	Medical Grand Rounds, Department of Medicine, University of Medicine and Dentistry of New Jersey, UMDNJ	Medical Consequences of Inappropriate Social and Public Policies	Newark, NJ
2005	Keynote	SACE (Southern Association of College Employees), Annual Meeting	Social Justice	Miami, FL
2005	Commencement Speaker	Salem State College, 151st Commencement	Social Justice	Salem, MA
2005	Guest Lecturer	Stone Hill College, Martin Institute, Craig Higgins' "Class Healthcare Foundations & Evolutions."	Lack of Social Justice in our Healthcare System	Easton, MA
2005	Keynote	Stone Hill College, Martin Institute: Department of Public Health: The Peter Mareb Memorial Lectures	Social Justice	Easton, MA
2004	Keynote	Duke University	Importance of Social Justice in Medicine and The Ability to use one's Medical Profession to Better One's Community	Raleigh Durham, NC
2004	Keynote	Orientation of first year Medical Students, University of Illinois	Book Talk	Chicago, IL
2004	Commencement Speaker	Stone Hill College, Stonehill 53rd Commencement	Social Justice	Easton, MA
2003	Disting. Lecture	Brown Medical School 2002-2003 Charles O. Cooke, M.D. Distinguished Visiting Lecture	Sun, Fun, Politics and Suffering: What Happens to Patients When Doctors don't Speak Up	Providence, RI
2003	Keynote	Exxon-Mobil Headquarters Hispanic Heritage	Minorities in Engineering, Math, and Science	McLean, VA
2003	Keynote	HISPANIC Magazines Achievement Awards	Social Justice	San Francisco, CA
2003	Keynote	Iowa Hospital Association 74th Annual Meeting and Trade Show	Social Justice	Des Moines, Iowa
2003	Keynote	People en Español Magazine Senior Staff Retreat	Corporate Responsibility	Phoenix, AZ
2003	Keynote	University of the Pacific, Latino Leadership Conference (El Concilio)	Social Justice	Stockton, CA
2002	Keynote	Society of Gastroenterology Nurses and Associates (SGNA), Annual Meeting	Social Justice	Phoenix, AZ
2002	Keynote	ULAMS Regional Conference, UT Southwestern Medical School	Social Justice	Dallas, TX
2001	Lecture	Begando Lecture Series Humanities in Medicine, University of Illinois, Chicago, Medical School	Humanities in Medicine	Chicago, IL

2000	Keynote	10th Annual National Abandoned Infants Assistance Grantees Conference, University of California at Berkeley	A1A, A Decade of Helping Families Achieve Healthy Futures	Washington, DC
2000	Keynote	14th Annual Conference HIV/AIDS Jekyll Island	HIV, Hepatitis C, and Social Factors	Jekyll Island, GA
2000	Speaker	2000 National Healthcare for the Homeless Conference, Screening, Diagnosis, Treatment.	Hepatitis C Among Homeless People	Denver, CO
2000	Keynote	Columbia University, Alumni Club of Miami	Social Justice and a Physicians' Responsibility	Miami, FL
2000	Presenter	Health Affairs, Presenter, Narrative Matters	Personal Stories and the Making of Health Policies	Arlic House, VA
2000	Keynote	Hispanic Heritage Festival	The Responsibility of Our Roles for Improving the World	Brunswick, NJ
2000	Keynote	Northwest Regional Primary Care Association	Social Justice	Denver, CO
2000	Keynote	United Way National De Tocqueville Meeting	Social Responsibility translating into Social Justice	Coral Gables, FL
2000	Keynote	United Way, Alexis De Tocqueville Society of Denver	Book Talk	Denver, CO
2000	Keynote	University of Alabama at Birmingham, VA Medical Center, Recognition Ceremony for Graduating Residents	Book Talk and Social Responsibility	Birmingham, AL
1999	Keynote	13th Annual Minority Health Conference, University of Michigan	Facing the Public Health Challenges of Tomorrow: Fresh Perspectives for the New Millennium	Ann Arbor, MI
1999	Lectures	First Year Medical students and High School students regarding, Dearborn Fordson High School	Outreach to the Arabic Community of Greater Detroit	Detroit, MI
1999	Keynote	Health Occupations Partner in Education (HOPE), Ypsilanti High School	Future Opportunities for All Students	Detroit, MI
1999	Lectures	Seminars in Medicine, Third Year Medical Class, University of Michigan Medical School, Office of Multi-Ethnic Student Affairs	Various Topics	Ann Arbor, MI
1999	Keynote	Student National Medical Association (SNMA), 34th Annual National Medical Educational Conference	Diversity in Medicine: The Lifeline to Culturally Sensitive Healthcare	Miami, FL
1998	Plenary	11th Annual Texas HIV/STD Conference at the Texas Department of Health	Poverty and Disease	Austin, TX
1998	Speaker	Harvard Medical School	Physicians and Poverty	Boston, MA
1998	Lecture	Massachusetts Institute of Technology (MIT), Minority Scientist's and Engineer's Roles in the Future of America	The Role of Minority Scientists in the U.S. and the World	Cambridge, MA
1998	Keynote	New England Biomedical Science Careers Program, sponsored by Commonwealth Fund and Harvard Medical School	Healthcare and the Homeless	Boston, MA
1997	Speaker	American Medical Student Association Annual Meeting, Homelessness and Student Responsibility	Issues of Physicians and Responsibility	Orlando, FL
1997	Keynote	National Hispanic Medical Association First Annual Meeting	Social Justice	Washington, DC

1997	Speaker	Physicians for Human Rights, 10th Annual Meeting	Health and Human Rights Issues in American Medicine	Boston, MA
1996	Speaking Series	Grand Rounds-The Dean Series, University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine	Our Responsibility as Physicians	Stratford, NJ
1996	Keynote	Masters in Pediatrics Annual Conference	Social Justice	Miami, FL
1996	Speaker	National Association of Commission on Women	Poverty and Women	Miami, FL
1995	Commencement Speaker	East Tennessee State University, Medical Honors Graduation	Physicians and Social Responsibility	Johnson City, TN
1995	Keynote	Indianapolis Statewide Conference on the Homeless	Homelessness and our Collective Responsibility	Indianapolis, IN
1995	Keynote	State of Louisiana, 5th Annual Homeless Conference	Physician Responsibility	Baton Rouge, LA
1994	Lecture	A.O.A. Lecture and Medical Grand Rounds, Emory University School of Medicine	Physicians and Social Responsibility	Atlanta, GA
1994	Commencement Speaker	New York Medical College, Carnegie Hall, 135th Graduating Class, New York	Physicians and Social Responsibility	New York
1993	Chair Briefing	Briefing to 103rd Congress on Drug Policy	Briefing on Drug Policy	Washington, DC
1993	Keynote	CSAP, Resource link II Annual Meeting, Washington Hilton	From Under the Bridges to the Executive Offices	Washington, DC
1993	Speaker	National Council of Jewish Women, Annual Luncheon	Social Responsibility	Miami, FL
1993	Speaker	The Forum, Institute of Politics at the John F. Kennedy School of Government, Harvard University	Current Policies with Homelessness	Cambridge, MA
1992	Keynote	Food Link, Annual Dinner	Physicians and Social Responsibility	Rochester, New York
1992	Speaker	Medical Grand Rounds, Department of Medicine, St. Mary's Hospital, University of Rochester	Medical Consequences of Healthcare and the Poor, a Physicians Responsibility	Rochester, New York
1991	Keynote	Critical Care Registered Nurse (CCRN), Annual Luncheon	Healthcare Professionals' Responsibility for the Indigent	Miami, FL
1990	Speaker	AAMS National Convention	Homeless Healthcare and a Multicenter Clinic	Washington, DC
1989	Presentation	Southern Medical Association Annual Meeting	Traumatic Neuromas as a cause of Post-Cholecystectomy Syndrome	Washington, DC
1988	Speaker	NACHC Regional Meeting	Health, Homelessness and Coalition Building	New Orleans, LA

Local and Regional Topics

<u>Year</u>	<u>Type</u>	<u>Occasion/Event</u>	<u>Topic</u>	<u>Location</u>
2019	Speaker	2019 Future of Healthcare Conference and Annual Meeting	The Joy of Medicine	Jacksonville, FL
2019	Keynote	8 th Annual Senator Philip D. Lewis Luncheon	Homeless Coalition Keynote Address	West Palm Beach, FL

2017	Speaker	Bob Graham Center Public Program, University of Florida	What is a Citizens Responsibility to the Most Vulnerable	Gainesville, FL
2017	Speaker	Our Lady of Lourdes Academy	The Plunge Experience	Miami, FL
2016	Keynote	St. Anthony's Healthcare Foundation	Physicians and Social Justice	St. Petersburg, FL
2015	Lecture	Diversity Day, University of Florida	Innovation in Healthcare Education and Delivery: Why It Needs to Change	Gainesville, FL
2015	Keynote	Greater Kendall Business Association Luncheon	FIU Unique Approach to Improve Health in the Community	Miami, FL
2014	Keynote	Florida Association of Free and Charitable Clinics 2014 Annual Conference	Social Determinants of Health and its Influence on Health Outcomes	Orlando, FL
2014	Speaker	Florida State University College of Medicine. Humanism Grand Rounds	Physicians Roles and Responsibilities in Today's Society	Tallahassee, FL
2014	Keynote	Integrate HIMSS Fall Event 2014	Social Responsibility	Davie, FL
2014	Speaker	MDCC North Campus	Faces of the Homeless in an International City: Through the Eyes of the Artists	Miami, FL
2012	Speaker	Bob Graham Center for Public Service, University of Florida	Social Responsibility and Social Justice	Gainesville, FL
2011	Keynote	2011 NBCSK & NHCSL Promoting Healthy Lifestyles Conference	Social Responsibility	Miami, FL
2010	Keynote	University of Miami Primary Care Week	Physician Responsibilities in Society	Miami, FL
2009	Keynote	FIAC Community Forum: Immigrant Access to Healthcare	FIAC Community Forum: Immigrant Access To Healthcare	Miami, FL
2008	Keynote	Avera Health, Marriot City Center	Social Justice and Healthcare in America	Minneapolis, MN
2008	Keynote	Brevard County	Health Issues	Melbourne, FL
2004	Keynote	Barry University	Social Work Practice In These Troubled Times	Miami, FL
2004	Keynote	Grant Makers in Health Conference	Physicians and Healthcare System's Responsibility to the Poor	Ft. Lauderdale, FL
2004	Keynote	Miami-Dade Community College Honors Programs Students Orientation, Miami, Florida Wolfson Campus	Social Responsibility	Miami, FL
2004	Keynote	United Way of America, Alexis de Tocqueville Society	Our Responsibility to the Most Vulnerable	Sarasota, FL
2003	Keynote	31st Annual Dinner Benefiting the Central Florida Health Care Clinics	Social Responsibility in Health Care	Lake Wales, FL
2003	Keynote	Central Florida Health Care Coalition	Social Determinants and Social Responsibility of Health Care Professionals	Orlando, FL
2003	Speaker	Invited by Governor Jeb Bush, talk to Governors Senior staff, Leadership Forum	Social Responsibility	Tallahassee, FL
2003	Keynote	Kosher Food Bank, Grand Opening Ceremony	Social Justice and Social Responsibility	Miami, FL
2003	Keynote	The Golden Rule Awards Benefit	Healthcare and the Homeless	Immokalee, FL
2003	Commencement Speaker	University of Florida Medical School	Physician Responsibility and Social Justice	Gainesville, FL
2002	Keynote	Hope Program Indigent Care	Social Responsibility and Social Justice	Melbourne, FL
2002	Keynote	Minority Premedical Student Forum, University of Florida	Diversity, Responsibility, and Social Justice	Gainesville, FL

2002	Keynote Address	NACOPRW (National Conference of Puerto Rican Women), Miami Chapter	Social Justice	Miami, FL
2001	Keynote Address	Annual Junior National Honor Society Induction, George W. Carver Middle School	Social Responsibility Starts Now	Coconut Grove, FL
2001	Keynote	Belen Jesuit Preparatory School, Annual Book Fair	Waking up in America	Miami, FL
2001	Book Lecture	American Association of University Women, Miami Chapter	Book Lecture	Miami, FL
2001	Keynote	Florida International University, Annual Honors Awards Ceremony	Social Justice	Miami, FL
2001	Lecture	University of Florida Medical Students Annual Conference	Physicians and Poverty	Gainesville, FL
2001	Keynote	University of West Florida, John C. Pace Speaker Series	Social Responsibility	Pensacola, FL
2000	Speaker	Byblos Literary Feast 2000, Meeting of the Minds Novel Day for Students	Waking Up In America	Fort Lauderdale, FL
2000	Commencement Address	Commencement Address for Graduating Class of 2000, Palmer Trinity School	The Future and How You Can Make It Better	Miami, FL
2000	Keynote	Coral Gables Senior High School, National Honor Society	Social Responsibility	Miami, FL
2000	Keynote	Coral Reef Senior High School, International Baccalaureate Pinning Ceremony	Social Responsibility	Miami, FL
2000	Keynote	Florida AIDS Summit 2000 (AHEC)	AIDS Education Training	Jacksonville, FL
2000	Keynote	Florida Governor's Health Care Summit, Solutions for the Uninsured	Solutions for the Uninsured	Miami, FL
2000	Keynote	Luncheon, University of Tampa, Honors Program, State of Florida Junior Colleges	Book Talk	Tampa, FL
2000	Keynote	Media Appreciation Luncheon, Archdiocese of Miami	Social Justice	Miami, FL
2000	Keynote	Mercy Hospital	Liver Cancer Prevention in Hepatitis C	Miami, FL
2000	Keynote	Our Lady of Lourdes Academy, Annual Assembly, Book Talk	Waking up in America	Miami, FL
2000	Lecture	Pediatric Grand Round, University of Miami Department of Podiatry	Physicians -The Poor and Our Responsibility	Miami, FL
2000	Keynote	Public Education Foundation of Marion County, Leadership Ocala Class Frazier Graduation	Our Collective Social Responsibility	Ocala, FL
2000	Keynote	Selby Foundation, First Annual Scholar Symposium	Book Talk	Sarasota, FL
2000	Keynote	University of Florida, Hispanic Student Association	Book Talk	Gainesville, FL
2000	Keynote	University of Miami, Primary Care Week	Innovative Approaches to Health Care	Miami, FL
2000	Keynote	Workshop, Hispanic Student Forum, University of Florida	Responsibility and Compassion	Gainesville, FL
1999	Speaker	Festival of Readings	Waking Up In America	St. Petersburg, FL
1999	Keynote	Florida Alcohol & Drug Abuse Administration (FADAA) 15th Annual Multicultural Symposium	Just the Facts Alcohol & Drug Abuse in Hispanics	Hollywood, FL
1999	Speaker	Miami International Book Fair	Waking Up In America	Miami, FL

1999	Speaker	Nursing Management of HIV Disease Workshops Jackson Memorial Medical Center, Florida AIDS Education and Training Center, Association of Nurses in AIDS Care, Metro Miami Chapter	HIV & the Homeless	Miami, FL
1999	Speaker	Sarasota Reading Festival	Waking Up In America	Sarasota, FL
1998	Keynote	2nd Annual Conference of the Melissa Institute for Violence Prevention and Treatment at the Victor E. Clarke Educational Center, South Miami Hospital	Physicians and Social Responsibility	Miami, FL
1998	Collaborative Presentation	Community Epidemiology Work Group Meeting	HIV Surveillance of Drug Abuse and Sexual Risk Behaviors among homeless persons in Miami-Dade County, Florida	Miami, FL
1998	Keynote	Florida Department of Health, Bureau of HIV/AIDS Conference	The Future of HIV Counseling and Testing, Advanced Concepts and Techniques	Orlando, FL
1998	Keynote	Health Care Heroes Award, Greater Miami Chamber of Commerce	Social Responsibility and Professional Responsibility	Miami, FL
1998	Keynote	Walden University, Policy and the Advocates	Policy and Advocacy	Miami, FL
1996	Commencement Speaker	Mast Academy	How You Can Make the World Better	Miami, FL
1996	Speaker	University of Florida School of Medicine	How to Make a Living and a Difference	Gainesville, FL
1995	Convocation Speaker	A.O.A. Convocation Speaker and Medical Grand Rounds, University of Florida School of Medicine	Physicians and Responsibility	Gainesville, FL
1995	Commencement Speaker	Palmer-Trinity School	How You Can Make the World Better	Miami, FL
1993	Keynote	Florida Homeless Conference	Healthcare for the Homeless	Tallahassee, FL
1993	Commencement Speaker	Ransom Everglades High School	How You Can Make the World Better	Miami, FL
1993	Speaker	Sarasota General Hospital	Health and the Homeless	Sarasota, FL
1993	Keynote	University of Miami School of Medicine, Student Council Convention, Health Reform In Our Future	Health Reform in Our Future	Miami, FL
1992	Commencement Speaker	Barry University School of Nursing	Social Responsibility	Miami Shores, FL
1992	Speaker	Barry University School of Podiatric Medicine, Senior Students	Indigent Care	Miami, FL
1992	Keynote	FADA (Florida Alcohol and Drug Association) Annual Meeting	Societal Factors, Drugs, and Behavioral Health	Ft. Lauderdale, FL
1992	Keynote	Leadership Florida	Social Responsibility	Miami, FL
1992	Speaker	Medical Grand Rounds, Department of Medicine University of Florida, College of Medicine	Physicians Responsibility, Not Just To Patients, But to Society	Gainesville, FL
1991	Keynote	Alpha Epsilon Delta (Premed Honor Society) Annual Dinner and Induction, University of Miami, Marriot Hotel	Social Responsibility	Miami, FL
1991	Speaker	Barry University School of Podiatric Medicine, Senior Students	Indigent Care	Miami, FL
1991	Keynote	Health Issues Conference, University of Florida College of Medicine	Indigent Care	Gainesville, FL
1991	Speaker	The Homeless, University of Miami School of Law	Law and Poverty	Miami, FL

1991	Commencement Speaker	University of Miami School of Business	Inappropriate Social Policy	Coral Gables, FL
1990	Keynote	Best of the Class, (Graduating Seniors, Tri-county Area) WBFS TV, Atlantis Water Park	Social Responsibility	Paradise Island, Bahamas
1990	Speaker	Catholic Community Services Annual Conference, Social and Economic Justice	Health Care and the Homeless: A Local Approach	Miami, FL
1990	Speaker	Children in Crisis Conference, University of Miami	Homelessness in the United States	Miami, FL
1990	Keynote	Holy Cross Hospital (Luz del Mundo Clinic)	Responsibility as Healthcare Providers to the Most Vulnerable	Ft. Lauderdale, FL
1990	Speaker	Omicron Delta Epsilon Leadership Conference, University of Miami	Ethics In America	Coral Gables, FL
1990	Keynote	Public Interest Seminar University of Miami School of Law	AIDS and the Homeless	Coral Gables, FL
1990	Keynote	University of Miami School of Law Homelessness and the Law	Medical Consequences of the Law and Homelessness	Coral Gables, FL
1989	Speaker	Conference on Homeless, Mental Illness and Health, University of South Florida	Health Aspects of the Homeless	Tampa, FL
1989	Speaker	Homeless Symposium, Barry University	Health and Homelessness	Miami Shores, FL
1989	Speaker	University of Miami School of Law	Volunteers and the Homeless	Coral Gables, FL
1988	Speaker	Barry University, School of Nursing	Health Care and the Homeless	Miami Shores, FL
1988	Keynote	Career Day, Cuban American National Council & Dade County School Board	Your Future and Your Responsibility	Miami, FL
1987	Speaker	Medical Grand Rounds University of Miami School of Medicine/Department of Medicine	The Plight of the Homeless in an Affluent Society	Miami, FL
1987	Lecture Series	Emergency Lecture Series to University of Miami/Jackson Memorial Hospital Interns	Approach to the Homeless Emergency Room Patient	Miami, FL

SERVICE TO PROFESSIONAL PUBLICATIONS

Reviewer, American Journal of Public Health
 Reviewer, Health Policy Journal
 Reviewer, The Journal of Family Practice
 Editorial Board Member, Medico Interamericano

RESEARCH AND CREATIVE OPPORTUNITIES

PEER-REVIEWED PUBLICATIONS

11. **Greer PJ**, Brown DR, Brewster LG, Lage OG, Esposito KF, Whisenant EB, Anderson FG, Castellanos NK, Stefano TA, Rock JA. Socially Accountable Medical Education: An Innovative Approach at Florida International University Herbert Wertheim College of Medicine. Acad. Med. 2018;93(1):60-65. doi: 10.1097/ACM.0000000000001811.
10. Campa A, Martinez SS, Sherman KE, **Greer PJ**, Li Y, Garcia S, Stewart T, Ibrahimou B, Williams OD, Baum MK. Cocaine Use and Liver Disease are Associated with All-Cause Mortality in the Mia mi Adult Studies in HIV (MASH) Cohort. J Drug Abuse. 2016;2(4):1-21. doi: 10.21767/2471-853X.100036.

9. Rock JA, Acuña JM, Lozano JM, Martinez IL, **Greer PJ**, Brown DR, Brewster L, Simpson JL. Health impact of an academic community partnership for medical education: Evaluation of a novel student-based home visitation program. *South Med J*. 2014 Apr; 107(4):203-11. doi: 10.1097/SMJ.0000000000000080.
8. Parsons M, Campa A, Lai S, Li Y, Martinez JD, Murillo J, **Greer PJ**, Martinez SS, Baum MK. Effect of GSTM1-Polymorphism on Disease Progression and Oxidative Stress in HIV Infection: Modulation by HIV/HCV Co-Infection and Alcohol Consumption. *J AIDS Clin Res*. 2013 Aug 31;4(9):10002337. doi: 10.4172/2155-6113.1000237.
7. Fogel R, Rams H, **Greer PJ**, Jacobs M, Plasencia G, Gomez E, De Fogel JF. Investigating the Safety of Weight Reduction Via Endoluminal Vertical Gastroplasty – A U.S. Pilot Study with 6 Months Follow-Up. *Gastrointestinal Endosc*. 2008 Apr;67(5): S1478. doi: 10.1016/j.gie.2008.03.293.
6. Schultz JM, **Greer PJ**, LaLota M, Garcia LM, Valverde E, Collazo R, Waters M, McCoy CB. HIV seroprevalence and risk behaviors among clients attending a clinic for the homeless in Miami/Dade County, Florida, 1990-1996. *Popul Res Policy Rev*. 1999;18:357-372. doi: 10.1023/A:1006232827339.
5. Fournier AM, Tyler R, Iwasko N, LaLota M, Shultz J, **Greer PJ**. Human Immunodeficiency virus among the homeless in Miami: A new direction for the HIV Epidemic. *Am J Med*. 1996 May;100(5):582-584. doi: 10.1016/S00029343(95)000194.
4. Fournier AM, Perez-Stable A, **Greer PJ**. Lesson From a Clinic for the Homeless: The Camillus Health Concern. *JAMA* 1993;270(22):2721-2724. doi: 10.1001/jama.1993.03510220077038
3. **Greer PJ**, Lacayo L, Reiner DK, Smoak WM, Barkin JS. The rim sign: the ghostly portender of acute cholecystitis. *Am J Gastroenterol*. 1992 May;87(5):627-9.
2. Schultz J, **Greer PJ**, et al. Characteristic and Risk Behavior in Homeless Black Male Seeking Service from the Community Homeless Assistance Plan – Dade County, Florida, August 1991. *MMWR Morb Mortal Wkly Rep*. 1991 Dec 20;40(50): 865-868.
1. Hasan FA, Jeffers LJ, Dickinson G, Otrakji CL, **Greer PJ**, Reddy KR, Schiff ER. Hepatobiliary Cryptosporidiosis and Cytomegalovirus Infection Mimicking Metastatic Cancer to the Liver. *Gastroenterology* 1991;100:1743-1748.

INVITED EDITORIALS, SOLICITED PERSPECTIVES, COMMENTARIES & LETTERS

7. **Greer PJ**. Who is Accountable for Society's Health? Implications for Future Directions. *Journal on Anchor Institutions and Communities* 2016;1:52-55. Available at: https://www.margainc.com/wp-content/uploads/2017/05/AITF_Journal_2016_Vol_1.pdf
6. **Greer PJ**. Perspective: Medical Education – A Focus on Social Accountability. *Minnesota Health Care News* 2016 May;14(5):8. Available at: https://issuu.com/mppub/docs/mn_healthcare_news_may_2016.
5. **Greer PJ**. Editorial: Is Health Reform Dead? *USA Today* 1994 Jun 2.
4. **Greer PJ**. La Salud Como David Y Goliath. *El Nuevo Herald* 1993 Dec 1.
3. **Greer PJ**. Op/Ed: Homelessness. *Miami Herald* 1993 Sept 26.
2. **Greer PJ**. A Letter from Homestead, Florida. *The Courtland Forum* 1992 Nov:138-144.
1. **Greer PJ**. Editorial: Homelessness and Children. *International Pediatric Journal* 1991;6(30):249.

BOOKS

2. **Greer PJ**, with Balmaseda L. Waking up in America: How One Doctor Brings Hope To Those Who Need It Most. Paperback. New York, NY: Touchstone; 2001.
1. **Greer PJ**, with Balmaseda L. Waking up in America: How One Doctor Brings Hope To Those Who Need It Most. Hardcover. New York, NY: Simon & Schuster Publishing; 1999.

BOOK CHAPTERS

3. **Greer PJ**, O'Connell JK. Hepatitis C Virus. In: O'Connell JK, Swain SE, Daniels CL, Allen JS, eds. The Health Care of Homeless Persons: A Manual of Communicable Diseases & Common Problems in Shelters & on the Streets. Boston, MA: The Boston Health Care for the Homeless Program, Guthrie Nixon Smith Printers; 2004:41-46.
2. Moreno MD, Jose N, **Greer PJ**. Co-infection with Hepatitis B & C. In: Steinhart CR, Orrick JJ, Simpson K, eds. HIV/AIDS Primary Care Guide. Gainesville, FL: Florida AIDS Education and Training Center; 2002.
1. **Greer PJ**, Munhall PL. The Culture of Poverty and Backyard Efforts. In: Munhall PL, Fitzsimons V, eds. The Emergence of Women in the 21st Century. Sudbury, MA: Jones & Bartlett; 1995: 75-83.

ABSTRACTS AND POSTERS

25. Lage OG, Esposito K, Bonnin R, Raventos V, Naranjo M, Li Y, Whisenant E, Brown D, **Greer PJ**. Utilizing Service Learning to Assess Students Perceptions of Interprofessional Teams (Follow-Up). Poster presentation at the: AMA Accelerating Change in Medical Education Consortium , Spring Conference; April 2018; Providence, RI.
24. Lage OG, Esposito K, Bonnin R, Raventos V, Naranjo M, Li Y, Whisenant E, Brown D, **Greer PJ**. Utilizing Service Learning to Assess Students Perceptions of Interprofessional Teams. Poster presentation at the: AMA Accelerating Change in Medical Education Consortium , Spring Conference; April 2017; Providence, RI.
23. Lage OG, Raventos V, Naranjo M, Bonnin R, Esposito K, Whisenant E, Brown D, **Greer PJ**. Longitudinal Interprofessional Assessment Tools for NeighborhoodHELP®. Poster presentation at the: AMA Accelerating Change in Medical Education Consortium, Spring Conference; March 2017; Scottsdale, AZ.
22. Whisenant E, Lage OG, Brown D, **Greer PJ**. Teaching Household Centered Care, Interprofessional Teamwork and Social Accountability through a Longitudinal Service Learning Curriculum. Innovation Oral Presentation at: Learn, Serve Lead: The 2016 AAMC Annual Meeting; November 2016; Seattle, Washington.
21. Brewster L, **Greer PJ**, Brown DR, Fluney E, Ryan GW, Lacroix S, Stewart A, Bendaña H. Social Determinants of Health Specialists: The role of community-based organizations in the household-centered care approach. The Beyond Flexner Conference; September 16, 2016; Miami, FL.
20. Lage OG, Whisenant E, Chonin A, Farnsworth B, Brown DR, **Greer PJ**. Florida International University Herbert Wertheim College of Medicine: Teaching social determinants of health through community immersion, reflection, and diverse interprofessional student teams. AMEE 2016 (abstract); August 16, 2016.

19. Garba NA, Lage OG, Whisenant E, Wells A, Brown DR, Anderson F, Brewster L, Pedoussaut M, **Greer PJ**. NeighborhoodHELP® Linking Communities and Primary Care with a Focus on the Social Determinants of Health, Household-Centered Care, and Community Partnerships. Bringing Public Health & Primary Care Together: The Practical Playbook National Meeting; May 22-24, 2016.

18. Lage OG, Esposito K, Brown D, Whisenant E, **Greer PJ**, Rock J. Innovation in Education and Healthcare Delivery: Herbert Wertheim College of Medicine. Poster presentation at: AMA Accelerating Change in Medical Education Consortium, Spring Conference; March 2016; Hershey, PA.

17. Brown D, Brewster L, Towe V, Chen P, Valdez L Ta A, Metula A, Camps Romero E, Rockowitz E, Ryan G, and **Greer PJ**. Evaluation framework for a new model of integrated sociomedical outreach at Florida International University. Poster Presented at 45th Annual Urban Affairs Association Conference. Miami, FL, April 10, 2015

16. Stewart T, Campa A, Fleetwood C, Li Y, Martinez SS, Ramamoorthy V, Ibrahimou B, **Greer PJ**, Murillo J, Sherman KE, Baum MK. Bacterial translocation, oxidative stress, the fibrogenic cytokine TGF- β 1 and liver fibrosis in a subset of the Miami Adult Studies on HIV (MASH) cohort. Poster presented at: HIV & Liver Meeting; Sept 18-20, 2014; Jackson Hole, WY.

15. Martinez SS, Campa A, Sherman K, Li T, Li Y, Murillo J, **Greer PJ**, Stewart T, Ramamoorthy V, Dizon K, Fleetwood C, Baum MK. Low plasma zinc is associated with higher mitochondrial DNA 8-hydroxyguanosine (8-oxo-dG) and faster liver fibrosis in the Miami adult studies in HIV (MASH) Cohort. Poster presented at: HIV & Liver Meeting; Sept 18-20, 2014; Jackson Hole, WY.

14. Baum MK, Martinez S, Sherman K, Williams O, Li Y, **Greer PJ**, Murillo J, Stewart T, Fleetwood C, Ramamoorthy V, Dizon K, Alvarado G, Sneji A, Seminario L, Charlesworth A, Campa A. Association of hepatocyte apoptosis and cocaine use in the Miami adult studies in HIV (MASH) cohort. Poster exhibition at: 20th International AIDS Conference; July 20-25, 2014; Melbourne, Australia.

13. Campa A, Martinez SS, Sherman K, Li Y, **Greer PJ**, Murillo J, Stewart T, Fleetwood C, Ramamoorthy V, Alvarado G, Sneji A, Seminario L, Charlesworth A, Baum MK. Heavy Alcohol Use is Associated with Hepatocyte Apoptosis in the Adult Studies in HIV (MASH) Cohort. Poster exhibition at: 20th International AIDS Conference; July 20-25, 2014; Melbourne, Australia.

12. Baum MK, Sherman KE, Martinez SS, **Greer PJ**, Stewart T, Jacobs C, Luisi S, Dizon K, Campa A. Microbial Translocation, Immune Activation, Apoptosis and Liver Fibrosis in the MASH Cohort. Poster presented at: International Antiviral Society—USA, 2014 Conference on Retroviruses and Opportunistic Infections, Session P-Q6; March 5, 2014; Boston, MA.

11. Nowakowski L, Perez-Stable A, Anderson F, Brown D, **Greer PJ**, Rock JA. The Green Family Foundation NeighborhoodHELP® Mobile Health Center: Training Future Health Care Professionals and Caring for Communities. Poster for Annual Mobile Health Clinics Forum/ Mobile Health Clinics Association. September 14-17, 2013 in Palm Springs, CA.

10. Martinez, IL, Brewster L, Brown DR, **Greer PJ**. Medicine & Society: Bringing Back Social Medicine to Change medical Education for the Better. Poster presented at the 109th Annual Meeting of the American Anthropological Association, New Orleans, LA, November 20, 2010.

9. Brown D, **Greer PJ**, Brewster L, Martinez I, Acuña J, Perez-Stable A, Harvin V, Simpson JL, and Rock JA. A New Model of Interdisciplinary Medical Education. Poster presented at: The American Board of Internal Medicine Foundation 2010 Forum; August 2010.

8. Brown DR, Brewster L, Martinez I, **Greer PJ**, Perez-Stable A, Harvin V, Acuña J, Martin P, Mora C, Holder C, Botelho R, and Rock JA. A new model of community engaged medical and interdisciplinary education. Poster presented at the 36th annual STFM Predoctoral Education Conference; January 2010; Jacksonville, FL.
7. **Greer PJ**, Calmet FH, Edelstein M, Dickinson G, Klimas N, Soroka S, Baltodano L, Garrett B, De Medina M, Hill M, LaRue S, Schiff ER. Abstract: Prevalence of Hepatitis and Retrovirus among the Homeless of the City of Miami, Florida. *Hepatology* 1992;16(4 suppl; no. 2, pt. 2):203A(#635).
6. **Greer PJ**, Lacayo L, Reiner D, Barkin J. Abstract: Significance of a RIM sign in Patients with Cholecystitis. *Am J Gastroenterol.* May 1990.
5. **Greer PJ**, Erhinger G. Homelessness Health Care in a Multi-Service Clinic. Abstract & poster presented at: AAMS Annual Convention; April 1990; Washington, DC.
4. **Greer PJ**, Dickinson G, Holmes R, et al. HIV Seropositivity in a Homeless Clinic. Abstract & oral presentation at: 5th International AIDS Conference; June 5, 1989; Montreal, Canada.
3. Jeffers L, Hassan F, **Greer PJ**. Intrahepatic Stones in Primary Sclerosing Cholangitis. Abstract presentation at: International Liver Conference; June 1989; Geneva, Switzerland.
2. **Greer PJ**, O'Connell M, Perez-Stable A. Teaching Ambulatory Medicine at a Homeless Clinic. Poster & abstract presented at: AAMS Southeastern Regional Meeting; February 1988; Miami, FL.
1. **Greer PJ**, Gelbard M. Metastatic Carcinoid presenting as Chylous Ascites and masquerading as Retractable Mesenteritis. *J FL Medical Association* 1986;73(12).

OTHER PUBLICATIONS

5. **Greer PJ**. Healing The Homeless. *The Peoples Journal: The Official Publication of Sociology-Anthropology of Florida International University* 1992 Spr;5:76.
4. **Greer, PJ**. Medical Problems of the Homeless: Consequences of Lack of Social Policy-A Local Approach. *U. Miami L. Rev.* 1991;45(2):407-416. Available at: <http://repository.law.miami.edu/umlr/vol45/iss2/7>
3. **Greer PJ**. Indigent Care. *Miami Medicine* 1990 Aug;21(8):9.
2. **Greer PJ**. America's New Homeless. *Miami Medicine* 1989 Feb;20(2):19-22.
1. **Greer PJ**, Castellanos D, Llanso R, Alvarez M. Prevalence of Positive Titers to Toxoplasmosis gondii in Pregnant Women. Doctoral Thesis. Santiago de los Caballeros, Dominican Republic; Jose Maria Cabral and Baez Hospital; 1984.